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Planning Commission Motion No. 18598

HEARING DATE: APRIL 26, 2012

Date:	April 12, 2012
Case No.:	2005.0555E; 2009.0885MTZCBRSK; 2012.0403W
Project Address:	1100 & 1101 Van Ness Avenue; 1255 Post Street; 1020, 1028-1030, 1034-1036, 1040-1052, 1054-1060, and 1062 Geary Street
Zoning/Ht. & Blk.	RC-4/Van Ness Special Use District/130-V
Proposed Zoning/ Height & Bulk:	Van Ness Special Use District, Van Ness Avenue Medical Use Subdistrict 265-V (Hospital site), 130-V (MOB site)
Assessor's Block/Lot:	0695/005, 006; 0694/005, 006, 007, 008, 009, 009A, 010
Project Sponsor:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
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ADOPTING FINDINGS RELATING TO THE APPROVAL OF A CONDITIONAL USE ("CU") AUTHORIZATION TO: (1) AUTHORIZE THE CATHEDRAL HILL HOSPITAL AND MEDICAL OFFICE BUILDING AS A MEDICAL CENTER USE WITHIN THE RC-4 DISTRICT AND PURSUANT TO THE PROVISIONS FOR THE VAN NESS SPECIAL USE DISTRICT; (2) ALLOW CONSTRUCTION OF BUILDINGS OVER 50'-0" IN AN RC-4 DISTRICT; (3) AUTHORIZE DEMOLITION OF FIVE RESIDENTIAL DWELLING-UNITS AT THE CATHEDRAL HILL MOB SITE; (4) MODIFY STANDARDS FOR ACTIVE GROUND FLOOR USES AND WIDTH OF CURB CUTS; (5) PROVIDE AN EXCEPTION TO ALLOW WIND SPEEDS GREATER THAN 11 MPH AT CERTAIN SIDEWALK LOCATIONS AROUND THE PERIMETER OF THE MEDICAL CENTER; (6) MODIFY THE BULK LIMITS APPLICABLE TO THE CATHEDRAL HILL HOSPITAL AND CATHEDRAL HILL MOB SITES; (7) MODIFY THE 3:1 RESIDENTIAL TO NET NEW NON-RESIDENTIAL RATIO REQUIREMENT IN THE VAN NESS SPECIAL USE DISTRICT, PURSUANT TO PLANNING CODE SECTIONS 145.1, 209.3, 243, 253, 270, 271, 303, AND 317, WITH RESPECT TO A PROPOSAL TO: (1) DEMOLISH AN EXISTING HOTEL AND OFFICE BUILDING (ASSESSOR'S BLOCK 0695, LOTS 005, 006) AND CONSTRUCT A NEW, APPROXIMATELY 15 STORY, 555-BED, 875,378 G.S.F ACUTE CARE HOSPITAL WITH 513 UNDERGROUND PARKING SPACES; (2) DEMOLISH SEVEN EXISTING VACANT RESIDENTIAL AND COMMERCIAL BUILDINGS (ASSESSOR'S BLOCK 0694, LOTS -005, -006, -007, -008, -009, 009A, -010) AND CONSTRUCT A NEW,

APPROXIMATELY 261,691 G.S.F MEDICAL OFFICE BUILDING WITH 542 UNDERGROUND PARKING SPACES; (3) CONSTRUCT A PEDESTRIAN TUNNEL UNDER VAN NESS AVENUE TO CONNECT THE HOSPITAL TO THE MEDICAL OFFICE BUILDING; AND (4) IMPLEMENT VARIOUS STREETSCAPE, SIDEWALK, AND LANDSCAPE IMPROVEMENTS SURROUNDING THE MEDICAL CENTER, WITHIN THE RC-4 (RESIDENTAIL-COMMERCIAL HIGH DENSITY) DISTRICT, VAN NESS SPECIAL USE DISTRICT, AND 130-V HEIGHT AND BULK DISTRICT, AND ADOPTING FINDINGS UNDER THE CALIFORNIA ENVIRONMENAL QUALITY ACT, INCLUDING THE ADOPTION OF A MITIGATION MONITORING AND REPORTING PROGRAM AND A STATEMENT OF OVERRIDING CONSIDERATIONS.

PREAMBLE

On June 10, 2005, Ralph F. Marchese of the Marchese Company, Inc., on behalf of the California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application ("EEA") with the Planning Department ("Department"), Case No. 2005.0555E[1]. The Department issued a Notice of Preparation of Environmental Review on July 1, 2006, to owners of properties within 300 feet, adjacent tenants, and other potentially interested parties. However, as planning for the CPMC Long Range Development Plan ("LRDP") continued, additional components were added to the LRDP that resulted in a reissuance of a revised NOP for a 30-day public review period on May 27, 2009.

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new Cathedral Hill Hospital and Cathedral Hill Medical Office Building (MOB).

On June 10, 2010, the Project Sponsor submitted a request to amend the following sections of the General Plan: (1) the text of the Van Ness Area Plan to support a high density medical center at the intersection of Van Ness Avenue and Geary Boulevard that is consistent with the City's Better Streets Plan and reflect various elements of this use; (2) "Map 1 – Generalized Land Use and Density Plan" of the Van Ness Area Plan to designate the sites proposed for the new Cathedral Hill Hospital and Cathedral Hill MOB as "The Van Ness Medical Use Subdistrict", and to increase the allowable floor area ratio ("FAR") for the Hospital Site from 7:1 to 9:1, and to increase the FAR for the MOB site from 7:1 to 7.5:1; (3) "Map 2 – Height and Bulk Districts" of the Van Ness Area Plan to create a 265-V Height and Bulk District coterminous with the Cathedral Hill Hospital site, in order to amend the height limit for the Cathedral Hill Hospital site from 130'-0" to 265'-0"; (4) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height applicable to the Hospital site of 265'-0"; and (5) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 385'-0" and 466'-0", respectively, for the Cathedral Hill Hospital site, and 265'-0" and 290'-0", respectively, for the Cathedral Hill MOB site (2009.0885M).

On April 28, 2011, the Project Sponsor submitted a request, as modified by subsequent submittals, for a General Plan Referral, Case No. 2009.0885R, regarding construction of a tunnel that would connect the Cathedral Hill Hospital and Cathedral Hill MOB below grade under Van Ness Avenue, installation of

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[1] At the time of this application, the Cathedral Hill Hospital site was within the boundaries, and was governed by the land use controls, of the Western Addition A-2 Plan. Those controls expired on January 1, 2009.

two diesel fuel tanks under the Geary Boulevard sidewalk at the Cathedral Hill Hospital site; and sidewalk widening along various streets adjacent to the Cathedral Hill Campus (2009.0885R).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the San Francisco Planning Code: (1) Section 243, the Van Ness Special Use District, to create a new Van Ness Medical Use Subdistrict, that would allow an FAR up to 9:1 for the Cathedral Hill Hospital site and 7.5:1 for the Cathedral Hill MOB site; allow modification of otherwise applicable standards for building projections to allow for coverage of drop-off and entry areas required by medical facilities; allow modification of otherwise applicable standards for obstructions over streets or alleys for vertical dimension and horizontal projections to allow architectural features that achieve appropriate articulation of building facades and that reduce pedestrian level wind currents; allow modification through Conditional Use authorization of otherwise applicable standards for street frontage requirements as necessary for large-plate medical facilities on sloping sites with multiple frontages; allow modification through Conditional Use authorization of otherwise applicable parking standards for medical centers, provided that the amount of parking shall not exceed 150% of the number of spaces otherwise allowed by the Planning Code; allow modification of otherwise applicable loading standards for medical centers; and to allow modification through Conditional Use authorization of otherwise applicable bulk standards to allow for the unique massing requirements of medical facilities. (Case No. 2009.0885T).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following Zoning Maps of the San Francisco Planning Code: (1) Map HT02 to reclassify the Cathedral Hill Hospital site from 130-V to 265-V Height and Bulk District; and (2) Map SU02 to show the boundaries of the Van Ness Medical Use Subdistrict (Case No. 2009.0885Z).

On June 10, 2010, the Project Sponsor submitted an application, as modified by subsequent submittals, to the Department for the allocation of Office Space for approximately 194,000 s.f of medical office space along with ancillary hospital and medical support service space on the upper floors of the proposed Cathedral Hill MOB (Case No. 2009.0885B), with respect to a broader proposal to: (1) demolish the existing Cathedral Hill Hotel and 1255 Post Street office building (Assessor's Block/Lot 0695-005, 006) and construct a new, approximately 15 story, 555-bed, 875,378 g.s.f acute care hospital with 513 underground parking spaces at 1101 Van Ness Avenue; (2) demolish seven existing vacant residential and commercial buildings (Assessor's Blocks/Lots 0694/005-010) and construct a new, approximately 261,691 g.s.f Cathedral Hill MOB with 542 underground parking spaces at 1100 Van Ness Avenue; (3) construct a pedestrian tunnel under Van Ness Avenue to connect the Cathedral Hill Hospital to the Cathedral Hill MOB; and (4) various streetscape, sidewalk, and landscape improvements surrounding the Medical Center (collectively, "Cathedral Hill Project"), within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 130-V Height and Bulk District.

On June 10, 2010, the Project Sponsor filed an application with the Department for Conditional Use Authorization to allow (1) the Cathedral Hill Hospital and Cathedral Hill MOB as a medical center use within the RC-4 District and pursuant to the provisions for the VNSUD; (2) allow construction of buildings over 50'-0" in an RC-4 District; (3) authorize demolition of five residential dwelling-units at the Cathedral Hill MOB site; (4) modify standards for active ground floor uses and width of curb cuts; (5) provide an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the

perimeter of the Campus; (6) modify the bulk limits applicable to the Cathedral Hill Hospital and MOB sites; (7) modify the 3:1 residential to net new non-residential ratio requirement in the Van Ness Special Use District ("VNSUD"), pursuant to Planning Code Sections ("Sections") 145.1, 209.3, 243, 253, 270, 271, 303, and 317.

On July 21, 2010, the Draft Environmental Impact Report ("DEIR") for CPMC's LRDP Project, including the Cathedral Hill Project, was prepared and published for public review, and was available for public comment until October 19, 2010.

On September 23, 2010, the Planning Commission ("Commission") conducted a duly noticed public hearing at a regularly scheduled meeting to solicit comments regarding the DEIR. On March 29, 2012, the Department published a Comments and Responses document, responding to comments made regarding the DEIR prepared for the LRDP. Together, the Comments and Responses document, the DEIR, and any Errata Sheets, (the Appendices to the DEIR and C&R document), Department staff testimony and responses to questions and comments at the Commission's April 26, 2012, public hearing regarding certification of the Final EIR, and all of the supporting information that has been reviewed and considered by the Department, comprise the Final EIR for the LRDP ("FEIR").

On March 30, 2012, the Project Sponsor submitted an Application for a Development Agreement relating to the construction and reconstruction of health care facilities in furtherance of CPMC's LRDP by and between the City and County of San Francisco and CPMC, pursuant to Administrative Code Section 56.4. This Application was endorsed and accepted as complete by the Planning Director on April 4, 2012.

On April 5, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18571, initiating the requested General Plan Amendments.

On April 10, 2012, the Mayor, at the Board of Supervisors hearing, introduced the (1) Planning Code Text Amendments in Board File No. 120357; (2) the Zoning Map Amendments in Board File No. 120359, (3) the street encroachment ordinance in Board File No.120362, (4) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120364.

On April 26, 2012, the Commission reviewed and considered the FEIR and found that the contents of said report and the procedures through which the FEIR was prepared, publicized, and reviewed complied with the California Environmental Quality Act (California Public Resources Code Sections 21000 *et seq.*) ("CEQA"), 14 California Code of Regulations Sections 15000 *et seq.* (the "CEQA Guidelines"), and Chapter 31 of the San Francisco Administrative Code ("Chapter 31").

The Commission found the FEIR was adequate, accurate and objective, reflected the independent analysis and judgment of the Department and the Commission, and that the summary of comments and responses contained no significant revisions to the DEIR, and certified the FEIR for the LRDP Project in compliance with CEQA, the CEQA Guidelines and Chapter 31.

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2005.0555E, at 1650 Mission Street, Fourth Floor, San Francisco, California.

Department staff prepared a Mitigation Monitoring and Reporting Program ("MMRP") for the LRDP Project, which material was made available to the public and this Commission for this Commission's review, consideration and action.

On April 26, 2012, the Commission (1) adopted Motion No. 18588 certifying the FEIR as accurate, adequate and complete, (2) adopted Motion No. 18589, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting the MMRP, and (3) adopted other Motions and Resolutions with respect to the LRDP Project.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted: (1) Resolution No. 18591, recommending that the Board of Supervisors approve the requested General Plan Amendments; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. 18597, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No.18599, approving the proposed Office Space Allocation authorization; (5) Motion No. 18600, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the proposed draft Development Agreement.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2009.0885EMTZCBRSK.

The Commission has heard and considered the testimony presented to it at the public hearing and has further considered written materials and oral testimony presented on behalf of the applicant, Department staff, and other interested parties.

MOVED, that the Commission hereby authorizes the Conditional Use requested in Application No. 2009.0885EMTZCBRSK, subject to the conditions contained in "EXHIBIT A" of this motion, based on the following findings:

FINDINGS

Having reviewed the materials identified in the preamble above, and having heard all testimony and arguments, this Commission finds, concludes, and determines as follows:

1. The above recitals are accurate and constitute findings of this Commission.

2. **Site Description and Present Use.** The site of the proposed Cathedral Hill Hospital currently contains the Cathedral Hill Hotel and Office Building. The site occupies a full city block – bounded by Van Ness Avenue, Geary Boulevard, Franklin Street, and Post Street – and contains approximately 106,000 square feet of lot area. The site slopes downward to the east along Post Street and Geary Boulevard, and slopes downward to the south along Franklin Street and Van Ness Avenue. The hotel is 10 stories above grade and 176 feet tall, and the adjacent office building is 11 stories above grade and 180'-tall; these buildings are both vacant, and together they contain approximately 381,791gsf of floor area.

The site of the proposed Cathedral Hill MOB is located on the east side of Van Ness Avenue, between Geary and Cedar Streets (Geary Boulevard becomes Geary Street east of Van Ness Avenue). The site contains approximately 36,200 sf of lot area, and slopes downward to the east along Cedar and Geary Streets, and slopes downward to the south along Van Ness Avenue and the eastern edge of the project site near Polk Street. The site currently contains seven parcels with a variety of ground floor commercial uses, five residential dwelling units, and 20 residential hotel units on upper floors. All of these spaces are vacant.

The sites of the future Cathedral Hill Hospital and MOB are located within the RC-4 Zoning District (Residential-Commercial, High Density), Van Ness SUD, Van Ness Automobile Special Use District, and 130-V Height and Bulk District.

The RC-4 Zoning District is intended to provide a mixture of high-density dwellings with supporting commercial uses. Hospitals are permitted in this District with Conditional Use authorization.

The Van Ness Avenue Special Use District controls help to implement the objectives and policies of the Van Ness Avenue Plan, which is a part of the General Plan. The key goals of the Van Ness Avenue Plan are to (i) create of a mix of residential and commercial uses along Van Ness Avenue, (ii) preserve and enhance of the pedestrian environment, (iii) encourage the retention and appropriate alteration of architecturally and historically significant and contributory buildings, (iv) conserve the existing housing stock, and (v) enhance the visual and urban design quality of the street. The controls of the special use district include a requirement that new residential uses be provided at a 3:1 ratio to net new nonresidential uses. With a Conditional Use Authorization, this requirement can be modified or waived for institutional uses that serve an important public need that cannot reasonably be met elsewhere in the area.

3. **Surrounding Properties and Neighborhood.** The neighborhoods surrounding the Cathedral Hill Medical Center site include Cathedral Hill, the Tenderloin, the Polk Street NCD, the Western Addition, Civic Center, Little Saigon, Japantown and Lower Pacific Heights. Although the surrounding neighborhoods contain predominately low- and mid-rise structures, there are a number of large-scale high-rise apartment buildings and several large commercial buildings in the Van Ness Avenue corridor. The Cathedral Hill neighborhood is also known for its prominent houses of worship, including St. Mary's Cathedral, St. Mark's Lutheran Church, First Unitarian Universalist Church of San Francisco, and Hamilton Square Baptist Church.

   The Cathedral Hill Project site is at a major transit hub. It is directly accessible to nine Muni Bus lines. The following weekday routes serve the area: 2-Clement, 3-Jackson, 4-Sutter, 19-Polk, 31-Balboa, 38-Geary, 38L-Geary Limited, 47-Van Ness, 49-Van Ness Mission and 76-Union. The Golden Gate Bridge, Highway, and Transportation District provides regional transit services between San Francisco and Marin and Sonoma Counties, with seven Golden Gate Transit bus routes serving the Campus area, including two basic routes and five commute routes. The Cathedral Hill Project site is approximately three quarters of a mile from the Civic Center Bay Area Rapid Transit (BART)/Muni station.

The site is also bounded by or in the vicinity of major thoroughfares including Geary Boulevard, Franklin Street and Van Ness Avenue. Van Ness Avenue is the continuation of U.S. 101 Highway through the City, joining, via Lombard Street, the Golden Gate Bridge to the north with the elevated U.S. 101 approximately one mile to the south.

4. **Project Description.** The application before the Commission is the Conditional Use authorization for the Cathedral Hill Project, but the other Near-Term Projects are described here for context. The Near-Term Projects outlined in CPMC's LRDP will result in a five campus system with three acute care hospitals – Davies, St. Luke's, and Cathedral Hill – providing approximately 903 licensed beds and three full-service emergency departments (one at each of the acute care hospitals). The Davies Hospital North Tower was retrofitted in 2008 to remain operational to 2030. The St. Luke's Hospital will be replaced by a new hospital built on campus, adjacent to the existing hospital. The California and Pacific Campuses will remain operational as acute care hospitals until the proposed Cathedral Hill Hospital is constructed and operational. Once the proposed Cathedral Hill Hospital is built, as part of the Near-Term Project implementation activities, the acute care services at California and Pacific Campuses will be transferred to the Cathedral Hill Hospital, and the Pacific Campus's existing 2333 Buchanan Street Hospital would undergo renovation and reuse as an ambulatory care center.[2] In the long-term, the Pacific Campus will become an outpatient facility, and CPMC proposes an additional medical office building on the Davies Campus.[3]

   The Cathedral Hill Project will include a new acute care hospital, a new MOB, and a pedestrian tunnel under Van Ness Avenue to connect the two facilities.

   The proposed Cathedral Hill Hospital will be a 555-bed, 265'-0" tall, 15-story, approximately 875,378 g.s.f acute care hospital. The Cathedral Hill Hospital may include, but is not limited to, inpatient medical care, labor and delivery, and post-partum care; specialized programs such as organ transplantation, interventional cardiology and newborn intensive care; and an approximately 12,000 sf emergency department. It will also include retail space, a cafeteria, education and conference space; a private, outdoor courtyard for patients, visitors, and staff, and a central utility plant and a three-level underground parking garage with 513 parking spaces. All vehicular access to the main drop-off and parking levels will be from Geary Boulevard and Post Street, with emergency vehicle (ambulance) access from Post Street. Large vehicle loading and private vehicle access to the emergency department will be from Franklin Street.

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[2] 2333 Buchannan Street is an Existing Use under the proposed Development Agreement and is distinguished from the new construction proposed for the Long-Term Project at the Pacific Campus. The renovation and reuse may include, but is not limited to, the following uses: outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, physical and occupational therapy, hospital administration, and cafeteria uses.

[3] Long-Term Projects at the Davies and Pacific Campuses are being evaluated at a program-level as part of CPMC's LRDP EIR. There are no pending Near-Term Projects under review for the Pacific and California campuses, and CPMC has not proposed any Near-Term or Long-Term Projects at the California Campus, which CPMC plans to sell after the majority of the services at that campus have been relocated to the Cathedral Hill and Pacific Campuses.

