

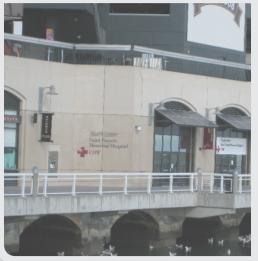


## Saint Francis Memorial Hospital

## **INSTITUTIONAL MASTER PLAN**

AUGUST, 2008











## I. Introduction

Purpose of the IMP

Prior IMPs

Current Properties & Facilities

Proposed Development Program - Five Year Plan - Ten Year Plan

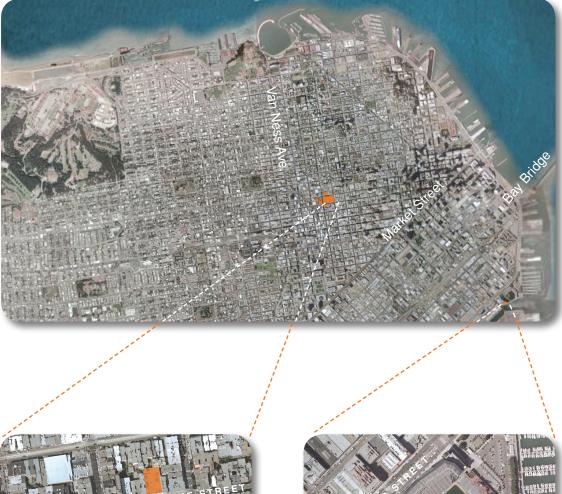


## **I. INTRODUCTION**

Saint Francis Memorial Hospital ("SFMH") submits this Institutional Master Plan ("IMP") to update its 1985 IMP currently on file with the Planning Department. This IMP provides an overview of the services, patients, employees, and facilities of SFMH and presents SFMH's Five Year and Ten Year Plans. Potential environmental impacts and General Plan consistency of these plans are discussed as well.

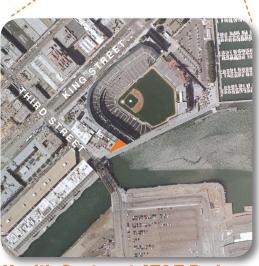
Senate Bill 1953 ("SB 1953") mandates that all acute-care hospitals be retrofitted or replaced to meet current seismic safety standards, in order to ensure that hospital buildings can withstand a major earthquake and remain operational after the earthquake. Pursuant to SB 1953, the State Architect's Office has determined that SFMH must complete seismic upgrades to the East Wing of the Hospital by 2013, in order to continue providing acute care services until 2030. SFMH has already completed seismic upgrades of the basement and ground floor of the East Wing and will continue to renovate the upper floors of the East Wing, floor by floor.

The main campus of SFMH is located on the western slope of Nob Hill in San Francisco. In addition, SFMH has an outpatient clinic at AT&T Park that specializes in sports medicine.





**Nob Hill Campus** 



**Health Center at AT&T Park** 

## image source: Google™

#### **Purpose of the IMP**

Section 304.5(b) of the San Francisco Planning Code requires medical institutions to prepare and file with the Planning Department an IMP. An IMP is an informational document, the primary purpose of which is to inform City officials and the public of an institution's future plans. The Planning Commission takes no action on an IMP. San Francisco Planning Code § 304.5(d).

More specifically, the purposes of an IMP are as follows:

- 1 "To provide notice and information to the Planning Commission, community and neighborhood organizations, other public and private agencies and the general public as to the plans of each affected institution at an early stage, 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 institution;"
- 2 "To enable the institution to make modifications to 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 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 institution, provision of public services, and particularly the planning of similar institutions in order to insure that costly duplication of facilities does not occur." San Francisco Planning Code § 304.5(a).

#### **Prior IMPs**

SFMH submitted its first IMP in 1974, followed by updates in 1975, 1976, 1979, 1981 and 1985. Those IMPs included various proposals to add or expand facilities.

## **1985 IMP Properties and Facilities**

The 1985 IMP identified the following Saint Francis properties and facilities:

#### Medical Center Facilities

- **1** Hospital Tower at 900 Hyde
- 2 East Wing at 1150 Bush Street
- 3 The one-story Pierotti Pavilion, which is connected to the Hospital Tower and East Wing
- 4 Medical Office Building at 909 Hyde
- **5** 1199 Bush, a surface parking lot
- 6 The two-story Parking Garage at 1234 Pine Street

 A surface parking lot, located on the south side of Pine Street between Hyde and Larkin Streets

## **Residential Properties**

- 8 Four apartment buildings on the west side of Hyde Street between Bush and Pine Streets
- 9 Apartment building at 1355 Pine Street
- **10** Apartment Building at 1171 Bush Street



## **1985 IMP Development Program**

The 1985 IMP described the following development projects:

- Addition of four levels to the Pierotti Pavilion. Only a one-level addition was completed in 1986.
- 2 Addition of two levels to the 1234 Pine Street Garage. This project was completed in 1988.
- Construction of a new six story medical office building at 1199 Bush Street, replacing the former parking lot. This project was completed in 1990.

Since 1985, in addition to the completion of the above projects, SFMH has sold all of its residential properties, which included 1171 Bush, 1355 Pine, and the row of buildings on Hyde Street between 909 Hyde and the southwest corner of Pine. Also, SFMH opened a satellite location in San Francisco, the Health Center at AT&T Park, specializing in sports medicine.



## **Current Properties & Facilities**

The following describes current properties and facilities:

- **1** Hospital Tower at 900 Hyde.
- 2 The two-story Pierotti Pavilion, which is connected to the Hospital Tower.
- East Wing at 1150 Bush Street which houses the Emergency Department, the Surgical Center and the Bothin Burn Center.

- **4** Medical Office Building1199 Bush.
- **5** Medical Office Building at 909 Hyde.
- 6 Pine Street parking lot, located between Hyde and Larkin.
- **7** The four story 1234 Pine Street Parking Garage.



## **Proposed Development Program**

This IMP sets forth SFMH's Five Year Plan that will meet SFMH's immediate needs, and the Ten Year Plan will focus on evaluation of various alternatives for construction of a replacement acute-care inpatient facility.

### Five Year Plan

- Seismic Upgrade of the East Wing
- Renovate of East Wing Surgery Suites
- Implement Master Signage Program

## **Ten Year Plan**

SFMH currently has no development plans following the projects in the Five Year Plan. However, SFMH will evaluate possible locations for a replacement acute care inpatient facility, which must be completed by 2030.

## **Five Year Plan**

### Seismic Upgrade of East Wing

To implement the requirements of SB 1953, the Office of the State Architect has mandated that SFMH complete the seismic upgrade of the East Wing by 2013. Seismic retrofit of the basement and first floor has already been completed. Additional seismic retrofit work on the second through sixth floors will be undertaken, floor by floor, and completed by 2013. The seismic retrofit work will allow SFMH to maintain its acute care services and beds in the East Wing and the Hospital Tower until 2030.

## Remodel of East Wing Surgery Suite.

SFMH will remodel the East Wing surgery suites to meet current space needs. The operating rooms will be reconfigured into nine (9) more spacious operating rooms and supporting spaces that meet current hospital standards, thereby increasing the number of available surgical suites from six to nine.

*Master Signage Program.* SFMH plans to replace its existing signs with new signage that has an unified design scheme. The new signs will help patients and visitors more easily locate the Emergency Department, parking, and various medical departments and services. Key signage will be multi-lingual to serve SFMH's limited or non-English speaking patients and visitors.

## **Ten Year Plan**

Currently, SFMH has no development plan after completion of the projects identified in the Five Year Plan. However, SFMH will explore options for the construction of a new acute care inpatient hospital that must be completed by 2030, pursuant to SB 1953. Because it would be cost-prohibitive to retrofit its existing acute care facilities (Hospital Tower and East Wing) to a level that would allow operation beyond 2030, SFMH intends to explore the following possible locations for its new acute care facilities:

- **1.** The Pine Street parking lot;
- **2.** The 909 Hyde Street building;
- **3.** The Pierotti Pavilion site;
- 4. A combination of the above sites; and
- **5.** Off-campus locations.

SFMH must carefully study all available options for the replacement of its acute care facility, in light of economic, Planning Code, and other considerations, to determine the most viable option to continue providing quality medical care to its patients. In addition, SFMH will study the temporary relocation of existing services to other locations while the new acute care hospital is being constructed, as well as the future uses of the East Wing and the Hospital Tower.





## **II. Institutional Overview**

History of the Medical Center Services & Utilization Patient Characteristics Medical Staffzz Employee Characteristics



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## **II. INSTITUTIONAL OVERVIEW**

SFMH is a fully accredited community-based non-profit hospital with 356 licensed beds. SFMH is the home of the Bothin Burn Center, which is one of the few critical care burn centers in the Bay Area <sup>1</sup>. SFMH is also well known for its Center for Sports Medicine, its Total Joint Center, and its San Francisco Spine Center. The SFMH Emergency Department serves the visitors, tourists, workers, and residents of downtown San Francisco.

