MASTER SITE & FACILITY PLAN

Supporting Documents

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

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Stevens HOSPITAL

SUPPORTING DOCUMENTS

EDMONDS, WASHINGTON

June 25, 2007 #207037.00

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MEETING MINUTES

February 13, 2007

Stevens Healthcare
Project Number 207037.00

Re: Meeting with City of Edmonds Officials

Those Present:
City of Edmonds: Duane Bowman (Director), Steve Bullock (Sr. Planner), Don (Traffic Engineer)
Callison: David Chamness, Bob Hutnik

Location:
City of Edmonds

Items Discussed:

1. Bob Hutnik introduced Callison as the firm that was selected to develop a hospital master plan over the next 6 months.
2. Zoning Issues Discussed:
   a. Height:
      - CG2 was approved to 75' allowed.
      - MU zone is 35' or per the underlying comprehensive master plan for Stevens. (The City will get Callison a copy by the end of this week.)
   b. Any FAR – No.
   c. Development is managed through height, setback, and parking.
   d. No open space is required.
   e. Wetlands – There are no known wetlands on the Stevens site or any underground streams.
   f. Parking – Will determine ultimate development size.
   g. Traffic – Site needs traffic calming and pedestrian access. New traffic report will be issued by the City at the end of February.
   h. Transit – Highway 99 is a designated Bus Rapid Transit route.
      - Final bus stop location is being considered for 220th and 216th. 228th is also under consideration with connection to 76th.
   i. Highway 99 – Task force is an important group to provide review and input.
      - Meets 3rd Monday of each month.
      - Members include:
        Duane Bowman – City of Edmonds.
        Rob Chave
        City Traffic Engineer
        3 Council Members
        Polly Junkermier-Poole – Stevens
        Dale Behar – Funtasia Site Developer
        Jim Underhill – Citizen Representative
        Others (Lynnwood Honda owner, etc.)

   j. Dale Behar is advocating 220th as BRT stop.
   k. Jim Underhill is advocating part of area to be down zoned to single family.

2. Process:
   a. Underlining comprehensive plan governs based on existing Stevens master plan.
   b. Consideration to amend comprehensive plan in 2007 is closed.
   c. Amendments for consideration for December 2008 must be filed with City for review prior to December 2007. No use of new master plan component to be used for official review prior to January of 2009.
   d. Therefore any Phase 1 project to be executed or funded by bond prior to January 2009 must comply with current regulations.
   e. November 2007 elections has Regional RTID and Sound Transit Phase 2 levy and bonds for voter consideration. Both are large dollar requests.
   f. Spring or fall of 2008 has EMS bond vote.
3. Finally, Duane advised both Steve and Don will be leaving the City for a private consulting firm.
4. Rob Chave will be our main contact with the City.

These minutes are an accurate account of the meeting comments to the best of my knowledge. Please contact me if any questions arise or any discrepancies are observed.

Robert J. Hutnik, AIA
Principal

RJH:my

c: Those Present
Stevens: Sarah Zabel, Polly Junkermier-Poole, Dave Oskamp
Callison: File #9

mtn-city of Edmonds-hh-2-15:Original sent via: mail

CITY OF EDMONDS MEETING

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Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
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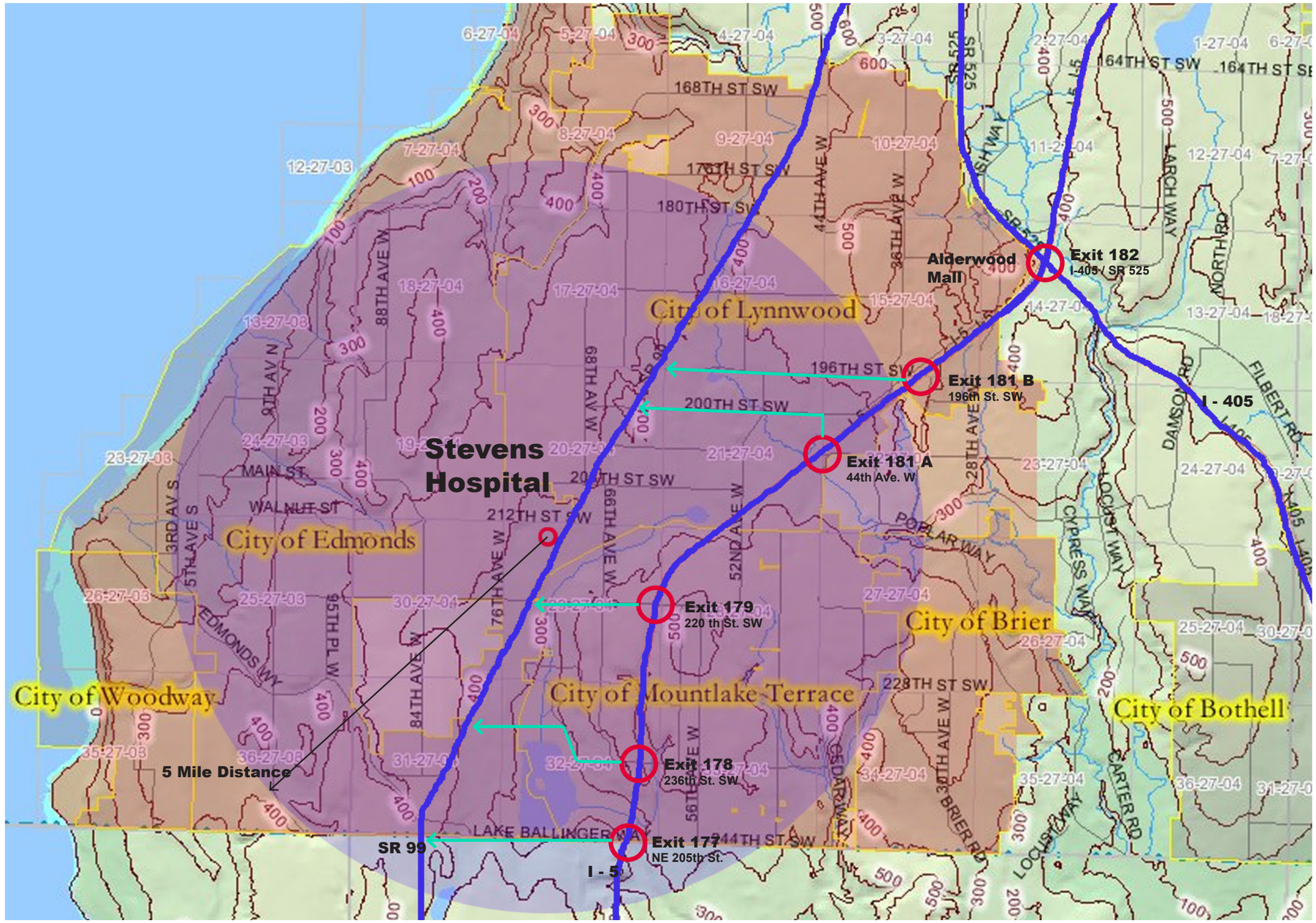

Population *

Edmonds	40,360
Woodway	1,165
Brier	6,480
Lynnwood	35,240
Mountlake Terrace	20,390
Everett	101,100
Mukilteo	19,620
Mill Creek	17,460
Shoreline	52,830
Lake Forrest Park	12,770
Bothell	22,401

* Office of Financial Management, State of Washington

5 CITY AREA MAP

True North

Plan North

Stevens HOSPITAL

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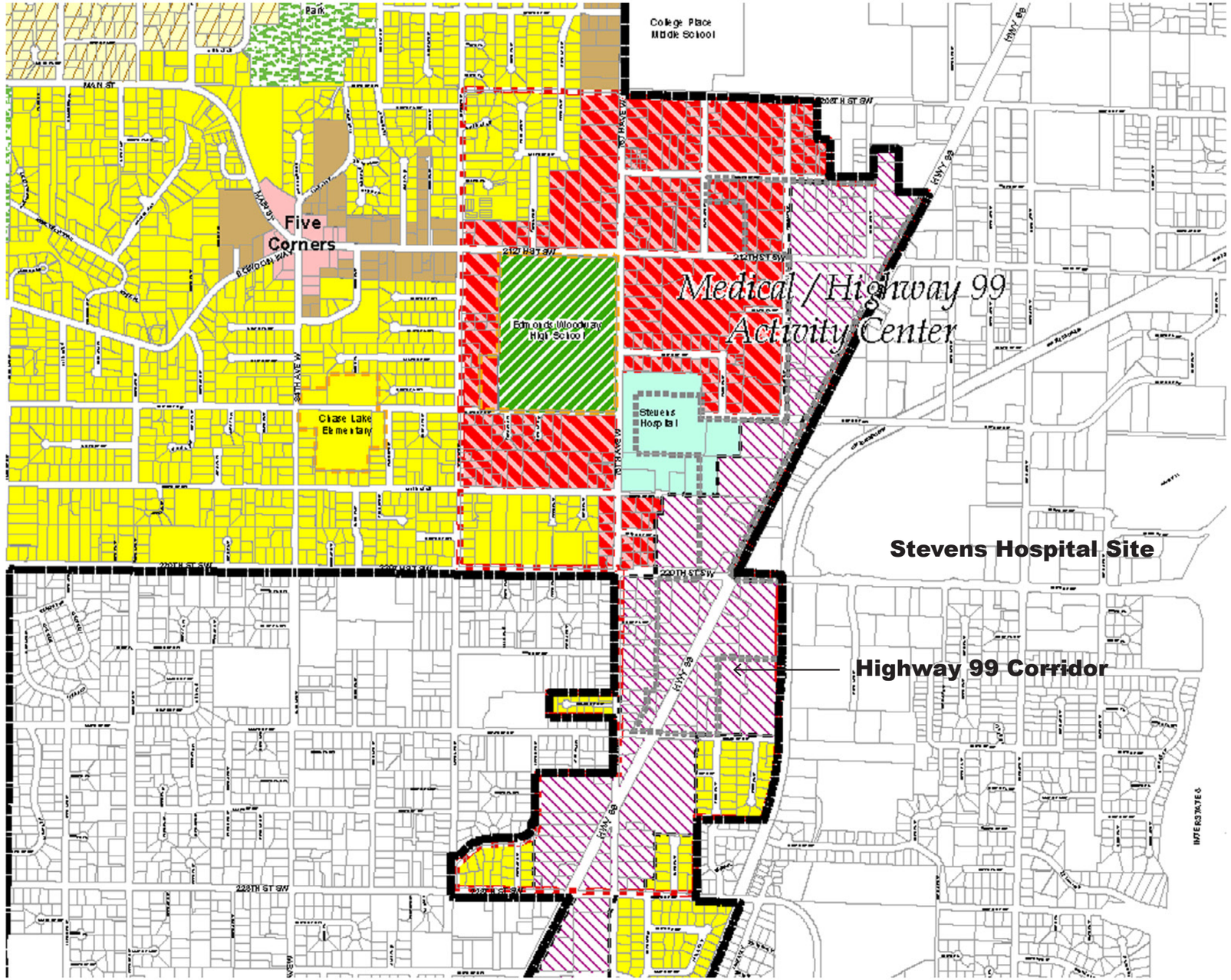

Comprehensive Plan

Plan Designations

- Single Family - Urban 1
- Single Family - Urban 2
- Single Family - Urban 3
- Single Family - Resource
- Single Family Master Plan
- Multi Family - Medium Density
- Multi Family - High Density
- Neighborhood Commercial
- Community Commercial
- Planned Business / Neighborhood Business
- Mixed Use Commercial
- Highway 99 Corridor
- Edmonds Way Corridor
- Hospital / Medical
- Master Plan Development
- Public

Plan Overlays

- Activity Center
- Corridor Development
- Park
- School
- Hi-Rise Node
- Edmonds City Limits

True North

Plan North

MEDICAL DISTRICT PLAN

5

Stevens HOSPITAL

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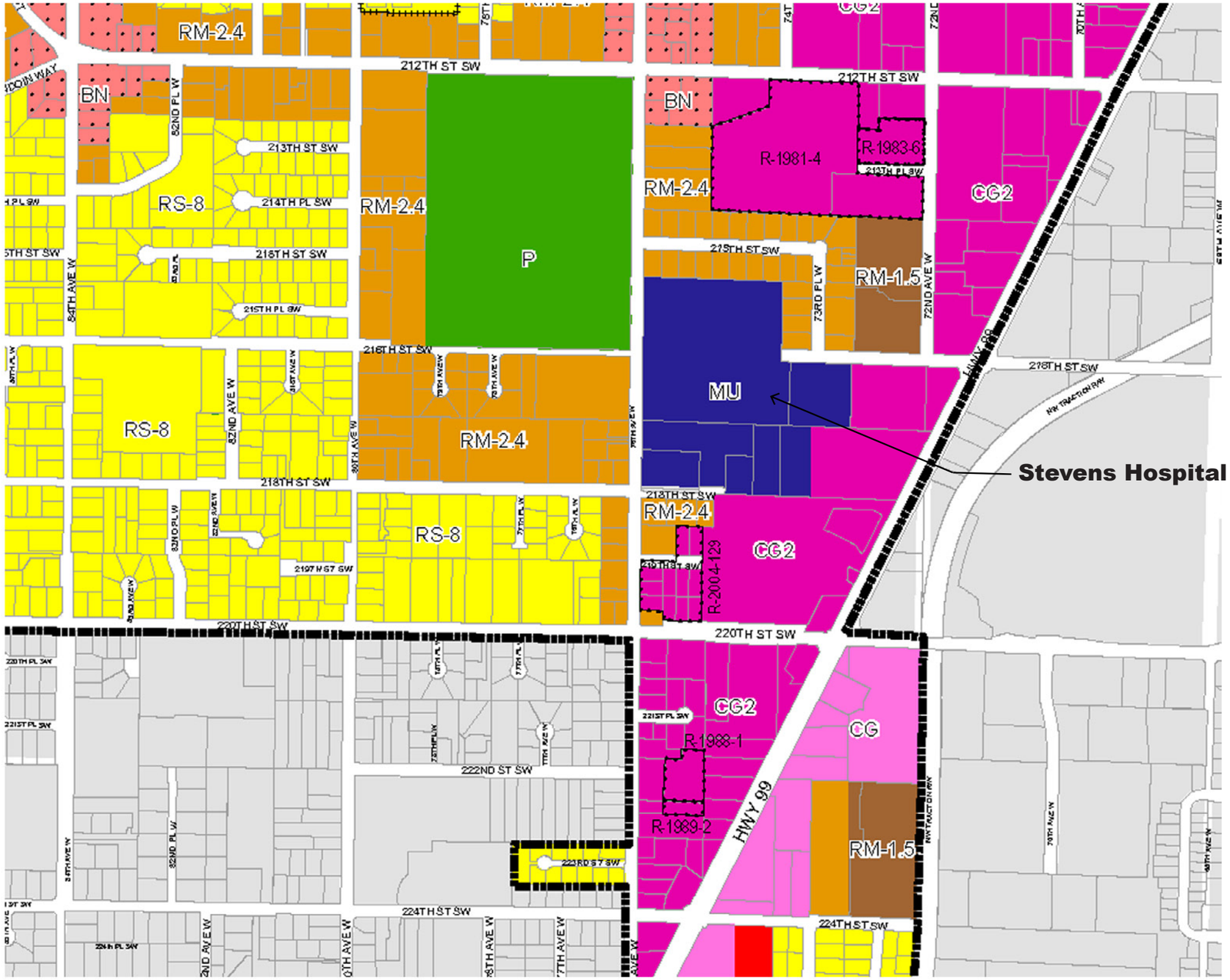