The building configuration of the Cathedral Hill Hospital has been designed based on the need to accommodate the specialized operational and functional requirements of a major hospital building located on a single City block. The building has two distinct elements: a lower broad supporting podium and a narrow tower with an east-west orientation. These elements accommodate two distinct building functions: diagnostic and treatment and support services within the podium, and inpatient care in the upper bed tower. The building silhouette, created by the tower and podium design, relates to both the immediate neighborhood context and the broader urban core. The building also has been designed to minimize the proportion of the façade along Van Ness Avenue and Post and Franklin Streets and allow for an appropriate pedestrian scale along those streets.

The new Cathedral Hill Hospital's building massing, height and square footage would be concentrated most intensely on the southern half of the site, along Geary Boulevard, where the 15-story rectangular tower would be constructed. The lowest concentration of building mass, height and square footage would be located on the northern half of the site, along Post Street, where the six-story podium component would be constructed. Levels 1 through 4 of the 15-story and six-story portions of the Cathedral Hill Hospital would be connected as one contiguous building (the podium). There is an open-air courtyard area on the fifth floor of the six-story portion of the Cathedral Hill Hospital.

The most efficient placement of the inter-related services in the podium requires the broad floor plates of the podium (approximately 100,000 g.s.f). This design locates all the operating and procedure rooms and required recovery spaces on one floor, which increases the building and operational efficiencies, and reduces the overall size of the building. These floor plates replace, by comparison, existing spaces currently occupying multiple floors, buildings, and campuses (Pacific and California).

The location of the main pedestrian entrance on Van Ness Avenue orients related public space, such as the second floor cafeteria, along the east side of the podium. Since the site slopes downhill from Franklin Street to Van Ness Avenue, the lobbies and public realm capitalize on daylight at the east side of the site. Spaces not requiring daylight, such as parking and support services, are stacked below the uphill grade along Franklin Street, lowering the perceived height of the podium from the west side of the site.

Access to the podium for vehicles, including ambulances and delivery vehicles, was also designed taking into account the buildings around the site, existing circulation issues, the slope of the site, and necessary adjacencies within the building. For example, the loading dock is located directly adjacent to the service elevators and away from the Daniel Burnham towers.

The closest part of the Cathedral Hill Hospital to the Daniel Burnham towers will be the podium, the height of which is actually lower than the existing office building and height limit for new construction at that location. Kiosk Markets would be located in niches in the bays along the Van Ness Avenue façade of the Cathedral Hill Hospital. These niches could provide space for commercial uses such as a café, news stand or flower shop.

The bed tower and elevators are offset to the south of the site. This location for the bed tower was chosen so that the tower would not be in the center of the podium. If it were in the podium center, this would not allow the necessary contiguous floor areas in the podium (e.g., unbroken by a large elevator core. In determining whether the tower should be on the north or south side of the property, it was clear that the south side location was preferable. Although the location chosen for the tower has certain disadvantages, including shadowing the major green roof areas and courtyard on the podium, it was determined that these disadvantages were outweighed by the advantages to the Daniel Burnham towers and properties to the north.

The Central Utility Plant is on the top two floors of the building. This location has overall benefits for air quality and noise. Roof screens will conceal the Central Utility Plant. The roof screens are also a design element on the roof, creating an interesting building silhouette. Variation in materials at the screens articulates and integrates the tower façade.

The Cathedral Hill MOB would provide office space for physicians affiliated with the Cathedral Hill Hospital and for other ancillary uses. The Cathedral Hill MOB would be about nine stories at the highest portion of the building along Van Ness Avenue. It is approximately 130 feet tall to the top of the roof, varying in height from approximately 122 to 169 feet due partly to the slope of the site.

The Cathedral Hill MOB would replace seven smaller buildings along Geary Street between Van Ness Avenue and Polk Street. An important goal of the design of the Cathedral Hill MOB is to complement, to the extent feasible, the scale of nearby buildings so that the new building will fit within the urban pattern of this neighborhood.

The Cathedral Hill MOB would be designed to be compatible with the architecture, scale, and massing of the surrounding building, relating to the historical vernacular of the buildings found along Van Ness Avenue. The design draws cues from – but is distinctly different than - the historical vernacular of many buildings found along the Van Ness Avenue corridor (i.e., Concordia Club, Regency Theater, Opal, 1000 Van Ness). The building's architectural organization includes a symmetrical design with a clearly articulated "entrance" at the center of the building's Van Ness Avenue façade, and with a solid base holds the corners more appropriately. The exterior treatment of the building includes a concrete cladding (GFRC), and the scale of the building includes window openings punched in the GFRC, similar to the two-story window bays found along many of the buildings along Van Ness Avenue. The height of the building at the street aligns with similar buildings along the Van Ness Avenue corridor, particularly the adjacent building, the Concordia Club; the podium at the street is capped by a contemporary cornice, in a form similar to other buildings on Van Ness Avenue. The upper portion of the building is set back from the Van Ness Avenue podium façade to reinforce this scale at the street.

The streetscape plan in development by CPMC for the Cathedral Hill Project site is a critical part of its design. CPMC proposes to enhance the pedestrian environment by improving the street frontages in the Cathedral Hill Project area. The Cathedral Hill Project would enhance the pedestrian environment and improve the street frontages in the area, by expanding sidewalk

widths and the landscaped areas, offering visual relief to pedestrians, and providing a buffer between pedestrians and traffic lanes. Rainwater gardens would be incorporated around the Cathedral Hill Hospital on Geary Boulevard and Post Street. These rain gardens would filter and absorb storm water from the sidewalks and building faces, and potentially from the building roofs and street surfaces. Landscaping along Van Ness Avenue for both the Cathedral Hill Hospital and MOB frontages would include tightly spaced matching street trees, and a "seasonal garden" planting strip separating the sidewalk from the curb lane. The entrances to both facilities would have entry plazas and matching flowering trees on either side of Van Ness. The public Emergency Department entrance on Franklin would have an inviting entry plaza, with vertical plantings near the entrance.

The western end of Cedar Street would be transformed into an Entry Plaza for the Cathedral Hill MOB, with a curbless drop-off area defined by tactile warning tiles and lighted bollards. Cedar Street would be planned so that it could be used for special events such as street fairs or markets in the evenings or on weekends, when the Cathedral Hill MOB and Cedar Street businesses would be closed. Cedar Street would be planted with street trees and shrubs, and would include pedestrian-level street lights along its length.

CPMC's streetscape plan has been designed to complement the City-sponsored improvements anticipated as part of the BRT project. The plan for Geary Boulevard west of Van Ness includes a stop for the proposed Geary BRT with a transit plaza. The Van Ness BRT stops are planned for the Van Ness median south of Geary. The final locations of the BRT stops have not been determined; however CPMC will update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. The streetscape plan includes designs for BRT stop shelters. CPMC's Cathedral Hill Project includes benches along Geary Street and Post Street to accommodate transit riders. A stop for the CPMC shuttle is planned near the corner of Post Street and Van Ness Avenue, which will provide wind and rain protection and will also include shade trees and seating.

Although the proposed Cathedral Hill Hospital is not subject to the San Francisco Building Code and the Green Building Ordinance, CPMC has committed to "building green", and is seeking LEED Certified status for the Cathedral Hill Hospital; the Cathedral Hill MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Silver certification.

Additional medical office space will be provided within the existing building at 1375 Sutter Street, which is currently a mixture of retail, office, and medical office space. That building will be renovated, retaining the existing retail and parking spaces; an additional 60 parking spaces required as the result of increased medical office use within the building will be provided off-site within the Cathedral Hill Hospital's underground parking garage.

5. **Public Comment.** The Department has received substantial support and opposition to CPMC's LRDP, over the past 7 years since the initial EEA was submitted. Support for and against CPMC's LRDP can be found in the project files at the Planning Department.

6. **CEQA Findings.** On April 26, 2012, by Motion No. 18588, the Commission certified as adequate, accurate and complete the FEIR for the LRDP Project, which includes the Cathedral Hill Project. A copy of Commission Motion No. 18588 is in the file for Case No. 2005.0555E. Also on April 26, 2012, by Motion No. 18589, the Commission adopted findings, including a statement of overriding considerations and an MMRP, pursuant to CEQA. In accordance with the actions contemplated herein, the Commission has reviewed the FEIR and adopts and incorporates by reference as though fully set forth herein the findings, including the statement of overriding considerations, pursuant to CEQA, adopted by the Commission on April 26, 2012, in Motion No. 18589.

7. **Planning Code Compliance:** The Commission finds that the Cathedral Hill Project is consistent with the relevant provisions of the Planning Code in the following manner:

   A. **Floor Area Ratio.** Planning Code Section 124 establishes an FAR of 4.8 to 1 for non-residential uses in the RC-4 District. In the Van Ness Special Use District, the FAR limit for properties zoned RC-4 is increased to 7.0 to 1 where the height limit is 130'-0".

   The Project includes Planning Code Text and Map Amendments, as well as General Plan Amendments to change the existing 7.0 to 1 FAR limit for the Campus to 9.0 to 1 for the Cathedral Hill Hospital site and 7.5 to 1 for the Cathedral Hill MOB site, subject to Conditional Use Authorization for a hospital, medical center or other medical institution. The Cathedral Hill Project does include a request for Conditional use authorization for a medical center use; if the Board of Supervisors approves these amendments, the Cathedral Hill Project will be compliant with Planning Code Sections 124 and 243, with respect to FAR.

   B. **Permitted Obstructions.** Planning Code Section 136 establishes limits on various permitted obstructions allowed to extend into required open areas, including Section 136(c)(1)(B), which specifically establishes limits for obstructions over streets or alleys for overhead horizontal projections of a purely architectural or decorative character such as cornices, eaves, sills and belt courses.

   The Cathedral Hill Project includes Planning Code Text Amendments to allow medical centers within the Van Ness Medical Use Subdistrict that would otherwise be subject to the applicable standards for overhead horizontal projections in Section 136(c)(1)(B), to exceed such standards for vertical dimensions and horizontal projections for architectural features to provide visual interest, achieve appropriate articulation of building facades, and reduce pedestrian level wind currents. If the Board of Supervisors approves this amendment, the Cathedral Hill Project will be compliant with Planning Code Section 136(c)(1)(B).

   C. **Awnings, Canopies and Marquees.** Planning Code Section 136.1 establishes limits on the dimensions and degree of encroachment of awnings into the public right-of-way.

   The Cathedral Hill Project includes Planning Code Text Amendments to allow medical centers within the Van Ness Medical Use Subdistrict that would otherwise be subject to the applicable standards for awnings in Section 136.1, to exceed such standards to allow for covered patient drop-off and entry

areass. Building Code requirements for hospitals require covered patient drop-off areas that are larger than what is permitted in Section 136.1. If the Board of Supervisors approves this amendment, the Cathedral Hill Project will be compliant with Planning Code Section 136.1.

D. **Better Streets Plan.** Planning Code Section 138.1 requires large development projects to include streetscape and pedestrian improvements on all publicly accessible rights-of-way directly fronting the property.

The Project Sponsor has submitted a streetscape plan to the Planning Department showing the location, design, and dimensions of all existing and proposed streetscape elements in the public right-of-way directly adjacent to the fronting property, including street trees, sidewalk landscaping, street lighting, site furnishings, utilities, driveways, and curb lines, and the relation of such elements to proposed new construction and site work on the subject property, which is incorporated into the plans on file for the Cathedral Hill Project, dated February 22, 2012, and stamped "EXHIBIT B".

E. **Street Trees.** Planning Code Section 138.1 requires one street tree for every 20-feet of street frontage for new construction, with one additional tree required for each remaining 10-feet of frontage.

The proposed Cathedral Hill Hospital building would occupy 275 feet of frontage along Van Ness Avenue, 385 feet of frontage along Geary Boulevard, 275 feet of frontage along Franklin Street, and 385 feet of frontage along Post Street. The Project Sponsor has agreed to install and maintain 46 of the 66 total street trees required by the Code, and will pay an in-lieu fee to cover the cost of the 20 trees not installed at the Cathedral Hill Hospital site.

The proposed Cathedral Hill MOB would occupy 120 feet of frontage along Van Ness Avenue, 302 feet of frontage along Geary Street, 389 feet of frontage along Cedar Street – South side, and 389 feet of frontage along Cedar Street – North side. The Project Sponsor has agreed to install and maintain 38 of the 59 total street trees required by the Code, and will pay an in-lieu fee to cover the cost of the 21 trees not installed at the Cathedral Hill MOB site.

The Project Sponsor will pay an in-lieu fee for the 41 street trees not installed, but required as part of this Cathedral Hill Project, as specified in Exhibit A, Conditions of Approval, for this Cathedral Hill Project.

F. **Street Frontage in Neighborhood Commercial Districts.** Section 145.1 of the Planning Code regulates street frontage requirements for new construction and building alterations with the goal to preserve enhance and promote attractive, clearly defined street frontages that are pedestrian-oriented, fine-grained, and which are appropriate for neighborhood/residential-commercial and mixed use districts.

The Cathedral Hill Project includes Planning Code Text Amendments to allow modification of standards for active ground floor uses and width of curb cuts, provided that, on balance, active uses and curb cuts around the perimeter of a site with multiple frontages meet the intent of this Section.

Planning Code Section 145.1 regulates street frontage requirements for new construction and building alterations with the goal to preserve enhance and promote attractive, clearly defined street frontages that are pedestrian-oriented, fine-grained, and which are appropriate for neighborhood/residential-commercial and mixed use districts. Although the proposed Hospital and MOB deviate from certain requirements for curb cut width of parking and loading entrances (145(c)(2)) and active ground floor uses (145(c)(3)), street frontages proposed for the Medical Center are consistent with the goals of Section 145.1.

Van Ness Avenue: The Van Ness Avenue street frontage contains retail (30%), lobby and main building entrance (30%), a water feature (15%), and staircases and entrance (25%). The retail and building entrances consist primarily of stone, glass and metal panel, while the water feature consists of a stone wall behind a waterfall. The retail space is likely to contain coffee shop type uses compatible with residential-commercial and pedestrian friendly street frontages. No curb cuts are proposed for Van Ness Avenue.

Geary Boulevard: The Geary Boulevard frontage contains lobby (33%), gift shop (10%), green wall and gas meter room entrance (17%), garage exhaust/staircase and exit (14%), emergency egress and drive through (13%), and an oxygen tank room (15%) which is screened with aluminum fins and stone. The lobby and gift shop contain primarily glass, stone and metal panel, while the remainder of the areas contain stone, aluminum louver and metal panels. There are approximately 34 feet of curb cuts for the emergency egress and garage ingress on Geary Boulevard.

Franklin Street: The Franklin Street frontage consists primarily of loading dock (53%), emergency department (34%) and oxygen tank enclosure (13%). There are approximately 64 feet of curb cuts for the loading and drop-off areas on Franklin Street. Stone, glass, aluminum louver, and metal panel are the primary materials used along Franklin Street.

Post Street: The Post Street frontage contains cafeteria and staircase (15%), water feature (10%), green walls (16%), emergency department (12%), ambulance bay (9%), entrance and hallway (14%), vehicular drive though (6%), chapel and shuttle drop-off entry (19%). Stone and glass are the primary materials used at the cafeteria, chapel, and entry areas along Post Street. There are approximately 52 feet of curb cuts for the vehicular entrances/exits on Post Street.

Street frontage at the Cathedral Hill MOB is conducive to pedestrian activity on Geary Street, Van Ness Avenue, and Cedar Street, and the overall pedestrian experience is complemented by the proposed streetscape planned for the Campus.

Active ground floor uses on the Geary Street frontage include approximately 56% retail and 27% lobby/entry. The garage entry meets the requirements of Section 145.29(c) (2) and comprises only 5% of the street frontage along Geary Street. The mechanical vent (12%) is a necessary component of the Cathedral Hill MOB, and is faced with stone material to compliment the street frontage.

The Van Ness Avenue frontage contains 58% retail and 17% lobby/entry space. These active uses contain the main pedestrian entrances and promote attractive street frontages per the goals of the Section 145.1.

The street frontage along the western portion of Cedar Street contains retail (20%) and lobby/entry (10%). A green wall with vegetation screens approximately 48% of the Cedar Street frontage containing mechanical/electrical and building services, which can be exempted from street frontage requirements per Section 145.1(c)(3). A garage entry (11%) and a service entry (11%) are located at the easternmost portion of the Cathedral Hill MOB on Cedar Street.

G. **Off-Street Parking.** Planning Code Section 151 requires one off-street parking space for each eight beds (excluding bassinets) or for each 2,400 square feet of gross floor area devoted to sleeping rooms, whichever results in the greater requirement for hospitals. Parking requirements for medical office space is one space for each 300 square feet of occupied floor area. Parking requirements for retail space is one space for each 500 square feet of occupied floor area up to 20,000. Section 159(c) allows required off-street parking spaces for all uses other than dwellings to be within a walking distance of 800 feet. Section 204.5 specifies a maximum number of accessory parking spaces equal to 150 percent of the required accessory spaces.

The Cathedral Hill Hospital site includes 394,490 sf of occupied floor area dedicated to inpatient care, which results in a parking requirement of 164 spaces, and parking allowance of 246 spaces. The Cathedral Hill MOB contains 7,075 sf of occupied floor area dedicated to retail, which results in a parking requirement of 14 spaces, and a parking allowance of 21. The Cathedral Hill MOB also contains 140,357 sf of occupied floor area dedicated to medical offices, which results in a parking requirement of 468 spaces, and a parking allowance of 702. The conversion of the office building at 1375 Sutter Street that has 71,885 sf of occupied floor area dedicated from general office that would be converted as part of the LRDP to medical office space increases the parking requirement, which results in a parking requirement of 232 spaces, and a parking allowance of 348 spaces. The existing parking garage at 1375 Sutter provides 172 spaces.

The Cathedral Hill Project results in a total parking requirement of 878 spaces and permits up to 1317 parking spaces. Including the existing 172 parking spaces that currently exist at 1375 Sutter Street, the Cathedral Hill Project will provide 1,227 parking spaces (1,055 new spaces under the Cathedral Hill Hospital and MOB), which is within the Code-compliant amount of parking permitted.

H. **Off-Street Loading.** Section 152 provides a schedule of required off-street freight loading spaces for all uses in districts other than C-3 or South of Market. Pursuant to this Section, office uses measuring between 200,001 - 500,000 g.s.f. require two off-street loading spaces. In addition, all other uses (such as the Cathedral Hill Hospital use) with more than 500,000 g.s.f, require 3 loading spaces plus 1 for each additional 400,000 sq. ft. Pursuant to Planning Code Section 154, the loading spaces are required to have a minimum length of 35 feet, a minimum width of 12 feet, and a minimum vertical clearance including entry and exit of 14 feet, except that the first such space required for any structure or use shall have a minimum width of 10 feet, a minimum length of 25 feet, and a minimum vertical clearance, including entry and exit, of 12 feet.

The Cathedral Hill Project includes approximately 261,691 g.s.f of medical office space, and approximately 875,378 g.s.f of hospital space. Therefore, two off-street loading spaces are required for

the Cathedral Hill MOB and three off-street loading spaces are required for the Cathedral Hill Hospital, for a Campus total of five off-street loading spaces. Section 154(b) of the Planning Code requires that loading spaces have a minimum length of 35 feet, a minimum width of 12 feet, and a minimum vertical clearance including entry and exit of 14 feet.

The Cathedral Hill Hospital would provide 18 off-street loading spaces, including space for trucks up to 55 feet long, and the Cathedral Hill MOB would provide two (2) off-street loading spaces. Although the Cathedral Hill MOB loading spaces would not meet the dimension requirements outlined in Planning Code Section 154 (a vertical clearance of 12 feet rather than the required 14 feet), it has been demonstrated through a detailed loading study that the required loading needs of the Campus could be met through the combination of 18 loading spaces at the Cathedral Hill Hospital and 2 slightly smaller dimensioned loading spaces at the Cathedral Hill MOB.