SFMH is an affiliated member of Catholic Healthcare West ("CHW"), a network of 42 hospitals and medical centers throughout California, Arizona, and Nevada. SFMH's fiduciary board makes financial and strategic decisions for SFMH and operates the medical center independently from all other CHW medical centers or hospitals.

<sup>&</sup>lt;sup>1</sup> Most trauma centers in the Bay Area can stabilize burn victims and treat minor burns. Only a few hospitals in northern California, however, can treat severely burned patients who require acute care. These include the SFMH Bothin Burn Center in San Francisco, the Santa Clara Valley Medical Center in San Jose, the UC Davis Medical Center in Davis, and Shriner's Hospital for Children, Northern California in Sacramento. In recent years, several other burn centers in the Bay Area have closed.



**Original Hospital** 



Sabin Mansion



909 Hyde Street

## **History of the Medical Center**

# Founding of the Hospital and Nursing School 1905 to 1910

SFMH was founded in August 1905 by five San Francisco physicians. The original state-of-theart hospital was located in the Mission District and featured a fifth-floor operating theater with a glass roof. It was destroyed by the fire following the 1906 earthquake . After occupying temporary locations for several weeks, SFMH moved to the Sabin Mansion in Pacific Heights and remained there for the next five years.

In 1905, SFMH opened a nursing school which was attached to the original hospital facility. After the earthquake, the nursing school and dormitory were relocated to the Sabin Mansion as well, and the nursing school graduated its first class in 1908.

## *Establishment of Medical Center Campus* 1911 to 1957

On July 8, 1911, SFMH opened an 100-bed hospital at 900 Hyde Street at the northeast corner of Hyde and Bush Street, where the East Wing and the Pierotti Pavilion are currently located. In 1916, a one-story addition was added to the hospital, and an obstetrics wing was added in 1921.

The nursing school was moved to 900 Hyde Street in 1911. In 1923, SFMH purchased the site across the street, at the southeast corner of Hyde and Bush (where the current 1199 Bush Street medical office building is located) to use as the nursing school and dormitory.

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**Hospital Tower** 



**Pierotti Pavilion** 



1199 Bush Street

The medical office building at 909 Hyde Street was built in 1918, and a second wing was added in 1925. It has two basement garage levels at the northwest corner of Hyde and Bush Streets.

## Modernizing the Medical Center 1955 to 2000

In 1958, SFMH constructed a new hospital wing, commonly referred to as the "East Wing." In 1968, SFMH constructed the 12story Hospital Tower, commonly referred to as the "Hospital Tower," which is now the main hospital building. In 1978, SFMH demolished the remainder of the original hospital building and constructed the one-story with basement outpatient clinic, commonly referred to as the "Pierotti Pavilion" that was expanded by adding a second story in 1986.

The nursing school at 1199 Bush Street site was closed in 1972 and demolished; the vacant site was used as a parking lot until its development for a medical office building, which was completed in 1990.

### **Purchase and Sale of Residential Properties**

In the 1970's, SFMH expanded its property holdings around the campus with the intent of creating an expanded medical center campus consisting of contiguous parcels and interconnected buildings. Between 1973 and 1975, SFMH purchased the four residential properties on the west side of Hyde Street, north of the 909 Hyde Street medical office building. In 1980 and 1982, SFMH purchased the 1355 Pine Street apartment building and the 1171 Pine Street building, respectively.

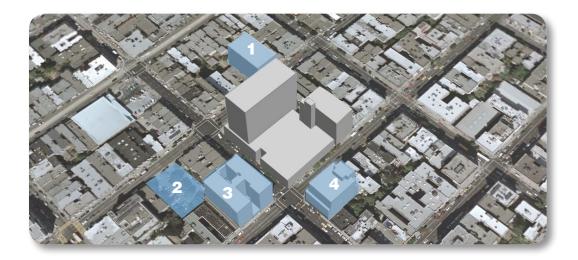
After the Planning Commission adopted policies to discourage demolition of sound housing and to preserve existing housing stock, SFMH abandoned its plans to create an expanded medical center with contiguous buildings and divested itself of those residential properties in the 1990's.

### **Off-Street Parking Facilities**

SFMH's first off-street parking facility was the 80 attended space garage in the basement levels of the 909 Hyde Street building. To meet the growing parking demand of the medical center, SFMH acquired the surface parking lot on Pine Street between Hyde and Larkin Streets in 1955, which now serves as the physicians' parking lot, and the 1234 Pine Street parking garage in 1983. In 1990, SFMH added two stories to the Pine Street garage and completed construction of the 1199 Bush Street medical office building with underground parking levels.

- **1** 1234 Pine Street Parking Garage
- **2** Pine Street Parking Lot

- **3** Parking Below 909 Hyde Street
- 4 Parking Below 1199 Bush Street



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## Meeting the Immediate Mandate of SB 1953 2001 to Present

SB 1953 mandated that all existing inpatient acute care facilities be seismically upgraded to meet current Building Code requirements governing such facilities. In 2001, the California Acute Care Hospitals prepared a "Structural Performance and Non-structural Performance Report" for all the state's acute-care hospitals to the Office of Statewide Health Planning and Development. The Hospital buildings were rated as SPC-1, SPC-2 and SPC-3. Buildings rated SPC-1 are those that will pose significant risk of collapse in a strong earthquake. Buildings rated SPC-2 are those that do not significantly jeopardize life in a significant earthquake, but might not be repairable or functional following a strong earthquake. The buildings rated SPC-1 must be brought into compliance with the Alquist Hospital Facilities Seismic Safety Act by January 1, 2030. Buildings rated SPC-3 are buildings that may experience structural damage that does not significantly jeopardize life and will have to be constructed or reconstructed and may be used to 2030 and beyond. According to this Report, the East Wing is rated SPC-1. The final structural performance rating for the Hospital Tower has not yet been completed and would be given either a SPC-1 or SPC-2 building. The Pierotti Building is rated SPC-3.

Pursuant to the Performance Report, SFMH must complete seismic upgrades of its inpatient facilities by January 1, 2013<sup>2</sup> in order to continue operating the acute care hospital until 2030. SFMH has undertaken a program to upgrade the East Wing of the Hospital and has completed the seismic upgrade of the basement and the first floor of the East Wing; seismic upgrade of the upper floors will continue floor by floor to minimize disruption to services. SFMH must construct new inpatient facilities in order to continue providing inpatient care after 2030.

## The Future

## Present to 2018

With the divestment of its residential property and limited land holding, SFMH's future development plans focus on the renovation of its existing facilities, construction of new inpatient facilities meeting current seismic safety requirements by utilizing the Pine Street parking lot and the 909 Hyde Street lot, or the adaptive reuse of and/or vertical addition to existing buildings where feasible to meet its future programmatic needs.

<sup>&</sup>lt;sup>2</sup> The State gave SFMH an extension from 2008 to 2013 to complete the seismic upgrade of the East Wing (or 1958 Building).

## **Services & Utilization**

SFMH offers inpatient care, outpatient clinical services for primary and specialty care, diagnostic services, and emergency care. The chart below lists service and utilization statistics at SFMH for fiscal year 2007.

Outpatient Visits:	88,315
Inpatient Admissions:	6,798
Inpatient Days:	42,806
General Acute Care, Including Rehab	27,437
Skilled Nursing	8,336
Psychiatry	7,033
Average Stay:	6.3 days
Surgeries:	
Inpatient:	1,565
Outpatient:	2,215
Emergency Room Visits:	
Inpatient:	25,119
Outpatient:	3,544
Diagnostic Visits:	29,961
Outpatient Tests:	
Lab Tests:	124,982
Pathology Tests:	2,983
Licensed Beds:	356

In fiscal year 2006-2007, SFMH had 6,798 inpatient admissions and 88,315 outpatient visits. In 1985, there were an average of 7,900 inpatient admissions and 86,800 outpatient visits per year<sup>3</sup>. Over the last 23 years, inpatient admissions have declined by about 14 percent and outpatient visits have increased by two percent.

Only 58 percent of SFMH's patients are San Francisco residents. The high percentage of noncity residents is partially attributable to the care of severely burned patients who are transferred to SFMH after being triaged at other emergency departments, and partially to the specialty sports medicine surgeries.

<sup>3</sup> Source: 1985 IMP

## **Inpatient Services**

Currently, SFMH has 322 licensed hospital beds, consisting of 287 general acute care beds and 35 psychiatric beds<sup>4</sup>.

SFMH has 6 functioning surgical suites and performed a total of 3,780 inpatient and outpatient surgeries in fiscal year 2006-2007. A wide variety of surgeries are performed, including hand surgery, orthopedic surgery, plastic and reconstructive surgery, eye surgery, ear, nose, and throat surgery, neurosurgery, and vascular and thoracic surgery. SFMH has two designated critical care units – Coronary Care and Intensive Care – which provide intensive nursing care, continuous monitoring, and life support.