Zoning Designations

Single Family

- RS-6 — Single Family; 6,000 sq. ft. lots
- RS-8 — Single Family; 8,000 sq. ft. lots

Multi Family

- RM-3 — Multi Family; 3,600 sq. ft. of lot area per unit
- RM-2.4 — Multi Family; 2,400 sq. ft. of lot area per unit
- RM-1.5 — Multi Family; 1,500 sq. ft. of lot area per unit

Commercial

- BP — Planned Business
- BN — Neighborhood Business
- BC — Community Business
- CG — General Commercial (Max. ht. 35 ft)
- CG2 — General Commercial (Max. ht. 45 ft)

Other

- MU — Medical Use
- P — Public Use
- OS — Open Space

MU: Med ical Use

Requirements :

Min. Lot Area	None
Min. Lot Width	None
Min. Street Setback	15 ft.
Min. Rear/Side Setback	15 ft.
(25 ft. adjacent to Single Family)	
Max. Height	35 ft.*
(Comprehensive Plan and Master Plan establish heights)	
Max FAR	None

CG2: General Commercial

Requirements :

Min. Lot Area	None
Min. Lot Width	None
Min. Street Setback	4 ft.
(fully landscaped)	
Min. Rear/Side Setback	None
(15 ft. adjacent to RM or RS)	
Max. Height	75 ft.*
(None within Hi-Rise Node)	
Max FAR	None

AREA ZONING MAP

True North

Plan North

Stevens HOSPITAL

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Commuter and Park & Ride Locations:
-Mountlake Terrace P&R
-Aurora Village Transit CTR
-Edmonds P&R
-Lynnwood Transit CTR
-Edmonds Transit CTR
-Swamp Creek P&R
-Ash Way P&R
-Mariner P&R
-Edmond Ferry Terminal & Rail Station
-Mukilteo ferry terminal
-Everett Station
-Eastmont P&R
-McCollum P&R
-Canyon Park P&R

Bike Routes:
-Interurban Trail
-North Creek Trail
-Lowel Riverfront Trail

Bus Routes serving:

Edmonds
Local: 100/101, 110, 112, 114/115/116, 118, 131
Commuter: 404/405, 406, 416, 441, 810, 870/871
Sound Transit: Sounder

Seattle (Downtown)
Commuter: 401/402, 404/405, 406, 408, 410/411, 412, 413, 414, 415, 416, 417, 421, 422, 424, 425, 435, 477
Sound Transit: 510/513, 511, Sounder

Everett (Downtown)
Local: 100/101, 200/201/202, 270/271/275, 277*, 280*
Sound Transit: 510/513, 532/535, Sounder
Everett Transit
Island Transit
Skagit Transit

TRANSPORTATION LINKS

True North
Plan North

Stevens HOSPITAL

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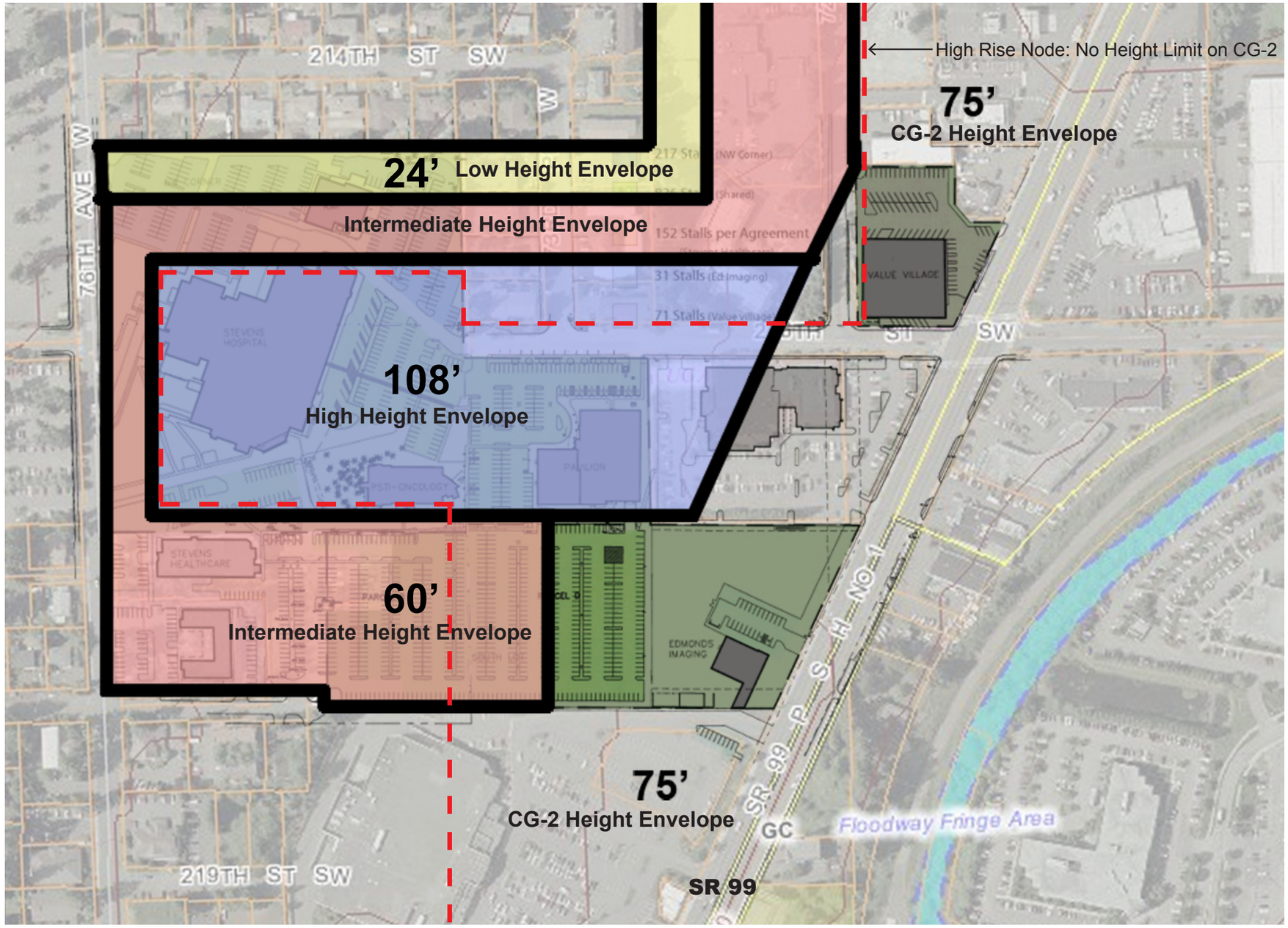

Get Data from MP 1995

Data ----------

DEVELOPMENT HEIGHTS

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True North

Plan North

Stevens HOSPITAL

SUPPORTING DOCUMENTS
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Stevens Healthcare
Masterplan Process
Key metrics by Service Line
13 FEB 2007

Beds	Licensed =	217
	In-service =	100
	Average census =	87 target for 2007
Surgeries	annual cases 07	5,628 total
	Inpatient cases	2,055 = 37%
	Outpatient cases	3,573 = 63%
ED	annual visits 07	42,139
Deliveries	annual cases 07	1,207

Average age of plant — Strategic Goal reduce avg age to **9.5**

10.8	12.4	13.6	**14.3**
2004	2005	2006	**2007**

Industry trend – facility indicators
Focus on Quality Outcomes and Patient Safety
Embracing innovations and new technologies
Digital hospitals increase operating revenues and decrease length of stay
Population Shifts and Growing Consumerism
Physicians: Competitors or Collaborators
The Workforce Challenge and Opportunity
The public mental health system is failing
Payers will play a more active role in managing health
Disease management programs are expanding
Expansion in profitable service lines: cardiac care, cancer care, emergency departments

Goals
Increase market share
Increase net revenues
Renew core service lines
Increase quality and satisfaction
Improve physician relationships

2006 In Review- Key Accomplishments

- Implemented an electronic medical record at Birth and Family Clinic
- Contracted with Cellnetix for Pathology and Laboratory Medical Directorship
- Added a new mammographer (Dr. Silbergeld)
- Opened Stevens Radia Imaging Center
- On target to achieve goal of $1.2M bottom line
- Conducting first employee survey in 10 years
- Established a new Foundation
- Developing an IS Strategic Plan
- Significantly exceeded PacLab performance targets
- Began daily patient rounding by clinical managers
- All six 100k lives campaign initiatives in place- surpassed goal for lives saved
- Surpassed annual goal of 60 positive news stories
- Unaided awareness of Stevens is growing (23% in 2004 to 53% in 2006)

Strategic Plan Report Card

Increase in outpatient visits of 10% by June 30, 2007
Increase in number of active medical staff from 240 to 350

Population
2006: 444,221
2011: 461,763
Growth: 17,542 (3.9%)

ED is the first focus for facility improvements
- Improve physical environment
- Improve throughput
- Improve image to community
- Improve on scores on quality measures
  - ✓ Left without being seen percentage
  - ✓ Length of stay in ED
  - ✓ % of time ED is on divert
  - ✓ Likelihood to recommend score

58% of hospital admissions begin here

Surgery is the second focus for facility improvements
- High need for investment in facility and technology
- Competition with O/P Surgery Centers

"Fix Up" Facilities

- Develop a master site and facilities plan
- Improve the look and functionality of key physician and staff spaces
- Improve the appearance of the exterior of the building
- Improve public areas of Stevens Hospital; create new interior design template
- Develop a 3 year capital equipment replacement plan

Key Metrics by Service Line

Stevens Healthcare
Metric breakdown by service line
3/5/2007

DGSF to FGSF factor 1.25
FGSF to BGSF factor 1.10

	Service line	metric DGSF	metric FGSF	room QTY	area sub-total FGSF
Beds	Med / Surg Beds		1,000	32	32,000
	ICU / PCU beds		1,000	32	32,000
	total new constructed beds			64	
Surgery	OR's	3,000	3,750	8	30,000
	Phase I recovery	275	344	12	4,125
	Phase II recovery	275	344	20	6,875
	surgery subtotal				41,000
ED	Emergent & Urgent services	600	750	30	22,500
Imaging	RAD / ED	1,000	1,250	1	1,250
	Gen rad / RF	1,000	1,250	4	5,000
	CT	2,000	2,500	2	5,000
	MRI	2,000	2,500	1	2,500
	US	600	750	4	3,000
	Nuc Med	1,500	1,875	2	3,750
	Mammo	1,000	1,250	0	-
	Pet	2,000	2,500	0	-
	Subtotal Imaging				20,500
Cath / Cardio	Cath labs	3,000	3,750	2	7,500
	Subtotal Imaging & Cath				28,000
Pharmacy	In-patient pharmacy			Existing to remain	
Lab	Clinical Lab			Existing to remain	
Rehab	Out-patinet rehab			Existing to remain	
Support					
	Lobby		1,500	1	1,500
	Public services - misc		800	1	800
	Information		250	1	250
	Admitting		1,500	1	1,500
	Pre-surgery		1,500	1	1,500
	Central Sterile	600	750	8	6,000
	Sub-Total Support				11,550
	Sub-Total				167,050 FGSF
	Total New Beds		64		
	Total Area Projection				**183,755 BGSF**
	Total BGSF / new bed		2,871		
	Total Area w/o Imaging				**146,550 FGSF**
	Total Area Projection				**161,205 BGSF**
	Total BGSF / new bed		2,519		
	Total Area w/o Imaging & cath				**139,050 FGSF**
	Total Area Projection				**152,955 BGSF**
	Total BGSF / new bed		2,390		

Liscensed Beds	Current Total Beds	Projection Total beds	Overall Metric Per Bed
217	131	146	2,250

Liscensed bgsf/bed	**1,157**	**BGSF**
Current Medical Center bgsf/bed	**1,916**	**BGSF**
Actual total medical center area	**251,045**	**BGSF**
Projected total new construction based on bgsf/bed	144,000	BGSF
Projected total medical center area based on bgsf/bed	328,500	BGSF
Phase I project addition w/ imaging & cath total BGSF	183,755	BGSF
New total medical center bgsf/bed	434,800	BGSF
Phase I total project medical center bgsf/bed	2,978	BGSF
Phase I project addition w/o imaging & cath total BGSF	152,955	BGSF
New total medical center bgsf/bed	404,000	BGSF
Phase I total project medical center bgsf/bed	2,767	BGSF
Phase I project addition w/o imaging, cath, or beds total BGSF	88,955	BGSF
New total medical center bgsf/bed	340,000	BGSF
Phase I total project medical center bgsf/bed	2,595	BGSF

Current ED	8,510	DGSF
Current Imaging / Cath	16,000	DGSF

Metrics Break-down by Service Line

Stevens Healthcare
Masterplan 2007 - 2017
Service line growth projections
Worksheet

CALLISON

		growth rate per year 2006 - 2011	4%				growth rate per year 2011 - 2017	4%					
draft 3/28/2007													
Service Line Volumes	**Current 2006 service positions**	**2007**	**2008**	**2009**	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**Proposed Future Service Positions**
ED Visits	20 positions	42,139	43,825	45,578	47,401	49,297	51,269	53,319	55,370	57,503	59,718	61,689	41
Surgery Total	6 OR's	5,628	5,853	6,087	6,331	6,584	6,847	7,121	7,395	7,680	7,976	8,239	10
Surgery IP		2,055											
Surgery OP		3,573											
Total Deliveries		1,207				1,255						1,305	
c-sections													
LDRP's	13 beds												15
Total Average Daily Census w/o psych		87.00	90	94	98	102	106	110	114	119	123	127	
Bed distribution													
psych	23												23
Womens	13												13
Med Surg-Ortho	34												43
Med Surg-Onc	26												43
ICU	13												28
PCU	19												31
total beds w/o psych	105												158
total beds w/ psch	128												181
Admits w/o psych		7,644	7,950	8,268	8,598	8,942	9,300	9,672	10,044	10,431	10,833	11,190	
Avg length of stay		4.20				4.17						4.17	
total patient days		32,105				37,290						46,664	
service days		365				365						365	
Average room demand		87.96				102.16						127.85	
room utilization efficiency		85%				80%						80%	
Total room need w/o psych		103.48				128						160	

