



SAN FRANCISCO PLANNING DEPARTMENT

Subject to: (Select only if applicable)

- ☐ Affordable Housing (Sec. 415)
☐ Jobs Housing Linkage Program (Sec. 413)
☒ Other: Development Agreement

- ☐ First Source Hiring
☐ Child Care Requirement (Sec. 414)
☒ Other: Street Tree In-Lieu Fee

1650 Mission St.
Suite 400
San Francisco,
CA 94103-2479

Reception:
415.558.6378

Fax:
415.558.6409

Planning
Information:
415.558.6377

Planning Commission Motion No. 18594

HEARING DATE: APRIL 26, 2012

Date: April 12, 2012
Case No.: 2005.0555E; 2009.0886MTZCBRSK; 2012.0403W
Project Address: 3555 Cesar Chavez Street; 3615 Cesar Chavez Street; 1580 Valencia Street
Zoning/Ht. & Blk. RH-2/105-E, 65-A
Proposed Zoning/ Height & Bulk: RH-2, Cesar Chavez-Valencia Streets Medical Use Special Use District/ 105-E
Assessor's Block/Lot: 6575/001, 002; 6576/021 and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street
Project Sponsor: Geoffrey Nelson, CPMC
633 Folsom Street, 5th Floor
San Francisco, CA 94107
(415) 600-7206
NelsonGK@Sutterhealth.org
Staff Contact: Elizabeth Watty – (415) 558-6620
Elizabeth.Watty@sfgov.org

ADOPTING FINDINGS RELATING TO THE APPROVAL OF A CONDITIONAL USE AUTHORIZATION, PURSUANT TO PLANNING CODE SECTIONS 134, 136, 151, 303, 304, 209.3(a), 209.9(b), 253, 270, AND 271, IN ORDER TO: (1) AMEND A PREVIOUSLY APPROVED CONDITIONAL USE AUTHORIZATION FOR A PLANNED UNIT DEVELOPMENT, INCLUDING EXCEPTIONS TO/EXEMPTIONS FROM THE REAR YARD AND OFF-STREET PARKING REQUIREMENTS OF PLANNING CODE SECTIONS 134 AND 151; (2) ALLOW EXCEPTIONS FROM THE DIMENSION LIMITATIONS FOR PROJECTIONS OVER STREETS OR ALLEYS AS PART OF A PLANNED UNIT DEVELOPMENT; (3) ALLOW BUILDINGS OVER 40'-0" IN THE RH-2 (RESIDENTIAL HOUSE, TWO-FAMILY) ZONING DISTRICT; AND (4) ALLOW DEVIATION FROM THE BULK LIMITS, IN ORDER TO: (1) DEVELOP A NEW FIVE-STORY, 146,410 G.S.F. ST. LUKE'S REPLACEMENT HOSPITAL ON A SURFACE PARKING LOT AND A PORTION OF THE VACATED SAN JOSE AVENUE; (2) DEMOLISH THE EXISTING ST. LUKE'S HOSPITAL TOWER; (3) CONSTRUCT A NEW FIVE-STORY, 104,008 G.S.F. MEDICAL OFFICE BUILDING; AND (4) CONSTRUCT LANDSCAPE AND HARDSCAPE IMPROVEMENTS THROUGHOUT THE CAMPUS THE PROPERTY IS IN AN RH-2 ZONING DISTRICT AND 105-E AND 65-A HEIGHT AND BULK DISTRICT; AND MAKE AND ADOPT FINDINGS, INCLUDING ENVIRONMENTAL FINDINGS AND FINDINGS OF CONSISTENCY WITH THE GENERAL PLAN AND THE EIGHT PRIORITY POLICIES OF PLANNING CODE SECTION 101.1.

PREAMBLE

On June 10, 2005, Ralph F. Marchese of The Marchese Company, Inc., on behalf of California Pacific Medical Center (hereinafter referred to variously as "CPMC" and "Project Sponsor"), submitted an Environmental Evaluation Application (EEA) with the Planning Department (hereinafter "Department"), Case No. 2005.0555E¹. 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.

On January 13, 2009, CPMC revised its EEA to include updates regarding the LRDP Project, including the proposal for a new St. Luke's Replacement Hospital and St. Luke's Medical Office Building.

On June 10, 2010, the Project Sponsor filed an application, as modified by subsequent submittals, with the Department for Conditional Use authorization under Planning Code Sections 134, 136, 151, 303, 304, 209.3(a), 209.9(b), 253, 270, and 271, to amend the existing Planned Unit Development (hereinafter "PUD") for CPMC's St. Luke's Campus to allow construction of the St. Luke's Replacement Hospital building (hereinafter "Replacement Hospital"), demolition of the existing St. Luke's Hospital Tower, and the construction of the St. Luke's Medical Office Building (hereinafter "St. Luke's MOB") with (1) exceptions to/exemptions from the rear yard and off-street parking requirements of Planning Code Sections 134 and 151; (2) to allow exceptions from the dimension limitations for projections over streets or alleys as part of the PUD; (3) to allow buildings over 40'-0" in an RH-2 District; and (4) to allow deviation of bulk limits, at Assessor's Block 6575/001, 002; 6576/021; and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street (3555 Cesar Chavez Street, 3615 Cesar Chavez Street, 1580 Valencia Street, within an RH-2 (Residential, House, Two-Family) District and a 105-E and 65-A Height and Bulk District ("St. Luke's Replacement Hospital and MOB Project").

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, to amend the following sections of the General Plan: (1) "Map 4 – Height Map" of the Urban Design Element, to reflect a maximum height of 105'-0" applicable to the St. Luke's Campus (all of Assessor's Block 6575, Lot 021 in Block 6576, and a portion of San Jose Avenue between Cesar Chavez Street and 27th Street that will be vacated as part of the project, and their successor Blocks and Lots); and (2) "Map 5 – Bulk Map" of the Urban Design Element, to reflect the proposed maximum plan and maximum diagonal plan dimensions of 227' and 270', respectively, for the Replacement Hospital site, and 204' and 228', respectively, for the St. Luke's MOB site (2009.0886M).

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) Add Section 249.68 to establish the Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") and allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD; and (2) to add Section 124(k) to allow a floor area ratio of 2.5 to 1 in the Cesar Chavez/Valencia Streets Medical Use SUD. (Case No. 2009.0886T).

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 HT07 to reclassify the

¹At 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.

Hospital site from 65-A to 105-E Height and Bulk District; and (2) Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD (Case No. 2009.0886Z).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, for the allocation of Office Space for approximately 62,960 s.f of medical office space in the proposed St. Luke's MOB (Case No. 2009.0886B).

On June 10, 2010, the Project Sponsor submitted a request, as modified by subsequent submittals, for a General Plan Referral, Case No. 2009.0886R, regarding the vacation of a portion of San Jose Avenue between 27th and Cesar Chavez Streets; and sidewalk width changes along various streets adjacent to the campus (2009.0886R).

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

On September 23, 2010, the 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 the 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. 120358; (2) the Zoning Map Amendments in Board File No. 120360, (3) the street vacation ordinance in Board File No. 120361, (4) the Transfer Agreement in Board File No. 120363, (5) the Development Agreement in Board File No. 120366, and (5) sidewalk width legislation in Board File No. 120365.

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. 18590, recommending that the Board of Supervisors approve the requested General Plan Amendment; (2) Motion No. 18592, making findings of consistency with the General Plan and Planning Code Section 101.1; (3) Resolution No. 18593, recommending that the Board of Supervisors approve the requested Planning Code Text and Map Amendments; (4) Motion No. 18595, approving the allocation of the proposed office space; (5) Motion No. 18596, approving the General Plan Referral; and (6) Resolution No. 18602, recommending that the Board of Supervisors approve the proposed draft Development Agreement; and

The Planning Department, Linda Avery, is the custodian of records, located in the File for Case No. 2009.0886MTZCBRSK, at 1650 Mission Street, Fourth Floor, San Francisco, California.