Many deliveries of necessary supplies and other materials to the Campus would be made from the Sutter Health regional distribution center in Millbrae, which allows for consolidation and coordination for a more efficient delivery schedule that minimizes trips. The Tunnel connecting the Cathedral Hill Hospital and MOB would be used for movement of materials between the buildings, thereby further reducing street congestion.

In recognition of the fact that the loading needs for the Campus are unique and have already been identified, the Project Sponsor has proposed, through Planning Code Text Amendments, flexibility in the dimension of loading spaces serving the Campus based on demonstrated vehicle type and frequency.

I. **Bicycle Parking.** Section 155.4(d)(3) of the Planning Code requires 12 bicycle parking spaces, when the gross floor area commercial building exceeds 50,000 g.s.f.

The Cathedral Hill Project would be required to provide a minimum of 24 Class 1 or 2 bicycle parking spaces (a minimum of 12 spaces for each building). The Cathedral Hill Project would include 164 Class 1 or 2 bicycle parking spaces for staff within the underground garage, and would provide an additional 24 bicycle parking spaces for visitors by the main entrances of the Cathedral Hill Hospital and MOB buildings.

J. **Showers and Clothes Lockers.** Section 155.3 of the Planning Code requires no fewer than four showers and eight clothes lockers, when the gross floor area of the new medical office building exceeds 50,000 g.s.f.

The Cathedral Hill Project would provide 37 showers and 46clothes lockers, to satisfy this requirement of the Planning Code.

K. **Car Share Parking.** Section 166 of the Planning Code requires no fewer than one car share parking space for every 50 non-residential parking spaces.

The Cathedral Hill Hospital and MOB parking garages contain 1,055 new parking spaces and would provide a minimum of 21 car share parking spaces.

L. **Land Use.** A Medical Center institutional use in the RC-4 District is allowed with Conditional Use authorization, pursuant to Planning Code Section 209.3(a).

The Cathedral Hill Project includes a request for Conditional Use authorization for a medical center use in the RC-4 District, pursuant to Planning Code Section 209.3(a). Furthermore, the Cathedral Hill Project includes Planning Code Text Amendments to the Van Ness SUD (Section 243) to allow medical centers within the Van Ness Medical Use Subdistrict, in order to allow for the development of a seismically compliant medical facility with unique design requirements not otherwise permitted within the Van Ness Special Use District.

M. **Use Size.** A commercial establishment resulting in a non-residential use size over 6,000 g.s.f in the RC-4 District is allowed with Conditional Use authorization, pursuant to Planning Code Section 209.8.

The medical center uses proposed as part of the Cathedral Hill Project are medical institutional uses subject to Planning Code Section 209.3(a), and are not commercial uses subject to the requirement for a Conditional Use Authorization for a non-residential use size greater than 6,000 g.s.f in the RC-4 District, pursuant to Planning Code Section 209.8(f). None of the individual retail spaces proposed within the Cathedral Hill Hospital or MOB would exceed the 6,000 s.f. limit.

N. **Van Ness SUD – Housing.** The Van Ness Special Use District (VNSUD), pursuant to Planning Code Section 243, provides that non-residential uses must provide residential space at a 3:1 ratio for any "net-new" occupied non-residential floor area unless exempted through provisions in Planning Code Section 243(c)(8)(iv) that allow the Commission to modify the 3:1 requirement based on certain findings.

At the Cathedral Hill Campus, the total net new non-residential space is 665,825 sf, which if multiplied by three, would total 1,997,475 sf of housing required to be built under the VN SUD as part of the Cathedral Hill Medical Center Project.

As a medical institutional use, however, CPMC is permitted to seek a Conditional Use to allow for a modification of this requirement, if certain findings can be met:

1. *Taking into consideration projects constructed since the effective date of the VNSUD and the housing development potential remaining in the district, the overall objective of adding a substantial increment of new housing on Van Ness Avenue will not be significantly compromised,*

2. *The project is to provide space for an institutional, hotel, medical, cultural or social service use meeting an important public need which cannot reasonably be met elsewhere in the area, and*

3. *Housing cannot reasonably be included in the project referred to in (1) and (2) above.*

An overview of housing development potential in the VNSUD is relevant in making this finding. The 1987 EIR for the Van Ness Area Plan indicated that the future housing development potential within

the VNSUD totaled approximately 2,200 units. According to the City' database, there have been 13 housing projects with approximately 988 housing units built in the VNSUD between 1990 and 2009. In addition, there are approximately 538 housing units in pending projects in the City's pipeline that are reasonably likely to be constructed, resulting in a total of approximately 1,526 units constructed or in the pipeline since the VNSUD became effective in 1988. Thus, under the 1987 EIR assumptions regarding future development potential, only 674 more units would be needed to reach full build-out as envisioned at the time the VNSUD was created. Based on the Planning Department's review of this issue, under the most conservative standards, the remaining residential potential in the district exceeds this number by almost four times. Thus, production of housing to meet the overall objective of adding a substantial increment of new housing along Van Ness Avenue has been tracking well since the creation of the VNSUD. Moreover, neither the Hospital nor the MOB sites were identified in the City's Housing Element as sites with future housing development potential. The MOB site was identified as a "soft site" in the 1987 EIR for the Van Ness Area Plan but the CH Hospital was not assumed as having residential potential. Therefore, development of non-residential uses at these sites as proposed by CPMC would not materially affect the remaining development potential in the VNSUD.

In addition, CPMC has agreed to make certain payments for housing, which could be used to further the objective of constructing new housing within the VNSUD. Although the Cathedral Hill Project proposes by conditional use to waive the 3:1 requirement and as an institutional use is exempt from the City's Jobs-Housing Linkage Fee, through the draft Development Agreement, CPMC has agreed to pay the following: $2,684,800 in funding to replace 20 rent-controlled units demolished in order to allow construction of the new MOB, $1,453,820 in funding to replace 5 rent-controlled units demolished in order to allow construction of the new MOB, $29 million to the City's affordable housing fund, and an additional $29 million to a newly created down payment assistance loan program for CPMC employees earning up to 100% of area median income. Funds from the down payment assistance loans would be recaptured into the affordable housing fund, along with a portion of equity, when CPMC employees sell units bought with the loans. An estimated additional $35 million (including $6 million in property appreciation) is expected to flow into the affordable housing fund this way over time.

The Cathedral Hill Project would be an institutional medical service use meeting an important public need. The Medical Center would allow CPMC to transfer inpatient, outpatient and emergency services from its Pacific and California Campuses into a seismically compliant facility that would also meet the criteria for modern medical inpatient facilities. The proposed Medical Center would provide medical services to a currently underserved area of the City that includes the Tenderloin/Little Saigon neighborhood, an area with a high population density of low-income households, seniors (the most frequent users of hospital care), children and youth. This important public need met by the Cathedral Hill Project cannot reasonably be met elsewhere in the area, as no other site in the area met the site selection criteria which were required for the Cathedral Hill Project.

Housing cannot reasonably be included at the Cathedral Hill Hospital site. Since the services located in the podium require that it cover the entire site, the only location for housing on the Cathedral Hill Hospital site would be within the tower. The Cathedral Hill Hospital has many operational and security considerations which would make the inclusion of housing infeasible. Further, because the

cost of SB 1953-compliant structures is substantially more expensive than for traditional construction, the per-unit cost would be cost-prohibitive.

In order to allow the Cathedral Hill MOB to be of sufficient size, the inclusion of housing at the Cathedral Hill MOB site, whether in the Cathedral Hill MOB or as a separate structure, would require a building or buildings with a larger envelope than the Cathedral Hill MOB. Because of the differing operational needs of housing and medical office/clinic uses, the building would require significant duplication of certain areas and systems, including lobby, mechanical and, to a lesser extent, parking, increasing the overall cost and decreasing the relative affordability of the housing component. Since the Cathedral Hill MOB needs to be adjacent to the Cathedral Hill Hospital, there is no known available site where an MOB with housing could be located.

(See also C&R pages 3.3-96 to 3.3-129 for a detailed analysis of this issue, including why it is infeasible to include housing as part of the project, , which is incorporated herein by reference.)

For the foregoing reasons, the Cathedral Hill Project is a medical service use meeting an important public need, and cannot reasonably include housing. Although it is proposed that the Commission waive the requirement in its entirety through a Conditional Use authorization, the Commission will also consider the proposed Development Agreement, which includes CPMC's proposed housing contributions.

As discussed above and in the General Plan /Planning Code Section 101.1 consistency findings, the Cathedral Hill sites were not assumed to be housing sites under the VNSUD and therefore are not assumed to contribute to the overall housing production for the area. In addition, the Cathedral Hill Project qualifies as the type of beneficial institutional use for which the 3:1 residential to non-residential ratio is appropriately modified or waived. Nonetheless, the Mayor's Office of Housing (MOH) has conducted an analysis regarding the VNSUD's 3:1 requirement if it were applied to the Cathedral Hill Project. MOH has concluded that without modification or waiver of the requirement, the Cathedral Hill Project's approximate affordable housing production requirement would be about 220 units. MOH has also determined that the $29 million affordable housing payment under the Development Agreement will fund development of approximately 145 new affordable units, and the DALP program will provide an approximately $35 million dollars through loan repayments and property appreciation that will fund development of approximately an additional 175 units, or a total of 320 units. Therefore, with the Development Agreement contributions, the Cathedral Hill Project will substantially exceed the maximum underlying affordable housing production goal that could be attributed to the Project under the VNSUD 3:1 requirement.

O. **Van Ness SUD – Ground Story Wind Levels**. Planning Code Section 243(c)(9) allows exceptions to be sought to permit wind speeds higher than 11 mph at certain sidewalk locations around the perimeter of the Medical Center, providing that, on balance, conditions are not worsened.

The VNSUD (Section 243(c)(9)) regulates pedestrian-level wind speeds resulting from the construction of new buildings, prohibits wind speeds considered hazardous, and encourages limiting wind speeds to levels considered comfortable. The maximum wind speed for comfort is 11 mph, and in

certain circumstances wind speeds higher than the comfort level are permitted at the discretion of the Planning Commission.

Wind studies conducted under the FEIR demonstrate that the proposed Cathedral Hill Project would not create any hazardous wind conditions, but could result in 12 sidewalk test points that currently have wind speeds above the comfort level to remain above the comfort level. The wind study also found that the project would reduce the wind speed at 4 points from above the comfort level to within the level and also increase 4 other points from within the comfort level to above the level. Therefore, the total number of points exceeding the wind comfort level would be the same after construction of the Cathedral Hill Project as under existing conditions.

These points exceeding the comfort level are generally along Geary St. and near the Post Street and Van Ness Avenue intersection.

Although it is likely that a combination of building architectural features, street trees and street furniture that are proposed for the Cathedral Hill Project would break up wind currents sufficiently to cause the sidewalk level winds to be within the Code specified comfort level, a Conditional Use authorization is being requested. While wind speeds may increase at some locations, on balance, the construction of the Cathedral Hill Project would not degrade wind comfort overall, and would result in significant public benefit.

P. **Height Limit.** Section 253 of the Planning Code requires a Conditional Use authorization for review of any building or structure exceeding 50 feet in height in an RC District, and Section 260 of the Planning Code limits the height of development at the Hospital and MOB sites to 130 feet.

Both the Cathedral Hill Hospital and MOB buildings would exceed a height of 50'-0", being approximately 265'-0" and 130'-0", respectively, thereby requiring Conditional Use authorization pursuant to Planning Code Sections 243 and 253. The buildings have been sculpted and provide setbacks at upper levels so to be compatible with the scale and massing of the surrounding neighborhood and larger City skyline.

The proposed height of 265 for the Cathedral Hill Hospital is largely the result of operational requirements for modern medical facilities and for inpatient services currently located at the Pacific and California Campuses that would be transferred to the Cathedral Hill Hospital when complete. Height amendments to the General Plan and Planning Code Maps are being sought in accompanying applications. If the Board of Supervisors approves these amendments, the Cathedral Hill Project will be compliant with Planning Code Section 260.

The Cathedral Hill MOB complies with the provisions set forth in Section 260 of the Planning Code regarding not exceeding the height limit of 130 feet.

Q. **Bulk Limitation.** The proposed Cathedral Hill Hospital and MOB sites are subject to the "130-V" Height and Bulk District, which means they are limited to maximum length and diagonal dimensions of 110 and 140, respectively, pursuant to Planning Code Section 270.

The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

Planning Code Section 270 permits a maximum length of 110 feet and maximum diagonal dimensions of 140 at the sites of the proposed Cathedral Hill Hospital and MOB. The proposed length of 385 feet and diagonal dimension of 466 feet for the Cathedral Hill Hospital, and proposed length of 265 and diagonal dimension of 290 feet for the Cathedral Hill MOB exceed the maximum allowed dimensions in Section 270 and therefore require Conditional Use authorization.

Section 271 of the Planning Code allows deviation of bulk limits under the discretion of the Planning Commission for the development of a building or structure with widespread public service benefits and significance to the community at large, where compelling functional requirements of the specific building or structure make necessary such a deviation.

The Cathedral Hill Project includes General Plan and Zoning Map Amendments, as well as Planning Code Text Amendments, to allow a deviation from the requirements of Section 260 for a medical center project, due to the unique massing and volume requirements for medical facilities, if authorized as a Conditional Use authorization, pursuant to Section 303 of this Code, in lieu of findings otherwise required under Section 271 of this Code. If the Board of Supervisors approves these amendments, the Cathedral Hill Project will be compliant with the bulk limitations outlined in the Planning Code.

Almost all hospital buildings require exceptions from bulk limits, and the requested exception from bulk limits is consistent with precedent from other hospital approvals. Other specific functional requirements of the Cathedral Hill Hospital and MOB resulting in the proposed size and configuration of these buildings are discussed. The Cathedral Hill Project would result in the construction of a new, seismically compliant hospital to replace CPMC's existing acute care hospitals at the California and Pacific Campuses and, therefore, would have significance to the community at large and would have other accompanying widespread public service benefits, as described in more detail in the General Plan and Planning Code Section 101.1 consistency findings.

R. **Shadows.** Section 295 of the Planning Code restricts the construction of any structure over 40'-0" that will cast any shade or shadow upon any property under the jurisdiction of, or designated for acquisition by, the Recreation and Park Commission, except upon prior action of the City Planning Commission.

On September 23, 2009, the Project Sponsor submitted a request for Section 295 review of the Cathedral Hill Hospital and MOB; both buildings exceed 40 feet in height (Case No. 2009.0885K). Department staff prepared a shadow fan depicting the potential shadows cast by the buildings and concluded that neither building would have a potential impact on properties subject to Section 295.

S. **Dwelling Unit Removal.** Planning Code Section 317 limits the demolition of dwelling-units in certain districts, and requires Conditional Use authorization for the demolition of three or more dwelling units in the RC-4 District.

The Cathedral Hill Project includes demolition of five residential dwelling units at the Cathedral Hill MOB site. Conditional Use authorization is required, pursuant to Planning Code Section 317, for the demolition of three or more residential dwelling-units in the RC-4 District.

As part of the Commission's review of any project that includes the demolition of residential dwelling-units, they shall consider the following additional criteria:

(i) whether the property is free of a history of serious, continuing Code violations;

The properties containing the five existing dwelling units have had a history of various violations, although none were directly associated with the dwelling units; all violations pre-dated CPMC's ownership of these parcels.

(ii) whether the housing has been maintained in a decent, safe, and sanitary condition;

The housing has been maintained in a decent, safe, and sanitary condition.

(iii) whether the property is an "historical resource" under CEQA;

The properties containing the five dwelling units proposed for demolition were determined through the FEIR not to be historical resources under CEQA.

(iv) whether the removal of the resource will have a substantial adverse impact under CEQA;

Not Applicable.

(v) whether the project converts rental housing to other forms of tenure or occupancy;

The Cathedral Hill Project would convert rental housing into medical office space.

(vi) whether the project removes rental units subject to the Rent Stabilization and Arbitration Ordinance;

The Cathedral Hill Medical Center Project removes five dwelling units that are subject to the Rent Stabilization and Arbitration Ordinance. Through contributions in the Development Agreement, the Cathedral Hill Project would provide replacement funds for these units and contribute funds for new permanently affordable housing.

(vii) whether the project conserves existing housing to preserve cultural and economic neighborhood diversity;

Although the Cathedral Hill Project does not conserve the existing housing, it will preserve the cultural and economic diversity throughout the neighborhood by locating a new seismically safe acute care hospital along major transit lines and near neighborhoods with a large number of medically underserved individuals.

(viii) whether the project conserves neighborhood character to preserve neighborhood cultural and economic diversity;

The Cathedral Hill Project will conserve neighborhood character and will preserve the cultural and economic diversity of the neighborhood, as outlined in Motion No. 18592.

(ix) whether the project protects the relative affordability of existing housing;

The Cathedral Hill Project will protect the relative affordability of existing housing, in that although it will include the demolition of five dwelling units and 20 residential hotel units, CPMC will in exchange contribute $62,138,620 to the Mayor's Office of Housing ("MOH") that will go toward the construction of affordable housing and toward making homeownership more affordable for low- and middle-income employees of CPMC. This funding will result in substantially more affordable units than those being demolished as part of the Cathedral Hill Project.

(x) whether the project increases the number of permanently affordable units as governed by Section 415;

The Cathedral Hill Project would directly increase the number of permanently affordable units governed by Section 415; the five existing dwelling units, although rent-controlled, were not considered "affordable" dwelling units, pursuant to Planning Code Section 415. The Cathedral Hill Project would, however, through commitments in the Development, Agreement include payments of over $33 million (for both replacement housing and new affordable housing) that would go directly to MOH's affordable housing fund, plus an approximately $35 million expected to be available from repayment of downpayment assistance loan funds and the City's estimated $6 million share of property appreciation.

(xi) whether the project locates in-fill housing on appropriate sites in established neighborhoods;

The Cathedral Hill Project does not include any in-fill housing; however, the Cathedral Hill Project does include in-fill construction of a Medical Center that is appropriately located on two major transit lines and near neighborhoods with the greatest proportion of medically underserved individuals. The Project would also provide affordable housing funds that could be used by the City to prioritize affordable housing development on appropriate infill sites.

(xii) whether the project creates Quality, new family housing;

Although the Cathedral Hill Project does not directly include the construction of new family housing, the Cathedral Hill Project does include funding commitments through the Development Agreement for the construction of new affordable housing, which would be available to families, and that will increase homeownership opportunities for low- and

middle-income employees, which will help employees of CPMC and their families own homes in San Francisco.

(xiii) whether the project creates new supportive housing;

Although the Cathedral Hill Project does not include the actual construction of new supportive housing, the Cathedral Hill Project does include funding for affordable housing and funding that will increase homeownership opportunities for low- and middle-income employees of CPMC. Specifically, CPMC will pay $1,453,820 to the City's affordable housing fund to offset the demolition of the five existing dwelling units on the site, $29 million contribution to the City's affordable housing fund, and an additional $29 million to a newly-created down payment assistance loan program for CPMC employees earning up to 100% of area median income.

(xiv) whether the project promotes construction of well-designed housing to enhance existing neighborhood character;

Although the Cathedral Hill Project does not include any construction of housing, it does include the construction of a Medical Center that will enhance the existing neighborhood character.

(xv) whether the project increases the number of on-site dwelling units;

The Cathedral Hill Project does not directly increase the number of on-site dwelling units, since the Cathedral Hill Project does not include the construction of any replacement units on site. However, the Cathedral Hill Project does include an in-lieu payment to MOH to offset the demolition of the five dwelling units as well as the other funding commitments described above, which will increase the overall number of dwelling units within San Francisco.

(xvi) whether the project increases the number of on-site bedrooms.

The Cathedral Hill Project does not include any replacement units, thus does not increase the number of on-site bedrooms. However, the Cathedral Hill Project does include an in-lieu payment to MOH to offset the demolition of the five dwelling units as well as the other funding commitments described above, which will increase the overall number of bedrooms within San Francisco.