Service Line Growth Projections

Stevens Healthcare
Current Bed analysis
Optional new beds

3/28/2007 **DRAFT**

Level	Service Line	bed count	private	semi-private	Current Floor Total Beds	Proposed bed alimination semi-private beds	Proposed Service line Additional Beds	proposed Totals	Masterplan achievements Remarks
9	Psych	23	17	6	23		0	23	
8	Med / Surg / Oncology	26	26	0	26		0	26	
7	Birth Center	13	13	0	13		0	13	
6	Day Surg	0	0	0					
5	Med / Surg / Ortho	34	12	22	34	(6)	32	60	New 32 bed Med / Surg Unit
4	N/A								
3	ICU	13	13	0	32	(5)	32	59	New 32 bed ICU / PCU
	PCU	19	9	10					
2	N/A								
1	N/A	0							
B	N/A	0							
	Total Beds	128	90	38	128			181	
	Total beds w/o psych	105	73	32				158	All private care rooms w/o psych
	Total New Private Beds Constructed						64		
	Increased Bed capacity w/o psych						53		

CALLISON

Stevens HOSPITAL

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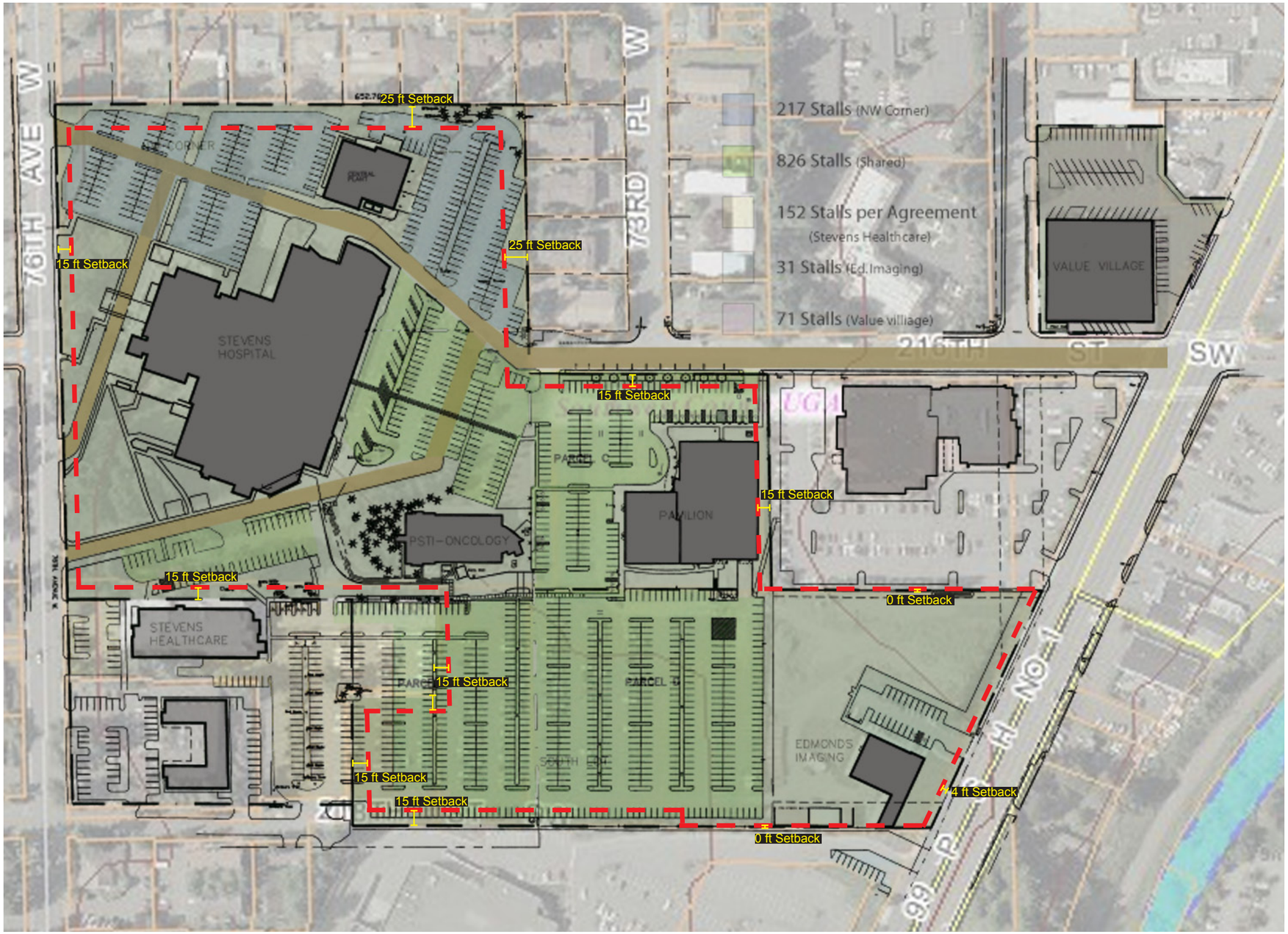
Current Bed Analysis



Hospital Actual Stalls = 217 (NW corner) + 826 = 1043 Stalls
Required Stalls = 384 (hospital) + 89 (oncology) + 437 (pavilion) = 910 Stalls
Surplus 133 Stalls

Parking Requiremt.

MU Zone
Hospital Use: 3 stalls/ bed
MOB Use: 1/ 200 sf

CG2 Zone
Retail Use: 1/300 sf
Office Use: 1/400 sf
Services Use: 1/600 sf
Restaurant Use: 1/200 sf
Hotel Use: 1/key
Daycare Use: 1/300 sf or 1/employee + 1/5 students (whichever is greater)
MF Residential 1.2 - 2/unit

Stevens Hospital
128 beds* x 3 = 384 stalls
Stevens Oncology Center
17,800 sf/200 = 89 stalls
Stevens Pavilion
87,387 sf /200 = 437 stalls
(365 spaces located on hospital parcels)

Stevens Healthcare Center
31,500 sf / 200 = 158 stalls
(152 designated spaces per agreement)
Stevens Radia Imaging Ctr.
6,333 sf / 200 = 32 stalls
(10 stalls @ Top Foods site)
Value Village
22,590 sf / 300 = 76 stalls

*Stevens Hospital is licensed for 217 beds (require 651 stalls), but actual beds currently at 128 beds.

True North
Plan North

EXISTING HOSPITAL SITE & PARKING

Stevens HOSPITAL

SUPPORTING DOCUMENTS
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CALLISON

Building Identification:

A	West Tower 1970
B	East Tower 1963
C	ED, Admit 1977, 82
C'	Central Addition 1967
D	Stevens Oncology 1989
E	Stevens Pavilion 1999
F	Kruger Clinic
G	Value Village
H	Stevens Radia Imaging
J	Stevens Plant Operations 1995
K	Stevens Health Center
L	Warren Medical Building

PHASE 1 - *BLDG ID=B*			**PHASE II** - *BLDG ID=C'*			**PHASE III** - *BLDG ID=A*			**PHASE IV** - *BLDG ID=C*			**PHASE V** - *BLDG ID=C*			
East Tower			DI Addition			West Tower			ED Addition			NE/SW Addition / Remodel			
1963			1967			1970			1977			1982			
levels	elevation	flr to flr	levels	elevation	flr to flr	levels	elevation	flr to flr	levels	elevation	flr to flr	levels	elevation	flr to flr	area
						level 9	466.2	12							13,622
						level 8	454.2	12							13,622
						level 7	442.2	12							13,622
						level 6	430.2	12							13,622
						level 5	418.2	12							13,622
penthouse	402.2	11				level 4	405.2	13							13,622
level 3	391.2	11				level 3	391.2	14					Elev. Parapet	406.8		13,622
level 2	380.2	11	roof	379.7		level 2	378.2	13	mechanical	378.8	11		Exist. 3rd lvl	391.2		29,138
level 1	368.7	11.5	level 1	366.7	13	level 1	366.7	11.5	level 1	368.8	10		mech floor	382.55	8.75	34,784
						basement	354.7	12					level 1	368.8	13.75	87,700
						sub basement - mid										19,092
						sub basement	339.7	15								925
																7,080
															Total	260,454

Pavillion - *BLDG ID=E*			
1999			
levels	elevation	flr to flr	area
roof	414		17,894
level 3	396	18	18,106
level 2	382	14	18,106
level 1	368	14	18,387
basement	356	12	14,894
total			87,387

Oncology Center - *BLDG ID=D*			
1989			
levels	elevation	flr to flr	area
roof			
level 2	386.5	16	8900
level 1	370.5	16	8800
Total			17700

Central Plant - *BLDG ID=J*			
1995			
levels	elevation	flr to flr	area
roof			
level 2	?	?	?
level 1	?	?	?
Total			?

AERIAL VIEW OF SITE

Stevens HOSPITAL

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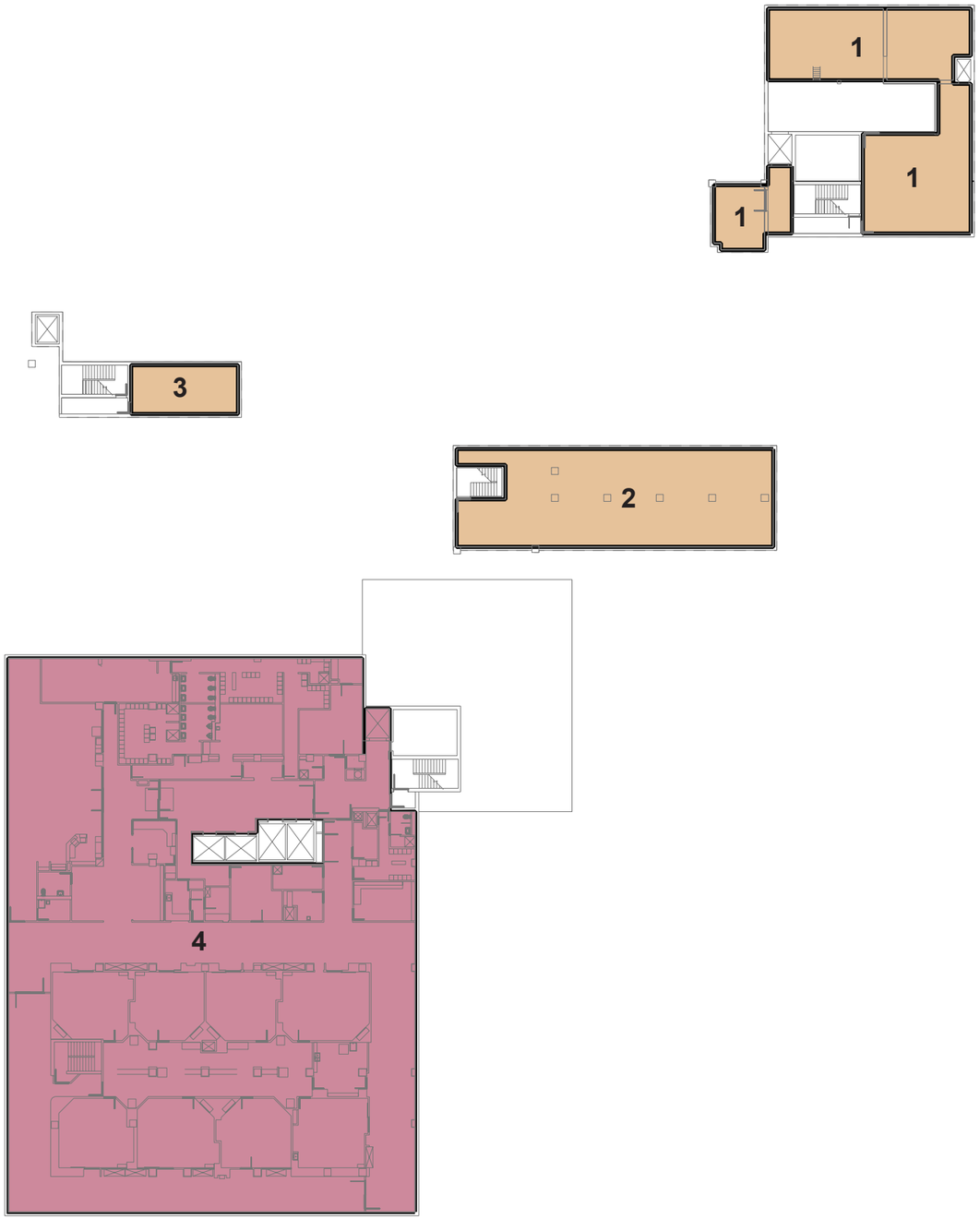