In addition to surgery and the critical care units, other inpatient services include the following:

- Acute Physical and Occupational Rehabilitation Therapy
- Burn Acute Care
- Back Injury Treatment
- Coronary Care
- Gastroenterology
- Neurology
- Oncology
- Orthopedics
- Psychiatry

<sup>&</sup>lt;sup>4</sup> In September, 2007, SFMH informed the California Department of Public Health that the 34 bed skilled nursing unit would be closed. This unit was closed on December 15, 2007 and the 34 beds were de-licensed.

## **Outpatient Services**

In recent years, heathcare has continued to shift to outpatient services. Although the number of outpatient visits to SFMH has remained fairly steady over the last 20 years, the nature of the outpatient services has evolved dramatically. Notably, surgeries and physical therapy services that were once the domain of inpatient services are now routinely performed on an outpatient basis, for example, knee surgeries are now routinely performed on an outpatient basis.

In addition to day-surgery, outpatient services include:

- Burn Care
- Cardiology
- Clinical Care<sup>5</sup>
- Diagnostic Radiology and Imaging<sup>6</sup>
- Neurology Services
- Nutritional Counseling
- Occupational Medicine
- Physical and Occupational Rehabilitation Therapy
- Physician Referral Program
- Psychiatry
- Radiation Therapy
- Respiratory Therapy
- Sports Medicine (Center for Sports Medicine)

<sup>5</sup> This is a primary care clinic for patients who do not have a private physician. It is available on a walk-in basis.

<sup>6</sup> Services include x-ray, echocardiogram, EEG, MRI, CT, and ultrasound.



## **Emergency Services**

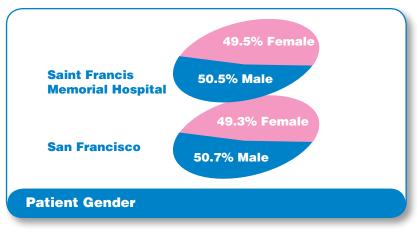
Twenty-four-hour emergency services are available at SFMH's Emergency Department, located on the ground floor of the East Wing at 1150 Bush. The Department was expanded and renovated in 2006 as part of the seismic retrofit of the East Wing, and is open to the general public. In fiscal year 2006-2007, there were 28,663 emergency visits, of which 3,544 required hospitalization.

Patients requiring emergency medical services usually arrive by automobiles, taxis, or ambulances.

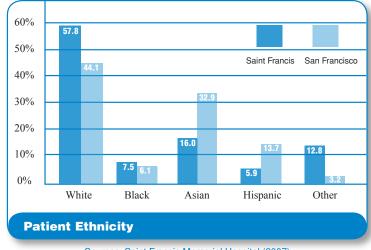
In the event of a major earthquake or other disasters, the City's Emergency Operations Plan serve as a guide to emergency responses. The Department of Public Health is responsible for overseeing the medical component of the City's overall emergency response. Along with other local hospitals, under the coordination of the City, SFMH provides emergency medical services in the event of a disaster.

## **Patient Characteristics**

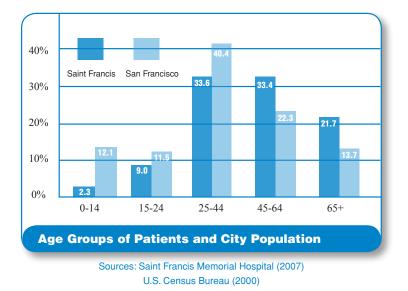
SFMH served a total of 49,050 patients in fiscal year 2006-2007. The graphics below show a comparison by ethnicity of SFMH's patients versus the general population of the City by gender, ethnicity and age.



Sources: Saint Francis Memorial Hospital (2007) U.S. Census Bureau (2005)



Sources: Saint Francis Memorial Hospital (2007) U.S. Census Bureau (2005)



SFMH is experiencing an increase in the number of limited English or non-English speaking patients. The main foreign languages spoken are Manderin/Cantonese, Spanish, and Russian. SFMH has interpreters who provide translation between such patients and their physicians. To the maximum extent feasible, SFMH links such patients with bilingual physicians and/or health care providers who can communicate in the patient's native language. All hearing impaired patients have access to sign language interpreters, specialized telephone equipment (i.e. TTY), and the internet.

In fiscal year 2006-2007, 17.7 percent of the patients at SFMH received MediCal benefits, 34.8 percent received Medicare benefits, and 9.5 percent were self-paying patients.

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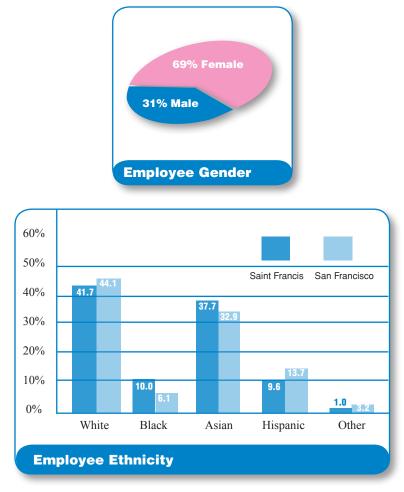
## **Medical Staff**

About 500 physicians are affiliated with SFMH. Of those 500 physicians, 32 percent spent 50 percent time or more at SFMH, 44 percent spent less than 50 percent time at SFMH, and 24 percent are on call.

## **Employee Characteristics**

SFMH employs approximately 1,100 non-physician employees, of which 488 are health care professionals<sup>9</sup>. Of that number, 38.9 percent are full-time, 32.7 percent are part-time, and the remainder work on an as-needed (per diem) basis. Approximately 46 percent of the non-physician employees at SFMH are San Francisco residents.

The diversity of SFMH's workforce generally reflects the diversity of the city's population. The charts below show comparisons of SFMH's work force versus the City's population by gender



Sources: Saint Francis Memorial Hospital (2007) U.S. Census Bureau (2005)

<sup>9</sup> Non-physician health care professionals include Registered Nurses, Respiratory Care Practitioners, OT/PT/Speech Therapists, Clinical Lab Scientists, and Pharmacists. and ethnicity.

## **Equal Employment Opportunity Program**

SFMH is an equal employment employer without regard to race, religion, color, age, gender identity, sexual orientation, pregnancy, national origin, marital status, disability or veteran status<sup>10</sup>. SFMH will implement reasonable accommodations when feasible to maintain employees who have or have developed a disability and will offer employment to qualified disabled candidates when the job functions can be reasonably accommodated.

<sup>10</sup> Details of CHW's equal employment policies can be found on its website, www.chwhealth.org.



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## III. Facilities Overview

Neighborhoods & Locations

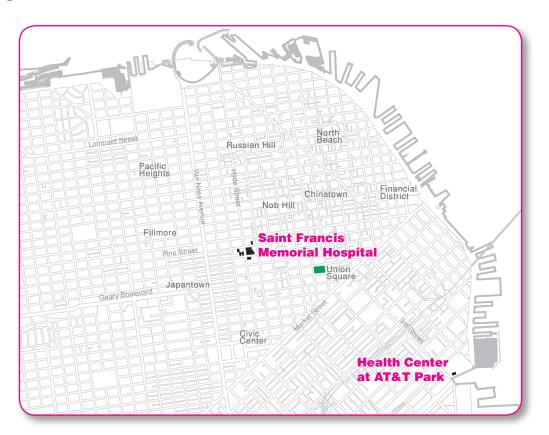
SFMH Campus

Health Center at AT&T Park

Transportation Demand Management Program

## **III. Facilities Overview**

The SFMH campus is located on the western slope of Nob Hill, near the intersections of Hyde and Pine Streets, and Hyde and Bush Streets. SFMH also has a satellite outpatient Health Center at AT&T Park that provide occupational health, sports medicine, and urgent care.



## **Neighborhoods & Locations**

## SFMH Campus

The campus consists of six buildings:

- The 12-story hospital tower at 900 Hyde and the six-story East Wing contain the acute care hospital facilities. The two-story Pierotti Pavilion outpatient clinic and the acute care hospital facilities are interconnected and are on the east side of Hyde Street between Bush and Pine Streets.
- The two medical office buildings, 1199 Bush and 909 Hyde, provide medical offices and outpatient services and are located at the southeast corner and northwest corners of Hyde and Bush, respectively.
- The sixth building is a four-story parking garage, located at 1234 Pine between Leavenworth and Hyde Streets.

These buildings contain a total of 671,360 gross square feet ("gsf"), of which 339,900 gsf is the acute care hospital, 218,125 gsf is used for outpatient clinics and medical offices, and 113,335 gsf is used for parking<sup>1</sup>. The campus also includes a single surface parking lot on the south side of Pine Street between Hyde and Larkin.



<sup>1</sup>The gsf for 1199 Bush Street is taken from the project's approval motion; all other gsf figures were recently recalculated by SFMH. Some figures may differ from those in the 1985 IMP.