On April 26, 2012, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on Conditional Use Application No. 2009.0886MTZCBRSK.

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. 2009.0886MTZCBRSK, 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.** St. Luke's Hospital is located in the southeastern quadrant of the City and occupies a full city block plus a surface parking lot on a portion of the adjacent block, totaling approximately 3.6 acres. It is bounded by Cesar Chavez Street, Valencia Street, Duncan Street, one lot to the west of San Jose Avenue, and 27th Street. The Campus currently contains eight buildings, totaling approximately 451,868 gsf of floor area and 329 parking spaces. The Hospital (comprised of the 1970 Tower, 1957 Building and Hartzell Building, described below) is licensed by the California Department of Public Health (CDPH) for 229 hospital beds.

More specifically, the Campus includes the following facilities:

- The St. Luke's Hospital Tower has 12 stories above ground and one story below ground, is approximately 197,983 gsf, and is primarily used for inpatient care, skilled nursing, and administrative support. There are eight surface parking spaces north of the Hospital Tower.
 - The 1957 Building has four stories above ground and is approximately 31,724 gsf. It is primarily used for the Emergency Department, diagnostic and treatment space, and support space. There are 106 parking spaces associated with this building; 74 spaces on a surface parking lot; and 32 street spaces along San Jose Avenue.
 - The 1912 Building has four stories above ground, is approximately 26,280 gsf, and is primarily used for hospital administration, outpatient care, diagnostic and treatment space, support space, and the chapel.
 - The Monteagle Medical Center has eight stories above ground and one story below ground and is approximately 90,005 gsf which includes medical office space, outpatient care space, diagnostic and treatment space, and support space.
 - The Redwood Administration Building is a portable one-story building containing approximately 2,400 gsf which is used for hospital administration.
 - The Hartzell Building has two stories above ground and one story below ground and has approximately 18,506 gsf primarily used for office and educational uses for the Samuel Merritt School of Nursing.
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- The Duncan Street Parking Garage is two stories above ground and contains approximately 83,370 gsf for 215 parking spaces. With the additional 114 off-street surface parking spaces on the St. Luke's Campus (described above), there are a total of 329 parking spaces on the campus.
 - The one story MRI Trailer contains 1,600 gsf used for diagnostic and treatment space.

Several buildings on the Campus are connected to each other: the Hospital Tower, the 1957 Building, the 1912 Building, and the Monteagle Medical Center connect north to south through internal corridors at various levels; and the MRI Trailer is connected via an enclosed passageway to the 1912 Building.

Gradual building development at St. Luke's has occurred since 1875, when St. Luke's moved into a new facility at its present location at Valencia and Cesar Chavez Streets. Today, the oldest building remaining on the Campus is the 1912 Building. The existing St. Luke's Hospital Tower was approved in 1967 when the Planning Commission authorized a conditional use for the St. Luke's Campus (Resolution No. 6078). In 1968, a temporary encroachment permit was issued to allow a portion of San Jose Avenue (between Cesar Chavez Street and 27th Street) to be used as parking for the St. Luke's Campus. In 1971, further development was approved (Resolution No. 6714) including the construction of the Montecagle Medical Center, Duncan Street Parking Garage, and surface parking. In 2001, St. Luke's Hospital became an affiliate of Sutter Health and formally merged with CPMC in 2007.

The St. Luke's Campus is located in the RH-2 Zoning District (Residential, House, Two-Family). The RH-2 Districts are devoted to one-family and two-family houses. In some cases, group housing and institutions are found in these areas, although nonresidential uses tend to be quite limited. Hospitals and medical centers are permitted in this District with Conditional Use authorization.

3. **Surrounding Properties and Neighborhood.** The St. Luke's Campus is in the greater Mission neighborhood, surrounded by the Inner Mission, Outer Mission, Glen Park, Bernal Heights, Precita Valley, Diamond Heights and Noe Valley neighborhoods. The neighborhood contains a mix of residential uses, including single-family dwellings, duplexes and small apartment buildings. Retail uses are scattered through the area, mainly on Cesar Chavez, Mission, and Valencia Streets. On Mission Street, retail stores and other commercial uses form a continuous corridor of commercial activity. Mission Street draws shoppers, customers and business clients from beyond the immediate neighborhood of the St. Luke's Campus.

There have been recent efforts to improve the streetscape and calm traffic on San Jose Avenue, Guerrero Street and Cesar Chavez Street. The proposed Cesar Chavez Street Design Plan is a detailed design effort to re-envision Cesar Chavez Street from Hampshire Street to Guerrero Street in the Mission District, and identifies ways to make Cesar Chavez Street a safe, pleasant, and attractive corridor for people, bikes, and transit. The proposed Mission District Streetscape Plan is a community-based planning process to identify streetscape improvements to streets, sidewalks, and public spaces in the Mission District.

4. **Project Description.** The application before the Commission is the St. Luke's CU/PUD, but the broader 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, followed by construction of a Medical Office Building after the demolition of the existing Hospital Tower. 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 center, and CPMC proposes an additional medical office building on the Davies Campus.³

This St. Luke's Replacement Hospital and MOB Project is part of CPMC's LRDP to improve its delivery of citywide health care, and comply with seismic requirements of California law.

The new St. Luke's Replacement Hospital and St. Luke's MOB are major components of CPMC's plans to continue to provide health care services in San Francisco. The new Replacement Hospital is being sited so that it can be built without disrupting services at the existing Hospital Tower. It is being designed, in compliance with SB 1953, to remain operational after a strong earthquake. The Replacement Hospital will be an 80-bed⁴ acute care hospital, and the MOB will provide space for physicians who will be affiliated with CPMC and the campus, as well as diagnostic and treatment space and space for other outpatient care. The St. Luke's Replacement Hospital and MPB Project will preserve and enhance San Francisco's health care infrastructure, particularly in the South of Market area.

Specifically, the proposal for the Replacement Hospital includes the construction of a new 146,410 gsf, five-story and approximately 99'-0" tall, 80-bed full-service, acute care hospital, sited on a portion of the Campus' existing surface parking lot and over a portion of the to-be-vacated San Jose Avenue that has been closed for use as a street since 1968 (and is currently used for parking for the St. Luke's Campus under an encroachment permit). Based on the recommendations of the Blue Ribbon Panel, the new Replacement Hospital will be sited such that the existing hospital can remain in continuous operation during the new Replacement Hospital's construction. The Replacement Hospital will include Centers of Excellence in Senior and Community Health and an expanded Emergency Department, and will include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, and post-partum care. It will also include a cafeteria and an enclosed loading area.

The Emergency Department at the Replacement Hospital will be approximately 11,500 gsf, which is an increase of approximately 4,440 gsf over the existing Emergency Department in the 1957 Building. The new Emergency Department will be a significant improvement over the existing facility, and waiting times for patients should be reduced through the provision of all private

² 2333 Buchanan 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 Campus, 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.

⁴ With the shift to single-patient rooms under modern hospital guidelines, newer facilities are projected to have a higher occupancy rate (about 80 percent, with variation by bed type) than with the multi-bed mode. The efficient use of beds in a multi-patient room environment is limited by a number of factors, such as the gender and diagnosis of the patients, as well as infection control and privacy concerns.

treatment spaces. The new Emergency Department will be in the Replacement Hospital, adjacent to Imaging Services; this adjacency will increase efficiency compared to the existing hospital where these functions exist on separate floors. There will be more support space and improved technology. Waiting time for patients should further be reduced by flexible triage space. Additionally, many of the non-emergency patient visits would be accommodated by expanding the hours and services of the existing Health Care Center in the Monteagle Office Building to create an urgent care center able to receive patients who do not need Emergency care. By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective combined Emergency Department and urgent care capacity would increase from about 26,000 visits per year today to approximately 31,600 visits under the LRDP.