SUB BASEMENT
1 MECHANICAL - 2,581 DGSF
2 MECHANICAL - 2,400 DGSF

MID BASEMENT
3 TELEPHONE - 427 DGSF

BASEMENT
4 SURGERY (8 OR'S) - 17,556 DGSF

legend

- ADMINISTRATIVE & PUBLIC
- DIAGNOSTIC & TREATMENT
- INPATIENT UNITS
- SUPPORT SERVICES

True North
Plan North

Existing Block Planning; Level B

15

Stevens HOSPITAL

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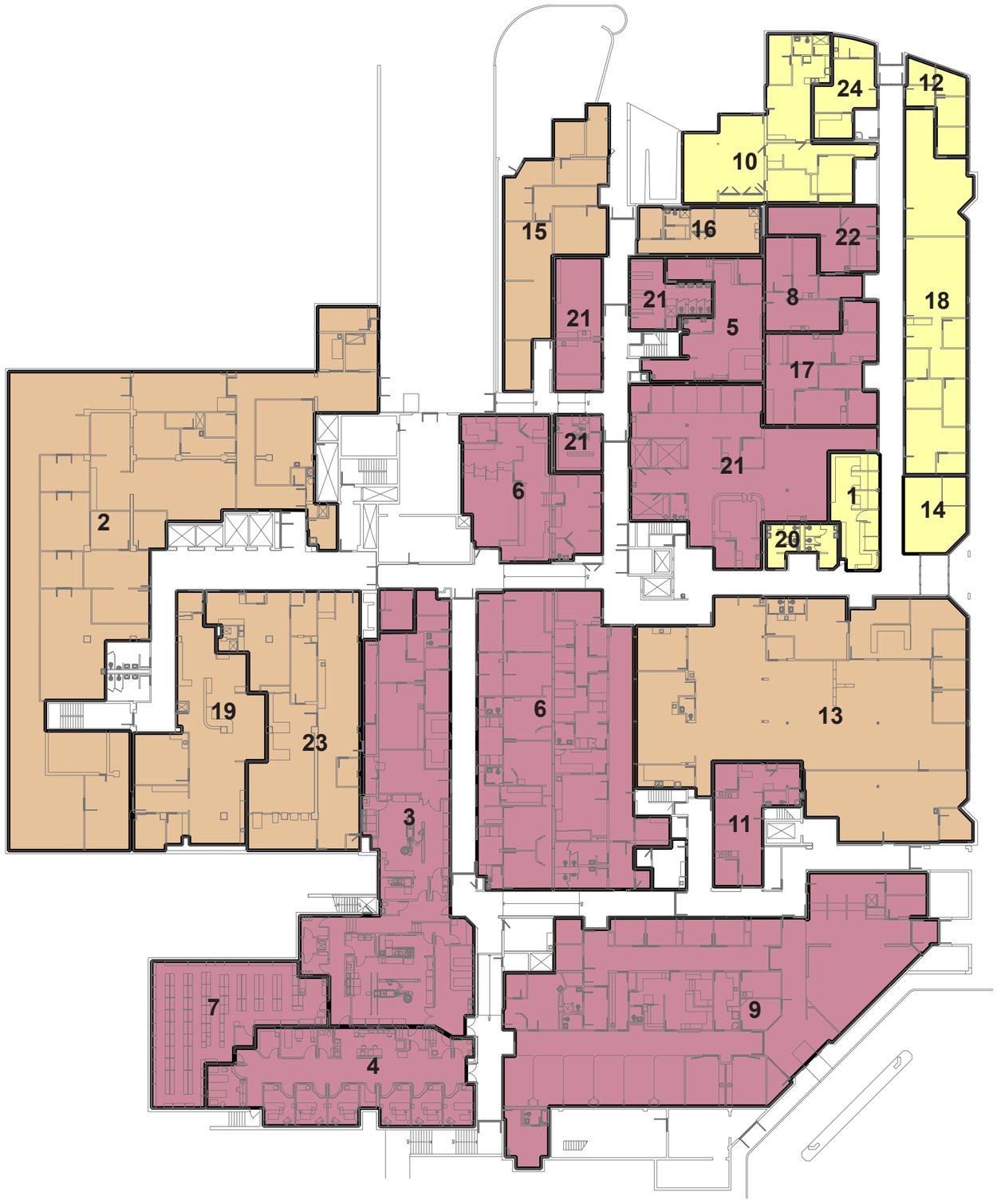

1 ADMITTING - 592 DGSF
2 CENTRAL SERVICES - 10,024 DGSF
3 CARDIAC CARE - 4,669 DGSF
4 CARDIAC OBSERVATION - 2,520 DGSF
5 CARDIAC REHAB - 1,115 DGSF
6 DIAGNOSTIC IMAGING - 7,116 DGSF
7 DIAGNOSTIC IMAGING RECORDS - 1,847 DGSF
8 DIABETES - 760 DGSF
9 EMERGENCY - 8,061 DGSF
10 EMT - 2,006 DGSF
11 FAST TRACK - 857 DGSF
12 INFORMATION SERVICES - 440 DGSF
13 LAB - 7,244 DGSF
14 LOBBY - 522 DGSF
15 MAINTENANCE - 1,933 DGSF
16 MORGUE - 636 DGSF
17 NEUROLOGY - 1,232 DGSF
18 PATIENT ACCESS - 2,350 DGSF
19 PHARMACY - 2,366 DGSF
20 PUBLIC TOILETS - 300 DGSF
21 REHAB SERVICES - 4,605 DGSF
22 RESPIRATORY - 599 DGSF
23 STERILE PROCESSING - 3,288
24 VOLUNTEERS - 523 DGSF

legend

- ADMINISTRATIVE & PUBLIC
- DIAGNOSTIC & TREATMENT
- INPATIENT UNITS
- SUPPORT SERVICES

True North
Plan North

Existing Block Planning; Level 1

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Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June25, 2007
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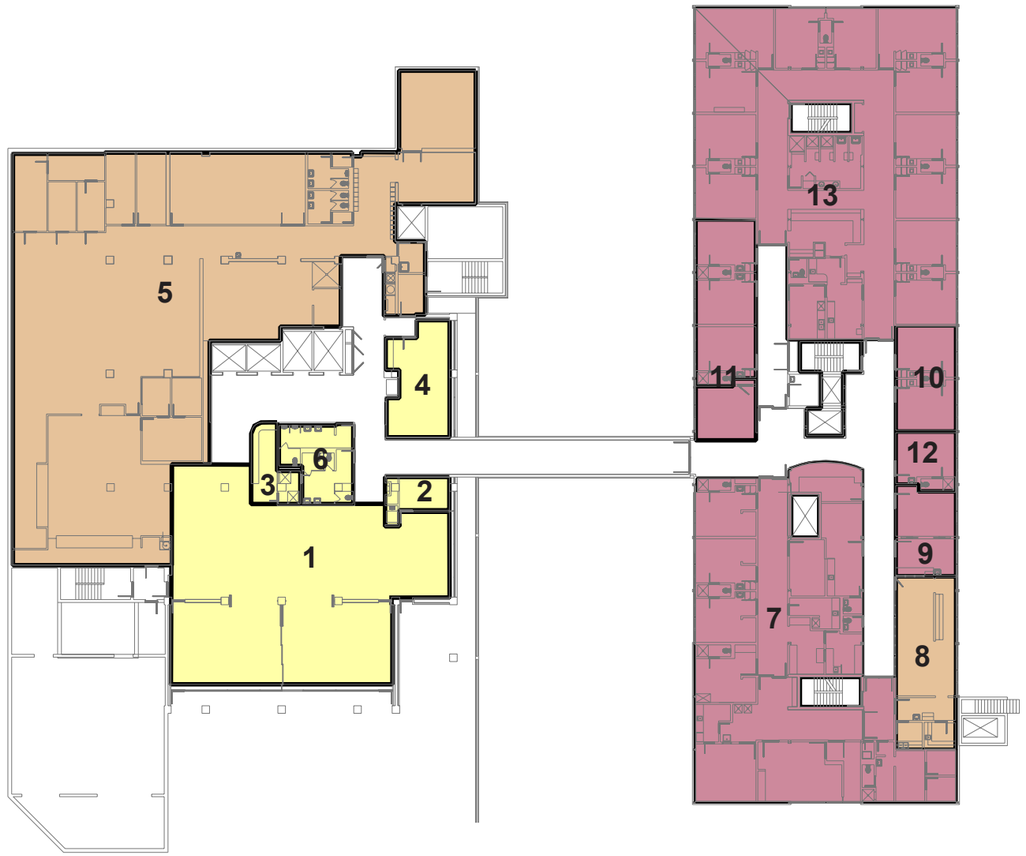


WEST

1 CAFETERIA - 3,322 DGSF
2 CREDIT UNION - 164 DGSF
3 ESPRESSO BAR - 198 DGSF
4 GIFT SHOP - 453 DGSF
5 KITCHEN - 8,363 DGSF
6 PUBLIC TOILET - 347 DGSF

EAST

7 EYE SURGERY / VEIN CLINIC - 4,105 DGSF
8 MAIL ROOM - 728 DGSF
9 OFFICE (SURGERY & RAD TRANS) - 369 DGSF
10 OFFICE (? SERVICES) - 446 DGSF
11 RADIOLOGY RECORDS - 688 DGSF
12 VASCULAR LAB - 241 DGSF
13 WOUND CARE - 5,468 DGSF

legend

- ADMINISTRATIVE & PUBLIC
- DIAGNOSTIC & TREATMENT
- INPATIENT UNITS
- SUPPORT SERVICES

Existing Block Planning; Level 2

17

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June25, 2007 #207037.00

CALLISON

WEST

1 ADMINISTRATIVE SUITE - 2,118 DGSF
2 CHAPLAIN - 298 DGSF
3 MEDICAL RECORDS / DICTATION - 802 DGSF
4 PHYSICIAN LOUNGE - 905 DGSF
5 PUBLIC TOILET - 252 DGSF
6 RECEPTION - 186 DGSF
7 SWITCH BOARD - 285 DGSF
8 WAITING - 866 DGSF

EAST

9 CCU (13 BEDS) - 6,000 DGSF
10 CONFERENCE - SHARED - 570 DGSF
11 HEART STATION - 112 DGSF
12 PCU (19 BEDS) - 6,179 DGSF
13 WAITING - SHARED - 198 DGSF

legend

- ADMINISTRATIVE & PUBLIC
- DIAGNOSTIC & TREATMENT
- INPATIENT UNITS
- SUPPORT SERVICES

True North
Plan North

Existing Block Planning; Level 3

18

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June25, 2007 #207037.00

CALLISON

LEVEL 4

1 AUDITORIUM - 1,976 DGSF
2 CONFERENCE ROOM - 487 DGSF
3 HOUSEKEEPING
4 MEDICAL RECORDS - 1,800 DGSF
5 MEDICAL STAFF / SECURITY - 2,199 DGSF
6 PUBLIC TOILETS - 243 DGSF
7 SLEEP ROOMS - 435 DGSF
8 TRANSCRIPTION -1,002 DGSF

LEVEL 5

9 MED / SURG ORTHOPEDIC UNIT 34 BEDS) - 11,435 DGSF

legend

- ADMINISTRATIVE & PUBLIC
- DIAGNOSTIC & TREATMENT
- INPATIENT UNITS
- SUPPORT SERVICES

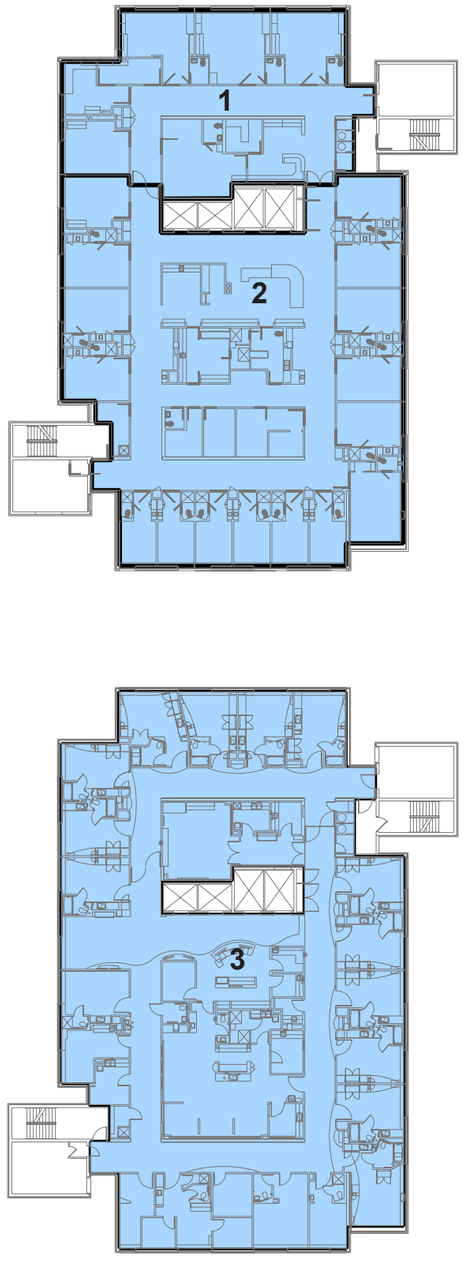
True North
Plan North

Existing Block Planning; Level 4 & 5

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June25, 2007 #207037.00

CALLISON



LEVEL 6

1 DAY SURGERY (22 BEDS)
- 8,046 DGSF

2 ENDOSCOPY - 3,352 DGSF

LEVEL 7

3 BIRTHING CENTER & NURSERY
(13 LDRP) - 11,413 DGSF

legend

- ADMINISTRATIVE & PUBLIC
- DIAGNOSTIC & TREATMENT
- INPATIENT UNITS
- SUPPORT SERVICES

True North

Plan North

Existing Block Planning; Level 6 & 7

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June25, 2007
#207037.00

CALLISON

LEVEL 8
1 ONCOLOGY (26 BEDS) - 11,413 DGSF

LEVEL 9
2 MENTAL HEALTH (25 BEDS)
- 11,413 DGSF

legend

- ADMINISTRATIVE & PUBLIC
- DIAGNOSTIC & TREATMENT
- INPATIENT UNITS
- SUPPORT SERVICES

True North
Plan North

Existing Block Planning; Level 8 & 9

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June25, 2007
#207037.00

CALLISON

DAY OF DISCOVERY
Friday 16th February 2007

1. Tour each service line department
Observations
Recommendations of one thing to improve existing

2. Understand adjacencies of key services

3. Evaluate key principles of campus planning

4. Patient experience evaluation at key points

5. Evidence based design tool kit - use on key areas

6. Consider healthcare trends & best practice for key service lines

DISCOVERY DAY-
FACILITY ANALYSIS
ARCHITECTURAL

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Proposed Paint Colors

Existing Color Conditions

EXISTING HOSPITAL
East Elevation

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Proposed Paint Colors

Existing Color Conditions

EXISTING HOSPITAL
East Elevation

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Proposed Paint Colors

Existing Color Conditions

EXISTING HOSPITAL
Emergency Dept.
Elevations

25

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Proposed Paint Colors

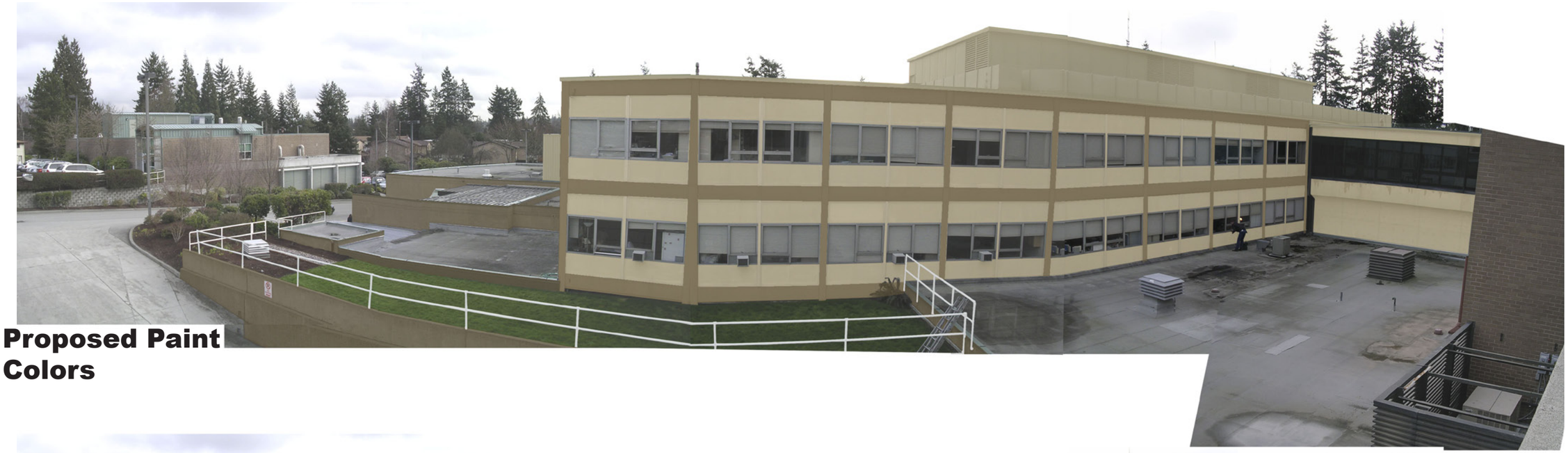
Existing Color Conditions

EXISTING HOSPITAL
East Tower / Loading /
West Tower:
North Elevation

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON



Proposed Paint Colors

Existing Color Conditions

EXISTING HOSPITAL
East Tower / Loading Area:
West Elevation

27

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Proposed Paint Colors

Existing Color Conditions

EXISTING HOSPITAL
West Tower:
West / South
Elevations

Stevens HOSPITAL

SUPPORTING DOCUMENTS
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CALLISON

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Consulting Civil and Structural Engineers

MEMORANDUM

800 Fifth Avenue, Suite 2500 Seattle, Washington 98104 | Tel: 206.340.2255 | Fax: 206.340.2266 | www.abkj.com

DATE: 03/23/2007

TO: Jason McCleary

FROM: Donald K. Scarberry

RE: Stevens Healthcare – Facility Description – Civil

We have visited the Site and reviewed the documents provided us to date.