Planning Code Section 317 does not require one-for-one replacement of demolished residential dwelling units. However, CPMC has agreed to pay, through commitments in the Development Agreement, an in-lieu fee to offset the demolition of the five residential dwelling units. MOH determined that the in lieu fee amount would be established based on the Citywide inclusionary housing fee schedule effective as of July 15, 2008, which totals an in-lieu fee amount of $1,453,820, payable to MOH's affordable housing fund.

T. **Institutional Master Plan.** Section 304.5 of the Planning Code requires that each medical institution shall have on file with the Department a current Institutional Master Plan ("IMP") describing the existing and anticipated future development of that institution every ten years, with updates provided at intervals of two years.

The Cathedral Hill Project complies with the provisions set forth in Section 304.5 of the Planning Code that each medical institution shall have on file with the Department a current IMP describing the existing and anticipated future development of that institution at intervals of two years. CPMC submitted a five-campus full IMP in 2008. It was accepted as complete by the Planning Commission in 2009. An Update was submitted in 2011, which stated that no significant changes had been made to the IMP since it was accepted in 2009. The new Hospital and MOB at a new Cathedral Hill Campus has been in both the IMP accepted as complete in 2009 and the 2011 IMP Update.

U. **Office Allocation.** Section 321 of the Planning Code requires that projects over 25,000 g.s.f must seek review and approval by the Planning Commission under the Office Development Limitation

The Cathedral Hill Project is subject to the provisions set forth in Section 321 of the Planning Code because the proposed MOB would include 248,254 square feet of office space and, therefore, the Project Sponsor has requested approval of an office allocation pursuant to Section 321. Although the Zoning Administrator has long determined that examination rooms should be exempt from this calculation, since they are part of outpatient clinic space, this calculation does not exclude the exam rooms, since the exact layout of spaces has not yet been defined. This total is therefore greater than what will be the actual quantity of medical office space, less the exam rooms.

V. **Signage.** Although it is anticipated to be proposed at a later date, there is currently no signage proposed as part of the Cathedral Hill Project. Any proposed signage will be subject to the review and approval of the Department.

W. **Other Approvals.**

1. ***Caltrans approval of tunnel:*** *The Project Sponsors has received "conceptual approval" from Caltrans for the construction of the pedestrian tunnel located under Van Ness Avenue, which would connect the Cathedral Hill Hospital to the Cathedral Hill MOB at the garage level. This "conceptual approval" is based on the Highway Improvement Agreement agreed to by Caltrans and CPMC on January 26, 2011. Final approval from Caltrans is contingent on the Cathedral Hill Project's approval at the local level, Caltrans review of the final technical design, and approval by the California Transportation Commission.*

2. ***Permit to Convert:*** *The Cathedral Hill MOB site contains 20 Residential Hotel Units as defined by San Francisco Administrative Code Chapter 41. Authorization to demolish these 20 units at the Cathedral Hill MOB site will be sought in a separate application pursuant to the applicable provisions of the Residential Hotel Unit Conversion and Demolition Ordinance (Administrative Code Chapter 41). Chapter 41 allows the demolition of Residential Hotel Units provided that an in lieu fee, based on the appraised replacement value of the units, is paid. The residential hotel units*

have been appraised by the City, and CPMC has agreed to pay – through commitments in the Development Agreement – the appraised amount of $2,684,800.

8. **Planning Code Section 303** establishes criteria for the Commission to consider when reviewing applications for Conditional Use approval. On balance, the project does comply with said criteria in that:

A. The proposed new uses and building, at the size and intensity contemplated and at the proposed location, will provide a development that is necessary or desirable, and compatible with, the neighborhood or the community.

The Cathedral Hill Project would provide substantial benefits to the community.

CPMC is one of the principal providers of essential health care services in San Francisco, and is also critical to San Francisco's emergency preparedness and response infrastructure. The Cathedral Hill Project would assure CPMC's ability to provide and enhance health services to the community, without interruption, in modern facilities that would comply with California seismic mandates.

Under these seismic mandates, CPMC's hospitals at the California and Pacific Campuses must either be retrofitted or be rebuilt, or the services provided there must be relocated to a new, compliant facility that would remain operational after a strong earthquake. This standard is much stricter than the "life safety" standards which are generally intended to prevent collapse. It would not feasible to retrofit or rebuild on either the California or Pacific Campus due to the service disruptions that would result. Taking either campus out of operation, even temporarily, would result in an unacceptable impact to health care delivery to San Franciscans. The inpatient services provided at the California and Pacific Campuses will instead be relocated to the Cathedral Hill Hospital.

Because the new Cathedral Hill Hospital can be expected to remain operational after a strong earthquake, CPMC's role in both health services and emergency preparedness would be enhanced. Emergency preparedness for the City would be further enhanced by the Cathedral Hill Hospital's improved emergency facilities, new emergency communications center, and its proximity to the City's Emergency Operations Center. The location of the Cathedral Hill Hospital and MOB is also desirable because the site is geologically stable. After the St. Luke's Replacement Hospital and Cathedral Hill Hospital proposed as part of the LRDP are in operation, and after the planned rebuilding of other San Francisco hospitals, including San Francisco General Hospital, UCSF Mission Bay and Chinese Hospital, about half of the City's acute care beds would be in hospital facilities that can be expected to remain operational after a major earthquake to meet the resulting medical needs of the community. The Emergency Department facilities at these hospitals could also be expected to remain operational after a strong earthquake.

The location of the Cathedral Hill Project at a major transit hub would also provide substantial benefits. Development at this major transit hub is the type of land use which will optimize use of the available transit. The Cathedral Hill Project would be a major employment center. The benefit of this major employment center at this major transit hub would be significant. The Cathedral Hill Project

would also be readily accessible by transit for patients who are able to use transit, for families of patients, and other visitors.

Key factors for site selection included: geological stability, location at a major transportation and transit hub, central location, adequate size, site availability, and the availability of adjacent property for a medical office building. In addition, the site needed to be north of Geary, consistent with CPMC's existing patient and physician distribution at and around the Pacific and California Campuses, and with the existing programmatic, business, service and other relationships that exist at those Campuses. The Cathedral Hill MOB is necessary to provide medical offices for Hospital-based specialists in close proximity to the new Cathedral Hill Hospital. Proximity to the Cathedral Hill Hospital is especially important for physicians such as obstetricians, and specialists in other areas such as oncology, who need to be able to reach their inpatients easily.

The development of the Cathedral Hill Project on the Van Ness corridor is compatible with the Van Ness Avenue Area Plan and Special Use District, which, although primarily encouraging retail and residential development, also permits hospital use in the Plan area. The Cathedral Hill Project would contribute in a major and positive way to the Plan's vision of an "attractive and mixed use boulevard." The location is also appropriate in the urban design context. As noted in the Van Ness Avenue Area Plan, part of the San Francisco General Plan, Van Ness Avenue "forms the western edge of the inner city..." The Plan encourages development which "reinforces topography and urban pattern, and defines and gives variety to the Avenue." The Cathedral Hill Project meets these important goals.

The size of the Cathedral Hill Hospital is appropriate to allow for the relocation of beds and programs from the California and Pacific Campuses and to allow for growth based on demographic projections, anticipated growth in particular services, and average occupancy considerations. The size of the Cathedral Hill MOB is appropriate to provide space for physicians who need to be near the Cathedral Hill Hospital.

CPMC is the second largest private employer in San Francisco, and, as a major part of the health services sector, is critically important to the economic health of San Francisco. CPMC's Cathedral Hill Project would maintain CPMC's important role as a major employer and major provider of health care. Approximately 49 percent of CPMC employees are San Francisco residents.

The FEIR determined that the Cathedral Hill Project would provide medical services and also serve as a prominent center of activity within the community, and would not physically divide or disrupt the established community surrounding the Cathedral Hill Campus. (DEIR at pp. 4.1-37 to 4.1-40). The FEIR also determined that the Cathedral Hill Project would not have a substantial effect on the existing character of the vicinity because, among other things, it would not be out of character with diverse mix of existing land uses in the vicinity; it would include features that would improve the pedestrian environment and facilitate connections between the proposed campus and the surrounding neighborhood; and, although on-campus activity and the intensity of traffic would increase, this would not be a substantial adverse change to the character of the area, which is already bustling, densely developed, and active. (DEIR at pp. 4.1-55 to 4.1-57). The FEIR concluded that the Cathedral Hill Project would not substantially damage scenic resources and would have less than significant impacts

related to visual quality and shadow. (DEIR at pp. 4.2-107 to 4.2-109, 4.2-118 to 4.2-139, and 4.9-33 to 4.9-43).

For the foregoing reasons, the Cathedral Hill Project, at the size and intensity contemplated and at the proposed location, would provide a development that is necessary and desirable for, and compatible with, the neighborhood and the community.

B. The proposed project will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity. There are no features of the project that could be detrimental to the health, safety or convenience of those residing or working the area, in that:

i. Nature of proposed site, including its size and shape, and the proposed size, shape and arrangement of structures;

The Cathedral Hill Hospital site occupies the entire city block bounded by Post Street to the north, Van Ness Avenue to the east, Franklin Street to the west and Geary Boulevard to the south. The Cathedral Hill MOB site is on the east side of Van Ness Avenue, on the block bounded by Cedar Street to the north, Polk Street to the east, Van Ness Avenue to the west and Geary Street to the south.

The site for the new Cathedral Hill Project is at a major transit and transportation hub, offering convenient access by public transportation as well as by other alternatives to single-occupancy automobiles. This type of land use is appropriate for a major transit hub. It is close to downtown San Francisco and, as noted in the Van Ness Avenue Area Plan, Van Ness Avenue "forms the western edge of the inner city..."

After a lengthy search process, it was determined that the site for the Cathedral Hill Hospital met CPMC's criteria for this facility, and was available for purchase by CPMC. Key factors for site selection included: geological stability, location at a major transportation and transit hub, central location, adequate size, site availability, and the availability of adjacent property for a medical office building. The ability for doctors to have offices adjacent to the new Cathedral Hill Hospital is critical for patient care. In addition, the site needed to be north of Geary, consistent with CPMC's existing patient and physician distribution at and around the Pacific and California Campuses, and with the existing programmatic, business, service and other relationships that exist at those campuses.

Another significant factor in the site selection process was the necessity to build the new Cathedral Hill Hospital on a site not currently used by CPMC as a medical campus, to avoid significant disruptions to patient services.

The size and shape of the Cathdedral Hill Hospital and MOB have been configured to meet the programmatic requirements of the respective facilities consistent with the footprints and locations of the sites. The size of the Cathedral Hill Hospital results from the need under State-mandated seismic safety requirements to provide acute care facilities at the Hospital site that would replace

existing acute care facilities within two hospitals, at CPMC's California and Pacific Campuses. The massing of the Cathedral Hill Hospital has been planned to minimize impact on nearby residential properties through the use of a broad podium with a narrower tower positioned on the south side of the site, extensive exterior articulation that includes a variety of textures, vertical landscaping on the building exterior, attractive streetscape enhancements, and other design elements.

The size and shape of the Cathedral Hill MOB are consistent with Van Ness corridor development. The Cathedral Hill MOB would provide offices for physicians whose proximity to the Cathedral Hill Hospital is especially important, such as obstetricians and physicians who treat chronic illnesses with specialties such as hepatology and oncology. An assessment of the medical office space at CPMC's existing campuses shows that the proportion of medical office space and outpatient care space to inpatient space at CPMC's four existing campuses is higher than it will be at the Cathedral Hill Campus, even including the medical office space at 1375 Sutter Street. The Cathedral Hill MOB design also relates with the scale of buildings on Van Ness Avenue, while transitioning to the neighborhood scale of Geary Street. The massing of the building steps back from the street at Van Ness, and then steps down the hill with the slope of the site.

For the foregoing reasons, the nature of the proposed site, including its size and shape, and the proposed size, shape and arrangement of the Cathedral Hill Hospital and MOB, would not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.

ii. The accessibility and traffic patterns for persons and vehicles, the type and volume of such traffic, and the adequacy of proposed off-street parking and loading;

Although the Cathedral Hill Project would be larger than present uses at the site and would generate more activity and traffic, many factors would alleviate this expected increase. Many Cathedral Hill Hospital employees, including nurses, typically work a schedule other than standard workday hours. For example, many nursing shifts begin at 7:00 am, 3:00 pm and 11:00 pm. Numerous other trips to the Cathedral Hill Campus made by doctors, patients and visitors would also be during non-peak traffic hours. A significant number of employees would travel in the non-peak direction – during the morning peak period, a significant number of Muni passengers would travel away from downtown toward the Cathedral Hill Campus; during the afternoon peak period, a significant number of Muni passengers would travel toward downtown. Therefore, these passengers would not impact Muni capacity in the peak flow direction. The amount of parking for the facilities has been determined by balancing Planning Code requirements and the actual need that the Cathedral Hill Project would create.

Consistent with the City's "Transit First" policy, CPMCs seeking to improve staff and visitor use of alternatives to auto travel through its existing Transportation Demand Management ("TDM") Program and enhancements to the TDM Program that are included as part of the Cathedral Hill Project.

The Cathedral Hill Hospital would have 513 parking spaces. The Cathedral Hill MOB would have 542 parking spaces. It is the current policy of CPMC, which will also apply at the Cathedral Hill Medical Center, to prioritize on-site parking for use by patients and doctors. Staff who work in the evenings and at night, when space is readily available, will be able to park at the site. The rate structure for the Cathedral Hill Project garages would be established to discourage long-term parking, based on principles included in CPMC's proposed TDM Program. To accommodate staff parking demand, CPMC's proposed TDM Program would include making off-site parking facilities available and operating the CPMC Shuttle. Additionally, car-share parking spaces would be provided at the Cathedral Hill Campus.

The provision of a vehicular passage through the Hospital between Geary Boulevard and Post Street would provide space for vehicles queuing within the property, thereby improving traffic circulation on City streets.

The loading dock for the Cathedral Hill Hospital is accessed from Franklin Street and the exit is also on Franklin Street. The loading dock is designed so that the largest delivery trucks will be able to drive in off the street without backing up, thereby minimizing interference with traffic circulation. Smaller vehicles such as vans will be able to utilize dedicated spaces in the Hospital garage for deliveries, entering from either Geary Boulevard or Post Street, which would also minimize interference with traffic circulation. At the Cathedral Hill Hospital, the garage has been designed to accommodate 50% (by volume) of planned loading trips, thereby allowing a smaller loading dock area that will be less intensively used.

The loading dock for the Cathedral Hill MOB is accessed from Cedar Street and the exit is also on Cedar Street, which would minimize congestion on Van Ness Avenue and Geary Street.

A traffic and parking study of the Cathedral Hill Campus sites and surrounding neighborhood was conducted for CPMC to assess traffic, parking, transit, pedestrian and bicycle conditions. (California Pacific Medical Center Institutional Master Plan 2008 Transportation Study, January 8, 2009, prepared by CHS Consulting Group).

An occupancy survey was also conducted in 2006 to assess both on-street and off-street parking conditions. The survey was conducted within a two-block radius of the Cathedral Hill Hospital and MOB, defined as Bush Street to the north, Larkin Street to the east, Ellis Street to the south and Laguna Street to the west. The study area contained approximately 1,458 on-street parking spaces, with the parking occupancy rate at its lowest during the PM peak hour (56% from 4:00 pm to 5:00 pm) and higher at night (72% from 7:00 pm to 8:00 pm) when residents return from work and nighttime activities begin in the area. The midday peak parking occupancy occurred between 1:00 and 2:00 pm, at 66% (34% unoccupied). Public off-street parking inventory and occupancy data were surveyed for the period between 1:00 pm and 8:00 pm. There were 11 off-street parking facilities with a total of 1,488 spaces in the study area. CMPC operates one of these facilities (855 Geary, which has 200 spaces). The highest occupancy occurred from 1:00 to 2:00 pm and during that hour the average occupancy rates in the facilities ranged from 30% to 100%, with 25% of the total spaces unoccupied.

There are three Residential Parking Permit (RPP) areas – "C," "G" and "R" – in the immediate vicinity of the Medical Center. Area C is north and west of the site; Area G is north and northeast of the site; and Area R is south and southwest of the site.

The site for the Cathedral Hill Campus is at a major transit hub and is directly accessible to nine Muni Bus lines. Improvements are planned to the Muni service with the addition of the Van Ness and Geary Bus Rapid Transit (BRT) lines. The Golden Gate Bridge, Highway, and Transportation District provides regional transit services between San Francisco and Marin and Sonoma Counties. There are seven Golden Gate Transit bus routes serving the Cathedral Hill Campus area, including two basic routes and five commute routes. The nearest bus stop serving the Cathedral Hill Project area is at the intersection of Van Ness Avenue and Geary Boulevard.

Sidewalks adjacent to the Cathedral Hill Campus area are generally 10 to 15 feet wide; several of these sidewalks will be widened, and all will be improved as set forth in the proposed streetscape plan.

CPMC plans to provide bicycle parking spaces in the parking garages at the Cathedral Hill Hospital and MOB, along with shower facilities for staff bicyclists at both facilities. Public bicycle racks will also be provided at the entrances to the Cathedral Hill Hospital and MOB.

See also the detailed discussion in the General Plan and Planning Code Section 101.1 Findings, and in the text below regarding CPMC's TDM program and proposed transit contributions through the Development Agreement.

For the foregoing reasons, the accessibility and traffic patterns for persons and vehicles, the type and volume of such traffic, and the adequacy of proposed off-street parking and loading and of proposed alternatives to off-street parking, including provision of car-share parking spaces, would not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.

iii. The safeguards afforded to prevent noxious or offensive emissions such as noise, glare, dust and odor;

Safeguards would be in place to minimize, to the extent feasible, noxious or offensive emissions such as noise, glare, dust and odor, both during construction and operation of the facilities. CPMC would submit and follow a construction management plan which would impose controls on construction activity. All work would comply with applicable provisions and codes, and would be regulated by many City, State and regional agencies, including OSHPD, the Bay Area Air Quality Management District (BAAQMD), the Department of Public Works (DPW) and the San Francisco Metropolitan Transportation Agency (SFMTA). CPMC and its construction managers would implement BAAQMD requirements for air quality control measures during construction and operation, and would comply with the San Francisco Construction Dust Control Ordinance.

CPMC would appoint a liaison to communicate with neighbors while construction is in progress, pursuant to its construction management plan.

Operations of the Medical Center would also comply with applicable regulations regarding emissions. The Central Utility Plant is on the top two floors of the building. This location of the Central Utility Plant has overall benefits for air quality and noise. The interior loading facilities for both the Cathedral Hill Hospital and MOB would reduce vehicle noise and emissions in the neighborhood. The Cathedral Hill Hospital has been designed to accommodate in its subterranean parking garage levels up to 50% of the loading activities that typically would occur in the loading area at other hospitals. The drive-through at the Cathedral Hill Hospital would reduce vehicle noise and emissions in the neighborhood. The placement of dumpsters in the interior loading areas for the facilities would reduce odor. The California Department of Public Health will be responsible for the licensing of new hospital facilities, as well as overseeing compliance with the Medical Waste Management Program, which ensures appropriate handling and disposal of medical waste.

In response to concerns regarding noise and traffic related to loading operations, certain loading activities have been constrained to specific time periods and additional mitigation measures have been proposed, as described in detail in the FEIR.

The FEIR concludes that impacts related to dust and noise during both the construction and operational phases would be less-than-significant with implementation of mitigation measures identified in the MMRP (see DEIR pages 4.7-29 to 4.7-33, 4.7-59 to 4.7-60, 4.6-43 to 4.6-48, 4.6-58 to 4.6-60, and 4.6-65 to 4.6-72, and 4.6-96 to 4.6-100.

For the foregoing reasons, the safeguards afforded to minimize noxious or offensive emissions such as noise, glare, dust, and odor are adequate, and these emissions would not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.

iv. Treatment given, as appropriate, to such aspects as landscaping, screening, open spaces, parking and loading areas, service areas, lighting and signs;

Thoughtful and appropriate treatment has been given to these aspects of the Cathedral Hill Project.