## Hospital Tower 900 Hyde Street

- Present Use: Inpatient Facilities
- Date Built: 1968
- Approximate Gross Floor Area: 268,500 gsf
- Height Above Grade: 12 stories
- Parking Spaces: none

## East Wing 1150 Bush Street

- Present Use: Inpatient Facilities, Emergency Care
- Date Built: 1958
- Approximate Gross Floor Area: 71,400 gsf
- Height Above Grade: 6 stories
- Parking Spaces: none

## Pierotti Pavilion 900 Hyde Street

- Present Use: Outpatient Clinic
- Date Built: 1978;
- Addition of second floor, 1987
- Approximate Gross Floor Area: 82,800 gsf
- Height Above Grade: 2 stories
- Parking Spaces: none

## Medical Office Building 1199 Bush Street

- Present Use: Outpatient Clinic, Medical Offices
- Date Built: 1990
- Approximate Gross Floor Area - Main Building: 63,625 gsf
  - Parking Garage: 29,535 gsf
- Height: 6 stories
- Parking Spaces: 50 attended, 36 self-park



## Medical Office Building 909 Hyde Street

- Present Use: Outpatient Clinic, Medical Offices
- Date Built: 1918; second wing added, 1926
- Approximate Gross Floor Area
  - Main Building: 71,700 gsf
  - Parking Garage:25,800 gsf
  - Parking Spaces: 80 spaces (attended)



## Parking Lot

## Pine Street

- Present Use: Parking
- Parking Spaces: 48 spaces (self-park)



### Parking Garage 1234 Pine Street

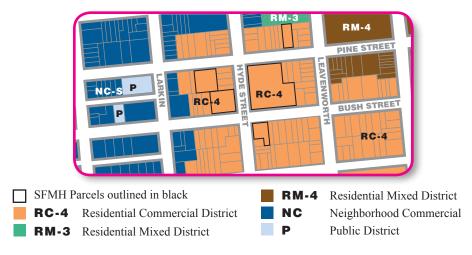
- Present Use: Parking
- Date Built: 1921;
- Addition of top two floors, 1990
- Approximate Gross Floor Area: 58,000 gsf<sup>2</sup>
- Height: 4 stories
- Parking Spaces: 195 spaces (attended)

<sup>2</sup>This figure includes the roof deck, which is used for parking.

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### **Zoning Districts**

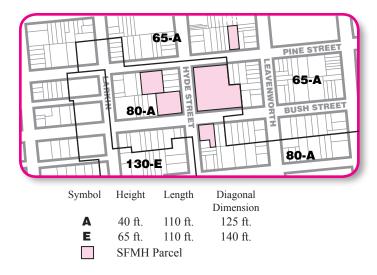
The campus is located in an RC-4 (Residential-Commercial High Density) District where medical institutions are permitted with conditional use ("CU") authorization by the Planning Commission.



Source: Planning Department Zoning Sheet ZN02

#### Height & Bulk District

The SFMH campus straddles two Height and Bulk Districts. The 1234 Pine Street parking garage is located in a 65-A Height and Bulk District, with a maximum height of 65 feet. The remainder of the campus is located in a 80-A Height and Bulk District, with a maximum height of 80 feet. In an "A" Bulk District, above 40 feet in height, the maximum allowable horizontal dimension is 110 feet and the maximum diagonal dimension is 125 feet. Exceptions to the bulk limitation may be granted pursuant to conditional use authorization.



Source: Planning Department Zoning Sheet HT02

## Land Use

The SFMH campus is located in an established residential neighborhood typical of the northeast sector of San Francisco, which is the most densely developed part of the City. The land uses near the SFMH campus consist of multi-family apartment buildings, as well as two- and three-family buildings. The Polk Street Neighborhood Commercial District is two blocks away and is developed with mixed use buildings with residential and/or offices above ground-floor, neighborhood-serving retail businesses, restaurants and small institutional uses.





#### **Regional** Access

Regional vehicular access to the SFMH campus is via the Ninth Street off-ramp from U.S. 101 North, the Harrison/Ninth Street off-ramp from Interstate 80 west, and the Sixth Street off-ramp from 280, then north on Ninth Street to Market Street, Larkin Street to Bush Street. Hyde Street is one way southbound to the Interstate 80 East Eighth Street on-ramp, or the on-ramp for U.S. 101 South at Tenth and Bryant Streets. Van Ness Avenue (U.S. 101), which is three blocks to the west, connects the campus to the Golden Gate Bridge via Lombard Street.



Source: City & County of SF General Plan

#### Local Street Network

Buildings on the SFMH campus front on either Hyde, Pine, or Bush Streets, all of which are one-way streets.

Pine and Bush Street function as a one-way couplet between Presidio Avenue and Market Street. Both are classified as "Major Arterials" in the Transportation Element of the City's General Plan and are both included in the City's Congestion Management Program Network.

- Pine Street has three westbound lanes between Presidio Avenue and Market Street and parking lanes on both sides of the street.
- Bush Street has three eastbound lanes between Presidio Avenue and Market Street and parking lanes on both sides of the street.

Leavenworth, Hyde, and Larkin Streets function as a one-way triplet between California and Market Streets. South of Pine Street, Leavenworth, Hyde, and Larkin are designated "Secondary Arterials" in the General Plan.

- Leavenworth Street has two travel lanes and parking lanes on both sides of the street. It is one-way northbound between Market Street and California Street and becomes a two-way street north of California Street.
- Hyde Street has three southbound travel lanes south of California Street and parking lanes on both sides of the street. It is a two-lane, two-way street north of California Street with parking lanes on both sides of the street.
- Larkin Street has three travel lanes and parking lanes on both sides of the street. It is oneway north-bound between Market Street and California Street, and becomes a two-lane, two-way street north of California Street.

#### **Existing Traffic Conditions**

Traffic conditions at street intersections are described in terms of Levels of Service ("LOS"), which measures the average delay per vehicle. LOS levels range from A, which indicates free flow conditions with little or no delay, to F, which indicates gridlocked conditions with extremely long delays. LOS levels A, B, C, and D are considered excellent to satisfactory, while LOS levels E and F are considered unacceptable. Currently, all intersections near the SFMH Campus operate at LOS D or better<sup>2</sup>.

Pine Street/Van Ness Avenue	D	
Pine Steet/Larkin Street	В	
Pine Street/Hyde Street	С	
Pine Street/Leavenworth Street	В	
Bush Street/Van Ness Avenue	С	
Bush Street/Larkin Street	В	
Bush Street/Hyde Street	В	
Bush Street/Leavenworth Street	В	
Intersection LOS, PM Peak Period, October 2007		

 $^2$  SFMH engaged the services of CHS Consulting to evaluate existing traffic conditions at intersections near campus. CHS conducted traffic counts at eight study intersections during the PM peak period on October 30, 2007 and found that all of the intersections currently operate at acceptable conditions of LOS D or better. A copy of the CHS Consulting report is attached hereto as Appendix A.

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#### Public Transit

#### Local

The SFMH campus is easily accessible by MUNI. Ten MUNI lines are within four blocks of 900 Hyde Street. These lines include:

- California Street Cable Car
- 1 California
- 2 Clement
- 3 Jackson
- 4 Sutter
- 19 Polk
- 27 Bryant
- 38 Geary
- 47 Van Ness
- 49 Van Ness-Mission

#### Regional

Regional public transit services are provided by AC Transit and BART to the East Bay, SamTrans and CalTrain to the South Bay, Golden Gate Transit to the North Bay. MUNI provides connections to these regional public transit carriers. Ferry services are also available to the East Bay and North Bay.

#### East Bay

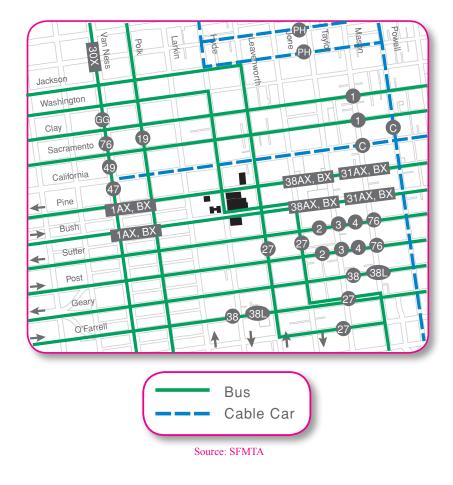
- AC Transit provides express bus service to Alameda and Contra Costa counties from the Transbay Terminal located at First and Mission Streets.
- BART is a high-speed regional rail system that links San Francisco to Alameda and Contra Costa counties and be can accessed from the four underground BART stations on Market Street.
- Ferry service is available to Oakland and Alameda from both Fisherman's Wharf and the Ferry Building, which is located at the end of Market Street on the Embarcadero.

#### South Bay

- SamTrans buses serve San Mateo County.
- BART also provides service to northern San Mateo County and the San Francisco International Airport.
- The CalTrain terminal at Fourth and King provides local and express rail service from San Francisco to San Jose, with stops in San Francisco, Peninsula, and Silicon Valley communities.