General Observations:

Site Conditions and Buildings within the Hospital Campus:
There are a number of different buildings and facilities within the Hospital Campus and adjacent Hospital Owned properties. Some of the buildings are Hospital-owned buildings and others are not as detailed in our Structural Memo. The structures vary widely as to their type of construction materials and methods and time of construction that spans over forty years.

The Site is complicated by the number of parcels, zoning differences across the parcels and existing and historical easements within the Campus. We will need to be aware of the entitlements granted on the properties and complications arising there from and to recommend revising or renegotiating those entitlements as needed for our proposed configurations.

Storm Water Facilities and Conditions:
Most of the facilities were constructed under previous Civil Site Development Codes that bear little resemblance to Codes in effect today particularly with respect to Storm Water Quality and Quantity Control, pollution reduction and downstream protection.

The Site slopes down easterly from the west and drainage patterns are observable with a few areas of apparent local flooding and inadequate drainage provisions. The historical site development has included some observed storm detention vaults and water quality facilities and bioswales including a 60ft x 30ft x 6 ft deep concrete vault. Some of these may be used in the ultimate development system in conjunction with new facilities under the current Codes as potential cost savings by combining facilities.

The majority of the Site is impervious buildings, concrete walks and parking lots. That can be considered and a great benefit under current storm water codes but upon adoption of the Washington State Department of Ecology Stormwater Manual, the impacts will be quite large [consensus is on the order of three to five times the required storage volume for the State Code versus the older City Codes]. We will evaluate options for potential vesting or mitigation measures to minimize the impacts on the Center's development.

Existing Utilities:
There are extensive storm drains, water mains and sanitary sewer mains and services available throughout the site to serve new facilities.

Access and Circulation
The current access to the Site and Emergency areas are awkward and will require consideration of a number of alternatives for the future development to improve access, parking and circulation. Street improvements will be likely along with traffic/transportation mitigation fees.

DISCOVERY DAY-
Facility Analysis:
CIVIL

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MEMORANDUM

DATE: 03/02/2007

TO: Jason McCleary

FROM: Dihong Shao

RE: Stevens Healthcare – Facility Description – Structural

Buildings within the Hospital Campus

The Stevens Healthcare facility consists of the following buildings within the hospital campus:

Main Hospital Building/Tower

The main hospital building/tower is located at the West side of the hospital campus and is owned by the hospital. It was constructed with five different phases.

Phase-I was designed in 1963 and construction was complete in 1964. It is a three-story building with a one-story day-lighted basement on a sloped site and one roof top penthouse. There is also a one-story office building East of the three-story building that is connected with a covered corridor. The elevated floor and roof framing system consists of 2-1/2" thick deck constructed with concrete over corrugated steel form. The floor deck is supported by steel bar joists at 2'-0" on center. The steel bar joists are supported by steel wide flange beam-column lines. The first floor is constructed with concrete slab on grade. The building lateral system is concrete shear wall cores at the elevator and stair cores. The building enclosure is mainly brick masonry with pre-cast concrete panels at floor and column lines.

Phase-II was designed in 1968 and construction was complete in 1969. It is a one-story addition expanding to the South and West of the Phase-I building. It is a concrete framed building using concrete pan joist framing system. The first floor is constructed with concrete slab on grade. A 2" seismic joint was provided between the Phase-I and Phase-II buildings. The building enclosure is mainly concrete walls with a few CMU infills.

Phase-III was designed in 1969 and construction followed there after. It is a nine-story tower with a one-story basement. It is a major addition West of the Phase-II building. Included in the Phase-III expansion is a two-story link corridor built over the Phase-II one story addition connecting the Phase-I three-story building to the Phase-III nine-story tower at Levels 2 and 3. In addition, a one-story addition was also added to the South of the Phase-II one-story building. Due to the site grade change, the main entrance to the tower is on the West side at Level-3. The tower is constructed with a pan joist floor system and concrete bearing shear walls. A 2" seismic joist was provided between the Phase-3 addition and the previous phases.

Phase-IV was designed in 1977 and construction followed there after. It is a one-story addition South of the Phase-II addition. The roof framing uses 3-1/2" concrete over 3" steel deck over steel wide flange beams and columns. The exterior walls are cast-in-place concrete bearing walls. As part of this addition, there is a small two-story portion at the very South of this addition that was constructed with cast-in-place concrete walls and floor/roof framing.

Phase-V was designed in 1981 and construction was completed in 1983. There were two buildings added. One is the one-story concrete pan joist roof framed addition South of the Phase-III tower that butts against the West of the Phase-IV one-story building. The other is a two-story addition immediately East of the Phase-I three-story building at the location of the one-story portion of the Phase-I building. It appears that the Phase-I one story portion was demolished as part of the Phase-V construction. The roof framing of the two-story building is 3" steel deck over wide flange beams and columns and the floor framing is 2-1/2" concrete over 3" steel deck. The building enclosure is cast-in-place concrete shear walls.

Oncology Building

The Oncology building is located Southwest of the main hospital tower within the hospital campus and is owned by the hospital. It was designed in 1989 and constructed in 1990 with it final T/I work completed in 1991. It is a two-story building with shell spaces capable of installing two accelerators on the first floor at the West end of the building.

The upper floor is constructed with concrete pan joists and concrete shear walls. The roof framing is constructed with 20" deep wood TJIs spaced at 24" on center supported by 2x wood stud framing.

Central Plant

The central plant is located North of the main hospital building/tower within the hospital campus and is owned by the hospital. It is a one-story CMU bearing wall building. The roof framing is steel deck over steel bar joists. All central plant piping is connected to the main hospital building/tower through an underground utility corridor. It appears that the utility corridor was constructed using pre-cast concrete tunnel sections. Water damage was observed at the cast-in-place concrete link at the hospital building and the South end of the tunnel. Limited seismic bracing was observed for all of the overhead utility pipes in the central plant.

Pavilion – Ambulatory Center

The Pavilion building is located East of the Oncology Building on the hospital owned property. As per our knowledge, the hospital does not own the building. It is a three-story building with a basement. There is a one-story portion West of the three-story portion that is part of the pavilion. It was designed in 1999 and construction was completed in 2002. It is a steel framed building. The roof framing uses 1-1/2" steel deck over wide flange beams. The floor framing uses 2-1/2" concrete over 3" steel deck over

DISCOVERY DAY-
Facility Analysis:
STRUCTURAL

wide flange beams supported by tube steel columns. The building lateral system consists of steel braced frames. The building exterior enclosure uses light gage stud framing.

Buildings within the hospital campus that are not owned by the hospital

Kruger Clinic – This building is located East of the Pavilion building. Based on our site observation, it appears that it is a wood framed two-story building with a pitched roof. It currently serves as a medical office building.

Stevens Health Center – This building is located South of the main hospital building/tower. Based on our site observation, it appears that it is a wood framed three-story building with brick walls. As per our understanding, it is currently housing the hospital administration staff as well as serving as a medical office building. As per our knowledge, the hospital's lease with the building owner will expire very soon and the hospital staff in the building will be moved to the building South of Stevens Health Center.

Office Building South of Stevens Health Center – This building is located South of Steven Health Center on a sloping site. It is a three-story concrete framed building with wood framed floors and day-lighted half basement. The bottom floor is a day-lighted concrete parking garage. The upper floors are for office use. There are a few tenants in the building.

Other hospital owned buildings adjacent to the campus

Value Village Building – A one-story wood framed retail building on hospital owned property that is currently not part of the hospital function.

Radia Imaging Buildings – A metal building complex composed of three one-story metal buildings that are not part of the hospital function.

Site Soil Condition

A soils report developed for the Phase-IV of the main hospital building addition was located in the hospital archives. Based on the soils report and the structural design drawings of various buildings within the hospital campus, the hospital site has very competent soils for the building foundation design. The allowable bearing capacity is up to 10,000 psf as per the report. Based on the structural design drawings, the nine-story main hospital tower is supported on concrete spread footings.

Site Seismic Evaluation

The seismic design parameters are very similar to other areas of the greater Seattle area. As per USGS using the local zip code, the building seismic design parameters are as follows: Ss = 126% of g; S1= 43% of g.

DISCOVERY DAY-
Facility Analysis:
STRUCTURAL

COFFMAN ENGINEERS

Electrical
Civil
Corrosion
Program and
Construction
Management

STEVENS HEALTHCARE MASTER PLAN
MECHANICAL NARRATIVE

June 19, 2007

SUMMARY

The Stevens Healthcare campus consists of several buildings or additions of various ages with the Central Plant being one of the newest. Since the type of equipment located within the Central Plant also has the longest typical service life, this report recommends retaining this building and adding on to it as needed for future growth.

Equipment located within the hospital buildings, on the other hand, are more prone to compromise resulting from routine remodels and difficult maintenance access. It is reasonable to assume that the value and condition of the mechanical systems located within the individual buildings are reasonably consistent with that of the building architectural finishes. Field investigations have turned up nothing to suggest the contrary.

If the campus is expanded with a net increase of approximately 150%, the Central Plant should increase in size by approximately 100% in order to accommodate conventional hospital construction. It should be noted that "green" design will reduce the need for Central Plant expansion. Green design, particularly that associated with increased energy efficiency, is becoming more popular as healthcare facilities seek ways to reduce operating costs and as society in general seek ways to reduce greenhouse gas emissions. Energy-efficient design practices that should be considered in campus expansion include:

- High-performance glazing with emphasis on exterior shading to reduce chiller plant requirements. Avoid expansive west glazing exposures.
- Natural ventilation in nonpatient care locations. The Stevens campus has enjoyable, shaded, park-like areas set away from major roads. Such areas are ideal for natural ventilation through operable windows.
- Localized high-efficiency condensing boilers. Consider utilizing existing steam boiler capacity primarily for humidification, sterilization, food preparation, domestic water heating and critical space heating. Minimize the addition of steam boiler capacity and utilize hydronic condensing boilers for heating of noncritical areas. Condensing boilers are relatively small and can be located in penthouses directly over the space served. This approach will not only reduce the need to expand the Central Plant, but will also reduce the need to expand steam distribution capacity through tunnels, etc. Hydronic condensing boiler systems are significantly more energy efficient than steam system.

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EXISTING CENTRAL PLANT

Summary

The Central Plant houses three 350-boiler horsepower steam boilers, two 400-ton chillers and two 1200-GPM cooling towers. In addition, there is a Medical Vacuum Plant capable of producing 150 SCFM of vacuum using three pumps of 75 SCFM capacity each (one is required to be standby), and a Medical Air Plant capable of producing 64 SCFM of medical grade compressed air using two pumps of 64 SCFM capacity each. Expansion capacity for any of these systems does not exist in the current Central Plant, unless any particular piece of equipment is replaced with a similar item of larger capacity. There are no empty spaces ready to receive another boiler, chiller or generator.

Boiler System

The steam boilers are used to produce high-pressure steam that travels by way of a utility tunnel underground to the main hospital building. High-pressure steam is reduced to low-pressure steam in the hospital building, and distributed to converters that produce kitchen hot water, domestic hot water and heating hot water. Plant steam is also used for heating coils at two air handling units; plant steam is not used for the sterilizers at Central and Sterile Processing. Local electric steam generators are used to produce sterilizer steam. (Note: Lyle noted there is a project underway to run steam to Central Processing, so that the electric steam generators can be removed.)

Normally, one boiler is operating at or below 80% of its full capacity to maintain the facility. Two of the boilers can burn either gas or oil, while the third boiler burns gas only. This operational scenario means that even with one boiler shut down for maintenance, the operating boiler always has a fully operational stand-by boiler available. Scheduled maintenance in boiler plants normally occurs during the summer months, when heating requirements are at a minimum, so it is very reasonable to consider this boiler plant's capacity to be the combined output of two boilers. It is good practice for hospitals be able to receive heat for patient care areas from a source powered by two alternate sources of fuel. Code requires that all electrical components of the system (pumps, for example) that deliver heat must be on emergency power. Emergency generators at the Central Plant provide the required emergency power for the boiler controls and the heating hot water pumps.

Chiller System

Of the two chillers in the Central Plant, normally only one chiller is required to produce all the chilled water the hospital requires. During the summer, when temperatures exceed 90 degrees, the second chiller may be brought "on-line" as needed. No doubt, this depends on the humidity and the duration of the higher-than-normal temperatures. The fact that no third chiller is provided, in case one of the two should break down when needed, means that chilled water will be manually redistributed to those priority areas first, and as much cooling as possible will be done in the nonpriority areas with the remaining chilled water. This is a very common scenario in facilities in the Northwest, due to our generally-agreeable climate.

DISCOVERY DAY-
Facility Analysis:
MECHANICAL

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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Note that neither chiller is supported by emergency power. This is not uncommon. WAC does not require that air conditioning be operational in the event of a power failure. It is only where a facility decides that air conditioning is a priority that one finds chillers powered by circuits connected to emergency power. Chillers consume a great deal of electrical energy, and the generator capacity necessary to run them is sizable.