After the Replacement Hospital opens and once services are moved into it from the existing Hospital Tower and the 1957 Building, the existing Hospital Tower will be demolished as part of this Project. After demolition of the Hospital Tower, the new St. Luke's MOB would be constructed at that site, also as part of this Project. Construction of the St. Luke's MOB is expected to occur after 2015.

The existing uses in the St. Luke's 1957 Building, such as the Emergency Department, surgery, diagnostics and treatment, would be transferred to the Replacement Hospital, and the building would be converted from acute care to support use. The MRI Trailer, and the enclosed passageway connecting it to the 1912 Building, would be removed after construction of the St. Luke's MOB. The uses in the MRI Trailer would be transferred to the Replacement Hospital or St. Luke's MOB upon completion. Following demolition of the existing Tower, CPMC would then construct a new 104,008 gsf, five-story and approximately 100'-tall St. Luke's MOB approximately in the existing hospital's place. The St. Luke's MOB would include medical office space for doctors admitting patients to the hospital, and would include retail, educational, and conference space, along with a four level underground garage with approximately 219 parking spaces. Vehicular access to the underground parking garage will be from Cesar Chavez and Valencia Streets.

The exterior design of the Replacement Hospital and St. Luke's MOB was developed with input from the Planning Department staff and the community. The exterior of the bases of the Replacement Hospital and of the St. Luke's MOB will be durable (tile, stone, and brick matching the 1912 Building exterior) and will ground the buildings on the site, engaging users at the pedestrian level. The upper floors will be Glass Fiber Reinforced Concrete (GFRC), glass, and metal panel. Metal panels are used for the canopy which runs along the entire east side of the Replacement Hospital, unifying the upper and lower public plazas (described below) and creating a connection from the interior of the Replacement Hospital to the exterior terraced plazas. The soffit of the canopy is continuous between the interior and exterior, further connecting the Replacement Hospital to the organizing element of the Campus, the reestablished and pedestrian oriented San Jose Avenue.

The St. Luke's MOB will be entitled at the same time as the hospital, but the design will continue to be refined with planning staff while the new hospital is being built since the St. Luke's MOB cannot be built until the existing hospital is demolished. Once built, the new St. Luke's MOB will connect internally to the Replacement Hospital and 1957 Building.

The new Replacement Hospital and St. Luke's MOB will be organized around landscaped open space that mimics the existing San Jose Avenue alignment between Cesar Chavez Street and 27th Street. This landscaped public plaza would span two levels and would be designed to unify the Campus, mediate the site's significant grade change and provide a public pedestrian pathway along a similar path of travel as the vacated San Jose Avenue alignment. The lower (north) plaza at Cesar Chavez will front the Replacement Hospital's cafeteria and primary entrance at the northeast corner of the building and the ground floor retail at the base of the St. Luke's MOB. The upper (south) plaza will provide access to the second level of the Replacement Hospital. Stairs against the east face of the Replacement Hospital connect the Campus's south upper plaza at 27th Street and the north lower plaza at Cesar Chavez. A canopy will cover the drop-off area on Cesar Chavez Street and adjacent Replacement Hospital entrance, and continue along the east face of the Replacement Hospital along the public plaza, to provide protection in inclement weather, as is required by the California Building Code. The plazas and adjacent streetscape along Cesar Chavez are enlivened by activity at the Replacement Hospital's lobby and café, a community room facing the lower plaza, and by retail space within the St. Luke's MOB along most of the Cesar Chavez frontage. All landscaping and street improvements as part of the St. Luke's Project are consistent with and complement the Cesar Chavez Street Design Plan.

Although the proposed 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 St. Luke's Replacement Hospital. The St. Luke's MOB is subject to San Francisco's Green Building Ordinance, and will achieve a minimum of LEED Silver certification.

5. **Public Comment.** The Department has received substantial comments expressing support for and opposition to CPMC's LRDP, over the past 7 years since the initial EEA was submitted. Support for and opposition to 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 St. Luke's Replacement Hospital and MOB 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 St. Luke's Replacement Hospital and MOB 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 1.8 to 1 for non-residential uses in the RH-2 District.

The St. Luke's Replacement Hospital and MOB Project includes Planning Code Text Amendments to change the existing 2.25 to 1 FAR limit for the St. Luke's Campus to 2.5 to 1, subject to Conditional Use Authorization for a hospital, medical center or other medical institution. The St. Luke's Replacement Hospital and MOB Project includes a request for Conditional use authorization for a Replacement Hospital and St. Luke's MOB; if the Board of Supervisors approves the Planning Code Text Amendments, the St. Luke's Hospital and MOB Project will be compliant with Planning Code Section 124, with respect to FAR.

- B. Rear Yard Requirement.** Planning Code Section 134 states that the minimum rear yard depth shall be 45 percent of the total depth of a lot in which it is situated, and may be reduced up to 25 percent of the total depth of a lot in which it is situated, based on averaging of adjacent buildings, but in no case less than 15 feet.

The St. Luke's Replacement Hospital and MOB Project does not comply with the provisions set forth in Section 134 of the Planning Code in that there is no rear yard proposed. The St. Luke's Campus is an entire city block with buildings already constructed along Cesar Chavez Street, Valencia Street, Duncan Street, and 27th Street. The St. Luke's Replacement Hospital and MOB Project would occupy the Campus along Cesar Chavez Street, from Valencia Street to the Campus' west boundary, and through to 27th Street. CPMC is, therefore, seeking through the Planned Unit Development a modification of the Code requirement for rear yard. While the St. Luke's Replacement Hospital and MOB Project would reduce the amount of open area on the block from approximately 54% to 34%, it would maintain a minimum of 25% open space. In addition, the St. Luke's Replacement Hospital and MOB Project would result in significant improvements in the public right-of-way (the sidewalks adjacent to Cesar Chavez Street, Valencia Street, Duncan Street, San Jose Avenue, and 27th Street), as well as a new pedestrian plaza on the St. Luke's Campus, that would connect Cesar Chavez Street to 27th Street, which together would create a more attractive public face to the St. Luke's Campus, safer vehicle operations, and an improved pedestrian experience adjacent to and throughout the Campus.

Furthermore, the intent of the rear yard provisions applicable within RH-2 Districts is to create a shared mid-block open space for the residential properties that are expected to occupy the RH-2 District. Since the St. Luke's Campus occupies the majority of the City block, there is no need for mid-block open space, per se, throughout most of the Campus. To the west of the Campus, however, are low density residential properties. Although the Replacement Hospital would be adjacent to these properties, its design has been scaled and articulated to minimize disruption and noise on the residential properties, through various setbacks at all levels.

The Campus does need to retain some open space so that its intensity of development is compatible with the surrounding neighborhoods; however, the fact that the St. Luke's Campus would meet the requirement under Section 134 to provide a minimum of 25% open space, coupled with the improved streetscape and Campus landscaping, are sufficient to be compatible with the surrounding neighborhoods.

- C. Permitted Obstructions.** Planning Code Section 136 establishes limits on various permitted obstructions allowed to extend into required open areas, including over sidewalks, streets or alleys.

An exception to Planning Code Section 136 is sought under the PUD Application to permit marquees at the Replacement Hospital, and to allow the marquee and bay of the Replacement Hospital to project beyond the property line. The bay projection is an architectural feature intended to provide visual interest and achieve appropriate articulation of the building facade, specifically to mark the major campus entry at the new lower plaza along Cesar Chavez. The marquee will allow for covered patient drop-off and entry areas and visual continuity throughout the pedestrian path that would connect 27th Street to Cesar Chavez Street.