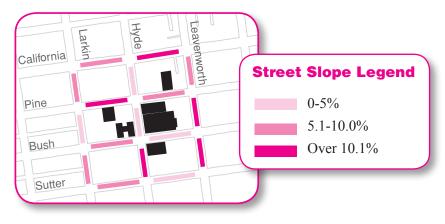
#### North Bay

- Golden Gate Transit serves Marin and Sonoma Counties. Golden Gate Transit's 70, 80, and 93 buses also stop at Van Ness and Sutter, which is four blocks from the SFMH campus.
- North Bay ferry service from Fisherman's Wharf goes to Sausalito, Tiburon, and Vallejo. From the Ferry Building, ferries go to Sausalito, Tiburon, Vallejo and Larkspur.



#### **Pedestrian Circulation**

The street pattern north of Market Street is generally a grid with blocks measuring 275 feet by 412.5 feet. In the vicinity of the SFMH campus, sidewalk widths vary from 8 to 10 feet. Based on observation, sidewalk pedestrian traffic around the campus is light. The grades on Bush and Pine Streets between Leavenworth and Larkin Street range between 3 and 11 percent and may be difficult for seniors and persons with mobility problems to access the SFMH campus on foot, ans is too steep for wheelchair access.



Source: City & County of SF General Plan

#### **Passenger Loading**

There are two passenger loading zones for the hospital; one in front of the Hospital Tower on Hyde Street, and the other on Bush Street in front of the Emergency Department entrance.



#### **Truck Loading**

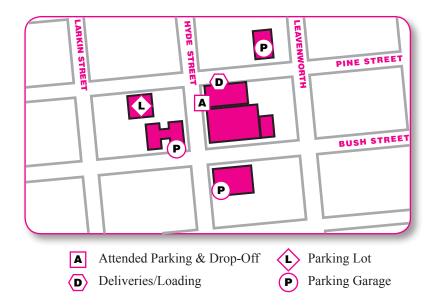
A loading dock serving the hospital is located on the south side of Pine Street. Most deliveries occur on weekday mornings. Delivery vehicles, which include trucks and vans, park curbside along Pine Street while unloading.

#### **Parking Facilities**

The main campus has four parking facilities containing a total of 373 independently accessible and attendant parking spaces. There are:

- 48 independent spaces in the parking lot on the south side of Pine Street between Hyde and Larkin Streets;
- 195 attendant spaces in 1234 Pine Street garage between Hyde and Leavenworth Streets;
- 80 attendant spaces in the basement levels of the 909 Hyde Street medical office building
- 50 attendant parking spaces in the basement levels of the 1199 Bush Street medical office building.

Attendant parking is also offered at the passenger loading zone on Hyde Street in front of the Hospital Tower where cars are moved to the 1234 Pine Street garage. The Pine Street parking lot is reserved for physicians.



SFMH provides free parking to carpools with three or more passengers at the 1234 Pine Street garage.

Two motorcycle spaces are available in the 1199 Bush Street garage and six motorcycle spaces are available at the 1234 Pine Street garage.

Each of SFMH's three parking garages has bicycle parking; the campus has a total of 26 bicycle parking spaces. Bicyclists can use the showers provided on the fourth floor of the East Wing.

SFMH's parking rates are:

- The monthly parking for employees range between \$75 and \$250 per month, depending on the garage and time of day. Hospital staff working evening and night shifts pay a lower rate.
- Nearby local residents can park in the garages from 6 p.m. to 8:00 a.m. for a monthly fee of \$250.
- Reserved parking spaces are available for carpools and bicycles free of charge.
- Employee motorcycle parking is \$30 per month at the 1199 Bush Street and 1234 Pine Street garages.
- Free parking in the Pine Street parking lot is available by SFMH authorization only.

In addition to parking on the SFMH campus, there are several public parking facilities within the area bounded by California, Taylor, Post, and Polk Streets. On-street parking near the campus is within San Francisco's Residential Permit Parking Area C, and on-street parking is generally full at all times. Beyond Parking Area C, toward the Tenderloin neighborhood, on-street parking is metered.





#### **Bicycle Circulation**

The proximity of bicycle routes to the SFMH campus provides employee incentives to bike to work. There are three designated bicycle routes near the main campus: Route 25 (along Polk Street), Route 16 (along Sutter and Post Streets), and Route 310 (along California and Taylor Streets). To encourage bicycling as an alternative means of transportation, SFMH provides 26 secured bicycle parking spaces, which are distributed between SFMH's three parking garages. Also, showers facilities are available to employees who bike to work.



Source: San Francisco Bike Map & Walking Guide

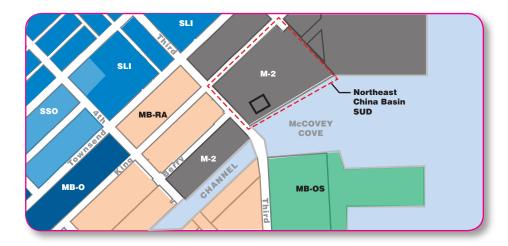
#### **Health Center at AT&T Park**

The Health Center is located in a leased space in AT&T Park at 24 Willie Mays Plaza and is accessible from the pedestrian path along McCovey Cove. Established in 2003, the Center specializes in sports medicine and occupational health. The Center operates between 7a.m. and 6p.m., Monday through Friday.



#### **Zoning District**

The underlying zoning of AT&T Park is M-2 Heavy Industrial. The AT&T Park is located within the Rincon Point-South Beach Redevelopment Area. Completion of the AT&T Park and implementation of the Mission Bay Development Plan have transformed this former industrial area into a vibrant mixed-use neighborhood with residential, retail and office uses.



#### **Zoning Districts**

	Health Center Location
M-2	Industrial District
SSO	Service Secondary Office
SLI	Service Light Industry
MB-O	Mission Bay Office
<b>MB-RA</b>	Mission Bay Residential District
MB-OS	Mission Bay Open Space

Source: Planning Department Zoning Sheet ZN01 & ZN08

#### Land Use

In the last five to six years, the area around AT&T Park has become a vibrant mixed-use residential and retail district, characterized by new high-rise residential condominiums, neighborhood retail businesses, bars, and restaurants. New development in the Mission Bay area to the south around the new UCSF medical campus includes office, biotech, retail and residential uses.

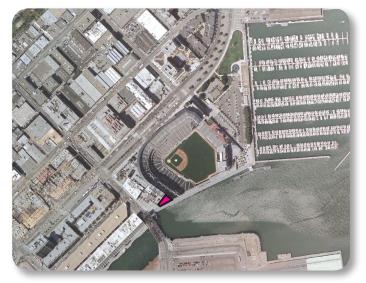
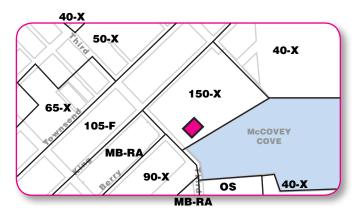


image source: Google™ Earth

#### Height and Bulk District

AT&T Park is located in the 150-X Height and Bulk District, with a maximum height of 150 feet and no bulk limitations.



Source: Planning Department Zoning Sheet HT01 & HT08

#### **Regional Access**

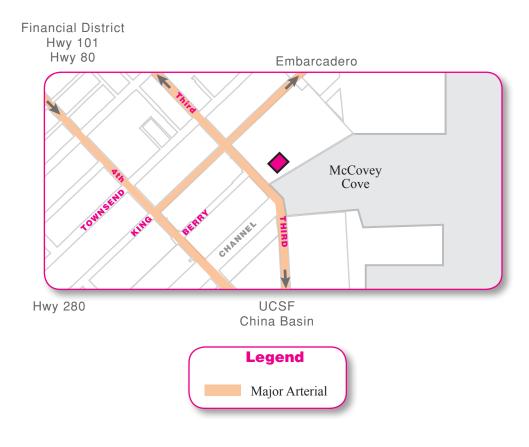
AT&T Park is easily accessible from Interstate 280 via the King Street off-ramps that connect to the Embarcadero. The Peninsula can be accessed via the Interstate 80 west on-ramp at Fourth and Harrison Streets and the Interstate 280 on-ramp at Fourth and King Streets. The Bay Bridge can be accessed from the Interstate 80 east on-ramps at Fifth and Bryant Streets, or First and Harrison Streets.

#### Local Street Network

AT&T Park fronts on King Street, an extension of the Embarcadero, and Third Street. Third Street is a one-way northbound street with four travel lanes and parking on both sides of the street north of King Street. South of King Street, Third Street is two-way; it has three sorth bound lanes and one south bound lane south of King Street to the south end of the Lefty O'Doul (Third Street) Bridge. There is no parking on either side of the street.

#### **Existing Traffic Conditions**

Traffic around AT&T Park is heavy before and after games and events at AT&T Park. Third Street and the Embarcadero/King Street are major arterials during AM and PM commute periods.