The chiller plant is maintained in operating condition throughout the year so chilled water is available if needed anywhere in the building throughout the winter months as well as during the normal cooling seasons. The cooling towers are not drained down in the winter, but make use of pan heaters to prevent freezing. Lyle informs me this practice has resulted in very little problem with freezing.

Medical Gas Systems

A bulk oxygen plant located near the hospital building is maintained by a local vendor and supplies all oxygen for the Hospital.

The Medical Vacuum Plant and Medical Air Plant, as described above, are located at the Central Plant. They provide medical vacuum and medical air to the Hospital by means of piping routed through the utility tunnel that connects the two buildings. According to Lyle Hansen, these units have abundant future capacity.

Anticipated Equipment Service Life

The Central Plant was constructed in 1995; the plant equipment is about 12 years old.. Normal equipment service life for the steam boilers is 30 years, for chillers and generators about 24 years, and for pumps about 20 years. With good maintenance, it is very common for these types of equipment to last much longer. One condenser water pump and motor has been replaced, and one chilled water pump motor has been replaced. In general, the equipment appears to be well maintained, so the normal service life may actually be extended somewhat for this equipment. An exception to this would be the cooling towers; it is possible that these will need to be replaced within 8-10 years.

EXISTING HOSPITAL BUIDING SYSTEMS

The typical air handling system draws 100% outside air through prefilters, glycol-type heat reclaim coils, heating coils, chilled water cooling coils and 95% final filters. A few systems include an additional HEPA filter after the 95% final filter. The supply fans are usually single-width single-inlet centrifugal fans or double-width double-inlet centrifugal fans. The air handling unit casings were typically site-built by the mechanical contractor.

The exhaust fans associated with each supply system are typically in-line centrifugal fans located in the same mechanical room as the supply fan. This keeps the heat reclaim piping system localized and simple to understand. Typically, the air handling systems are constant volume systems and do not have VFDs to control fan speed (even where filter loading might normally be considered an issue.) Typically, the air handling systems are single-duct reheat, where the terminal units at each temperature zone have hot water reheat coils to control supply air temperature to each zone.

There are exceptions to all generalizations, of course, and this is true of the air handling unit description above. One unit that uses 100% OSA does not have a heat reclaim system. One air handling system does not use 100% OSA, but because it has a return fan as well as a supply fan, can operate economizer functions to save operating energy. One unit has had carbon filters installed as well as the filters described above in order to mitigate odors being drawn in from outside. One system (SF-1) is a dual duct system, with all the mixing boxes located in the mechanical room for servicing. A number of systems are variable volume systems, with VFDs on all the supply fans (except for one system that uses conical inlet vanes to control fan volume.) A few air handling units in the building, particularly the newer units, are factory-built units. Manufacturers were Pace, Haakon, Temtrol and a McQuay rooftop unit.

The heating coils for three systems are electric; two are steam, and the rest are hot water.

The air handling equipment varies in age depending upon the part of the facility it serves. Normal service life for centrifugal fans is about 25 years. Many air handling units are at or beyond their normal service life and will need to be refurbished within the foreseeable future. This will be a very difficult undertaking. At a minimum, the fans, coils, dampers and filter frames will need to be replaced. Replacement of the fans and coils, being large, bulky items, will create special logistic problems.

Control Systems: There is a general mix of about 50% pneumatic and 50% DDC controls on fan systems throughout the building. The general policy now at Stevens Healthcare is to replace existing pneumatic controls with DDC controls whenever new work replaces old. All the heat reclaim piping systems were retrofitted with DDC controls at about the time the new Central Plant was installed.

Compressed air for the pneumatic control systems is supplied by three small air compressor plants located at different locations throughout the building; these have all been interconnected so that the control air system has continuity throughout.

The DDC system has grown through several intermediate stages with what is now called Siemens Controls. This proprietary system is now the system of choice for Stevens Healthcare.

EXISTING ONCOLOGY BUILDING

The Oncology Building has its own chiller and boiler. A buried utilidor connects the Oncology Building and the main Hospital building. Through this utilidor are routed data cable, telephone wiring, emergency power for the day surgery chiller and air handling unit, as well as pneumatic tubing. Packaged air-handling units, located in a mezzanine and on the roof, supply power for each of the two floors.

CONCLUSIONS AND RECOMMENDATIONS

CONCLUSIONS AND RECOMMENDATIONS

If new buildings are constructed, place emphasis on energy-efficient design and segregation of acute patient care systems from outpatient and administrative area systems. Utilize less expensive and more energy-efficient heating and cooling systems for the nonpatient care areas.

If existing buildings are retained for continued long-term operation, the following improvements are recommended as a minimum. There are several other improvements that could increase energy efficiency and reliability, but those potential improvements are too extensive to include in this report.

1. DDC controls should be expanded to include all HVAC systems. The current mix of controls is difficult to deal with; using DDC controls throughout will not only simplify the effort involved, but will yield more efficient operations for the HVAC systems themselves. Troubleshooting would also be enhanced due to the expanded data available.
2. Electric steam generators at central processing and sterile processing should be removed, and steam should be extended to these areas for long term energy savings.
3. Electric heating coils should be replaced with heating hot water coils for long-term energy savings.
4. Variable Frequency Drives (VFDs) should be installed on all supply fans that do not have them, including the unit with conical inlet vanes. These should be used to maintain duct static pressure to offset filter loading. This will make pressurization control more uniform and reliable.
5. Replace fans, coils, dampers and filter frames at many of the air handling units in the main hospital building.

DISCOVERY DAY-
Facility Analysis:
MECHANICAL

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Memorandum

To: Jason McLeary - Callison Architects
From: Lee R Swanson, P.E.
Date: February 20, 2007
Subject: Stevens Hospital - Day of Discovery

Below is a list of important Stevens Hospital electrical issues:

- The Emergency generation in the existing 10 year old central plant is in good operating condition and operating at approximately 52% capacity. The total generator capacity is 1500kVA (1200kW). The total central plant emergency load 771kVA. There is a small generator near the emergency department that serves life safety loads at the south end of the hospital and in the oncology building, but no load data was available.
- Emergency power transfer switch loads are as follows:

ATS (Name)	Ampere Rating	Peak Demand KVA Load	Ampere load @ 480V 3Φ	Percent loaded
CP	400A	91	109.6	27.4%
EL	600A	60	72.3	12.0%
OP	800A	122	146.9	18.4%
X	200A	41	49.4	24.7%
Y	600A	195	234.9	39.2%
Z	600A	262	315.6	52.6%

- Capacity could be expanded beyond current installed capacity by installing larger generators up to a total of 110% of existing capacity. The limiting factor in expanding the capacity of the emergency power systems is the ampere rating of the emergency switchboard. The emergency switchboard has a rated capacity of 2000A.
- Meter data was available for switchboards Numbers 2 and 4. No data was available from switchboard No. 3. Switchboard 2 was loaded at 13% of its rated capacity while the meter on switchboard No. 4 indicated a load of just 0.2% of its rated capacity. 12 month utility bill data suggests an average demand on the buildings main service of 611.6kW indicating that the main service transformer is roughly 20% loaded.

- The normal power system in the main hospital is based on the use of an obsolete voltage. A 416/240 V distribution system is installed in the main tower. Upgrading the system to a standard 480/277V system will require extensive upgrades throughout the building including the replacement of much of the existing electrical equipment (lighting, fans, pumps, motors). Retaining this system will add cost and complexity to any substantial remodel or addition.
- There are three main buildings on the site including the main hospital building, oncology building and the pavilion. Emergency power is provided in the oncology building via a feeder that extends from the main hospital. The pavilion is a class B occupancy and has a small generator to serve on outpatient surgery suite. Upgrading the pavilion to a class I occupancies would probably not be cost effective.
- The existing generator plant has capacity to serve additional buildings, but extending emergency power from the central plant to any new building will require the installation of a utilidore or some other type of conduit pathway. If a new building is constructed near Highway 99, it may be more cost effective to provide a separate physical plant within the new building as extending services from the central plant may not be cost effective. This will require additional study.
- The hospital has two main chillers located in the central utility plant. Neither of the chillers is connected to the emergency power system. The hospital may desire to connect one or both chillers on emergency power to support process cooling and possibly the surgery suite if they intend to be operational after a major seismic event or other disaster might cause a prolonged loss of utility power. This may be possible, but some additional study will be required.
- The condition of the information technology system has not been assessed. Past experience at Stevens suggests that the system should be upgraded but it is not known what upgrades, if any, have been completed in the past 8-10 years. This will require additional study..

lrs:p54577.discoverys>

DISCOVERY DAY-
Facility Analysis:
ELECTRICAL

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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Memorandum

To: Jason McLeary - Callison Architects
From: Edwin Bactad, RCDD.
Date: March 28, 2007
Subject: Stevens Hospital -
Telecommunications Site Survey

INTRODUCTION

This report is intended to provide a general overview of the telecommunication systems serving the Stevens Hospital campus. The information and recommendations are based on site survey visits held between March 21 through the 23rd and discussions with Fred Grannan, Director of Information Systems, Brad Whitehead, Technical Services Manager and K.C. McAnaw, with IS Department. An in depth analysis of codes and life safety compliance was not the intent of this report; however any obvious deficiencies were noted. The primary purpose of this report is to provide a general report describing condition of the telecommunication system.

CAMPUS LAYOUT

In general the telecommunication spaces surveyed for this report consist of the following general areas and buildings;

1. 1970 West Tower
2. 1963 East Tower
3. Emergency Department / Admitting
4. 1967 Central Addition
5. 1989 Steven Oncology
6. 1998 Stevens Pavilion
7. Stevens Health Center
8. Stevens Professional Center
9. Warren Building

FIRE ALARM SYSTEM

The main Hospital is served by a Simplex addressable system with the central processing unit located in a space adjacent to the Hospital Telephone Switchboard Area on the third floor.

TELEPHONE SYSTEM

The telephone system currently used by Steven's Hospital is a Nortel Meridian phone switch (PBX) that was installed during the early 1990's. Due to the equipment age, the PBX will eventually need to be replaced as its capacity to serve the Hospital is exceeded and maintenance parts become unavailable or obsolete.

The PBX is located on Level M2 of the Hospital. It distributes dial tone throughout the Hospital as well as to the Stevens occupied spaces of the Oncology, Pavilion, Health Center, Professional Center and Warren Building.

Various mufti-pair count Unshielded-Twisted-Pair (UTP) cables, terminated on wall mounted BIX blocks extend from the PBX room to the Data Center and various locations around the Hospital and campus for distribution of dial tone. Several UTP cables appeared to have been cut and abandoned in place. These unused cables will need to be removed as part of any future projects that require telephone service work.

The PBX room also serves as the point-of-presence (POP) or demarcation point for the Hospital's main service provider, Verizon. Currently, Verizon is in the process of upgrading their existing service feed from copper to optical fiber. This is being done in anticipation of Stevens Hospital's need for additional bandwidth for telecommunications services. Stevens Pavilion has a direct optical fiber feed from, Verizon, which goes through the PBX Room. This fiber feed will need to be maintained should the configuration of the PBX room be modified.

ROOF TOP SATELLITE SYSTEMS

Roof top mounted satellite dishes are located on the tower for the following services;

- Dish Network - This system provides CATV services for the Hospital. Head-end for the Dish Network is located on the 9th floor of the West Tower. A network of amplifiers, splitters and coaxial cables are located through out the Main Hospital for distribution of the CATV signals.
- Local Area Network (LAN) Connectivity to the 76 Building - A microwave system is used to connect the Hospital LAN to the Birth and Family Clinic found at the 76 Building.

DATA CENTER

The main data center for Steven's is located on level of the main hospital. The space houses free-standing telecommunications equipment racks that support termination and distribution hardware in addition to electronic transport components. Due to the physical size and layout of the existing space, there is little to no room for installation of additional equipment racks to support growth and expansion of the system.

Various quantities of 62.5 micron, multi-mode optical fiber cables are distributed from this space throughout the property as indicated below;

- 6 Strands to Stevens Oncology
- 24 Strands to Stevens Pavilion
- 6 Strands to Stevens Health Center
- 6 Strands to Stevens Professional Center
- 6 Strands to Warren Building
- 6 Strands to the PBX Room
- 12 Strands to each Data Wiring Closet in the tower

In addition to the multi-mode fiber cables indicated above, 24 strands of single-mode optical fiber extends from the Data Center to the Stevens Pavilion.

**DISCOVERY DAY-
Facility Analysis:
TELE/COMMICATION**

As part of any future upgrades, the Hospital should consider replacement of the 62.5 micron optical fiber with laser enhanced 50 micron optical fiber. This will allow the Hospital to utilize gigabit speeds in the backbone to meet the increased bandwidth needs of future technologies.

The Data center also serves as the telephone and data wiring closet for distribution of voice and data station cables to following areas / departments;

- Lab
- Patient Registration
- Rehab
- Patient Access (Customer Service)

TOWER "TELEPHONE" WIRING CLOSETS

Adjacent to the main elevators are stacked "telephone" wiring closets that support distribution of voice station cables to each tower floor. The spaces are typically about 8'W x 2' deep with a pair of double doors providing secured access into the space. Within the closest are BIX style mounting blocks for termination of copper cabling. The physical stacking of the closets is ideal for vertical connectivity between floors; however the physical size will limit any future growth and expansion plans for the system.

There is currently a mix of older and newer copper UTP cables supporting voice services. Future projects should look to standardize the cabling to a minimum Cat5e level with all older obsolete and unused cables removed from the wiring closets.

Four inch conduit sleeves provided vertical pathway between each wiring closet. In general the sleeves are at or near capacity in terms of conduit fill ratio. However, it does appear that some of the cables in the closets are no longer in service. If this is the case, these cables should be removed so that a true indication of conduit capacity can be determined.

With the exception of the 7th and 9th floors, each tower is served by its own dedicated "telephone" wiring closet. Floors 7 and 9 are respectfully served from the 6th floor and 8th floor wiring closets.

TOWER "DATA" WIRING CLOSETS

Residing is what was once utilized as a dumbwaiter chase are approximately 5'W x 6'D stacked "data" wiring closets that support distribution of data station cables to each tower floor.

Within each "data" wiring closet is a free-standing telecommunications equipment rack that supports cabling termination hardware and network transport electronics. No additional rack space is available in the existing rooms to support any future expansion or growth for the system.

Data station cabling is a mixture of Cat5 and Cat5e cabling. Any future work should be cabled to a minimum of Cat5e with the ultimate goal of either replacing or complete removal of the older Cat5 cables and termination hardware.