- 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 St. Luke's Replacement Hospital and MOB 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 St. Luke's Replacement Hospital and MOB Project, along with the Lower Plaza would occupy 440 feet of frontage along Cesar Chavez Street; along Valencia Street, the St. Luke's MOB and Lower Plaza would together occupy 152 feet of frontage; along San Jose Avenue, the Upper Plaza would occupy 40 feet of frontage; and along 27th Street, the St. Luke's Replacement Hospital would occupy 93 feet of frontage. The Project Sponsor has agreed to install and maintain 22 street trees and 20 trees within the Upper and Lower Plaza setbacks, for a total of 42 trees, where 36 trees are required by the Code. The St. Luke's Replacement Hospital and MOB Project meets the requirements of Planning Code Section 138.1, with regard to street trees.

- F. **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.

The St. Luke's Campus currently provides 215 off-street parking spaces within the Duncan Street garage, and 114 off-street parking spaces in the surface parking lot to the west of San Jose Avenue, between 27th and Cesar Chavez Street, for an existing Campus total of 329 off-street parking spaces.

The construction of the Replacement Hospital would be located over the surface parking lot, and would eliminate all of its 114 off-street parking spaces, while requiring 22 additional off-street parking spaces. Since the Replacement Hospital will not include any off-street parking, the interim development period after construction of the Replacement Hospital and before completion of the St. Luke's MOB, would result in a Planning Code deficiency of approximately 219 spaces.

Construction of the St. Luke's MOB building would require approximately 162 off-street parking spaces, would include 219 below-grade off-street parking spaces, and would reduce the parking deficit to approximately 162 spaces, providing a Campus total of 464 parking spaces, where 626 parking spaces would be required by Code.

An exception is sought under this PUD Application to allow a reduction in parking during the interim period and long-term; using valet and off-site parking with shuttle service, in conjunction with CPMC's system-wide TDM plan, to meet the real parking demand generated by the Campus.

- G. **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, hospital uses measuring between 100,001 - 200,000 g.s.f. require one off-street loading space. 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.

The St. Luke's Replacement Hospital and MOB Project includes an approximately 146,410 g.s.f Replacement Hospital building, which requires one off-street loading space. A service/loading bay meeting the requirements of Planning Code Section 152 would be located within the Replacement Hospital, with access off Cesar Chavez Street; all loading activity, including truck maneuvering, would occur within the concrete-walled basement of the Replacement Hospital. It would be of sufficient size to allow head-in/head-out service, in an effort to minimize conflicts with vehicles, pedestrians, and bicyclists along Cesar Chavez Street.

- H. **Bicycle Parking.** Section 155.4(d)(3) of the Planning Code requires 12 bicycle parking spaces, when the gross floor area of a medical or other professional services building, such as hospitals or medical office buildings, exceeds 50,000 g.s.f.

The St. Luke's Replacement Hospital and MOB 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 St. Luke's Replacement Hospital and MOB Project would include 15 Class 1 or 2 bicycle parking spaces for staff within the underground garage, and would provide an additional 15 bicycle parking spaces for visitors by the main entrances of the Replacement Hospital and St. Luke's MOB buildings.

- I. **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 or other professional services building exceeds 50,000 g.s.f.

The St. Luke's Replacement Hospital and MOB Project would be required to provide a minimum of eight showers and 16 clothes lockers (a minimum of four showers and eight clothes lockers per

building). The Replacement Hospital and St. Luke's MOB would provide 12 showers and 230 clothes lockers, to satisfy this requirement of the Planning Code.

- J. **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 St. Luke's Campus would provide a total of 464 off-street parking spaces, and would provide a minimum of ten (10) car share parking spaces, to satisfy this requirement of the Planning Code.

- K. **Land Use.** Planning Code Section 209.3 states that a Conditional Use Authorization is required for a medical center in the RH-2 District.

The St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 209.3(a) of the Planning Code in that a medical center (which may include medical offices, clinics, laboratories, operated by and affiliated with an institution) in the RH-2 District is allowed with a Conditional Use Authorization. The Replacement Hospital and St. Luke's MOB buildings would be located within the boundaries of CPMC's St. Luke's Campus, an existing medical center previously authorized with a Conditional Use Authorization.

- L. **Height Limit.** Section 253 of the Planning Code requires a Conditional Use authorization for review of any building or structure exceeding 40 feet in height in an RH District. The height of development permitted on the existing surface parking lot, where the Replacement Hospital would be sited, is 65-A.

Both the Replacement Hospital and St. Luke's MOB buildings would exceed a height of 40'-0", being approximately 99'-0" and 100'-0", respectively, thereby requiring Conditional Use authorization pursuant to Planning Code Sections 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. Furthermore, the height of the St. Luke's MOB would be approximately 58'-0" shorter than the existing 158'-0" Hospital Tower, and would be in a similar location, at the corner of Valencia and Cesar Chavez Streets.

The Replacement Hospital height of 99'-0" is largely the result of operational requirements for a modern 80-bed, medical facility with single-patient rooms and an 11,500 sf emergency department. Height amendments to the General Plan and Zoning Maps are being sought in accompanying applications to permit a height of 105'-0" for the entire St. Luke's Campus, a portion of which already permits heights up to 105'-0". If the Board of Supervisors approves these amendments, the St. Luke's Replacement Hospital and MOB Project will be compliant with the height limits applicable to this site.

The 100'-0" St. Luke's MOB Project complies with the existing 105'-0" height limit applicable to that portion of the Campus.

- M. **Bulk Limitation.** The St. Luke's Campus is subject to split Height and Bulk Districts: the developed portion of the Campus (Assessor's Block 6575) is currently zoned 105-E; whereas the portion of the Campus containing the existing surface parking lot (Assessor's Block/Lot

6576/021) is currently zoned for 65-A. Pursuant to Planning Code Section 270, the "-E" Bulk Designation limits development to a maximum length and diagonal dimension of 110 and 140, respectively, for development over 65'-0", and the "-A" Bulk Designation limits development to a maximum length and diagonal dimension of 110 and 125, respectively, for development over 40'-0". The Planning Commission may grant modifications to these criteria through the exception process of Section 271.

The proposed maximum length and diagonal dimension of 227'-0" and 270'-0", respectively, for the Replacement Hospital, and 204'-0" and 228'-0", respectively, for the St. Luke's 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 St. Luke's Replacement Hospital and MOB Project includes a General Plan Plan and Zoning Map Amendments, to increase the bulk limits applicable to the Replacement Hospital and St. Luke's MOB sites. The Project Sponsor is also requesting a deviation from the otherwise applicable bulk requirements under Section 270 to allow the development of the St. Luke's Replacement Hospital and MOB Project as proposed, due to the unique massing and volume requirements for medical facilities, 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 St. Luke's Replacement Hospital and MOB 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.

- N. **Shadows.** Section 295 of the Planning Code states 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 April 7, 2010, the Project Sponsor submitted a request for Section 295 review of the Replacement Hospital and St. Luke's MOB buildings; both buildings exceed 40 feet in height (Case No. 2009.0886K). Department staff prepared a shadow fan depicting the potential shadows cast by the buildings and concluded that neither the Replacement Hospital nor the St. Luke's MOB would have a potential impact on properties subject to Section 295.

- O. **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 St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 304.5 of the Planning Code in 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 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. Replacement Hospital and MOB uses at the St. Luke's Campus were included in the accepted 2009 IMP.

- P. **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 St. Luke's MOB is subject to the provisions set forth in Section 321 of the Planning Code because the proposed medical office space is approximately 99,848 s.f. 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.