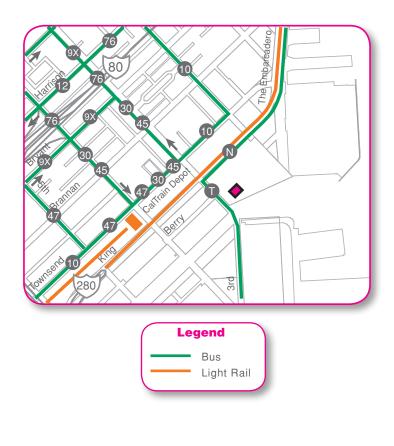
SAINT FRANCIS MEMORIAL HOSPITAL • 2008 • INSTITUTIONAL MASTER PLAN

#### **Public Transit**

AT&T Park is well-served by public transit. The San Francisco CalTrain Terminal is located at Fourth and King Streets, one block west of AT&T Park. There are ten MUNI lines within two blocks of the Health Center at the AT&T Park. These include:

- N Judah
- T Third Street
- 10 Townsend
- 30 Stockton
- 45 Union-Stockton
- 47 Van Ness
- 76 Marin Headlands
- 80X Gateway Express
- 81X CalTrain Express
- 82X Levi Plaza Express

The N Judah and T Third Street lines connect passengers to MUNI and regional transit services on Market Street and Mission Street.



Source: SFMTA

#### **Pedestrian Circulation**

The area around the Health Center is relatively flat with wide sidewalks. Except for limited periods of time before and after games or events at AT&T Park, the sidewalks are open.

#### **Bicycle Circulation**

There are three designated bicycle routes near AT&T Park: Route 5 (starts at Third, King, and along The Embarcadero), Route 11 (Second Street), Route 19 (Fourth and Fifth Streets), and Route 36 (Townsend Street).



Source: San Francisco Bike Map & Walking Guide

#### **Passenger Loading**

No pedestrian loading zone is located in front of the Health Center. However, there is a passenger loading zone in front of the AT&T Park's Third Street entrance and exit gate.

#### **Truck Loading**

The Health Center has no independent loading facility. Trucks making deliveries pull over and park on the loading zone side of Third Street when there is no game or event.

#### Parking

Parking Lot A for AT&T Park is located on the south side of McCovey Cove and across the Lefty O'Doul (Third Street) Bridge. Additionally, there are public parking garages or lots within two blocks of the Health Center on Townsend Street.

#### **Transportation Demand Management Program**

SFMH has implemented the following transportation demand management program to reduce vehicle trips to and from the main campus.

- *Employee Shuttle Service*. SFMH operates a free shuttle service for employees, Monday through Friday except holidays, between the campus and BART/MUNI stations on Market Street. The shuttle service makes four round trips between the Embarcadero station and the campus between 6:00 and 8:00 AM, and three round trips between the campus and the Civic Center Station between 4:00 and 6:00 PM.
- *Patient Shuttle Service*. During off-peak periods, SFMH vans provide free shuttle service to patients to and from their residences within the City by appointment. Occasionally, shuttle buses will provide rides home to patients living outside the City.
- *Transit Tickets/Commuter Checks.* SFMH sells MUNI Fast Passes and BART tickets to employees. These tickets are subsidized by Commuter Checks. In December 2007, SFMH contributed \$7,010.00 toward Commuter Checks for 112 employees.
- *Parking for Employees, Residents, Carpools and Bicycles.* Automobile parking rates are \$75 to \$250 per month for SFMH employees and \$250 per month for local residents. Parking for carpools and bicycles is free.
- *Discount Parking for Motorcycles*. Motorcycle parking is available for a fee of \$30 per month at 1234 Pine Street and 1199 Bush Street.



# **IV. Proposed Development**

#### Overview

Five Year Plan

- Seismic Upgrade of the East Wing
- Remodel of East Wing Surgery Suite
- Master Signage Program

### Ten Year Plan

## **IV. PROPOSED DEVELOPMENT**

#### **Overview**

Although SFMH anticipates increased demand for its outpatient services due to new and innovative medical technology emphasizing outpatient and preventive care with a consequential decrease in demand for inpatient acute care services, SFMH must comply with the mandate of SB 1953 and seismically upgrade and/or replace its acute care facilities.

SFMH has the following immediate development needs for the campus that must be completed within the next five-years:

- Complete seismic upgrade of the East Wing by 2013 in order to continue operation of inpatient services until 2030 in compliance with SB 1953;
- Remodel the East Wing surgery suite to meet current space standards.
- Install a new, uniform signage program to facilitate patient and visitor mobility around the campus; and

SFMH's ten-year plan is to finalize its plan for construction of a replacement acute care hospital and to evaluate the adaptive reuse of the existing hospital facilities. SFMH must relocate the acute care facilities from the Hospital Tower and the East Wing by 2030 in compliance with SB 1953.

#### **Five Year Plan**

#### 1. Seismic Upgrade of the East Wing

Pursuant to SB 1953, the Office of the State Architect requires SFMH to complete the seismic upgrade of the East Wing by 2013 in order to continue acute care services in the East Wing until the year 2030. Seismic upgrades to the basement and first floor of the East Wing, including the Emergency Department, have been completed.

#### A. Scope of Work

Seismic upgrade of the East Wing will include installation of structural reinforcements within the existing building envelope and reconfiguration of the interior space. During seismic upgrade work, some existing building utilities will be relocated or replaced.

#### **B.** Project Schedule

Seismic retrofit of the second through sixth floors will continue to be undertaken in phases to minimize disruption of acute care services. The seismic upgrade work began in April, 2005 and is projected to be completed in 2010.

#### 2. Remodel of East Wing Surgery Suite

Currently, there are twelve surgical suites on the second floor of the East Wing; however, only six of these are used for operations. These operating suites handle both inpatient and outpatient surgeries. The other six suites are too small and cannot accommodate modern equipments let alone meeting current operating room standards. SFMH plans to remodel the existing suites to accommodate nine inpatient and outpatient operating suites that meet current operating room standards and ancillary support functions such as equipment storage and cart staging.

#### A. Scope of Work

The twelve surgical suites in the East Wing wil be reconfigured into nine (9) large inpatient operating rooms and space for equipment storage and cart staging.

#### **B.** Project Schedule

The interior reconfiguration and renovation of the East Wing surgery suites is expected to be completed in 2013.



#### 3. Master Signage Program

Due to their locations, sizes, design, age, and piecemeal installation, the existing signage of the SFMH campus is not effective in directing patients and visitors to their destinations. Patients requiring urgent or emergency medical attention require clear signage and direction to the Emergency Department or the urgent care departments. In the aftermath of a major earthquake or other disaster, the signage must be capable of directing large numbers of patients who are not familiar with the SFMH campus to various facilities and services within the SFMH campus.

#### Samples of Proposed Signage







The new signage program will:

- Facilitate way-finding to the different medical departments of the SFMH medical center, including the Emergency Department.
- Create a unified design scheme for all signage that clearly identify the different buildings and uses on campus.
- Provide multilingual signs to accommodate the needs of limited or non-English speaking patients and visitors.

#### A. Scope of Work

The new signage program will have an unified design scheme and will be installed in visible locations. Key signs will have text in English, Spanish, Russian, and Chinese. Graphics showing the exact locations, dimensions, and design of each proposed sign, and the existing signs to be replaced, are attached hereto as Appendix A of this IMP.

#### **B.** Schedule

SFMH intends to implement the master signage program immediately after obtaining a conditional use authorization from the Planning Commission.

#### **Ten Year Plan**

Currently, SFMH has no development plan after completion of the projects discussed in the five year plan above; however, SFMH will explore options for the construction of a new acute care inpatient hospital that must be completed by 2030. SFMH has been advised by its consultants that the cost of retrofitting the current acute care inpatient facilities (Hospital Tower and the East Wing) to a level that would allow it to operate beyond 2030 would be extremely high and would not be a financially practical solution. Additionally, there is no suitable quarters where SFMH can relocate temporarily its acute care hospital while renovation takes place.

Relocating the acute care inpatient services within the current Campus boundaries will be challenging due to the limited size of the campus, the lack of contiguous parcels, and the size of the acute care facilities to be replaced. The Hospital Tower and the East Wing contain about 363,000 gsf of acute care inpatient services. Also, Planning Code provisions governing height, bulk, and floor area ratio limit the potential size of new development.

As part of the Ten Year Plan, SFMH intends to explore the following possible locations for new acute care facilities:

- 1. The Pine Street parking lot;
- 2. The 909 Hyde Street building;
- 3. The Pierotti Pavilion site;
- 4. A combination of the above sites; and
- 5.Off-campus locations.

Preliminary review of the Planning Code constraints indicates that unless the Planning Code is amended, the replacement acute care facility would have to be located on sites that are not contiguous, requiring separation of the inpatient beds and other facilities, such as the surgical suites. Therefore, SFMH must carefully study all available options for the replacement acute care inpatient hospital, in light of economic, Planning Code, and other considerations, before deciding which option would be the most viable in terms of continuing quality medical care to its patients. Temporary relocation of existing services to other locations while the new acute care hospital is under construction must also be examined, as well as the future uses of the East Wing and the Hospital Tower.

#### **Option 1:** The Pine Street Parking Lot Site

This 11,600-sf lot is not sufficiently large for a self-containing acute-care hospital.