MISCELLANEOUS "WIRING CLOSETS"

Throughout the main hospital there exist wiring closets that are used to support distribution of telephony and data network cables. These spaces in general provide room for wall mounted BIX blocks and one free-standing or wall-wall mounted telecommunications equipment rack. Depending on the programming of the various spaces and the possible cabling distances involved, the Hospital should look to consolidate the functions of these spaces into more centralized locations.

STEVENS ONCOLOGY BUILDING

Stevens has minimal telecommunications presence in this building. The telecomm room (Wire Closet 9) houses network transport electronics and cabling for both Stevens and Swedish. As Stevens moves out of this building, the equipment associated with voice and data network distribution can be removed. However, there is optical fiber connectivity between the Data Center and the Stevens Radia Imaging Building through this space. This connectivity must be maintained or relocated should Stevens ultimately vacate the building.

STEVENS PAVILION BUILDING,

Telecommunications spaces in the Pavilion Building consist of a main telecommunications room (MDF) in the basement and floor serving telecommunications room in both the basement and the 2nd floor in Stevens Hospital occupied spaces. There is room in each of the telecommunications spaces for future growth and expansion.

STEVENS HEALTH CENTER

Telecommunications spaces in the Health Center are located on each floor of the building. In general the spaces are small and do not have adequate space to support growth or expansion.

Optical fiber for the Warren Building back to the Data Center is routed through the 1st Floor IDF of the Health Center. This route will need to be maintained so that network services to the Warren Building remain operational.

STEVENS PROFESSIONAL CENTER

Limited telecommunications cabling can be found at the Professional Center. Unless Stevens Hospital plans on occupying additional floor space, the existing infrastructure is adequate for the current use.

**DISCOVERY DAY-
Facility Analysis:
TELE/COMMICATION**

Blue Sky Breakfast

29 January 2007

As part of the ignition of the Stevens Healthcare Master Plan efforts, you are invited to attend the Blue Sky Breakfast. Please join us on Friday, 2 February, at 7:30a at Claire's Pantry in downtown Edmonds.

The Blue Sky Breakfast is an opportunity for the leaders of the Master Plan for Stevens Healthcare to explore the possibilities that lie before us. The intent is twofold: 1) to tease out tacit thoughts that influence and affect the actions we all will take in developing the Master Plan; and 2) to begin developing social capital within this team to align our thoughts and activities and to streamline our communications and interactions.

Why Blue Sky? Because this is the only phase in the process where every idea has merit, no matter how wild or impossible. At this stage, these ideas have tremendous power to fuel the momentum that engenders success.

Why breakfast? Because we need to fuel our bodies in order to stretch our minds this far.

In order to prepare for the Blue Sky Breakfast, we have some simple thought homework for you to mentally marinate this week. Please do not discuss your thoughts with others as conversations tend to synthesize ideas prematurely. The healthiest Blue Sky Breakfast will consist of raw, uncooked thoughts.

1. What is **one thing** from the cutting-edge of the healthcare industry that you wish Stevens could provide?

2. If you could change **one thing** at Stevens right this minute, what would it be?

3. What is the **one thing** that Stevens should preserve and even defend in moving forward?

4. What is the **one thing** about Stevens that is so obvious that it goes without saying?

Don't think too much – just rinse and soak the questions. We look forward to seeing you Friday morning.

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Blue Sky Breakfast Notes

February 2, 2007

CHANGE one thing
- Structured Parking
- Reputation
- Mind Frame In-House
- Broaden Perspective
- Accessible Space – Large Airy
- Name and Brand
- Mentality of "What is Possible"
- Coherent Identity – Evident to Community
- Customer Experience
- Positive Attitude – Positive Human Experience
- Safety of Access
- Access to Campus – Less Stressful
- Positive Vocal Majority
- Entry, Access, Re-Org Campus off 76th
  Curb Appeal
- Self Esteem
- Abundant Financial Resources
- Silo Culture/Attitude
- Visibility

OBVIOUS one thing
- Need new ED
- Great location
- Where is front door?
- We are directionless
- No Campus Identity
- No Differentiator/Niche
- Community Doesn't Know Where Stevens is
- Undersized (In Many Ways)
- Inefficient – Affects Service and Care
- Important to City of Edmonds
- "Used Car Lot" on 99
- ICU/PCU with Bathrooms in the Room
- Outdated Everywhere, Everything
- No Pride in Ownership

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OBVIOUS (Con't)
- No accountability
- Need a Bottom-Up Review
- Needs to Heal – Recognize Survival
- Move On – Get Over It!
- Yard Sale – Spring Housecleaning
- Services Scattered
- No Service Elevator
- Stevens is Ready for Change
- Where are Beds?
- Everything Hinges on Levy/Bond Elections

CUTTING-EDGE one thing
- Best Darn Community Cancer Center in Washington
- Family-Centered Care
- Indigent Care Clinic
- Community Center – Focus on Wellness – Meeting Place
- Connectivity – Physician Relationships
- Defining, Supporting, and Fueling Charitable Care
- Elective Cardiac Stenting
- Center-of-Excellence Diagnostics-Easy Access
- Lifestyle Healthcare Campus – Welcoming Open, Feeds the Spirit
- Health and Wellness Center – Education
- Active Disease – Management – Community Care
- Sustainability
- Truly Patient – Centered Care
- EMR
- Extension of Care
- Emergency Department
- Support Services – Social Network
- Development to Fuel
  Funding/Market Share Strategies
  -Housing
- Hospice Care/Wing

PRESERVE one thing
- Sense of Family – Commitment
- Strong Volunteer Support
- Exceptional Medical Staff
- Momentum – Make Things Happen
- Confidence in Public Institutions
  -Public Trust
- Mike Carter – Agent of Change
- Neighbors Helping Neighbors

PRESERVE one thing (con't)
- Excellent Patient Care
- Location
- Trees
- Community Hospital
  -Serve Locally Well
- WWTSS – What Would the Sheriff Say (New Sheriff in Town)
- Better Place
  -To Work
  -To Be
  -Model Community Hospital in Pacific NW
- Sense of History – Whole Care
- Teamsmanship of This Group
- Community Engagement
  -Efforts to Reach out
  -(Don't Wait)

CONCERNS
- Trend Lines
  -Anticipation for Planning
  -Demographics
  -Whole District – Diversity
  -Medicare Patients
- Balance – Funding vs. Need
  -Psych Patients / Ed Care
  -Medicare
- Adversarial Mindset
- Overwhelming – Want Change Soon – Incremental Results

MOVING Forward
- Celebrate Successes
- Incremental Results Soon – Ed Renovation
- Public Events
- Salesmanship – Stewards of Change Process

WHERE SHOULD THE CAMPS ENTRY BE, 76 OR 99?
Response: Unanimous for 99

Blue Sky Breakfast Notes

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON #207037.00
June 25, 2007

CALLISON

Notes Vision Session

March 9, 2007

Stevens Hospital
Project Number 207037.00

The Story - EMS
I called 911 and then……

- EMS pick-up
- They asked me all the right questions and started tests and treatment right away.
- Told me they were taking me to Stevens where I'd get excellent care
- The let Stevens know I was coming, plus all about me.
  -Reg. Info
  -Status
  -Test Results
- Staff at Stevens ready and waiting for me to arrive
- Taken right back to a high tech, clean room with privacy
- Family came to hospital and found me right away
- Stevens communicated just the right amount of information
- Knowledgeable and caring nurses and physicians
  -Internet access
  -Checked on every 15 minutes plus latte for my husband
- Emailed rest of family regarding patient status (WI-FI)
- Discharged with clear written instructions and meds

Felt Like……

- People listened
- I understood them
- They cared about me and my family
- They worked well together
  -One team
- They managed my pain well and reduced my stress

End of the Story

- Trust – can trust physicians, staff , service, community image
- Who is the quarterback?
- Consistency in stocking/storing
- Adequate space/storage
- Care – protocols to facilitate care
- Met by staff outside door
- Don't duplicate info – transmit reg and other info

Staff / Physician / Nurse

- Safe secure
- Appropriate, avail,
  -Up-to-Date equipment tools resources
- Easily access info systems
- Cooperation / respect from other deps
- Staffed for safety

EMT / EMS

- Realistic expectations communicated
- Seamless care
  -Quick ambulance
  -Quick thru-put
- Partner in patient care
- Never adversarial
- Dedicated work/lounge space
- Wireless / Internet
- Communication
- Desk
- Food
- Staff is ready, aware, engaged (like "E.R.")

Physical Space Protects Privacy

- Organized, orientation
  -First-time visitors
- Easy access/transport of patient to IP
- Reduce stress for all
- Care for family, patient, staff
- Systematic
- Find data (EMR)
- Systems don't delay care
- Airport system
  -Self reg

- Coverage
- Privacy; "let off steam"
- Respite
- Management nearby and accessible
- Patient privacy
- Support!
  -Housekeeping
  -Transport
- Appropriate care spaces
  -Psych
- Scrubs/uniformed as a team/professional – "Hospital supplied"
- Facility instills confidence
- Relationship/communication with first responsders
- Streamlined information
- Care starts when phone rings.
- One family, Community
- Respect, dignity, privacy
  -Private rooms & comfortable waiting area
  -Noise control
- Kid's space?
- Food for patients

Rapid Movement Into ED

- Immediate
- Acknowledgement
- Piece of Mind
- Confidence: No solid walls between nurses and patient (glass rooms)
  -Patient
  -Family – Build more visibility in voting community – tell stories
- Arrival
  -Diversion tools (TV, DVD, etc.
  -Staffing ratios that meet or exceed community standards
- "What happens now?"
- Expectations
- On-site hands on training
- Close access to out patient diagnostics- (x-ray, cath, IR, lab)
- Waiting / positive distraction
- Immediately greeted
- Directed to right place
  Les Schauab -Customer Service
  -Bank of America
- Customer service
- Center of attention – "All about me"

Vision Session Notes: March 9, 2007

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More Customer Service

- Valet parking
- Concierge?
- ED waiting room peds – video games
- Separate areas
  -Quiet
  -Big screen TV's "Sports bar" look?
- Bed-side reg, etc.
- Modern facility
  -Face community
    -Building condition
    -Equipment condition
- Waiting experience
  -Space; privacy
- Symptom clusters
- Dedicated ambulance
  -Entry / park / queue

Family / Patient

- Taken care of
- They knew what they were doing
- They were concerned
- Communicated with
- Part of process
- Not just patient, but part of the community

END OF EMS

Voter

- Want to be heard
- Integrated voter/customer
- Voter does not come in here yet – what is my expectation before
- Value – efficient
- Target – Elderly / Children
- Family connection
- Sell what the voter "wants"
- Attracts good physicians for all my routine services
- Best experience in ER
- Ease of access
- Trust they will get quality care
- Not transport to other hospital
- Aware of Stevens
  -Appearance, image ("dressing up")
- Good feeling, not worn out
- No "cloud of smoke"
- Provide services they have to have
- Get the personal connection
- Unique offer – service no one else has (no one but Stevens can provide this service here in this community)
- Give voter an avenue to input more actively
- Develop a community voter who is proud of Stevens
- Their source for wellness/ class / info., etc.
- Confident that they will get the best, safest, most personal care in western Washington
- Neighbors talking
  -Door-to-door to communicate
- All employees have relationship with public (1 to 1 relationship)
- Summer picnic as community outreach (w/booths or introductions to services)
- Develop trust, what you said you would do with approved funds
- Who are the voter?
  -Boundaries
- Benefit specific to district residents
- Voter who votes gets $$ to use on campus or for serevices
- Enhance customer service
- Building, progressing, growing
- Healing place (see this) grass / trees
- Connection to wellness
- More opportunity / impact over what happens where
- Close to home/access
- Marketing of the new hospital to voters/patients
  -Great TV (emotional) ads
  -Enterprise newspaper
  -Radio
- Positive emotional contribution
- Increase their value
- Community ownership – positive
- Having awareness
- Keep taxes down
- Community can afford what they want
- Voter "patient" versus voter "not user"
- Move voter to Stevens
- Financial stewards / investment
- Conservative progressive
- District/Hospital in alignment and I will benefit
- Inclusive / Diverse
- Alignment of service area/voter
- Services in all my communities – Edmonds, Lynnwood, Brier, Mountlake Terrace, Woodway
- Expression of how they see themselves / values
- Diversity of homeowners/population
- Want to know real values
- Get a "Annual" report to see what hospital is doing/how they are stewards
- Positive response for building
- Want to vote
- Support for Highway 99
- Unique service lines – boutique style
- Wellness center – in district voters get an annual wellness credit or check-up
- How you use profits
- Well spent – goes into services
- See themselves as connecting to them
- They benefit directly
- Quality care facility

End of Voter

Care Team

- Safe, covered, reasonable, free, close parking
- *Beautiful environment
- A true entrance to the hospital
- Walking to visual stimulating beautiful entry
- Shift time (off) rush hour options
- Telecommuting
- Amenities for staff – food, maintained area, newspapers
  -Computer access – free – showers?
  -Cafeteria – lockers/changing areas
- Hospital provide scrubs for all / color options by department
- Staff / Communication (report) room per unit or area
- Chapel or reflection room
- Physician / staff respite areas private and adjacent to work areas
- Color for each floor unit – like a team
- "Teams" "No "I" in team, only "I" in win
- Physician work area/view boxes computers (labs, & transcriptions), phones
- Private (larger) patient rooms (with full baths)
- Equipment storage – same on every floor – consistency through entire hospital
- Private consult room sized for all care team and family to be involved
- Nurse stations
  -Centralized
  -Visibility to all patient rooms
  -"Pod" design
- Big trash cans
- Aesthetic pleasing - easy to care for
- Hand washing sink close to each patient room entry, separate from patient toilet