Lighting treatment is proposed near the corner of Van Ness Avenue and Post Street, intended to create a façade that is well-lit both during the day and at night. Light-emitting diode (LED) fixtures will be integrated within the glass façade at Levels 1, 3, and 4 of the podium. These LED fixtures will be positioned within the insulated glazing assembly and screened to create a soft, diffused and uniform appearance. The LED fixtures will be controllable, allowing the light intensity to be managed and dimmed as appropriate. The historic lighting fixtures along Van Ness Avenue will be retained. Along Geary, Post and Franklin Streets, the existing city standard streetlights would be reinstalled. Along Cedar Street, new pedestrian-level streetlights are proposed. Additional pedestrian-level lighting would be provided at both the Cathedral Hill

Hospital and MOB. The building lobbies and other entries would be well lit, to provide safety and security.

CPMC's commitments under the proposed Development Agreement would include contribution of $8 million in funds toward a series of public realm and pedestrian safety improvements, plus an additional $1.35 million in funds toward other Cathedral Hill Campus community commitments. The FEIR determined that the Cathedral Hill Project would not result in significant impacts related to the creation of a new source of light or glare that would adversely affect daytime or nighttime views in the area or that would substantially affect other people or properties (see DEIR pages 4.2-187 to 4.2-188).

The streetscape plan for the Cathedral Hill Project site is a critical part of its design. The distinct and different functional spaces of the public realm led to the various components of CPMC's streetscape plan; the existing circulation and demographics of the area were considered in CPMC's planning for the Cathedral Hill Project.

The streetscape was designed to provide a safer, more comfortable, sustainable and beautiful pedestrian environment that would be integrated with the neighborhood. The Cathedral Hill Project would enhance the pedestrian environment and improve the street frontages in the area, by expanding sidewalk widths and the landscaped areas, offering visual relief to pedestrians, and providing a buffer between pedestrians and traffic lanes.

Rainwater gardens would be incorporated around the Cathedral Hill Hospital on Geary Boulevard and Post Street. These rain gardens would filter and absorb storm water from the sidewalks and building faces, and potentially from the building roofs and street surfaces. Landscaping along Van Ness Avenue for both the Cathedral Hill Hospital and MOB frontages would include tightly spaced matching street trees, and a "seasonal garden" planting strip separating the sidewalk from the curb lane. The entrances to both facilities would have entry plazas and matching flowering trees on either side of Van Ness.

Plans for Geary Boulevard west of Van Ness include a stop for the Geary BRT. Sidewalks would allow outdoor seating and a transit plaza would include shade trees, a distinctive transit shelter and seating. The CPMC shuttle stop planned near the corner of Post and Van Ness would include shade trees and seating.

The public Emergency Department entrance on Franklin would have an inviting entry plaza, with vertical plantings near the entrance.

The western end of Cedar Street would be transformed into an Entry Plaza for the Cathedral Hill MOB, with a curbless drop-off area defined by tactile warning tiles and lighted bollards. Cedar Street would be planned so that it could be used for special events such as street fairs or markets in the evenings or on weekends, when the Cathedral Hill MOB and alley businesses would be closed. Cedar Street would be planted with street trees and shrubs, and would include pedestrian-level street lights along the length of Street.

Bike racks will be installed at the main and secondary entrances of the Cathedral Hill Hospital and MOB to encourage the use of bikes by visitors.

Wayfinding signage at the Cathedral Hill Campus would be part of a signage program submitted for review and approval by the Planning Department. The signage, although not yet fully defined, would include identification signs on the exteriors of the Cathedral Hill Hospital and MOB, and monument signs on the sidewalks surrounding the new Cathedral Hill Hospital and MOB that would provide necessary information to help patients and visitors easily and efficiently access emergency services, primary entrances and parking garages. The monument signs would be of a consistent size and material, and are designed to relate to materials employed in the building architecture.

The Cathedral Hill Campus would provide 1,227 parking spaces (1,055 new spaces in the underground parking garages at the Cathedral Hill hospital and MOB), which is within the Code-compliant amount of parking permitted for the Campus. The proposed loading facilities will meet the identified loading needs for the Campus, and have been designed to minimize conflicts with vehicular, bicycle, or pedestrian traffic.

As set forth in the descriptions referred to above, the treatment given to landscaping, screening, open spaces, parking and loading areas, services areas, lighting and signs will not be detrimental to the health, safety, convenience or general welfare of persons residing or working in the vicinity, or injurious to property, improvements or potential development in the vicinity.

C. That the use or feature as proposed will comply with the applicable provisions of the Planning Code and will not adversely affect the Master Plan.

The Cathedral Hill Project complies with all relevant requirements and standards of the Planning Code, as described in the findings regarding "Planning Code Compliance" in section 7, above, with exceptions to certain components of the Cathedral Hill Project that require amendments to the General Plan, Planning Code, or Zoning Maps. CPMC has met the applicable provisions of Planning Code Section 304.5 concerning IMPs. The Cathedral Hill Project is consistent with the Eight Master Plan Priority Policies (Planning Code Section 101.1) and with the Objectives and Policies of the General Plan, as discussed in Motion No. 18592.

9. **General Plan Compliance.** The Cathedral Hill Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in Motion No. 18592.

10. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the Cathedral Hill Project complies with said policies, as outlined in Motion No. 18592.

11. The Cathedral Hill Project is consistent with and would promote the general and specific purposes of the Code provided under Section 101.1(b) as outlined in Motion No. 18592 and also that the Cathedral Hill Project would contribute to the healthcare delivery and emergency services in San Francisco, include substantial economic benefits to the City during both the

construction and operational phases, provide substantial other public benefits as outlined in the proposed Development Agreement, and be compatible with the character and stability of the neighborhood, thereby constituting a beneficial development.

12. The Commission hereby finds that, for the reasons described above, approval of the Conditional Use authorization would promote the health, safety and welfare of the City.

DECISION

That based upon the Record, the submissions by the Applicant, the staff of the Department and other interested parties, the oral testimony presented to this Commission at the public hearings, and all other written materials submitted by all parties, the Commission hereby **APPROVES Conditional Use Application No. 2009.0885MTZCBRSK** subject to the following conditions attached hereto as "EXHIBIT A" in general conformance with plans on file, dated February 22, 2012, and stamped "EXHIBIT B", which is incorporated herein by reference as though fully set forth.

APPEAL AND EFFECTIVE DATE OF MOTION: Any aggrieved person may appeal this Conditional Use Authorization to the Board of Supervisors within thirty (30) days after the date of this Motion No. 18598. The effective date of this Motion shall be as described in Exhibit A hereto. For further information, please contact the Board of Supervisors at (415) 554-5184, City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on April 26, 2012.

Linda D. Avery
Commission Secretary

AYES: Fong, Antonini, Borden, and Miguel

NAYS: Moore and Sugaya

ABSENT: Wu

ADOPTED: April 26, 2012

EXHIBIT A

AUTHORIZATION

This authorization is for a Conditional Use to allow: (1) demolition of five residential dwelling units; (2) construction of a medical center use in an RC-4 District and pursuant to the provisions for the Van Ness Special Use District ("VNSUD"); (3) construction of buildings over 50'-0" in an RC-4 District; (4) modifications to standards for active ground floor uses and width of curb cuts; (5) an exception to allow wind speeds greater than 11 mph at certain sidewalk locations around the perimeter of the Medical Center; (6) modifications to the bulk limits applicable to the Hospital and MOB sites; and (7) modifications to the 3:1 residential to net new non-residential ratio requirement in the VNSUD, pursuant to Planning Code Sections 145.1, 209.3, 243, 253, 270, 271, 303, and 317, and with respect to a proposal to: (1) demolish the existing Cathedral Hill Hotel and 1255 Post Street Office (Assessor's Block/Lots 0695-005, 006) and construct a new, approximately 15 story, 555-bed, 875,378 g.s.f acute care hospital with 513 underground parking spaces at 1101 Van Ness Avenue (the "Hospital"); (2) demolish seven existing vacant residential and commercial buildings (Assessor's Blocks/Lots 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010) and construct a new, approximately 261,691 g.s.f medical office building with 542 underground parking spaces at 1100 Van Ness Avenue (the "MOB"); (3) construct a pedestrian tunnel under Van Ness Avenue to connect the Hospital to the MOB; and (4) implement various streetscape, sidewalk, and landscape improvements surrounding the Medical Center (collectively, for purposes of this Exhibit A only, referred to as the "Project"), within the RC-4 (Residential-Commercial, High Density) District, VNSUD, and 265-V Height and Bulk District; in general conformance with plans, dated **February 22, 2012**, and stamped "EXHIBIT B" included in the docket for Case No. **2009.0885EMTZCBRSK** and subject to conditions of approval reviewed and approved by the Commission on **April 26, 2012** under Motion No. 18598. This authorization and the conditions contained herein run with the property and not with a particular Project Sponsor, business, or operator.

RECORDATION OF CONDITIONS OF APPROVAL

Prior to the issuance of the building permit or commencement of use for the Project, the Zoning Administrator shall approve and order the recordation of a Notice in the Official Records of the Recorder of the City and County of San Francisco for the subject property. This Notice shall state that the Project is subject to the conditions of approval contained herein and reviewed and approved by the Planning Commission on **April 26, 2012**, under Motion No. 18598.

PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The conditions of approval under the "EXHIBIT A" of this Planning Commission Motion No. 18598 shall be reproduced on the Index Sheet of construction plans submitted with the site or building permit application for the Project. The Index Sheet of the construction plans shall refer to the Conditional Use authorization and any subsequent amendments or modifications.

SEVERABILITY

The Project shall comply with all City codes and requirements applicable to the Project. If any clause, sentence, section or any part of these conditions of approval is for any reason held to be invalid, such invalidity shall not affect or impair other remaining clauses, sentences, or sections of these conditions. This decision conveys no right to construct, or to receive a building permit. "Project Sponsor" shall include any subsequent responsible party.

CHANGES AND MODIFICATIONS

Changes to the approved plans may be approved administratively by the Zoning Administrator. Significant changes and modifications of conditions shall require Planning Commission approval of a new Conditional Use authorization.

Conditions of approval, Compliance, Monitoring, and Reporting

PERFORMANCE

1. **Validity and Expiration.** The authorization and right vested by virtue of this action is valid for five (5) years from the effective date as defined in Condition of Approval No. 23, as it may be extended under Condition of Approval No. 2. A building permit from the Department of Building Inspection to construct the Project and/or commence the approved use must be issued as this Conditional Use authorization is only an approval of the proposed Project and conveys no independent right to construct the Project or to commence the approved use. The Planning Commission may, in a public hearing, consider the revocation of the approvals granted if a site or building permit has not been obtained within five (5) years of the effective date. Once a site or building permit has been issued, construction must commence within the timeframe required by the Department of Building Inspection and be continued diligently to completion. The Commission may also consider revoking the approvals if a permit for the Project has been issued but is allowed to expire and more than five (5) years have passed since the effective date.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

2. **Extension.** This authorization may be extended at the discretion of the Zoning Administrator only where failure to issue a permit by the Department of Building Inspection is caused by a delay by a local, State or Federal agency or by any appeal of the issuance of such permit(s). This authorization shall also be extended for the number of days equal to the period of any litigation challenging its validity.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

3. **Mitigation Measures.** Mitigation measures described in the Mitigation, Monitoring and Reporting Program attached as Exhibit 1 to Attachment A of the CEQA Findings Motion No. 18589 (the "MMRP") and designated as applicable to Cathedral Hill Near-Term Projects therein are necessary to avoid potential significant effects of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to each of the Cathedral Hill Hospital and Cathedral Hill MOB, as applicable.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

4. **Improvement Measures.** Improvement measures described in the IMMRP attached as Exhibit C and designated as applicable to Cathedral Hill Near-Term Projects therein are necessary to reduce the less than significant impacts of the proposed Project and have been agreed to by the Project Sponsor. Their implementation is a condition of Project approval to each of the Cathedral Hill Hospital and Cathedral Hill MOB, as applicable.

   For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

DESIGN – COMPLIANCE AT PLAN STAGE

5. **Final Materials.** Final materials, glazing, color, texture, landscaping, and detailing shall be subject to Department staff review and approval. The architectural addenda shall be reviewed and approved by the Department prior to issuance. All final design revisions will be posted on the Department's webpage dedicated to CPMC's Long Range Development Plan at *cpmc.sfplanning.org.*

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

6. **Streetscape Plan.** The Streetscape Plan shall provide an overview of all proposed hardscape, landscape, street trees, public right-of-way improvements, transformer vaults, and street furnishings, and, shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Streetscape Plan shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. CPMC shall update its Streetscape Plan accordingly to be consistent with adjustments to the BRT plan. Those features included on the Streetscape Plan shall be maintained in a safe and attractive manner.

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

7. **Landscape Plans.** The Landscape Layout and Planting Plans shall include the proposed hardscape, landscape, proposed street species, public right-of-way improvements, bicycle racks, and street furnishings, except those improvements at the Cathedral Hill Campus specifically described in Exhibit H, Schedule A, Section I to the Development Agreement shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Landscape Plans shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. Those features included on the Landscape Plans shall be maintained in a safe and attractive manner.

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

8. **Tree Plan.** The Tree Plan shall include all existing and proposed trees, and will specify all Significant Trees, existing trees to-be-removed, and existing trees to remain, and shall specify Tree Protection Zones for those trees designated as to-be retained. The Tree Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Tree Plan shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. Those features included on the Tree Plan shall be maintained in a safe and attractive manner.

   In any case in which DPW cannot grant approval for installation of a new street tree in the public right-of-way, on the basis of inadequate sidewalk width, interference with utilities or other reasons regarding the public welfare, and where installation of such tree on the lot itself is also

impractical, the requirements of Section 138.1 may be modified or waived by the Zoning Administrator to the extent necessary.

For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

9. **Lighting Plan.** The Project Sponsor shall submit an exterior lighting plan to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. The lighting in landscaped areas at ground floor (produced by direct outdoor lighting or direct/indirect indoor lighting) shall be sufficient to illuminate public sidewalks to minimum safety levels with the goal of reducing, or eliminating, to the maximum extent feasible, glare on neighboring properties. Lighting along Van Ness Avenue shall be consistent with the historic lighting specifications outlined in the Van Ness Area Plan. All other exterior lighting shall be downward directed to reduce light pollution; all interior lighting shall be consistent with the use of the building with the goal of minimizing light trespass from the building through the use of lighting orientation, dimming, and shielding. Unless prohibited by state, local or federal licensing or permitting agency, timers and/or sensors shall be used to shut off lighting in unoccupied areas of the building.

   For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

10. **Glazing.** Mirrored glass or deeply tinted glass shall not be permitted on the building. Glass orientation and coatings shall be designed to substantially avoid/reduce solar glare on neighboring properties. All glazing shall comply with Planning Code Section 139 and the Standards for Bird-Safe Buildings.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

11. **Curb Cuts.** The Project shall not include any permanent curb cuts on Van Ness Avenue.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

12. **Stormwater Control Plan (Hospital).** To manage the peak flow and discharge volume of stormwater for the Hospital, the Project Sponsor shall prepare a Stormwater Control Plan (SCP) in a form approved by the San Francisco Public Utilities Corporation (SFPUC). Prior to the issuance of the Shoring & Excavation permit for the Hospital, the SFPUC shall confirm by its sign-off of the permit itself that the final SCP for the Hospital has been accepted as complete. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2 as set forth in the MMRP.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

13. **Stormwater Control Plan (MOB).** To manage the peak flow and discharge volume of stormwater for the MOB, the Project Sponsor shall prepare a Stormwater Control Plan (SCP) in a form

approved by the San Francisco Public Utilities Corporation (SFPUC). Prior to the issuance of the first site permit Addendum (Shoring & Excavation) for the MOB, the SFPUC shall confirm by its sign-off of the Addendum itself that the final SCP for the MOB has been accepted as complete. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2 as set forth in the MMRP.

For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

14. **Garbage, composting and recycling storage.** Space for the collection and storage of garbage, composting, and recycling shall be provided within enclosed areas on the property and clearly labeled and illustrated on the building permit plans. Space for the collection and storage of recyclable and compostable materials that meets the size, location, accessibility and other standards specified by the San Francisco Recycling Program shall be provided at the ground level of the buildings.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

15. **Rooftop Mechanical Equipment.** Any rooftop mechanical equipment is required to be screened so as not to be visible from any point at or below the roof level of the subject building. A Roof Plan shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0885C. The final Roof Plans shall be submitted to the Department prior to approval of the Architectural Addenda of the Building Permit Application for the MOB. Nothing in these conditions shall prohibit the Project Sponsor from seeking review and approval of roof-mounted solar photovoltaic systems.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

16. **Signage.** The Project Sponsor shall develop and submit to the Department a sign program for the entire Cathedral Hill Campus – including all retail spaces – prior to occupancy of the new Hospital or MOB. All subsequent sign permits shall conform to the approved signage program. In general, all exterior signage shall be designed to complement, not compete with, the existing architectural character and architectural features of the building.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

PARKING AND TRAFFIC

17. **Bicycle Parking.** Pursuant to Planning Code Sections 155.4., the Project shall provide no fewer than **24** Class 1 or Class 2 bicycle parking spaces.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

18. **Showers and Clothes Lockers.** Pursuant to Planning Code Section 155.3, the Project shall provide no fewer than four showers and eight clothes lockers.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

19. **Parking Requirement.** Pursuant to Planning Code Section 151, the Cathedral Hill Campus shall provide a minimum of 1,227 independently accessible off-street parking spaces: 172 independently accessible off-street parking spaces at 1375 Sutter Street, and a total of 1,055 at the garages under the Hospital and MOB.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

20. **Car Share Parking.** Pursuant to Planning Code Section 166, the Project shall provide no fewer than 21 car share parking spaces

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

21. **Off-Street Loading.** Pursuant to Planning Code Section 152, the Project shall provide a minimum of 18 off-street loading spaces within the Hospital, and two (2) off-street loading spaces within the MOB, in accordance with the dimension modifications authorized by Resolution No. 18597.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

22. **Managing Traffic During Construction.** The Project Sponsor and construction contractor(s) shall coordinate with the Traffic Engineering and Transit Divisions of the San Francisco Municipal Transportation Agency (SFMTA), the Police Department, the Fire Department, the Department, and other construction contractor(s) for any concurrent nearby projects to manage traffic congestion and pedestrian circulation effects during construction of the Project.
    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

PROVISIONS

23. **Effective Date.** This approval is contingent on and will be of no further force until the date that the ordinance approving a Development Agreement for the Project is effective and operative. References in this Exhibit A to Codes and requirements "applicable to the Project" shall refer to applicable laws in the Development Agreement.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

24. **Street Trees.** The Project Sponsor will pay an in-lieu fee for 41 street trees not installed, but required as part of this Project.

For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

MONITORING - AFTER ENTITLEMENT

25. **Enforcement.** Violation of any of the Department conditions of approval contained in this Motion or of any other provisions of Planning Code applicable to the Project shall be subject to the enforcement procedures and administrative penalties set forth under Planning Code Section 176 or Section 176.1. The Department may also refer the violation complaints to other city departments and agencies for appropriate enforcement action under their jurisdiction.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

26. **Revocation due to Violation of Conditions.** Should implementation of this Project result in complaints from interested property owners, residents, or commercial lessees which are not resolved by the Project Sponsor and found to be in violation of provisions of the Planning Code applicable to the Project and/or the specific conditions of approval for the Project as set forth in Exhibit A of this Motion, the Zoning Administrator shall refer such complaints to the Commission, after which it may hold a public hearing on the matter to consider revocation of this authorization.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

27. **Revocation of Geary Street Curb Cut.** Pursuant to page 4.5-87 and 4.5-88 of the DEIR, the Geary Street and Geary Boulevard parking garage curb cut permits are revocable under the terms and conditions of such permits.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

OPERATION

28. **Garbage, Recycling, and Composting Receptacles.** Garbage, recycling, and compost containers shall be kept within the premises and hidden from public view, and placed outside only when being serviced by the disposal company. Trash shall be contained and disposed of pursuant to garbage and recycling receptacles guidelines set forth by the Department of Public Works.