#### **Option 2: The 909 Hyde Street Site**

This 19,000-sf site would require demolition of a building that could be deemed an historic resource. It does not appear that this site is of sufficient size for the construction of an acute-care hospital.

#### **Option 3: The Pierotti Pavilion Site**

This 25,300-sf site does not appear to be of sufficient size for the construction of a self-contained acute care hospital under current zoning. The study for this option will include the scope of amendments to the Planning Code and Zoning Map that would be required to build a replacement acute care facility

# *Option 4: Combination of Pine Street Parking Lot, 909 Hyde Street, and/or Pierotti Pavilion Sites*

#### The 909 Hyde Street and Pine Street Parking Lot Site

These two contiguous parcels contain approximately 33,800 square feet and provide the opportunity to built a new acute care inpatient hospital. This option will require demolition of the existing 909 Hyde Street building. Under the ten-year plan, the architect will determine whether amendments to the current Planning Code will be required to construct a replacement hospital on this combined site.

#### 1199 Bush Street and the Pierotti Pavilion Site

The 11,100s.f. 1199 Bush Street site could be developed for inpatient beds with the ancillary facilities, such as surgical suites located in an addition to or a new building on the Pierotti Pavillion site. Since these sites are separated by Bush Street, the developments thereon will have to be connected either by a bridge over the right-a-way or by a tunnel under Bush Street.

#### **Option 5: Off-Site Location**

SFMH will also explore the feasibility of construction of a new acute care inpatient facility in a location that is not currently owned by SMFH or part of the Campus.

#### **Option 6: Conversion of East Wing and Hospital Tower**

As an integral part of the studies for various options, the future uses of the Hospital Tower and East Wing will be examined. If the replacement acute inpatient care facility is to be constructed within the current campus boundaries, the East Wing is likely to be converted to outpatient clinics and medical offices. The Hospital Tower would be adaptively reused for outpatient clinics, medical offices and non-acute care inpatient facilities.

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# V. Conformity with the General Plan

Five Year Plan

Ten Year Plan

#### **V. CONFORMITY WITH THE GENERAL PLAN**

#### **Five-Year Plan**

The planned development projects in the Five Year Plan of this IMP are consistent with the following objectives and policies in the San Francisco General Plan.

#### A. Urban Design Element

*Objective 1: Emphasis of the characteristic pattern which gives to the city and its neighborhoods an image, a sense of purpose, and a means of orientation. Policy 1.9: Increase the clarity of routes for travelers.* 

The master signage program will clarify the route to various destinations allowing patients and visitors to arrive at their proper destinations efficiently; especially to the emergency and urgent care departments.



Pine Street Garage, Existing Signage



Pine Street Garage, Proposed Signage



#### **B.** Commerce and Industry Element

*Objective 7: Enhance San Francisco's position as a national and regional center for governmental, health, and educational services.* 

Policy 7.2: Encourage the extension of needed health and educational services, but manage expansion to avoid or minimize disruption of adjacent residential areas. Policy 7.3: Promote the provision of adequate health and educational services to all geographical districts and cultural groups in the city.

SFMH's Five Year Plan, which is limited to the renovation of the interiors of existing buildings, relocation of certain existing services, and installation of the new signage program, would enable SFMH to continue providing quality medical care and health education to the City's culturally and linguistically diverse residents, without intruding into the adjacent residential areas. Completion of the projects related to seismic retrofit of the East Wing in the Five Year Plan will allow SFMH to continue to offer acute care inpatient services there until 2030.

#### C. Community Safety Element

*Objective 2: Reduce structural and non-structural hazards to life safety, minimize property damage and resulting social, cultural and economic dislocations resulting from future disasters.* 

Policy 2.1: Assure that new construction meets current structural and life safety standards.

The seismic upgrade of the East Wing of the acute care inpatient hospital would affirmatively promote Objective 2 and Policy 2.1 of the Community Safety Element.

#### **D.** Air Quality Element

*Objective 5: Minimize particulate matter emissions from road and construction sites. Policy 5.1: Continue policies to minimize particulate matter emission during road and building construction and demolition.* 

SFMH will implement standard mitigation measures (including but not limited to, requiring watering of the site with non-potable water during demolition and excavation, sweeping the streets and sidewalks, and covering the trucks hauling excavated soils and debris) to minimize the release of particulate matters into the air during construction.

#### **Ten Year Plan**

#### A. Urban Design Element

The following objectives and polices of the Urban Design Element of the City's General Plan must be considered when developing the options for the Ten Year Plan, as discussed in Chapter 4 of this IMP.







*Objective 1: Emphasis of the characteristic pattern which gives to the city and its neighborhoods an image, a sense of purpose, and a means of orientation.* 

Policy 1.3: Recognize that buildings, when seen together, produce a total effect that characterizes the city and its districts.

*Policy 1.6: Make centers of activity more prominent through design of street features and by other means.* 

Policy 1.8: Increase the visibility of major destination areas and other points for orientation.

*Objective 2: Conversation of resources which provide a sense of nature, continuity with the past, and freedom from overcrowding.* 

Policy 2.4: Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings an features that provide continuity with past development.

Policy 2.6: Respect the character of older development nearby in the design of new buildings. Policy 2.8: Maintain a strong presumption against the giving up of street areas for private ownership or use, or for construction of public buildings.

Policy 2.9: Review proposals for the giving up of street areas in terms of all the public values that streets afford.

Policy 2.10: Permit release of street areas, where such release is warranted, only in the least extensive and least permanent manner appropriate to each case.







*Objective 3: Moderation of major new development to complement the city pattern, the resources to be conserved, and the neighborhood environment.* 

*Policy 3.1: Promote harmony in the visual relationships and transitions between new and older buildings.* 

Policy 3.2: Avoid extreme contrasts in color, shape and other characteristics which will cause new buildings to stand out in excess of their public importance.

Policy 3.5: Relate the height of buildings to important attributes of the city pattern and to the height and character of existing development. Policy 3.6: Relate the bulk of buildings to the prevailing scale of development to avoid an overwhelming or dominating appearance in the new construction.

*Policy 3.7: Recognize the special urban design problems posed in development of large properties.* 

*Objective 4: Improvement of the neighborhood environment to increase personal safety, comfort, pride and opportunities.* 

Policy 4.3: Provide adequate light in public areas Policy 4.4: Design walkways and parking facilities to minimize danger to pedestrians. Policy 4.10: Encourage or require the provision of recreation space in private development. Policy 4.12: Install, promote and maintain landscaping in public and private areas. Policy 4.13: Improve pedestrian areas by providing human scale and interest. Policy 4.14: Remove and obscure distracting and cluttering elements. Policy 4.15: Protect the livability and character of residential properties from the intrusion of incompatible new buildings.

The design of a new hospital will take into consideration the above urban design objectives, policies and design principals.

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# VI. Environmental Conditions and Impacts

Project Related Impacts

Cumulative Impacts

Growth-Inducing Impacts

Alternatives





### **VI. ENVIRONMENTAL CONDITIONS & IMPACTS**

#### A. Project Related Impacts

This IMP provides a general overview of the foreseeable impacts of the projects in the Five Year and Ten Year Plans. The Planning Department will undertake environmental analysis pursuant to the California Environmental Quality Act ("CEQA") for the projects in this IMP before they can be approved by the Planning Department or the Planning Commission. The City's environmental review document will discuss the potential environmental impacts in much greater detail.

#### 1. Land Use

*Five Year Plan.* Renovation of the surgical suites located in the East Wing to expand the sizes of the suites to meet current hospital standards would not alter the services provided by SFMH and will not alter the exterior envelope of the East Wing building. This project would have no environmental effects because there will be no expansion of services offered that would impact traffic, land use, or visual quality of the current Campus.

*Ten Year Plan.* Under each option, the uses of individual buildings on campus would change. One or more outpatient buildings would be converted to inpatient use through renovation or new construction. The East Wing and the Hospital Tower would be converted to outpatient, medical office, and non-acute care inpatient uses.

#### 2. Aesthetics

*Five Year Plan.* Under the master signage program, old signs would be replaced by a unified new signage program that will be consistent with the scale and character of the buildings on campus and will improve the visual quality of the campus. The other Five Year Plan projects will have no effect on the visual quality of the campus or the surrounding area, because they will not alter the existing building facades.

*Ten Year Plan.* Any new building or addition under the Ten Year Plan must take into consideration the urban design principles in the Urban Design Element of the City's General Plan, to ensure that the height, scale, massing, and façade are compatible with the surrounding residential neighborhood.

#### 3. Transportation & Parking

*Five Year Plan.* Renovation of the surgery suites would not increase the number of patients or the number of trips to and from the campus. The new signage program would not add to traffic and should have a beneficial effect on traffic flow around the campus by reducing the need to circle the blocks in search of parking or campus buildings.