- Q. **Signage.** Although it is anticipated to be proposed at a later date, there is currently no signage proposed as part of St. Luke's Replacement Hospital and MOB Project. Any proposed signage will be subject to the review and approval of the Department.

- R. **Other Approvals.**

1. **San Jose Avenue Street Vacation:** CPMC is seeking a street vacation for San Jose Avenue between 27th Street and Cesar Chavez Street in order to enable the construction of the Replacement Hospital above a portion of it. The Street Vacation is described more fully in the San Jose Avenue Transfer Agreement. The street will be vacated in accordance with and subject to the provisions of the Vacation Ordinance.

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

- A. The proposed use or feature, 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 primary purposes of the new Replacement Hospital and St. Luke's MOB buildings are to retain acute care inpatient services, including an expanded emergency department, and enhanced outpatient services, including Centers of Excellence in Senior and Community Health, in seismically safe facilities for those who live and work in San Francisco, particularly the South of Market communities. These are valuable resources for the surrounding community. Additionally, these improved services will be provided on an underutilized area of an already developed hospital campus setting, which has

been a medical institution for over 135 years, taking advantage of existing facilities and programs already found on the site.

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

Under these seismic standards, the Hospital Tower at the St. Luke's Campus must either be retrofitted or be rebuilt, or the services provided there must be relocated to a new, compliant facility that will remain operational after a strong earthquake. This standard is much stricter than the "life safety" standards which are generally intended to prevent collapse. It is not feasible to retrofit the St. Luke's Hospital Tower for many reasons, including the service disruptions that would result in an unacceptable impact to health care delivery to San Franciscans.

Because the new Replacement Hospital would be expected to remain operational after a strong earthquake, CPMC's role in both health services and emergency preparedness will be enhanced. Emergency preparedness for the City would be further enhanced by the replacement of a larger and improved Emergency Department and a new emergency communications center. After the St. Luke's Replacement Hospital and CPMC's Cathedral Hill Hospital are in operation, and after the planned rebuilding and/or construction 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 will 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 new Replacement Hospital is needed so that inpatient, emergency, and other hospital services can continue to be provided at the Campus for the areas south of Market Street. The St. Luke's Replacement Hospital and MOB Project would revitalize the Campus so that it can continue and flourish as a provider of improved inpatient, outpatient, emergency and other services that are also needed in the community. Continuation of inpatient, emergency and outpatient medical services at St. Luke's was strongly recommended by the Blue Ribbon Panel (BRP). The Board of Supervisors also adopted on November 25, 2008, Resolution No. 478-08 commending the BRP and urging all City Departments to endorse the recommendations of the BRP.

As the BRP recommended, the Replacement Hospital would be built adjacent to the existing Hospital Tower in order to minimize the service disruption that a retrofit or closure of the existing tower would cause. In evaluating various alternative locations for the Replacement Hospital, the BRP recommended a site on a portion of San Jose Avenue currently used for parking, as the preferred option. The site was chosen because in comparison to other options as it better met the following criteria: 1) providing continuity of service to patients; 2) low neighborhood impact; 3) providing an accessible and welcoming presence; and 4) taking into account the lowest life cycle cost of the new facility, including time to entry, future flexibility, and openness to new care models.

As CPMC refined its proposal for the St. Luke's Campus, it became clear that a wider building footprint than what had been evaluated through the BRP would be necessary to accommodate the

services programmed for the St. Luke's Campus. Therefore, although the proposed Replacement Hospital would be partially located over the vacated portion of San Jose, it would also extend west of San Jose Avenue onto CPMC's existing surface parking lot, up to, in part, the western property line of the existing lot.

Another important factor in determining the location of the Replacement Hospital was to ensure that acute care services and other existing hospital operations would be maintained until the new hospital is built. Closing and demolishing the existing Hospital Tower to rebuild on the same site would result in the loss of acute care and emergency services, possibly for several years – an impact too great on the South of Market community and on the City's health care infrastructure.

The site of the Replacement Hospital (the surface parking lot and portion of San Jose Avenue) has been owned or operated by St. Luke's for approximately the past 30 years. The entire St. Luke's Campus has been a medical institution since the 1870's. Over the years, St. Luke's has evolved to integrate its programs and buildings to meet the needs of the community.

The Replacement Hospital is shorter than the Hospital Tower, and both the Replacement Hospital and St. Luke's MOB are designed to be more compatible in scale and function with the surrounding area. The size of the Replacement Hospital is appropriate to provide the services needed as recommended by the BRP. The size of the St. Luke's MOB is based on the projected outpatient growth from the new Replacement Hospital, and is needed to provide medical services to those patients.

CPMC has had numerous meetings with representatives from the communities near the St. Luke's Campus since 2007, including the BRP Community Outreach Task Force, and is continuing to work with the neighbors of the St. Luke's Campus to ensure that the Replacement Hospital and St. Luke's MOB would be compatible with the neighborhood.

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. The Replacement Hospital and MOB at the St. Luke's Campus would help maintain CPMC's important role as a major employer and major provider of health care. Approximately half of CPMC employees are San Francisco residents.

For the foregoing reasons, the Replacement Hospital and St. Luke's MOB, 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.

The general character of the surrounding area is a mixture of residential and commercial uses. Residential areas include a mix of single-family homes and multi-unit buildings, located along moderately busy thoroughfares and quiet streets. The areas south and west of the St. Luke's Campus are occupied by densely clustered two-to-four story, low-density residential buildings. A four-story multi-unit residential building is located on the south side of 27th Street from the surface parking lot. Two- and three-story residential buildings immediately adjoin the west side of the Campus. The area to the north of the St. Luke's Campus includes a four-story office building fronting Cesar Chavez Street and two- to three-story multi-family residential buildings. The Replacement Hospital is approximately

five-stories and 99'-0" in height, but steps down to a three-story volume along the west side of the Campus in order to respect and be compatible with the massing of the neighborhood character to the west. The St. Luke's MOB is approximately five-stories and 100'-0" in height, and will be more appropriately in scale with the three- to-five story buildings along Cesar Chavez and Valencia Street than the existing 158'-0" Hospital Tower.

The FEIR determined that the Replacement Hospital and St. Luke's MOB buildings would not have a substantial effect on the existing character of the vicinity because, among other things, they would constitute a continuation and expansion of existing medical uses at the St. Luke's Campus, would not adversely alter the character of its surroundings, would be compatible with the surrounding neighborhoods (DEIR at pp. 4.1-42 to 4.1-44).

- B. The use or feature as proposed 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, with respect to aspects including but not limited to:

- i. The nature of the proposed site, including its size and shape, and the proposed size, shape and arrangement of structures;

A new seismically safe state-of-the-art 80-bed acute care hospital with an 11,5000 sf Emergency Department, and Centers of Excellence in Community and Senior Health would be implemented as part of the St. Luke's Replacement Hospital and MOB Project, as well as increased convenience and access to existing programs. These services would not be detrimental to persons living and working in the vicinity of the campus, as inpatient and outpatient services are currently provided on the Campus. The primary purposes of the new buildings are to establish the new seismically safe acute care hospital and to continue to attract beneficial programs and associated medical staff to the St. Luke's Campus, thereby ensuring long-term vitality to acute care services and the expanded Emergency Department at the St. Luke's Campus. These are valuable resources for the health, safety, convenience, and general welfare of the surrounding community. Additionally, these improved services will be provided in an already developed hospital campus setting, taking advantage of existing facilities and programs already found on the site.