    For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works at 415-554-5810, http://sfdpw.org

29. **Sidewalk Maintenance.** The Project Sponsor shall maintain the main entrances to the buildings and all sidewalks abutting the subject property in a clean and sanitary condition in compliance with the Department of Public Works Streets and Sidewalk Maintenance Standards.

    For information about compliance, contact Bureau of Street Use and Mapping, Department of Public Works, 415-695-2017, http://sfdpw.org

30. **Community Liaison.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall appoint a community liaison officer to deal with the issues of concern to owners and occupants of nearby properties. The Project Sponsor shall provide the Zoning Administrator with written notice of the name, business address, and telephone number of the community liaison. Should the contact information change, the Zoning Administrator shall be made aware of such change. The community liaison shall report to the Zoning Administrator what issues, if any, are of concern to the community and what issues have not been resolved by the Project Sponsor.

    The community liaison will convene a community advisory group (CAG) for the purpose of conveying input to the project sponsor on its operations and providing a forum for community comment and concern. The CAG shall consist of approximately ten (10) members representing diverse neighborhood interests such as health care providers, established neighborhood groups, resident homeowners and local merchants, and its membership is expected to change over time. Once the CAG is established, the community liaison and CAG members will agree to a regular meeting schedule, with a frequency of not less than quarterly or more than monthly. The agenda for meetings will be set jointly by the community liaison and the CAG. The community liaison will facilitate and provide logistical support for all meetings, including scheduling and providing meeting space if needed.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

31. **Construction Management Plan.** Prior to issuance of a building permit to construct the Project and implement the approved use, the Project Sponsor shall produce a Construction Management Plan, which shall include general operating principals and commitments not otherwise included in these Conditions of Approval, along with operating principles during specific phases of work. This Plan shall be made available to the neighbors or interested parties, and a copy of said Plan shall be provided to the Department to include in the file for Case No. 2009.0885C. A draft of the Construction Management Plan shall be made available to any interested party at least 10 days before the final draft is submitted to the Planning Department.

    For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

32. **Lighting.** All Project lighting shall be installed in accordance with the Lighting Plan, and shall be directed onto the Project site and immediately surrounding sidewalk area only, and designed and managed so as not to be a nuisance to adjacent residents. Nighttime lighting shall be the minimum necessary to ensure safety, but shall in no case be directed so as to constitute a nuisance to any surrounding property.

    For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

33. **Hours of Operation.** The Cathedral Hill Campus will be generally open to the public and for visitors during the following hours of operation: Monday through Friday from 7:00a.m. to 7:00p.m. The Campus will be open, as may be reasonably necessary, to accommodate visitors,

staff, and employees of the Hospital during hours outside of the standard hours of operation; the Emergency Department is open 24 hours/day. The main ground floor entry to the Hospital and MOB shall remain open and accessible to the public during standard hours of operation (7:00a.m. to 7:00p.m., M-F).

For information about compliance, contact Code Enforcement, Planning Department at 415-575-6863, www.sf-planning.org

34. **Noise Control.** The premises shall be adequately soundproofed or insulated for noise and operated such that incidental noise – other than noise from emergency vehicles – shall not be audible beyond the premises or in other sections of the building. Fixed-source equipment noise shall not exceed the decibel levels specified in the San Francisco Noise Control Ordinance.

For information about compliance with the fixed mechanical objects such as rooftop air conditioning, restaurant ventilation systems, and motors and compressors with acceptable noise levels, contact the Environmental Health Section, Department of Public Health at (415) 252-3800, www.sfdph.org
For information about compliance with the construction noise, contact the Department of Building Inspection, 415-558-6570, www.sfdbi.org
For information about compliance with the amplified sound including music and television contact the Police Department at 415-553-1012 or 415-5530123, www.sf-police.org

35. **Transportation Demand Management Plan.** An Enhanced Transportation Demand Management (TDM) Plan, dated March 24, 2011, attached as Exhibit D and designated as applicable to Cathedral Hill Near-Term Projects therein is designed to reduce to the extent feasible single occupant vehicle/drive alone trip generation and its related parking demand, and air quality and greenhouse gas emissions associated with single occupant vehicle/drive alone trip generation, and to promote the City of San Francisco's Transit First policies, and has been agreed to by the Project Sponsor. Implementation of the Enhanced TDM Plan is a condition of Project approval to each of the Cathedral Hill Hospital and Cathedral Hill MOB, as applicable. Updated TDM Plans shall be submitted to the Department as part of the IMP review process and should continue to reflect the City's Transit First policies.

For information about compliance, contact the Case Planner, Planning Department at 415-558-6378, www.sf-planning.org

EXHIBIT 3: IMPROVEMENT MEASURES MONITORING AND REPORTING PROGRAM

	MONITORING AND REPORTING PROGRAM				
Improvement Measures	**Responsibility for Implementation**	**Implementation Schedule**	**Implementation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
IMPROVEMENT MEASURES AGREED TO BY PROJECT SPONSOR					
TRANSPORTATION AND CIRCULATION					
I-TR-5 (Cathedral Hill): Off-Street Parking Queue Abatement					
It shall be the responsibility of the owner/operator of any off-street parking facility primarily serving a non-residential use, as determined by the Planning Director, with more than 20 parking spaces (excluding loading and car-share spaces) to ensure that recurring vehicle queues do not occur on the public right-of-way. A vehicle queue is defined as one or more vehicles blocking any portion of any public street, alley or sidewalk for a consecutive period of three minutes or longer on a daily or weekly basis. If a recurring queue occurs, the owner/operator of the parking facility shall employ abatement methods as needed to abate the queue. Suggested abatement methods include but are not limited to the following: redesign of facility layout to improve vehicle circulation and/or on-site queue capacity; employment of parking attendants; installation of LOT FULL signs with active management by parking attendants; use of valet parking or other space-efficient parking techniques; use of off-site parking facilities or shared parking with nearby uses; use of parking occupancy sensors and signage directing drivers to available spaces; travel demand management strategies such as additional bicycle parking, customer shuttles or delivery services; and/or parking demand management strategies such as parking time limits, paid parking or validated parking. If the Planning Director, or his or her designee, suspects that a recurring queue is present, the Department shall notify the property owner in writing. Upon request, the owner/operator shall hire a qualified transportation consultant to evaluate the conditions at the site for no less than seven days. The consultant shall prepare a monitoring report to be submitted to the Department for review. If the Department determines that a recurring queue does exist, the facility owner/operator shall have 90 days from the date of the written determination to abate the queue.	Owner/Operator of off-street parking	During Operation	Monitoring by a qualified transportation consultant upon request by Planning Director if recurring queuing on public right-of-ways is suspected. If such queuing is determined to exist, abatement methods shall be employed.	Owner/Operator of off-street parking /Planning Department	Considered ongoing during operations at the Cathedral Hill Campus.

	MONITORING AND REPORTING PROGRAM				
Improvement Measures	**Responsibility for Implementation**	**Implementation Schedule**	**Implementation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
I-TR-40 (Cathedral Hill): Pedestrian Improvements					
As an improvement measure to facilitate pedestrian movements, SFMTA should install pedestrian countdown signals for all directions at the signalized intersections of Franklin/Sutter, Franklin/Post, Franklin/Geary, Van Ness/Sutter, Van Ness/Post, and Polk/Post. In addition to the above, although the project would have less than significant impacts on the pedestrian and bicycle environment, the project sponsor has agreed as part of the development agreement negotiations to provide certain funding for City agencies, including Planning, SFMTA< and DPW, to study and possibly implement additional streetscape, pedestrian, and related improvements in the vicinity of the proposed Cathedral Hill Campus that would improve the less-than-significant impacts to the pedestrian and bicycle environment. Improvements under consideration by the City would be consistent with those identified in the Little Saigon Report as well as other potential sidewalk improvements such as bulb-outs, lighting and pedestrian signal modifications, advance stop bars, right turn vehicle turn restrictions and other safety facilities, at such intersections as Polk Street/Ellis Street, Larkin Street /Geary Street, Larkin Street /Grove Street, Larkin Street /9th Street, Hyde Street /O'Farrell Street, and Leavenworth Street/Geary Street. The City would have sole authority to determine whether to proceed with the Tenderloin and Little Saigon neighborhood area improvements and to issue required permits and authorizations. The City would also retain the discretion to modify or select feasible alternatives to the improvements to avoid any identified impacts or concerns that arise in connection with their further review, including any required environmental review under CEQA.	Project Sponsor/Planning Department/SFMTA/ DPW	Prior to operation	Installation of pedestrian countdown signals at the Franklin/Sutter, Franklin/Post, Franklin/Geary, Van Ness/Sutter, Van Ness/Post, and Polk/Post intersections. Funding to allow City agencies to studyand possibly implement additional streetscape, pedestrian, and related improvements such as lighting, pedestrian signal modifications, bulb-outs, advanced stop bars, and right turn vehicle restrictions, at such intersections as Polk/Ellis, Larkin/Geary, Larkin/Grove, Larkin/9th, Hyde/O'Farrell, and Leavenworth/ Geary.	Project Sponsor/Planning Department/SFMTA /DPW	Considered complete upon installation and implementation of pedestrian improvements.

Improvement Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
I-TR-87 (St. Luke's): Provide Pedestrian/Bicycle Improvements					
CPMC should implement improvement measures to minimize conflicts between vehicles, bicyclists, and pedestrians at the Cesar Chavez Street passenger loading/unloading zone, including: warning signs and colored bicycle lane treatment to alert drivers to the presence of bicyclists and bicycle lanes, and management of the passenger loading/unloading zone during peak periods of activity (e.g., between 10 a.m. and 4 p.m.). As an improvement measure to minimize conflicts between vehicles exiting the proposed garages and pedestrians and bicyclists on Valencia Street and Cesar Chavez Street, CPMC should install flashing lights and audible signals to provide indications when a vehicle is exiting the garage.	Project Sponsor	Installation of warning signs, bicycle lane treatment, flashing lights, and audible signals prior to operation, Management of passenger loading/unloading zone ongoing during operations.	Project Sponsor to provide pedestrian/bicycle safety improvements and manage passenger loading/unloading zone during peak periods of activity.	Project Sponsor and SFMTA	Installation of improvements considered complete upon construction completion. Management of passenger loading/unloading zone ongoing during operations.
I-TR-88 (St. Luke's): Install Pedestrian Crosswalks					
As an improvement measure to facilitate pedestrian movements, SFMTA shall install pedestrian crosswalks at the unsignalized intersection of San Jose/27th Street.	Project Sponsor and SFMTA	Prior to operation	SFMTA to install pedestrian crosswalks	Project Sponsor and SFMTA	Considered complete upon installation of pedestrian crosswalks
AIR QUALITY					
I-AQ-N2 (Davies [near-term], St. Luke's): Install Accelerated Emission Control Device on Construction Equipment					
This improvement measure is identical to Mitigation Measure M-AQ-N2 for the Cathedral Hill Campus, which provides: To reduce risk associated with exhaust emissions of DPM by construction equipment during construction of the Cathedral Hill Campus and all other LRDP sites, CPMC and its construction contractor shall implement the following BAAQMD-recommended control measures during construction:	Project Sponsor/Construction Contractor(s)	During demolition, excavation, and construction	Project Sponsor/Construction Contractor(s) to implement BAAQMD-recommended control measures.	Project Sponsor/ Construction Contractor(s) and ERO	Considered complete upon receipt of final monitoring report at completion of construction.
Where sufficient electricity is available from the PG&E power grid, electric power shall be supplied by a temporary power					

	MONITORING AND REPORTING PROGRAM				
Improvement Measures	**Responsibility for Implementation**	**Implementation Schedule**	**Implementation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
connection to the grid, provided by PG&E. Where sufficient electricity to meet short-term electrical power needs for specialized equipment is not available from the PG&E power grid, non-diesel or diesel generators with Tier 4 engines (or equivalent) shall be used. During any construction phase for near-term projects, at least half of each of the following equipment types shall be equipped with Level 3-verified diesel emission controls (VDECs): backhoes, concrete boom pumps, concrete trailer pumps, concrete placing booms, dozers, excavators, shoring drill rigs, soil mix drill rigs, and soldier pile rigs. If only one unit of the above equipment types is required, that unit shall have Level 3 VDECs retrofits. For long-term projects, which are presumed to being when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.					
BIOLOGICAL RESOURCES					
I-BI-N2 (St. Luke's [with or without variants]):					
As an improvement measure, CPMC would prepare a tree protection plan to be submitted to DPW as part of the construction plans for the St. Luke's Campus. The landmark tree located directly east of the 1957 Building, fronting Valencia Street, is not proposed for removal; therefore, impacts on the landmark tree would be less than significant. However, a tree protection plan would be implemented to further protect the existing landmark tree from potential adverse construction impacts that could affect the health of the tree. Through consultation of a certified arborist, CPMC would implement a Tree Protection Zone (TPZ) around the landmark tree during demolition and construction activities. The TPZ would be determined by the certified arborist at the time the work is done. During the various construction phases, the TPZ should follow all of the measures outlined below: • Install and maintain construction fencing to prevent entry to the TPZ. • Install wood chip mulch over all exposed soil areas within the	Project Sponsor	Tree protection plan submittal during construction plan review. Implementation of tree protection plan during construction.	Project Sponsor to prepare a tree protection plan to DPW and implement plan during construction.	Project Sponsor and DPW	Considered complete upon review and approval of tree protection plan and upon receipt of final monitoring report at completion of construction.

Improvement Measures	MONITORING AND REPORTING PROGRAM Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/ Reporting Responsibility	Monitoring Schedule
TPZ. • Prohibit placement of any construction vehicle within the TPZ. • Do not store materials, excavation tailing, or debris within the TPZ, unless placed on a thick plywood root buffer. • If trenching or grading takes place within the TPZ, ensure that the project arborist will review the proposed work and retain the arborist on-site during that aspect of the work. The arborist report and tree protection plan would be reviewed by DPW's Bureau of Urban Forestry to verify that the specified protections would be adequate to protect the landmark tree. The Bureau of Urban Forestry would also monitor the project site during demolition and construction activities to ensure that the protection measures outlined in the tree protection plan are being implemented and are adequate, and that the landmark tree would not be damaged.					
GEOLOGY AND SOILS					
I-GE-N6 (Cathedral Hill):					
An excavation monitoring program shall be developed for construction of the Cathedral Hill MOB. The program shall include requirements for the installation and regular monitoring of survey points and inclinometers should dewatering be required. Excavation and dewatering activities shall be shut down should unacceptable movement of overlying soil occur.	Project Sponsor	Preparation of excavation monitoring program prior to issuance of grading or building permits.	Project Sponsor to prepare an excavation monitoring program.	Project Sponsor and ERO	Considered complete upon ERO's approval of excavation monitoring program and upon receipt of final monitoring report at completion of construction.
HAZARDS AND HAZARDOUS MATERIALS					
I-HZ-N1// I-HZ-N3(Cathedral HillDavies [near-term], St. Luke's [with or without variants]):					
CPMC shall ensure that the project contractors remove and properly dispose of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.	Project Sponsor/Construction Contractor(s)	During demolition and renovation	Project Sponsor/Construction Contractor(s) to	Project Sponsor/Construction Contractor(s) and	Considered complete upon receipt of final

	MONITORING AND REPORTING PROGRAM				
Improvement Measures	**Responsibility for Implementation**	**Implementation Schedule**	**Implementation Action**	**Monitoring/ Reporting Responsibility**	**Monitoring Schedule**
			ensure that PCB- and mercury-containing equipment are removed and property disposed	ERO	monitoring report at completion of construction.

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CPMC TDM Plan - FINAL

Prepared by: Jessica ter Schure and Francesca Napolitan

Date: March 24, 2011

Introduction

California Pacific Medical Center (CPMC) is a not-for-profit medical provider based in San Francisco. Of the nine hospitals in San Francisco, CPMC currently operates four: California Campus in Presidio Heights, Pacific Campus in Pacific Heights, Davies Campus in the Duboce Triangle, and the St. Luke's Campus in the Mission District. These are four of the oldest medical facilities in San Francisco, all established between 1854 and 1875. CPMC medical facilities play a major role in San Francisco's health care system, accounting for roughly one-third of all hospitalizations, over half of annual San Francisco births, and receiving over 74,000 patients annually at four citywide emergency departments.[1]

In response to Senate Bill 1953, which requires all California hospitals to evaluate and rate their existing buildings for seismic performance and upgrade their facilities to meet certain seismic standards by specified deadlines and Section 304.5 of the San Francisco Planning Code, which requires CPMC to prepare an Institutional Master Plan (IMP) every 10 years, CPMC released its latest revision to its IMP in 2008, which was accepted by the Planning Commission in November of 2009. The 2008 IMP informed CPMC's Long Range Development Plan (LRDP), which is the document that will ultimately guide the implementation of the projects and development proposals detailed in the 2008 IMP. In brief, the CPMC IMP and LRDP include the following major development proposals:

- **Cathedral Hill:** Construction of a new campus at Van Ness Avenue and Geary Boulevard, including a 15-story, 555-bed hospital, a new medical office building (MOB), and a renovated MOB on Sutter Street.
- **Pacific Campus:** Interior renovation and conversion of an existing hospital into a new ambulatory care center (ACC), a new ACC building addition, additional underground parking, renovation of other existing buildings, and demolition of four existing buildings.
- **Davies Campus:** Construction of a new Neuroscience Institute building, a new MOB, and related parking improvements.
- **St. Luke's Campus:** Demolition of the existing St. Luke's Hospital tower, Redwood Administration Building, and MRI Trailer. Construction of a new 80-bed, acute-care St. Luke's Replacement Hospital. Construction of the proposed MOB/Expansion Building and associated underground parking.
- **California Campus:** Unchanged until 2015 and then all operations relocated to Pacific and Cathedral Hill campuses by 2020.

[1] CPMC 2009 Annual Report

CPMC's LRDP is subject to the requirements of California Environmental Quality Act (CEQA). It was determined that the CPMC LRDP would have potential significant effects and a full environmental impact report (EIR) was required. The Draft EIR (DEIR) was released to the public on July 21, 2010.

An enhanced Transportation Demand Management (TDM) Plan is part of the proposed LRDP. In addition, the Draft EIR for this project anticipates that a City of San Francisco condition of approval would require an enhanced TDM Plan. Nelson\Nygaard Consulting Associates has been retained by CPMC to update and improve its TDM Plan to reduce projected parking shortfalls and reduce identified environmental impacts related to traffic, air quality, and greenhouse gas emissions resulting from the proposed construction of a new Cathedral Hill facility as well as expansion and renovation of the Pacific, Davies, and St. Luke's campuses. The recommendations contained in this TDM Plan are based on interviews and correspondence with CPMC staff and AECOM as well as a review of CPMC Draft Transportation Impact Studies (TISs) by campus, CPMC Long Range Development Plan DEIR, CPMC LRDP Travel Demand Estimates for each of the San Francisco Campuses, and CPMC 2008 Institutional Master Plan.

Goals

The TDM Plan sets the following goals:

- Reduce Single Occupancy Vehicle (SOV) trips by 15% from the current baseline mode split by 2020
- Reduce construction-period vehicle trips and parking impacts
- Reduce the parking demand generated by the construction of the Cathedral Hill campus and redevelopment at the St. Luke's, Davies, and Pacific Campuses

The proposed TDM Plan is designed to reduce to extent feasible, single occupant vehicle/drive alone trip generation, and related parking demand, and associated air quality and greenhouse gas emissions, as well as promote the City of San Francisco's Transit First policies.