*Ten Year Plan.* Current services in the medical office buildings that might be demolished or converted to inpatient care would have to be relocated to the East Wing and/or the Hospital Tower, temporarily or permanently. To the extent that there is excess capacity in the East Wing or the Hospital Tower in the future, new outpatient services or non-acute care inpatient facilities may be offered by SFMH. That may increase traffic to the campus. Such an increase in traffic may require further transportation analysis, including additional measures to be considered by and included in SFMH's Transportation Demand Program.

#### 4. Hazardous Materials

SFMH is required to comply with federal, state, and local regulations governing the transportation, use, storage, and disposal of hazardous materials on the SFMH campus. None of the projects under the Five Year or Ten Plans would change SFMH's compliance with the regulations governing transportation, use, storage, or disposal of any hazardous materials. SFMH is required to file a hazardous material manual with the City's Department of Public Health describing SFMH's procedures for receiving, storing and disposing various hazardous materials.

The environmental review document for the replacement acute care hospital will discuss compliance with federal, state, and local regulations governing demolition and disposal of hazard containing building materials, contaminated soil or ground water, if any.

#### 5. Historic & Cultural Resources

The SFMH campus contains no City, State or federal designated historic landmarks or rated structures and is not located in any historic or conservation district. In San Francisco, pursuant to the Planning Department's Preservation Bulletin No. 16, any property over fifty years old must undergo an evaluation to determine whether the building is an historical resource.

- Associated with significant patterns of California history and cultural heritage;
- Associated with the lives of persons important in California history;
- Embodies distinctive characteristics of a building type, period, region, or method of construction, represents the work of a master, or possesses high artistic value; or
- Yields, or is likely to yield, information important to California history or pre-history.

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The building at 909 Hyde Street, constructed in 1918, is a potential historic resource. SFMH has no current plans to replace 909 Hyde. As SFMH explores the possibility of using the 909 Hyde site as the future location of the new acute care facility, further analysis will be done to determine whether 909 Hyde Street would be considered historic under these criteria.

*Five Year Plan.* The projects under the Five Year Plan that require only interior renovation would not raise any historic or cultural resource issues, because they would not alter the existing building envelope or façade, and will not require excavation. The new signage program will be reviewed by the Planning Commission pursuant to the criteria of Section 303 of the Planning Code to insure that the new signs will be compatible with the neighborhood and with any historic resources and will not have adverse impact on visual quality.



909 Hyde Street

*Ten Year Plan.* Excavation on the Pine Street parking lot and/or the 909 Hyde Street property for construction of a replacement acute care hospital could unearth archeological artifacts. Construction of a new acute care facility on the site of 909 Hyde would require demolition of the existing building originally constructed in 1918; such demolition may require analysis of its potential effect on a historic resource.

#### 6. Shadow

*Five Year Plan.* None of the projects under the Five Year Plan would add new shadows any park and recreation facilities under the jurisdiction of the Recreation and Park Department because the existing building envelopes will not be expanded vertically or horizontally.

*Ten Year Plan.* The table below lists the four closest public parks to the SFMH campus. Huntington Park is uphill from the SFMH Campus. Union Square is to the southeast of the Campus and on the southern slope of Nob Hill, whereas the SFMH Campus is on the western slope of Nob Hill. Jefferson Square and Civic Center Plaza are to the southwest of the SFMH Campus with intervening high-rise buildings on Van Ness, Franklin and Gough Street. Given the considerable distance of the parks from the campus, the hilly topography, and the existing shadow patterns from existing buildings, it is highly unlikely that any project ultimately selected for the Ten Year Plan would have a shadow impact on these parks.

Park*	Location	Approx Distance from 900 Hyde Street	Direction from 900 Hyde Street		
Huntington Park	California & Taylor (top of Nob Hill)	1,600 feet	Northeast		
Union Square	Post & Powell	2,600 feet	Southeast		
Jefferson Square	Eddy & Gough	3,100 feet	Southwest		
Civic Center Plaza	Larkin & McAllister	3,100 feet	Southwest		
Parks Nearest to the SFMH Campus					

\* All parks listed here are under the jurisdiction of the San Francisco Recreation and Park Commission.

#### 7. Wind

*Five Year Plan.* The projects in the Five Year Plan will not result in wind impacts, because existing building envelopes will not be altered.

*Ten Year Plan.* New development under the Ten Year Plan could alter existing wind patterns. Depending on the option chosen for the replacement acute care inpatient facility, a wind consultant will review the height, massing and location of the replacement acute care hospital facilities and advise SFMH whether the a wind tunnel study should be performed.

#### 8. Air Quality

*Five Year Plan.* None of the projects in the Five Year Plan would generate additional automobile trips with no consequential air quality impacts. The seismic upgrade and remodeling proj-

ects would result in the release of particulate matters. Implementation of the standard mitigation measures recommended by the Bay Area Air Quality Management Board (BAAQMB) will mitigate the adverse construction air quality impacts to a insignificant level.

*Ten Year Plan.* Construction of the new acute care facility will release particulate matters. Implementation of the standard mitigation measures recommended by BAAQMB will mitigate the adverse air quality impacts to a insignificant level. Depending on the option chosen for the replacement acute care patient facility and the adaptive reuse of Hospital Tower and the East Wing, traffic would be the major contributor to potential adverse effect on air quality.

#### 9. Noise

*Five Year Plan.* Construction activity relating to the seismic upgrade and renovation of the East Wing will be confined to the interior of the buildings. Given high existing ambient noise level from heavy traffic on Pine, Bush, and Hyde Streets, it is unlikely that the construction noise will be noticeable. Installation of new signs will not generate excessive noise and will be of limited duration. Implementation of the standard mitigations on construction equipment will mitigate any noise impact of installing the new signs. Finally, construction activities are subject to the City's noise ordinance.

*Ten Year Plan.* While additional traffic under the Ten Year Plan would contribute to ambient noise levels, traffic levels have to nearly double before changes in noise level become perceptible. New mechanical systems on the roof of the replacement acute care hospital could generate noise that would need to be muffled.

#### 10. Energy

*Five Year Plan.* The interior remodeling of the second floor of the East Wing, will include a complete upgrade of the floor's electrical, plumbing and mechanical systems in compliance with current Title 24 energy conservation requirements. Any new illuminated signs will utilize energy efficient bulbs.

*Ten Year Plan.* Any new building or building addition under the Ten Year Plan will be designed to comply with Title 24.

#### 11. Utility Service

*Five Year Plan.* None of the projects on the campus under the Five Year Plan would require additional utility service.

*Ten Year Plan.* The increase in outpatient uses on campus under the Ten Year Plan would generate additional demand for utility services.

#### 12. Flora and Fauna

None of the projects in the Five Year Plan would require removal of any street trees or landscaping. Under the Ten Year Plan, construction of the replacement acute care hospital could require removal of existing street trees and landscaping and their replacement.



Street Trees at Pine Street Parking lot

#### **B.** Cumulative Impacts

#### Five Year Plan

The renovation of the suites and new signage would not add vehicles trips and thus would not contribute to cumulative traffic increases.

Because the projects in the Five Year Plan would not generate additional vehicle trips, they would not contribute to vehicle-related air quality impacts. (There would be only a temporary vehicle trips increase due to construction traffic.) The seismic upgrade and remodeling projects would cause release of particulates which could contribute to cumulative air quality impacts.



#### Ten Year Plan

If new services are offered, there could be an increase in traffic which could contribute to cumulative traffic increases in the vicinity of the campus. Again, construction-related vehicle trips would be temporary in nature.

Construction of a new acute care hospital, including possible demolition of any existing structure, would generate particulates. However, compliance with standard BAAQMD mitigation measures will mitigate air quality impacts to an insignificant level. Depending on the option chosen for replacement of the acute care facility and reuse of existing facilities, there could be vehicle trip increases that would contribute to a cumulative adverse air quality impact.

#### C. Growth-Inducing Impacts

The western slope of Nob Hill is an established residential neighborhood with few sites available for development. Given current Planning policies and Code provisions, significant new development in the vicinity of the SFMH campus is unlikely. Although the proposed development projects under the Ten Year Plan could increase employment on the campus and thus contribute to increased housing demand in the City, housing demand in the City already exceeds supply, it is unlikely that the project would induce additional housing development in the City.

#### **D**. Alternatives

#### Five Year Plan

SFMH considered but rejected the following alternatives for its Five Year Plan:

- No Project Alternative. SB 1953 requires SFMH to complete the seismic upgrade of the East Wing by 2013 in order for SFMH to continue providing acute care inpatient services there. Therefore, the no project alternative is rejected.
- Development of New Outpatient Surgery Center on Pine Street Lot. Developing a new outpatient surgery center on the Pine Street lot for day surgical suites is under consideration as an alternative to preserving this lot, in conjunction with 909 Hyde Street as a possible future site for the replacement acute care facility.

#### Ten Year Plan

SFMH considered but rejected the following alternative for its Ten Year Plan:

• No Project Alternative. Since SFMH must replace its acute care facilities before 2030 in order to comply with SB 1953 seismic standards in order to continue to provide acute inpatient care, the no project alternative is rejected.