The St. Luke's Campus occupies all of Assessor's Block 6575, Lot 21 of Assessor's Block 6576, and the portion of San Jose Avenue between 27th Street and Cesar Chavez Street. The Replacement Hospital and St. Luke's MOB are within a developed institutional setting on the St. Luke's Campus, and are scaled and massed to fit well within the surrounding neighborhood character. The size and shape of the Replacement Hospital have been configured to meet the programmatic requirements of a full-service acute care Hospital and MOB, within a footprint that is compatible with, and will not be detrimental to, persons living or working 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;

The FEIR has shown that the St. Luke's Replacement Hospital and MOB Project will not result in any significant, unavoidable environmental impacts related to transportation at the St. Luke's Campus.

However, in response to neighborhood interest in traffic-calming and enhancing the livability of the neighborhoods surrounding the St. Luke's Campus, the Project Sponsor has agreed to construct a series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately \$3.3 million, as outlined in more detail in the proposed Development Agreement.

To identify and implement feasible traffic and pedestrian improvement measures for the construction period, the Project Sponsor will prepare a Construction Management Plan. This plan, which will be required to be submitted to the Department and made available to the public as a Condition of Approval, will cover public and site safety, operating hours and noise controls, air and dust management, storm water pollution prevention, waste and material reuse, and traffic management.

The parking supply on the St. Luke's Campus, although deficient from the Code requirement, would be adequate for the estimated demand.

CPMC is committed to the City's "Transit First" policy and is seeking to improve use of alternatives to auto travel through its existing Transportation Demand Management ("TDM") Program and enhancements to the TDM Program that are proposed as part of the LRDP. Among other measures intended to discourage employees and visitors from parking at the CPMC campuses and to provide incentives for the use of alternative transportation modes, CPMC currently offers a \$10 transit subsidy to St. Luke's campus employees. According to CPMC's TDM plan, dated March 24, 2011, within the next two to five years, CPMC will improve its transit subsidy program to employees at all campuses – including the St. Luke's Campus – to increase the value of the monthly subsidy to be equivalent to the cost of a Muni Fast Pass. Additional key elements of the TDM Program include enhanced information and marketing to employees, a "Guaranteed ride home" program, free carpool parking, vanpool subsidies, and CPMC shuttle system to provide transportation between the CPMC campuses and BART stations.

The St. Luke's Campus is directly accessible by nine Muni bus lines, including the 14-Mission, 26-Valencia, 27-Bryant, 49-Van Ness-Mission, the 67-Bernal Heights, and the J-Church Muni Metro light rail line, which is six blocks west of the Campus. In addition, the 24th Street BART Station is at the corner of Mission Street and 24th Street, approximately five blocks north of the Campus. All of these transit lines have been shown to have sufficient capacity to accommodate expected ridership from the proposed Replacement Hospital and St. Luke's MOB during the peak periods.

The St. Luke's Replacement Hospital and MOB Project has been configured to allow for improved pedestrian and transit access to the St. Luke's Campus. It includes sidewalk bulbs and thumbnails to reduce the street crossing distance for pedestrians in the area; sidewalk widening, landscaping, street trees and new pedestrian oriented lighting around the Campus; and a new pedestrian plaza

that connects 27th Street to Cesar Chavez Street. The Replacement Hospital would have entrances on both 27th Street and Cesar Chavez Street in order to improve access, and the new St. Luke's MOB would be internally connected to both the Replacement Hospital and the 1957 Building, so that once complete, there would be seamless interior connection among all medical buildings on the Campus.

The St. Luke's Campus currently provides bicycle parking and shower facilities for bicyclists. The number of new bicyclists expected to be generated by the proposed Replacement Hospital and MOB Project will be accommodated by bicycle parking facilities in the existing and proposed parking garages, showers and lockers that will be provided within the Replacement Hospital, and new bicycle parking facilities in the new plaza that will connect 27th Street to Cesar Chavez Street.

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

The proposed use is subject to the standard conditions of approval for safeguarding against noxious or offensive emissions such as noise, glare, dust and odor, as outlined in Exhibit A.

The FEIR identifies mitigation measures, proposed to be implemented through the MMRP, that address impacts related to dust and to noise during both the construction and operational phases (see DEIR pages 4.7-29 to 4.7-33 and 4.7-59 to 4.7-60 for dust; and DEIR pages 4.6-51 to 4.6-53, 4.6-61 to 4.6-62, 4.6-74 to 4.6-79, 4.6-86 to 4.6-88 and 4.6-90 to 4.6-94 for noise).

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

The St. Luke's Replacement Hospital and MOB Project will include significantly improved landscaping along Cesar Chavez Street, Valencia Street, Duncan Street, San Jose Avenue, and 27th Street, as well as throughout the Campus. It includes sidewalk bulbs and thumbnails to reduce the street crossing distance for pedestrians in the area; sidewalk widening, landscaping, street trees and new pedestrian oriented lighting around the Campus; and a new pedestrian plaza that connects 27th Street to Cesar Chavez Street. Planters, benches, and paving compatible with the surrounding residential neighborhood would also be incorporated into the design. Several existing mature trees within the footprint of the Neuroscience Institute would be removed, while the existing Landmark Fig tree would remain, and new trees would be placed on the subject property and within the sidewalk. The new Upper and Lower plaza that will run parallel to the Replacement Hospital, emulating the path of the former San Jose Avenue right-of-way will be constructed, creating an environment that both patients and residents can enjoy. The St. Luke's Replacement Hospital and MOB Project will include the replacement of an existing surface parking lot with a landscaped plaza and well-articulated hospital building that is compatible with the scale, massing, and materials of the surrounding neighborhood character.

As explained above, the St. Luke's Campus would seek a modification to the required off-street parking through this PUD, in order to provide parking consistent with the demand on the

Campus. The loading/service area would be located on the north side of the Replacement Hospital, accessed off of Cesar Chavez Street, within an enclosed concrete-walled basement of the Replacement Hospital, in order to minimize noise disturbance. Truck maneuvering occurs entirely within the basement due to a hammerhead turning arrangement, allowing head-in/head-out service. Ambulance access is on 27th Street with head-in/head-out service. This will reduce or eliminate the automatic activation of ambulance back-up beepers, minimizing disturbance to the adjacent residential neighbors. Ambulances will maneuver off the street to further minimize disturbance and traffic impacts from their activity. Both the Emergency Department and service/loading entrances are placed as far from adjacent neighbors as is practicable.

The underground St. Luke's MOB parking garage is entered and exited from Valencia Street and Cesar Chavez Street. The St. Luke's MOB garage access is on a non-residentially developed street to minimize impact to residential traffic. Bicycle parking is provided at the new St. Luke's MOB and is separately accessed from Valencia Street.

CPMC's commitments under the proposed Development Agreement would include construction of a series of pedestrian safety improvements around the St. Luke's Campus, valued at approximately \$3.3 million. The FEIR determined that the St. Luke's Replacement Hospital and MOB 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 4.2-191 to 4.2-192).

The Conditions of Approval require CPMC to prepare a signage program for review and approval by the Department.

- 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 St. Luke's Replacement Hospital and MOB 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 features being modified through General Plan, Planning Code, and Zoning Map Amendments, such as height, FAR, and Bulk; and with exceptions to the rear yard, parking, and permitted obstructions requirements of the Code, as allowed through the Planned Unit Development process (see PUD findings, below). CPMC has met the applicable provisions of Planning Code Section 304.5 concerning IMPs. The St. Luke's Replacement Hospital and MOB 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. The proposal complies with the provisions set forth in Section 304 of the Planning Code for Planned Unit Developments (PUDs) in that the property is greater than ½ acre and is under one ownership. The St. Luke's Replacement Hospital and MOB Project would be developed as an integrated component of the existing medical center. It would also be of exceptional design, and complement the design of the surrounding area. The CU application describes the St. Luke's Replacement Hospital and MOB Project in detail, and is accompanied by an overall development plan showing, among other things, a street tree plans, landscaping plan, and streetscape plan.