Existing Conditions

Baseline Mode Split

Mode of travel is an important metric because it establishes how individuals are accessing a certain destination, whether by car, transit, bicycle, walking, or other mode. Mode of travel is also a critical factor in estimating existing and future travel demand, and how a project will ultimately impact the transportation network. Finally, mode of travel is an essential component in any evaluation of a TDM program, as it enables an objective analysis of how TDM programs are helping an institution meet its goals for vehicle trip reductions and mode shifts.

For the CPMC campuses, two basic representations of mode of travel by campus are available. One is a breakdown of travel mode by population group (physician, staff, patient, and visitor) by campus. The second measure of mode of travel is an overall breakdown by campus facility (i.e. hospital, MOB, research facility, etc.). In each case, the mode splits are based on travel surveys conducted in 2001 and 2003 at the Pacific, California, and Davies campuses and a travel survey conducted in 2009 at the St. Luke's Campus.[2] Figure 1 presents a summary of the mode splits by campus and population group.

[2] According to historic data of participation rates in CPMC's transit subsidy programs as well as other commuter programs, there are no signs of an increase in drive-alone rate between 2001 and 2010. It was therefore determined as part of the EIR process that the surveys from 2001 and 2003 are still valid.

Figure 1 Existing Travel Mode by Campus, Population Group, and Facility[3]

	Drive Alone	Carpool	Transit	Walk	Other
California					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	68%	7%	19%	1%	5%
Patients	44%	28%	17%	4%	7%
Visitors	29%	56%	11%	0%	3%
From 2008 IMP					
Overall	68%	6%	19%	3%	4%
Davies					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	44%	6%	40%	1%	9%
Patients	44%	19%	18%	9%	9%
Visitors	28%	36%	25%	4%	8%
From Campus-specific TIS					
Hospital	40%	18%	31%	3%	9%
MOB	43%	14%	31%	4%	9%
St. Luke's					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	59%	15%	17%	7%	2%
Patients	49%	11%	30%	7%	3%
Visitors	57%	2%	26%	9%	6%
From Campus-specific TIS					
Hospital	54%	10%	25%	6%	3%
MOB	62%	17%	14%	5%	2%
Pacific					
From LRDP Travel Demand Estimates					
Physicians*	100%	0%	0%	0%	0%
Staff	45%	12%	29%	6%	8%
Patients	41%	23%	19%	9%	9%
Visitors	25%	39%	20%	12%	4%
From Campus-specific TIS					
Hospital	n/a	n/a	n/a	n/a	n/a
MOB	40%	25%	19%	9%	7%
Research/Office	47%	12%	18%	5%	7%
ACC	42%	18%	25%	7%	8%
Cathedral Hill (existing uses)					
From LRDP Travel Demand Estimates					
Work trips	19%	18%	50%	9%	4%
Visitor trips	44%	15%	29%	10%	2%

* An assumption was made that all physicians at all campuses drive alone to work.

[3] Data for Figure 1 is from Table 23, CPMC LRDP EIR, Travel Demand Estimation for the SF Campuses. Adavant Consulting. January 29, 2010.

Existing CPMC TDM Program

CPMC currently offers the following TDM program at all of its four campuses, unless otherwise noted:

- Employee Parking Pricing – employees may request to purchase monthly parking passes for CPMC garages and lots for $110. CPMC also subsidizes a number of off-site parking lots at 50% of the cost up to $100 per month.
- Visitor/Patient Parking Pricing – the hourly rate is $4 for the first hour and $2 every half-hour thereafter. There is a daily maximum of $30 per day. However, patients and family members of patients are eligible to a voucher that limits the daily maximum to $10.
- Commuter Checks – Employees may elect to participate in the Commuter Checks program, which enables employees to purchase up $230 worth of transit fares pre-tax per month.
- Carpool Program – CPMC offers free parking for registered carpools and vanpools (3 or more participants). St. Luke's is the only campus which has reserved parking spaces for carpools. Currently there are five reserved parking spaces for carpools, but only two are assigned.
- Bicycle Parking – CPMC provides bicycle racks at each of the campuses that can accommodate between 7 and 18 bicycles depending on the campus. Bicycle parking is typically located near the entrances to the public parking facilities.
- Emergency Ride Home Program – CPMC participates in the City of San Francisco's Emergency Ride Home program which provides a free or low cost ride home in cases of emergency for San Francisco employees who use alternative transportation, such as carpooling, vanpooling, public transit, bicycling, and walking.
- Courtesy Ride Home – CPMC security staff provides CPMC employees with a ride home or to transit or parking during the evening/night-time hours within a four block radius of each campus.
- Carsharing – Carshare vehicles are located at or near all four campuses.
- Transit Subsidy - The Davies campus provides a $20 per month transit subsidy to participating employees. The subsidy is added to each employee's Clipper Card.
- Onsite Transit Sales - The Davies campus provides onsite transit sales.

Shuttle Service

CPMC's primary TDM program is its free shuttle service, which typically operates from 5 am to 9 pm, depending on the route. Shuttle services are available to physicians and staff, and are occasionally used by patients, and visitors as well. There are currently six "all day" shuttle routes and four peak-hour shuttle services that provide additional service to either a remote parking lot or a BART station. All campuses are served by at least one of the routes. Figure 2 provides a brief summary of each shuttle route in the CPMC system.

Figure 2 Existing CPMC Shuttle Services[4]

Route	Description	Hours of Operation	Frequency	Daily Ridership	Daily Capacity Utilization
C	California/Pacific	6.30 am - 6.15 pm	30	414	62%
D	Pacific/Davies	6.15 am - 6.15 pm	30	423	63%
CH	Cathedral Hill/Pacific	6.30 am - 6.20 pm	20	172	17%
JC Express	Pacific/Japantown Center Lot	5.05 am - 10.55 am 2.40 pm - 8.50 pm	10	381	38%
BV	Pacific/Cathedral Hill/Civic Center BART/Van Ness Muni Metro	5.45 am - 6.15 pm	15	503	56%
SL	St. Luke's/Davies	6.15 am - 6.15 pm	30	30	17%
F	Pacific/633 Folsom	7.15 am - 5.30 pm	30	n/a	n/a
D/JC	D line to Japantown Center Lot	6.25 am - 8.55 am	30	n/a	n/a
GMG	California/Geary Mall Garage	6.15 am - 9.30 am 3.15 pm - 6.15 pm	15	82	24%
St. Luke's	St. Luke's to 24th Street BART	6.25 am - 8.55 am 3.05 pm - 6.05 pm	30	n/a	n/a

Existing and Planned Parking Facilities

Figure 3 provides a summary of the existing parking conditions for each campus and its corresponding study area.[5] Information for both on- and off-street parking is provided. Off-street spaces may include both garages/lots owned by CPMC as well as other private parking operators. On-street spaces include all available parking spaces on the streets within the campus study area. Occupancy counts were taken at different times for each campus from 2006 to 2009.

The Pacific Campus has the most off-street spaces of all the campuses at 1,505, which includes the lease of 400-space remote lot at the Japantown Center. In addition, the Pacific Campus has the highest peak occupancy in its off-street lots at 94%. By contrast, St. Luke's has the fewest off-street spaces of all the campuses at 329, as well as the lowest peak occupancy at 73%. Aside from St. Luke's, the off-street peak occupancies give an initial indication that there is limited off-street capacity to meet any additional or future peak demand at these campuses.

The Davies Campus has the most on-street spaces within its study area at 2,297 while the California campus has the fewest on-street spaces at 1,907. All four existing campuses experience on-street peak occupancies of more than 86% for the overall study area. In the streets immediately adjacent to each campus, however, peak occupancies are even higher and often reach full capacity. This is an indication that during peak periods there is likely some illegal parking and loading behavior occurring on streets directly adjacent to the hospital. Finally, all campuses are located within parts of the city that has at least one residential parking permit (RPP) area, thereby restricting the amount of time (usually limited to 2-3 hours at a time) that non-residents can park in on-street spaces.

[4] Source: Table 4.5-8 of DEIR and CPMC website.

[5] Generally a 15- to 20-square block area around each campus

Figure 3 Existing Parking Conditions by Campus[6]

	California	Davies	St. Luke's	Pacific	Cathedral Hill
Off-street					
Spaces	698 (includes Geary St. Mall)	496	329	1,505 (includes Japantown)	1,800
Peak occupancy	90%	87%	73%	94%	85%
Additional remote spaces	70 (Geary St. Mall)	50 (55 Laguna St., temporary)	None	400 (includes Japantown)	None
Employees per off-street space	2.35	1.86	1.81	1.75	n/a
On-street					
Spaces	1,907	2,297	1,825	2,016	2,519
Peak Occupancy (Area)	86%	88%	89%	93%	77%
Peak Occupancy (Immediately Adjacent)	88%	99+%	100%	100%	n/a
RPP Areas	F	S	I & Z	G	C, G, & R

Future TDM Plan Components

The following section describes the components of CPMC's TDM Plan in the near, mid, and long term for all five campuses.

TDM Components in the Near Term (0 to 2 years)

- *TDM Outreach, Marketing, and Information*
  - **Reinstate Transportation Services Newsletter** - Reintroduce the Parking Services Newsletter and rebrand it as a transportation newsletter that markets the various TDM programs available.
  - **Provide TDM communication boards in each campus cafeteria** – Information on TDM programs, transit schedules and maps, bicycle routes, as well as upcoming events shall be posted on boards and periodically updated in each cafeteria.
  - **Enhance the TDM site on intranet** – CPMC shall update its employee intranet to emphasize TDM programs as well as provide enrollment forms for commuter checks, shuttle schedules and maps, links to BART, MUNI, and 511.org, and parking and carsharing information.
  - **Enhance the TDM information on public website** - CPMC shall review its existing public website and modify it to better publicize alternative transportation options to visitors and patients. The visitor and patient portion of the website shall be updated to provide information on biking to the campus as well as taking BART and MUNI.
  - **Reinstate and expand the annual Transportation Fair** - The Fair shall include representatives from local and regional transportation agencies, the Bicycle Coalition, 511.org, and carshare companies, and provide information about transit, ridesharing and bicycling.

[6] Data obtained from DEIR and TISs.

- **Promote the existing Courtesy Ride Home program.**
- **Increase marketing of the City of San Francisco's Emergency Ride Home program.**
- **Design an outreach program** – An outreach program shall be designed emphasizing the time savings, reduction in greenhouse gas emissions, health benefits, and other positive outcomes of adopting alternative transportation modes.
- **Develop a TDM operations and maintenance budget** – CPMC shall establish a fully funded budget for the TDM program and report the results on an annual basis.

- *Parking Pricing* - CPMC shall evaluate and then increase employee parking prices as needed to achieve the trip and parking reduction goals..
- *TDM Coordinator* – CPMC shall retain a full-time experienced TDM coordinator to coordinate, monitor and publicize TDM activities for the campus including the following:
  - Develop an information package of transportation services and benefits offered by CPMC, and participate in employee orientation training.
  - Promote attendance at the Transportation Fair by providing incentives for employees to attend the Fair, such as free transit fast passes.
  - Maintain and update the TDM communication boards.
  - Monitor and update, as appropriate, the TDM Plan.
  - Track participation rates in TDM programs (monthly & annually).
  - Conduct employee travel surveys on an annual basis.
  - Coordinate parking management and the shuttle program.
  - Create a central database of shuttle utilization data.
  - Oversee the rebranded transportation newsletter.
- *Carpool and Vanpool Parking* - The number and location of reserved carpool and vanpool parking shall be monitored annually and increased as necessary to ensure there are a sufficient number of parking spaces for carpools and vanpools.
- *Bicycle Parking* – The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. Both secure long-term parking as well as short-term parking shall be provided.
- *Onsite Transit Pass Sales* – CPMC shall provide onsite transit pass sales at all campuses.
- *Vanpool Program* – CPMC shall reinstate their vanpool program which included a $2,500 subsidy per year. CPMC shall aggressively market the vanpool program to employees via the monthly newsletter, website, and other appropriate channels.
- *Rideshare Program* – CPMC will encourage employees to rideshare by promoting the 511.org rideshare service.
- *Courtesy Ride Home Program* – CPMC shall increase the boundaries of the program to cover major transit stops within a reasonable distance of each campus and also promote and market the Courtesy Ride Home program.

- *Transportation Surveys* – CPMC shall conduct an employee transportation survey at all campuses, which will be used to establish a more current baseline commute mode split. CPMC shall achieve a minimum of 30% response rate at each campus. Furthermore, a patient/visitor transportation survey shall be collected from at least 200 patients and visitors at each campus to establish a baseline visitor mode split. The commuter survey shall be conducted annually, and the visitor survey shall be conducted every three years.
- *Wayfinding and Signage* – CPMC shall provide on-site signage for patients and visitors identifying the locations of bicycle parking, vehicular parking, and shuttle stops as well as full shuttle schedules with maps in the lobby of each hospital.

TDM Components in the Mid Term (2 to 5 years)

- *Shower Facilities* – Showers and changing facilities shall be included in all new buildings and facilities for employees who bike or walk to work.
- *Marketing and Outreach* – CPMC shall continue the TDM and Outreach program detailed above and shall investigate and implement methods for improving marketing materials and outreach methods.
- *Real Time Transit Information* – CPMC shall install real-time transit information signs in the lobbies of its existing facilities and shall provide links to real time transit information on the intranet as well as the public website.
- *Bicycle Parking* – The number and location of bicycle racks shall be monitored annually and increased as necessary to provide a sufficient number of parking spaces for cyclists. CPMC shall install bicycle lockers in both new and existing parking garages.
- *Carsharing* – CPMC shall allot additional parking spaces to carsharing services in both new and existing buildings based on demand.
- *Rideshare Program* – CPMC shall create an internal rideshare program (e.g. RideSpring or a 511.org interface). CPMC shall also explore the feasibility of coordinating a rideshare program with other large institutions in order to increase the pool of carpoolers and vanpoolers.
- *Carpool and Vanpool Parking* – CPMC shall continue to provide reserved carpool and vanpool parking at all new parking facilities based on demand.
- *Transit Subsidy* – CPMC shall expand the transit subsidy program to include all campuses and increase the value of the monthly subsidy to be equivalent to the cost of a MUNI Fast Pass.
- *Transportation Surveys* - CPMC shall continue to conduct an annual employee transportation survey which will be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC shall achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey shall also be conducted to track visitor mode split.

Shuttle Restructuring

With the construction of the Cathedral Hill Campus, the relocation of existing services from several campuses to Cathedral Hill, and the eventual closure of the California Campus, CPMC has proposed significant restructuring of its shuttle service. First, the Civic Center BART station will be served by two routes instead of one. These two lines will have frequencies at six and three minutes, respectively. The other routes will all have 30 minutes frequencies. Second, the 24th Street BART station will have all-day service as opposed to its current peak-hour service in the

morning and afternoon. Third, the new line to the Folsom Street offices will also provide service south to the 4th and King Caltrain station. Fourth, the Van Ness Muni Metro will no longer be served as is currently done by the BV Line.

Figure 4 provides a summary of the proposed shuttle system, as well as projected demand for each route. It is estimated that the proposed shuttle system will quadruple the daily shuttle ridership compared to current service.

Figure 4 Proposed Shuttle System and Project Demand[7]

Line	Description	Hours of Operation	Frequency (Minutes)	Existing Daily Demand	Projected Daily Demand
Pacific – BART	Serve the Pacific Campus, the Japantown Center Garage, the proposed Cathedral Hill Campus, and the Civic Center BART Station.	5.30 am - 7.00 pm	6	172	1,756-2,004
CH – BART	Serve the Cathedral Hill Campus and the Civic Center BART Station.	5.00 am - 11.00 am 2.30 pm - 9.00 pm	3	n/a	4,028
Folsom – Caltrain	Serve the Cathedral Hill Campus, the 4th Street Caltrain Station, and CPMC offices located at 633 Folsom Street.	6.00 am - 9.00 am 3.00 pm - 6.00 pm	30	n/a	150
CH – Davies	Serve the Cathedral Hill Campus and the Davies Campus.	6.00 am - 6.00 pm	30	n/a	212-317
CH - St. Luke's	Serve the Cathedral Hill Campus and the St. Luke's Campus.	6.00 am - 6.00 pm	30	n/a	270
Pacific – Davies	Serve the Pacific Campus and the Davies Campus.	6.00 am - 6.00 pm	30	423	106-212
St. Luke's - Davies - 24th St. BART	Serve the Davies and St. Luke's Campuses and the 24th Street BART station.	6.00 am - 6.00 pm	30	30	270
Non-CPMC Private Shuttles	Provided by a private garage operator as demand for off-campus parking increases. Operating details of this shuttle service, including service hours and vehicle capacities, would be based on observed demand.	n/a	n/a	n/a	750
Total				2,005	7,542-8,001

In addition to these service changes, CPMC shall also:

- Post shuttle information at shuttle stops.
- Develop a 10-year fleet replacement plan with ADA/Green Vehicles.

TDM Components in the Long-Term (5+ years)

- *Real Time Transit Information* – CPMC shall continue to install real-time transit information signs in the lobbies of all new facilities and shall provide links to real time transit information on the intranet as well as the public website.

[7] The proposed shuttle system is described on in DEIR, pg. 4.5-84-86

- *Carsharing* – CPMC shall create a corporate carshare account that will enable employees to use carsharing services at reduced rates.
- *Parking Pricing* – CPMC shall continue to monitor parking demand and adjust the monthly employee permit fee and patient/visitor hourly parking fees to balance supply and demand.
- *Marketing and Outreach* – CPMC shall continue the TDM and Outreach program detailed above and shall investigate and implement methods for improving marketing materials and outreach methods.
- *Transportation Surveys* - CPMC shall continue to conduct an annual employee transportation survey which will be used to track mode split as compared to the baseline mode split and to receive feedback on TDM programs. CPMC shall achieve at a minimum a thirty percent response rate. Each three years, a patient/visitor survey shall also be conducted to track visitor mode split.

TDM Implementation Timeline

The following table lists all the TDM measures described above and locates them on a timeline. The symbol "→" represents that the specific TDM measure shall be maintained into the future.

Program Components	In Existing Program	Near-Term (0-2 years)	Mid-Term (2-5 years)	Long-Term (5+ years)
Shuttles	Yes		Expand with completion of Cathedral Hill	→
Parking Pricing	Yes	Increase as needed	→	→
Commuter Checks	Yes	→	→	→
Carpool Program	Yes	→	→	→
Carsharing	Yes		Increase spaces as needed	→
Transit Subsidy (currently only for Davies Campus)	Yes	→	Increase monthly amount, expand to all campuses	→
Bicycle Parking (Racks)	Yes	Increase as needed	→	→
Emergency Ride Home Program	Yes	Increase coverage area	→	→
Courtesy Ride Home Program	Yes	Increase marketing	→	→
Expanded TDM Outreach & Marketing Program:		Yes	→	→
Transportation Newsletter		Yes	→	→
TDM Communication Boards		Yes	→	→
Improved Employee Intranet		Yes	→	→
Improved Public Transportation Website		Yes	→	→
Marketing Campaign		Yes	→	→
Expanded Transportation Fair		Yes	→	→
TDM Coordinator		Yes	→	→
Vanpool Program		Yes	→	→
Bicycle Parking (Lockers)			Yes	→
Shower Facilities in New Buildings			Yes	→
Corporate Carshare Account				Yes
Shuttle				
Post Shuttle Information in Hospital Lobbies		Yes	→	→
Post Shuttle Information at Shuttle Stops			Yes	→
Fleet Replacement Plan			Yes	→
Real Time Transit Information (Existing & New Buildings)			Yes	→

Program Components	In Existing Program	Near-Term (0-2 years)	Mid-Term (2-5 years)	Long-Term (5+ years)
Promote 511.org Rideshare Program		Yes	→	→
Create Internal Rideshare Program			Yes	→
Create a central database of shuttle utilization data		Yes	→	→
Monitor participation rates in TDM programs (monthly & annually)		Yes	→	→
Employee and Visitors Baseline Survey		Yes	→	→
Annual Employee and Visitor Travel Survey			Yes	→

Trip Reduction and Parking Demand Impacts

Trip Reduction & Parking Demand Analysis

The proposed additions to the CPMC TDM Plan are expected to result in both reduced vehicle trips and parking demand as compared to the projected trip and parking generation as stated in the LRDP Draft EIR, which served as the baseline. Given that vehicle trip and parking generation are so closely linked, it has been assumed in this analysis that the reduction impacts of both are equivalent. Figure 5 shows the estimated percentage reduction in peak hour vehicle trips and parking demand that are expected to be achieved in the long-term as a result of the proposed TDM Plan as compared to the baseline. As shown in Figure 5 the greatest percentage trip reductions are expected to be seen at the Davies and Cathedral Hill campuses. It should be noted, however, that in absolute terms the campus with the greatest reduction in the number of peak hour vehicle trips is expected to the Pacific campus.