The St. Luke's Replacement Hospital and MOB Project also includes other commitments such as the preparation and submittal of a Construction Management Plan and TDM Program, which are necessary to a determination that the objectives of this Section are met, and that the proposed development warrants the modification of provisions otherwise applicable under this Code.

In addition to the criteria applicable to conditional uses as stated in Planning Code Section 303(c), which is discussed above, a proposed PUD also must meet criteria requiring that it shall:

- A. Affirmatively promote applicable objectives and policies of the General Plan;

The St. Luke's Replacement Hospital and MOB 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.

- B. Provide off-street parking adequate for the occupancy proposed.

The new St. Luke's Replacement Hospital will be constructed on a previously developed medical campus containing many existing uses and parking areas. With the new Replacement Hospital and demolition of the Hospital Tower, the Campus initially will provide approximately 245 parking spaces where 464 would be required. After construction of the St. Luke's MOB with 219 parking spaces, the Campus will have a total supply of approximately 464 off-street parking spaces, although the Campus will still have a Code deficit of approximately 162 spaces.

This deficit will be offset by a combination of valet/tandem parking, providing parking at off-site facilities with shuttle service to the Campus, or other arrangements.

To alleviate potential traffic or parking congestion caused by the Replacement Hospital and St. Luke's MOB, CPMC is committed to reducing demand for automobile trips by implementation and augmentation of its TDM program, as described in more detail in Exhibit D of Motion No. 18594.

- C. Provide open space usable by the occupants and, where appropriate, by the general public, at least equal to the open spaces required by the Planning Code.

The existing medical facilities at the St. Luke's Campus are laid out as an integrated campus, with limited main entries from the street and several internal connections within the campus. Section 134(a) and (c) provide for a "required rear yard" of between 45% and 25% of the depth of the lot. A typical residential rear yard pattern is not applicable in the case of a medical campus and is less needed by the occupants of the Campus, due to the use of the facility. Nonetheless, the existing Campus is constructed over approximately 46% (80,292 square feet) of the lot, with an open and unbuilt area of approximately 54% (94,921 square feet), containing both landscape and hardscape areas. The new Replacement Hospital and St. Luke's MOB Project would include a pedestrian plaza that connects 27th Street to Cesar Chavez Street, which would increase and improve the quality and quantity of open space accessible to both public and occupants of the Campus.

The Replacement Hospital and St. Luke's MOB would also include a community room, facing the Lower Plaza, which would provide usable space for the Community, as well as significant improvements in the public right-of-way that would create a more attractive public face to the St. Luke's Campus, safer vehicle operations, and a more direct entrance to the Campus from the south.

- D. In R Districts, include commercial uses only to the extent that such uses are necessary to serve residents of the immediate vicinity, subject to the limitations for NC-1 Districts under the Planning Code, and in RTO Districts include commercial uses only according to the provisions of Section 230 of the Planning Code.

The new St. Luke's Replacement Hospital and MOB Project would include a 4,160 square foot retail space within the MOB, fronting Cesar Chavez and Valencia Streets. This retail space will be available for use by campus physicians and patients as well as members of the general public. It is considered incidental and accessory to the medical campus and not a principle commercial use. Its location along the commercial corridors of Cesar Chavez Street and Valencia Street make it consistent with the commercial character of those streets, while also being consistent with the NC-1 controls of the Planning Code, which principally permit retail uses. Signage for the retail spaces will be limited to signage permitted in the NC-1 District, and must be submitted to the Department as part of the Campus sign program, as outlined further in the Conditions of Approval in Exhibit A.

- E. Under no circumstances be excepted from any height limit established by Article 2.5 of the Planning Code, unless such exception is explicitly authorized by the terms of the Planning Code. In the absence of such an explicit authorization, exceptions from the provisions of the Planning Code with respect to height shall be confined to minor deviations from the provisions for measurement of height in Sections 260 and 261 of the Planning Code, and no such deviation shall depart from the purposes or intent of those sections.

No exceptions to height limits are being sought as part of the PUD Application for the St. Luke's Replacement Hospital and MOB Project; an increase to the height limit for the portion of the lot currently zoned for 65-A to 105-E is being sought separately through Zoning Map and General Plan Map Amendments.

- F. Provide street trees as per the requirements of Section 143(j) of the Code.

Planning Code Section 143(j) was redesigned in 2010, and conforming changes to Planning Code Section 304(d)(10), which sets forth the above criterion for PUD approvals, have not yet been made. Planning Code Section 138.1 now includes the requirements for the provision of street trees formerly located within Section 143(j). Section 138.1(c)(1)(ii)(cc) requires one 24-inch box street tree for every 20 feet of frontage and every remaining 10-foot fraction thereof, for new construction and additions of at least 20%.

The St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 138.1 of the Planning Code in that one tree will be provided within the public right-of-way or within the plaza setbacks for every 20-feet of street frontage for new construction.

- G. Provide landscaping and permeable surfaces in any required setbacks in accordance with Section 132 (g) and (h).

Planning Code Section 132(g) generally requires that all front setback areas required in connection with construction of a new building shall be appropriately landscaped, meet any applicable water use requirements of Administrative Code Chapter 63 (Water Efficient Irrigation Ordinance), and in every case not less than 20% of the required setback area shall be and remain unpaved and devoted to plant material, including the use of climate appropriate plant material as defined in Public Works Code Section 802.1. Planning Code Section 132(h) requires that the front setback area shall be at least 50% permeable so as to increase stormwater infiltration.

The St. Luke's Replacement Hospital and MOB Project complies with the provisions set forth in Section 132(g) and (h) in that there are no required front setbacks for the St. Luke's Campus. However, the streetscape and landscape plans include climate appropriate plant material and street trees both in the public right-of-way and on the Campus to achieve the intent of this Section.

10. **General Plan Compliance.** The St. Luke's Replacement Hospital and MOB Project is, on balance, consistent with the Objectives and Policies of the General Plan, as outlined in Motion No. 18592.
11. **Planning Code Section 101.1(b)** establishes eight priority-planning policies and requires review of permits for consistency with said policies. On balance, the St. Luke's Replacement Hospital and MOB Project complies with said policies, as outlined in Motion No. 18592.
12. The St. Luke's Replacement Hospital and MOB 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 in that, as designed, the St. Luke's Replacement Hospital and MOB 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.
13. 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. 2009.0886MTZCBRSK** 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. 18594. 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, Miguel, Moore, and Sugaya

NAYS:

ABSENT: Wu

ADOPTED: April 26, 2012

EXHIBIT A

AUTHORIZATION

This authorization is for a Conditional Use authorization, pursuant to Planning Code Sections 134, 136, 151, 209.3(a), 209.9, 253, 270, 271, 303, and 304, for the **St. Luke's Replacement Hospital and MOB** (for purposes of this Exhibit A only, referred to as the "Project") in order to: (1) amend a previously approved conditional use authorization for a Planned Unit Development, including exceptions to/exemptions from otherwise applicable rear yard and off-street parking requirements; (2) allow exceptions from the dimension limitations for projections over streets or alleys as part of a PUD; (3) allow buildings over 40'-0" in the RH-2 (Residential House, Two-Family) Zoning District; and (4) allow deviation from the bulk limits, in order to develop a new five-story, 146,410 gsf, St. Luke's Replacement Hospital on a surface parking lot (Assessor's Block/Lots 6576/021) and over a portion of a vacated San Jose Avenue; demolish the existing St. Luke's Hospital Tower; construct a new five-story, 104,008 gsf Medical Office Building (Assessor's Blocks/Lots: 6575/001, 002); and construct landscape and hardscape improvements throughout the Campus, including the Upper and Lower Plazas, within the RC-2 (Residential House, Two-Family) Zoning District, and 105-E Height and Bulk Districts; in general conformance with plans, dated **February 22, 2012**, and stamped "EXHIBIT B" included in the docket for Case No. **2009.0886MTZCBRSK** and subject to conditions of approval reviewed and approved by the Commission on **April 26, 2012** under Motion No 18594. 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 18594.

PRINTING OF CONDITIONS OF APPROVAL ON PLANS

The conditions of approval under the "EXHIBIT A" of this Planning Commission Motion No. 18594 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

Validity and Expiration.

1. The authorization and right vested by virtue of this action is valid for five (5) years as to St. Luke's Hospital, and seven (7) years as to the St. Luke's MOB, from the effective date as defined in Condition of Approval No. 23, as it may be extended under Condition of Approval No. 2, and supersedes conditions of approval contained in Resolution No's. 6078 and 6714. 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 as to St. Luke's Hospital, and seven (7) years as to the St. Luke's MOB, 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 as to St. Luke's Hospital and seven (7) years as to the St. Luke's MOB 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 St. Luke's 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 Replacement Hospital and St. Luke's 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 St. Luke's [near-term] 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 Replacement Hospital and St. Luke's 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.** CPMC shall submit a final design proposal, specifying all final materials, glazing, color, texture, landscaping, and detailing for the MOB to Department staff for review and approval. The Department may require CPMC to provide reduced copies of the final design for an informational presentation to the Planning Commission in order to update them on the final design for the MOB and the final Campus landscape plan. The architectural addenda for the MOB shall also 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 2009.0886C. 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. 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 specifically described in the Development Agreement, Exhibit H, Schedule A, Section II, shall be incorporated into the plans dated February 22, 2012, and stamped "EXHIBIT B" included in the docket for Case No. 2009.0886C. 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 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

8. **Tree Plan.** The Tree Plan shall include all existing and proposed trees, and will specific all Significant Trees, existing trees to-be-removed, and existing trees to remain, and shall include 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. 2009.0886C. 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. All 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. **Stormwater Control Plan (Hospital).** Stormwater Control Plan (Hospital). To manage the peak flow and discharge volume of stormwater for the Replacement Hospital Project, the Project Sponsor shall prepare a Stormwater Control Plan (SCP) in a form approved by the San Francisco Public Utilities Corporation (SFPUC). The SCP shall cover the Replacement Hospital through the 'interim condition' including the public plaza and temporary drive-through / tree farm at the corner of Cesar Chavez and Valencia Streets, more fully described in the Plans on file for the Project, stamped Exhibit B, dated February 22, 2012. Prior to the issuance of the Site Permit or Building Permit the SFPUC shall approve the Preliminary SCP for the project. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2. A separate Preliminary SCP shall be submitted for the St. Luke's Medical Office Building, as described below in Condition No. 12.

For information about compliance, contact the SFPUC at stormwaterreview@sfwater.org

12. **Stormwater Control Plan (MOB).** Stormwater Control Plan (MOB). To manage the peak flow and discharge volume of stormwater for the MOB Project, 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 Site Permit or Building Permit for the St. Luke's MOB, the SFPUC shall approve the Final SCP for the project. The elements of the SCP are more fully described in Mitigation Measure M-HY-N2. A separate Preliminary SCP shall be submitted for the St. Luke's Replacement Hospital and associated public plaza and interim improvements, as described above in Condition No. 11.

For information about compliance, contact the SFPUC at stormwaterreview@sfpuc.org

13. **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

14. **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. 2009.0886C. 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

15. **Signage.** The Project Sponsor shall develop and submit to the Department a sign program for the entire St. Luke's Campus – including all retail spaces – prior to occupancy of the new Replacement 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

16. **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

17. **Showers and Clothes Lockers.** Pursuant to Planning Code Section 155.3, the Project shall provide no fewer than eight showers and 16 clothes lockers.

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

18. **Parking Requirement.** Pursuant to Planning Code Section 151, the St. Luke's Campus shall provide a minimum of 449 independently accessible off-street parking spaces upon completion of both the Replacement Hospital and MOB buildings.

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

19. **Car Share Parking.** Pursuant to Planning Code Section 166, the Project shall provide no fewer than 9 car share parking spaces

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

20. **Off-Street Loading.** Pursuant to Planning Code Section 152, the Project shall provide a minimum of one off-street loading space within the Replacement Hospital.

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

21. **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

22. **Off-Site Parking During Construction.** The Project Sponsor shall maintain the existing public on-street parking spaces during the duration of building construction for public use, other than limited periods of time for specified activities as detailed in a construction phasing schedule outlined in the Construction Management Plan for the Project.

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

PROVISIONS

23. **Effective Date.** This approval is contingent on and will be of no further force and effect 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

MONITORING - AFTER ENTITLEMENT

24. **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

25. **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

OPERATION

26. **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>

27. **Sidewalk Maintenance.** The Project Sponsor shall maintain the main entrance to the building 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>

28. **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

29. **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. 2009.0886C. 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

30. **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

31. **Hours of Operation.** The St. Luke's Replacement Hospital and MOB will be generally open to the public and for visitors during the following hours of operation: Hospital: 7 days a week, 7:00 a.m. to 7:00 p.m., MOB: Monday through Friday from 7:00a.m. to 7:00p.m. The Campus is 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, 7 days per week. 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, Hospital including Sat/Sun).

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

32. **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

33. **Transportation Demand Management Plan.** An Enhanced Transportation Demand Management (TDM) Plan, dated March 24, 2011, attached as Exhibit D and designated as applicable to the St. Luke's 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 St. Luke's Replacement Hospital and St. Luke's 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

Improvement Measures	MONITORING AND REPORTING PROGRAM				
	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
IMPROVEMENT MEASURES AGREED TO BY PROJECT SPONSOR					
TRANSPORTATION AND CIRCULATION					
<i>I-TR-5 (Cathedral Hill): Off-Street Parking Queue Abatement</i>					
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.	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.
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.					

MONITORING AND REPORTING PROGRAM					
Improvement Measures	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<i>I-TR-40 (Cathedral Hill): Pedestrian Improvements</i>					
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.	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 study and 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.
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.					

MONITORING AND REPORTING PROGRAM					
Improvement Measures	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<i>I-TR-87 (St. Luke's): Provide Pedestrian/Bicycle Improvements</i>					
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>I-TR-88 (St. Luke's): Install Pedestrian Crosswalks</i>					
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>I-AQ-N2 (Davies [near-term], St. Luke's): Install Accelerated Emission Control Device on Construction Equipment</i>					
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
<p>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.</p> <p>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.</p> <p>For long-term projects, which are presumed to be when Tier 4 equipment would be widely available, all diesel equipment of all types shall meet Tier 4 standards.</p>					

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.
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MONITORING AND REPORTING PROGRAM					
Improvement Measures	Responsibility for Implementation	Implementation Schedule	Implementation Action	Monitoring/Reporting Responsibility	Monitoring Schedule
<p>TPZ.</p> <ul style="list-style-type: none"> 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. <p>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.</p>					
GEOLOGY AND SOILS					
<i>I-GE-N6 (Cathedral Hill):</i>					
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>I-HZ-N1// I-HZ-N3(Cathedral Hill/Davies [near-term], St. Luke's [with or without variants]):</i>					
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.

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 Facility³

	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. Advant 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 to \$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 Services⁴

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	10	381	38%
		2.40 pm - 8.50 pm			
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	15	82	24%
		3.15 pm - 6.15 pm			
St. Luke's	St. Luke's to 24th Street BART	6.25 am - 8.55 am	30	n/a	n/a
		3.05 pm - 6.05 pm			

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 Campus⁶

	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 Demand⁷

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 be 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 Campus¹²

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.

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.