Figure 5 Reduction in Peak Hour Vehicle Trips & Parking Demand

Trip Type	Campus				
	California	Pacific	Davies	St. Luke's	Cathedral Hill
Employee Trips	16% - 18%	16% - 18%	21% - 23%	16% - 18%	21% - 23%
Visitor Trips	14% -15%	14% -15%	20% -21%	14% - 15%	20% - 21%

Analytical Methodology Employed

Evaluative research of vehicle trip and parking reduction strategies often attempts to isolate the stand-alone effects of implementing TDM policies and programs in order to understand the actual relationship of the independent and dependent variables. However, it is difficult to isolate the individual effects because in reality, the implementation of TDM programs often occur concurrently and are supportive of one another. For example, CPMC may implement a subsidized transit pass at the same time that it implements priced parking, and it is difficult to say with absolute certainty to which degree each of these measures resulted in decreased vehicle trips and parking demand. Because trip and parking reduction strategies often support one another in creating high-quality alternatives to auto commuting, multiple strategies implemented jointly can leverage greater impacts when compared to stand-alone implementation.

Even so, TDM strategies realistically have a maximum limit on total vehicular trip reduction that can be achieved. For these reasons, it is not reasonable to expect that the stand-alone impacts of reduction strategies observed in the literature and case studies can simply be “added up” to estimate the total impacts of various strategies together. Because the transportation policies and programs under consideration would be implemented concurrently as a package, we have estimated the total impact using a non-additive methodology. For example, as it is likely that many of those motorists who stop driving due to parking pricing may be the same persons who would stop driving due to transit pass subsidies, this analysis assumes that the transit pass subsidy program has no net additional effect.

The most influential TDM measures in reducing trip and parking generation by campus are expected to be increased parking pricing and transit pass subsidies. That is not to say that the other strategies listed in the TDM Plan are not effective or useful; they should be viewed as key complementary strategies to ensure success of the full TDM Plan. As such, each individual strategy’s impact on vehicle trips and parking demand are significantly lower than those of parking pricing and transit subsidies. In order to determine the effects of parking pricing on trip

generation, data from the Victoria Transport Policy Institute was utilized.[8] This resource allows the user to gauge parking price impacts based on the type of location ranging from a suburban area to a central business district, thereby allowing this analysis to account for each campus' unique location characteristics. Those campuses located in more dense and transit-rich areas achieve greater trip and parking reduction impacts from parking pricing.[9] Thus, Davies and Cathedral Hill campuses see greater reductions from pricing compared to those at California, Pacific, and St. Luke's.

All campuses currently charge a $110 monthly parking fee (roughly $5.24 daily rate based on a 21-day work month). For illustrative purposes, this analysis assumes a future daily price increase of $1.51 per day ($31.71 per month). This is likely a conservative estimate given that fair-market prices of parking spaces typically range from $200 to $250 per month. If price increases are greater than $1.51 per day, the subsequent trip and parking demand reductions will be larger. For example, an additional $1.51 daily price (above the already anticipated $1.51 increase) would yield an additional potential 14% decrease in vehicle trips and parking demand. See Figure 6 for details.[10]

Figure 6 Vehicle Trips and Parking Demand Reduced by Daily Parking Fees

Worksite Setting	$1.51	$3.02	$4.53	$6.04
Low Density Suburb	6.5%	15.1%	25.3%	36.1%
Activity Center	12.3%	25.1%	37.0%	46.8%
Regional CBD/Corridor	17.5%	31.8%	42.6%	50.0%

For transit pass subsidies, data from the Victoria Transport Policy Institute was also used.[11] However, since the EIR demand analysis serves as the basis for these new calculations, and that same EIR analysis assumed that a certain level of transit mode share was already being achieved, this analysis assumes the lowest possible impact from increased transit pass subsidies. In addition, as noted above, this analysis assumes that motorists who stop driving due to parking pricing are the same persons who would stop driving due to transit pass subsidies, and therefore this analysis assumes that the transit pass subsidy program has no net additional effect. Again, this is a very conservative approach, particularly given the anticipated Bus Rapid Transit (BRT) lines that are expected to operate in the Geary and Van Ness corridors. See Figure 7 for the impacts of transit pass subsidies as a stand-alone measure.

[8] Land Use Impacts on Transport, http://www.vtpi.org/landtravel.pdf. 2008

[9] The availability of both existing and future transit service for each campus was examined. Future transit service at Cathedral Hill assumes the implementation of the 38 Geary BRT route.

[10] Due to the particular characteristics of the different campuses, this analysis assumes that the Cathedral Hill and Davies campuses are "Regional CBD/Corridor" worksites while the California, Pacific, and St. Luke's campuses are "Activity Center" worksites.

[11] Transportation Elasticities, http://www.vtpi.org/elasticities.pdf. 2008

Figure 7 Vehicle Trip and Parking Demand Reduction by Workplace Setting and Daily Transit Subsidy

	Daily Transit Subsidy			
Worksite Setting	**$0.75**	**$1.51**	**$3.02**	**$6.04**
Low density suburb, rideshare oriented	0.1%	0.2%	0.6%	1.9%
Low density suburb, mode neutral	1.5%	3.3%	7.9%	21.7%
Low density suburb, transit oriented	2.0%	4.2%	9.9%	23.2%
Activity center, rideshare oriented	1.1%	2.4%	5.8%	16.5%
Activity center, mode neutral	3.4%	7.3%	16.4%	38.7%
Activity center, transit oriented	5.2%	10.9%	23.5%	49.7%
Regional CBD/Corridor, rideshare oriented	2.2%	4.7%	10.9%	28.3%
Regional CBD/Corridor, mode neutral	6.2%	12.9%	26.9%	54.3%
Regional CBD/Corridor, transit oriented	9.1%	18.1%	35.5%	64.0%

This analysis has also taken into account all the other TDM measures that will be implemented or expanded from their current state, such as marketing and ridesharing. However, research shows that the effects of these measures on trip reduction are much smaller, with their likely impacts ranging from 0.5% to 1.0% and vary much less by campus, thus they are not discussed in detail in this plan.

Parking Supply Analysis

In addition to the demand reduction calculations presented above, this analysis also examines how that demand interacts with the proposed parking supply. Although the EIR offers a parking supply figure to compare to parking demand estimates, it is recommended that parking demand be evaluated against an “effective parking supply”. Effective supply is defined as the total number of parking spaces, less the percentage of spaces that the parking operator wishes to have vacant even at the typical peak hour. For example, choosing an effective parking supply factor of 95% means that the operator wishes to have 5% of the parking supply vacant at the peak hour. This provides a cushion of spaces that has the following benefits:

- Reduces the search time for the last few available parking stalls and allows for the dynamics of vehicles moving in and out of parking stalls during peak periods
- Allows for unanticipated variations in parking activity as well as the temporary loss of spaces due to improperly parked vehicles, construction, and other factors
- Compensates for the loss of utilization and efficiency due to the segregation of spaces for various user groups (e.g. special events).

An “effective parking supply factor” of 90% and 95% for different user groups was used for this analysis. Typically, groups such as visitors and patients who experience higher rates of parking turnover require more empty spaces to accommodate cars frequently entering and leaving spaces. Our analysis gives this group an effective parking supply of 90%. Conversely, employees such as physicians and staff tend to park once and leave their vehicles for several hours at a time, leading to lower rates of turnover and less need to maintain empty spaces. Thus, our analysis gives this group an effective parking supply of 95%.

Summary

Once the EIR parking supply was recalculated to account for its “effective supply”, it was compared to the parking demand estimates that were adjusted for the proposed TDM measures to determine if there will be a surplus or deficit of parking spaces at each campus at full buildout. Figure 8 illustrates the results. For example, although the Pacific and Cathedral Hill campuses

are expected to have sufficient parking, the Davies and St. Luke's campuses are anticipated to experience parking shortages.

One measure that CPMC has utilized in the past to address excess parking demand is through the use of off-site satellite parking lots, with lower parking fees than parking on-site. In order to address where on-site parking shortfalls exist, CPMC will offer lower-cost parking in satellite lots (Kisling, Japantown, or others if necessary) such as is currently in place for the Pacific Campus. By creating a financial incentive for employees and other staff to park farther from campus, CPMC has been able to shift some demand away from on-site parking lots to remote lots. The use and provision of incentives for use of satellite parking should be tracked along with overall TDM performance to ensure that overall SOV reduction goals are being met while still minimizing spillover parking in neighborhoods adjacent to CPMC.

It is important to reiterate, that the results of this analysis can change significantly if new assumptions are used as part of the TDM analysis, particularly in terms of future parking pricing levels. If CPMC sets parking prices to achieve target occupancies of 90% and 95%, the resulting effect on parking demand may increase so that all campuses achieve parking surpluses. In addition, the parking supply at each campus does not include spaces which are located in satellite parking lots that are accessed by shuttle. Therefore, increasing the number of off-site parking spaces made available to CPMC affiliates is an additional strategy that could be employed to address the projected parking shortages at Davies and St. Luke's.

Figure 8 Future Parking Surplus & Deficit by Campus[12]

Campus	Future Parking Demand w/TDM				Effective Off Street-Inventory				Surplus/Deficit			
	Physicians	Staff	Visitors/ Patients	Total	Physicians	Staff	Visitors/ Patients	Total	Physicians	Staff	Visitors/ Patients	Total
California					Campus Phased Out							
Davies												
Existing	82	308	179	569	100	292	196	588	19	-76	-3	-60
Buildout	81	368	199	648								
Net-New	-1	60	20	79								
St. Luke's												
Existing	70	225	224	519	93	157	168	418	13	-120	-106	-214
Buildout	81	277	274	632								
Net-New	11	52	50	113								
Pacific												
Existing	366	851	589	1806	247	685	545	1477	33	103	30	166
Buildout	214	582	516	1312								
Net-New	-152	-269	-73	-494								
Cathedral Hill												
CH Hospital	82	320	192	594	247	330	558	1135	47	-101	105	51
CH MOB	88	82	194	364								
1375 Sutter	30	28	67	125								
Total	200	430	453	1084								

[12] Future parking demand was calculated in the analysis done by Fehr and Peers for the Draft Transportation Impact Studies for each of the campuses. The projected future parking demand was then adjusted based on the percentage trip reduction calculated for each of the campuses.

Summary

Combined, the existing and expanded transportation demand management measures that will be implemented with the CPMC LRDP have been shown to be highly effective in the past at CPMC and at similar institutions in reducing drive alone trips and increasing the use of alternative modes of transportation. By 2020 the TDM Plan as described is estimated to enable CPMC to achieve an SOV trip reduction in the aggregate of 15% system-wide from the baseline mode split presented in the DEIR. In addition, the implementation of this TDM Plan will reduce congestion, air quality and greenhouse gas emissions, promote the City of San Francisco's Transit First policies, and will reduce parking demand at and around all CPMC campuses.

CPMC's future TDM Plan will be comprised of measures selected to address the unique needs and characteristics of this institution, as well as to be cost-effective in relation to success of the program. There are a wide number of potential TDM measures from which to select; however, the specific package of measures provided in this plan is designed to enable CPMC to reduce SOV trips by 15% in the aggregate system-wide from the baseline mode split while also ensuring flexibility into the future. Once implemented, CPMC will have one of the most robust health care institution TDM plans in the Bay Area. At a minimum, the proposed CPMC TDM Plan will be equal to or above par with what other Bay Area health care institutions offer (refer to Appendix A). As such, this robust, yet flexible living document is an example of best practices for other large health care institutions. At this time, implementation of additional or more costly TDM measures, such as additional shuttle routes or an increased transit subsidy amount, would result in substantially diminishing marginal returns and, thus, are not currently considered cost-effective.

EXHIBIT D

APPENDIX A

PEER REVIEW CASE STUDIES

Introduction

Nelson\Nygaard interviewed staff at three Bay Area hospitals—Kaiser Permanente Oakland Medical Center, Alta Bates Summit Medical Center (ABSMC) in Oakland, and San Francisco General Hospital/UCSF—to gather information on the shuttle services that are provided by these institutions and to understand whom within the organizational structure is responsible for overseeing transportation demand management programs (TDM).

More specifically we were looking to answer the following questions:

Organization and coordination of TDM Programs:

- Does the hospital have a TDM coordinator?
- Where in the organization is this person? Who does he/she report to? Is there more than one person responsible for overseeing the TDM programs? What programs are they responsible for?
- Is the TDM coordinator position located within the correct department in the organization or are there suggestions on what would be a better location in the organization? E.g. if the TDM coordinator is in the parking and transportation department, would it make more sense to be in the planning department?
- How many FTEs does the hospital have assigned to TDM, parking and shuttles? In what departments? Who do they report to?

Shuttle program:

- Number of routes, frequency, and ridership (by type of rider if possible)?
- Types and number of vehicles?
- Are the shuttle vehicles ADA accessible?
- Is the shuttle program operated by an outside vendor or does the hospital own and operate the system?
- How is the shuttle program marketed to patients and visitors (On the external or internal website, posters, etc.)?

This memo provides a summary of the information that was given by staff at these three hospital facilities regarding the questions stated above in order to provide CPMC with some ideas of how their shuttle system could potentially be restructured and where the future TDM Coordinator position could be located within CPMC's organizational structure.

Shuttle Systems

Kaiser Permanente Oakland Medical Center

The Kaiser Permanente Oakland Medical Center shuttle program is currently being revamped with plans to reduce the number of shuttle routes from six to four while improving service by reassigning vehicles to different routes and increasing the off-peak, on-demand service. The most highly utilized route, which connects the medical center to the MacArthur BART Station, will be restructured to reduce the length of the route. This route provides 37,200 trips per month while the other five routes carry a combined total of almost 5,000 trips per month. For the 37,200 monthly trips on the route connecting the medical center to the MacArthur BART Station, 26,500 are trips made by employees while 10,700 are trips made by the general public, including patients and visitors.

The shuttle program utilizes 16 ADA-accessible passenger vehicles during the peak hours of service, each of which can seat between 25 and 33 passengers. Several additional vans are used intermittently. The on-demand service utilizes full-size vehicles and minivans. Shuttle operations and program management are contracted out to Parking Company of America.

Information regarding shuttle routes and schedules is made available to the general public via Kaiser's website as well as a transportation information kiosk which is located in the outpatient building and posters in the parking garage that advertise alternative transit mode options and lists transit schedules. Kaiser members also receive a quarterly member newsletter that provides transportation information. The internal website www.eco-thrive.com is accessible to employees and provides shuttle information as well as all the other alternative transportation programs provided by Kaiser.

San Francisco General

UCSF's shuttle program consists of 14 different routes of which three serve San Francisco General. Shuttle routes operate with headways of 15 to 20 minutes. The shuttle service carries more than 183,000 passengers per month, all of whom are associated with UCSF, as the shuttle service is not open to the general public. The majority of riders are staff who depend on the shuttle system for internal transportation between the 15 properties of the decentralized campus for meetings etc. throughout the day. This is imperative because of the difficulty associated with parking.

The shuttle fleet is comprised primarily of 22-passenger cut-aways, 30 passenger Chevrolet buses and 33-passenger International buses for a total of 49 vehicles, all of which are ADA accessible with wheelchair ramps. The shuttle program is operated by UCSF and they own their shuttle vehicles. Marketing is done through the use of a website and occasionally via email, and information is posted at the shuttle stops and on the buses.

Alta Bates Summit Medical Center (ABSMC)

ABSMC operates five free shuttle routes from the Summit Campus in Oakland to either the Alta Bates and Herrick Campuses in Berkeley or the MacArthur BART station. The shuttles operate on 15 to 30 minute headways and transport between 30,000 and 40,000 passengers per month. The shuttle is available to non-Sutter Health affiliated persons.

The shuttle fleet is comprised of 13 shuttle vans, which have a capacity of between nine and 31 passengers. All of the vans except for two are ADA accessible. ABSMC owns their shuttle vehicles; however, operations and management of the program is contracted out to Parking Company of America, which also oversees shuttle operations for the Kaiser Oakland Medical Center.

Information regarding shuttle routes and schedules is available on ABSMC's public website and all employees receive an electronic newsletter monthly that provides information on a variety of topics, including transportation services and options.

TDM Coordinators

Kaiser Permanente Oakland Medical Center

Kaiser has contracted out the Transportation Demand Coordinator position to ALTRANS for their Oakland Medical Center location. The TDM Coordinator reports to Kaiser's Director of Parking, Transportation and Security and is responsible for implementing, managing and monitoring

employee alternative transportation programs, including providing personalized trip planning, carpool and vanpool organizing, transit subsidies, reserved parking for carpools, carsharing, Guaranteed Ride Home program, and conducts the City of Oakland's mandatory Employee Transportation Survey.

In addition, the TDM Coordinator distributes information to Kaiser employees via email and e-newsletter as well as holds transportation fairs and contests, participates in events sponsored by the Health Education Department to promote commuter services information, and coordinates with the East Bay Bicycle Coalition on Bike to Work Day. ALTRANS manages and provides content and forms for the internal alternative transportation website, www.eco-thrive.com, which contains program information and an internal ride-matching system. The TDM Coordinator is responsible for keeping this website up to date. The TDM Coordinator is not responsible for overseeing the shuttle program; however, they work with the Shuttle Manager, which is a contracted position through Parking Company of America, to ensure the effectiveness of the shuttle and designs of the shuttle schedules.

When asked about the placement of their position within the Parking, Transportation and Security Department, the TDM Coordinator stated that this was appropriate and beneficial for their position as their responsibilities are closely linked with parking services. Presently, the TDM Coordinator is the only employee responsible for managing the existing TDM programs and it was not possible to get data on how many employees there are in total in the Parking, Transportation and Security Department.

San Francisco General

San Francisco General/UCSF does not have a distinct TDM Coordinator position, rather duties that would typically fall under the purview of a TDM coordinator are overseen by the Transportation Operations Manager and Fleet Manager who are located within the Transportation Services division which is overseen by the Transportation Services Director. The Transportation Services division has 165 full time employees who work on parking, shuttles and other alternative transportation programs. The division of labor for these 165 employees is evenly split between parking staff and other transportation services.

The Transportation Operations Manager is responsible for overseeing the shuttle program and the Fleet Manager along with one other staff person oversees the alternative transportation programs including vanpooling, carpooling, and carsharing. Vanpooling is the primary responsibility of the Fleet Manager as the remaining modes are minorities.

When asked if the placement of the Transportation Operations Manager position within the Transportation Services Division was the most effective location for this position, the Transportation Operations Manager stated that it was an appropriate placement for this position.

Alta Bates Summit Medical Center (ABSMC)

Currently at ABSMC the Director of Operations, who reports to the Chief Financial Operator, is responsible for overseeing the ABSMC shuttle program and parking as well as the TDM programs for all campuses. In 2011, ABSMC will begin expanding their TDM program and increasing the marketing of the TDM program. In order to increase their TDM efforts additional staff is needed, therefore ABSMC will be hiring a full-time Employee Transportation Coordinator to manage TDM programs. The Transportation Coordinator will report directly to the Director of Operations and will work with Human Resources and the Marketing Department to increase awareness of what TDM programs and services are offered by ABSMC. This position will be a contract position through Parking Company of America.