Vision Session Notes: March 9, 2007

- Wished each room could flex as isolation room or dialysis care
- Size matters
  -Bariatic care / ceiling lift
  -Room for growth – future
- *Positive distractions for patient / families
  -Movies
  -Spa
  -Internet access
  -Book carts
- Communication badges – track workers
- On unit, break rooms with natural light appropriately sized for the use.
- Telemetry on floors
- All private rooms no carpet
- Keyless entry – use badges
- Flow for patients and families having _____ patient procedure
- Quick & easy
- Quick access to any needed equipment – ortho chairs – walkers, monitors
- Skybridge from parking
- Patient education online
- Seamless information "everyone can get the answer"
- All that I need will be there that day
- I will not have to go looking for information
- I want "accountability" person – who do I go to to "fix" the problem / issue – good process / efficient / cost effective
- I want to hear THANK YOU at the end of the day and "I'm glad to see you" at the beginning of the day
- I want to feel cared about so I can care for others
- I want to want to come to work
- Staff centered care – support
- Daycare support options
- I want appropriate phone etiquette
- Staff who transfer calls to speak clear English
- I want staffing ratios adequate patient care versus budget
- Want higher expectations, higher standards for ourselves
- Better staff education – better care – more options
- Concierge for families
- Non-clinical family needs – someone to take charge of these items
- I want more social opportunities to bond/appreciation activities – outings
- "Buying homes" to help out staff live closer to hospital surroundings
- Temp family housing at local hotels for special rates
- I want host families to help out families while at hospital
- Separate service elevators
- I want state of the art OR's and private waiting room areas
- I want advanced technology
  -Monitoring
- I want an indoor water fountain
- I want stress relievers / spa experience
- Gym, pools, spas – staff and families
- 24 hour greater / coverage
- Increase security – people / cameras / key cards zone of entry and exit
- IS support
- IS support family with web page
- Staff involved in design
  -Unit and uniforms
  -Finishes and layout
- Transport and lift team
- I want an ICU that is state of the art
- Banking and other services on site (dry cleaning, etc.)
- Customer service classes for care teams
- I would like to park in a safe, covered area with a short walk onto a beautiful designated front entry
- I will then proceed to the large staff room with lockers / food / scrubs (color) / computers (cafeteria alternative –w e want a better café)
- Unit communication room – easy shift – telephone report transition "anything and everything"
- Efficient
  -All "care pods" – clean / stocked / maintained
- Patient rooms: larger, single, full _____ "person of size" friendly / isol adaptable / dialysis adapt
  -All monitoring capabilities
  -VCR's /DVD/ Education
  -DBS books – family options (concierge?)
  -Accountability person"
- Break room – Large / windows / amenities / clean / quiet / close to unit / _____
- EMR to expedite transition off shift
- Physician work area on each ward
  -X-rays
  -Dictation
  -Lab

- Social / appreciation opportunities (Stevens unique)
- Gym for staff use / daycare
- "Thank you" at the end of the day
  -Customer service classes for all staff

Arra
-Drug testing

Vision Session Notes: March 9, 2007

"I as Patient" ; "I as Family"

- Cleanliness!!!! Perception of outdated, automatic, high tech equipment
- High tech / high touch – user friendly
- Computer communication
- Important to feel included
- DVD's about procedures
- Consent forms with human explanation
- Online information / communication
- Use hospital as community wellness resource
- Kiosks like theatres
- Map quest in hospitals
- Or someone personally escorts
- Safe feeling
- Take kiosk out into community
- Assigned password to access online
- Information during stay and after discharge
- Trackers on patients
  -Less stress for patients knowing they are safe
- Welcome and care for throughout stay / process
- Don't want to see care team rushed, hurried, stressed, inefficient
- What do you need? How do I get my care team immediately
- Communication by phone – walkie / talkie
- Individualized care
- Discharge – clear, smoother process (take away notebook)
- Separate holding lounge for discharge
- Register online prior to arrival
- Muzak in rooms
- Staff etiquette across all service lines

I (Physicians) Need

- Notification of schedule changes
- Easier access to other physicians
- 24 hour grille (also for patient and family)
- Risk underwritten as a blanket risk pool
- Paying patients to come here
- Whole team to be responsible and knowledgeable
- Staff to make me feel appreciated and welcome
- Office of innovation and technology
- To get paid for taking call
- Flexible OR
  -Scheduling
- Bigger OR's
- Faster pathology turnaround

Patient/family

- Warm Welcoming, Soothing
- Acoustics natural light
- Minimal wait
- Sense of calm – not chaotic, controlled chaos
- Children's area
- Contact, instant response/contact when walk in
- Clear signage
- No clutter at 1st entry point
- Real front door
- Parking – good signage, obvious entry
- Valet
- Ample parking
- Flow management, human touch, greeter
- Perception of privacy for family
- Concealed EMS entry
- Separate area for psych family / patient central registration for all service lines
- Wayfinding, not getting lost
- Private patient transportation
- Private rooms with bathrooms
- Room service
- Cafeteria with 24 hour access
- Spacious rooms for equipment
- Everything has place
- Greeter on every floor & ED
- W___ in hospital / _____
- Rooms with comfortable family sleeping area
- Noise control
- Positive distraction – TV's/Hifi
- Comfortable waiting rooms for family during long procedures
- Ease of discharge process, meds, supplies, written care plans
- Outpatient flow
- Conference room for family and doc.
- To call for info on patient during procedures
- East of Communication between nurses and doctors
- Incorporating family into care team
- East of follow-up
- Online information for discharge
- Online / easy access to education for condition and discharge needs

- Instruments to OR – faster
- Easy access to:
  -Pathology
  -Radiology
  -Patient care units
  -Standards
- Education space
  -Telemedicine
- Aesthetically pleasing entry to OR
- Food delivered to OR lounge (to anywhere)
- Fitness center
- Childcare
- Shiny/hard high tech
- Parking
- Artwork
  -"honest to God" not _____
  -Dinner reservation
  -Tickets
  -Car detail
  -Gift shop
  -Bank
  -Drycleaner
  -Physician Lounge
- Physician lounge
- More computer entry – EMR
  -Portability
  -Wireless
- When I leave – my patients are taken care
- Pharmacy drive-thru's – (fax or elect.)
- Admission / discharge ease
- East of communication with /Adm
- Greeter @ F.W. near OR
- Sleep space – better
- Personal data to patients and care team
- Improve patient flow – outpatient
- Off-site computer order
- Shot stay bed's near OR's not on 6th
  -Cath lab
  -Endo
  -Radiology
  -OR
- Outpatient services
- Easy access flow
- More space to work / privacy space to work

Vision Session Notes: March 9, 2007

- Adjacent /proximity spaces to services
- All private rooms
- Place for our family to visit with us
- Nametag with scanning
- Separate elevators
  -Public
  -Patients
  -Transport
  -Big
- Need to get info – smart phone
  -____ labs / meds
  -EMR
- Dedicated physician space / resource center at every unit
- Family waiting near OR for consult – greeter
- Chart nurse / secretary
- Time efficiency
- Environment
- Sleep space

Arrival
- Parking – (covered w/skybridge)
- 1st floor and 3rd floor
- Main entry
  -99 – 4
  -76 – 2

Site Signage Improvement
- Private entrance
- Anesthesia
- Separation from family
- Coffee
- Access to medical records
  -Computer
  -Patient lists
  -Lounge
  -Food – Health
  -Communication Center
- See patients
  -Standardization of charts – electronic
  -Easy access to records
- Private space for physician to family
- Reflection room
- Adequate space
  -Concentrate
- Covered parking and/or valet parking
- Drop off kids
- Late ready
- _____ car detailed
- Order breakfast
- Sink phone for patient list
  -X-ray lab results
- Brilliant friendly staff ready – glad to see you
- Computers available & portable

Work Activity
- Gym
- Const. Access to patient room
- Shiny, clean, quiet, high tech, modern / yet feel for community
- Adequate physicians only workspace
  -Computer – avail
  -Phone
  -Other services
  -Other physicians
  -Microwave complete
- 24 Hour food / drink delivery (Swedish model) and wine bar
- Private clean rooms with BR
- Service / Patient elevators
- Flow is sensible and obvious
- Conference center
- Tech center and business center
- Auditorium
- Real art
- Patient discharge
  -Fax ____
  -Drive thru
- Staff
  -Have Nordstrom
- Mentality
  -Respectful
  -Feeling the love
- Outpatient
  -Regular parking
  -Services / flow connected
  -Easy access (in / out) for one patient family
  Endo
  OR
  Cath Lab
  Rad

Vision Session Notes: March 9, 2007

MEETING MINUTES

March 28, 2007

Stevens Hospital
Masterplan
Project Number 207037.00

Re: Master Plan Options Review Session 1

Those Present:
Stevens Hospital: Marc Rosenshein, Mike Carter, Linda Christianson, Joannie Strickland, Dave Oskamp, Lyle Hansen, Polly Junkermier-Poole, Beth Engel, Jack Kirkman, Joe Conner, Jon Pazevic, Gary Wangsmo, John Omel, Sarah Zabel, Bob Meador, Nancy Wood
Callison: Bob Hutnik, John Jex, David Chamness

Location:
Stevens Hospital

Items Discussed:

1. **Goals of the Meeting**
   This is the first of three masterplan meetings to review and refine the masterplan options under consideration for the Stevens Hospital campus.

2. **Background Information**
   Callison presented a brief review of the work efforts to date as follow:
   - Review Highlights/Lessons from Visioning/Blue Sky Breakfast
   - Review 7 Principals of Planning
   - Review Critical Success Factors
     (See attached summaries of these items)

3. **Options/Opportunity**
   Callison presented summary worksheets illustrating current bed capacity, future bed demand as well as surgery and emergency department growth projections. (See attached) The masterplan options are based initially on a facility plan that will accommodate the hospitals 217 licensed beds. Options also address current market share demand and projected service line growth projections. Option detail contains services accommodated, floor-by-floor departmental allocations, proposed square footages by floor, construction and project cost assumptions, and campus parking information.

1420 FIFTH AVENUE #2400 SEATTLE, WASHINGTON 98101-2343
T 206 623 4646 F 206 623 4625 www.callison.com

Callison presented the following 6 options for discussion:

Option A – New freestanding Hospital
Option B – New Hospital Attached, land purchase
Option C – New Hospital Attached, Oncology building demo
Option D – Partial addition East face
Option E – Partial Low Addition West Tower
Option F – Partial Full height addition West Tower

4. **Discussion of Options**
   a. Option A illustrates a total replacement hospital for 217 beds, located on land that is currently owned. The main entry would be located between the existing Oncology and Stevens Pavilion buildings. The main entry would face North with the main access along 216th St. Due to the proposed new building consuming a large portion of the existing campus parking lot, this option requires a large number of new structured parking stalls. This option does not yet address the future uses of the existing hospital. (See attached)

   b. Option B illustrates a total replacement hospital for 217 beds placed adjacent to the existing hospital on the north edge of the campus. This option recommends purchase of additional property in order to accommodate the needs of the hospital in this zone of the campus. The main entry would face south with the main access along 216th St. With this additional property, the demand for structured parking is reduced. This option does not yet address the future uses of the existing hospital. (See attached)

   c. Option C illustrates a total replacement hospital for 217 beds placed adjacent to the existing hospital on the south side of the existing hospital. This option proposes the demolition of the existing Oncology building to allow site area adequate for the replacement hospital. The main entry would be located between the existing hospital and Stevens Pavilion buildings. The main entry would face North with the main access along 216th St. Due to the proposed new building consuming a large portion of the existing campus parking lot, this option requires a large number of new structured parking stalls. This option does not yet address the future uses of the existing hospital. (See attached)

   d. Option D illustrates an addition to the existing hospital on the east face of the existing building. This option adds additional in-patient beds and area for the emergency, imaging and surgery departments. The main entry would face East with the main access along 216th St. Due to the proposed new building consuming a large portion of the existing campus parking lot, this option requires a large number of new structured parking stalls. This option does not vacate current uses of the existing hospital. (See attached)

   e. Option E illustrates an addition to the existing hospital on the south face of the existing West tower building. This option adds a new service elevator core to the existing west tower, additional in-patient beds and area for the emergency, imaging and surgery departments. The main entry is not modified by this option. This option has a minor impact on current parking; therefore demand for structured parking is reduced. This option does not vacate current uses of the existing hospital. (See attached)

Review Session 1
Meeting Minutes:
March 28, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON #207037.00
June 25, 2007

CALLISON

f. Option F illustrates an addition to the existing hospital on the south face of the existing West tower building. This option adds a new service elevator core to the existing west tower, with additional in-patient beds on all levels. Additional area for the emergency, imaging and surgery departments is provided. The main entry is not modified by this option. This option has a minor impact on current parking; therefore demand for structured parking is reduced. This option does not vacate current uses of the existing hospital. (See attached)

5. Emergency Department Options Renovation vs. Freestanding

a. Callison presented an analysis of the current emergency department area and service volume demand. The department is currently undersized by about a factor of two. Looking at projected volume growth for the next 10 years, the department needs to grow by a factor of three. Given that there is no available additional area within the existing hospital, two options are available for consideration;
   (1) Expand the emergency department into area currently occupied by another department. This requires the relocation of an existing service to a location outside the hospital. An option to consider would be the relocation of the clinical lab.
   (2) Consider a "Split service model" similar to the Swedish Eastside Specialty Center in Issaquah. Callison presented a cost model estimating these two approaches. This option offers a benefit of reduced time to implement service level enhancements and community image achievements. (See attached)

6. Next Steps

a. Stevens will consider the range of funding that the bonding capacity of the district would support, so that these options can be refined to respond to funding availability.
b. Stevens Hospital will review the service line growth projections which are currently estimated at 4% per year for admissions (excluding psychiatry), emergency and surgery. Imaging volumes need further information and clarifications.
c. The proposed emergency department "Split service model" needs to be validated against the Stevens Hospital business model needs. Stevens to review this proposal and direct Callison how to proceed.
d. Stevens selected Options A, B, C, and D for further refinement. Callison will present these refined options at the next scheduled meeting 11:30 AM Wednesday April 18th.

These minutes are an accurate account of the meeting comments to the best of my knowledge. Please contact me if any questions arise or any discrepancies are observed.

John Jex

Enclosures on CD:
Master Plan Options (3-28-07)
Master Plan Business Projection (3-28-07)
Options Summaries Session (3-28-07)
Proposed Stacking (3-27-07)
Stevens Bed Analysis (3-28-07)
Meeting Minutes (3-28-07)

c: Those Present
Callison: File #10

mm-master plan options-bh-3-28:Originals: Hand Delivered

Review Session 1
Meeting Minutes:
March 28, 2007

Option A

New Freestanding Hospital

Major new service line components:

Inpatient nursing units – 217 beds
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 402 M

Total new beds = 217

Total New BGSF = 550,000 SF

Total Parking = 1,210 stalls

Structured parking = 900 stalls

Opening = 2011

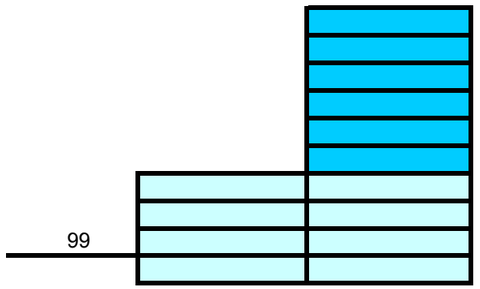
Review Session 1
Option A:
March 28, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Stevens Healthcare
Proposed Stackin option A
New Free-standing
28-Mar-07
207037.01



	16,000	P	penthouse		
	32,000	9	med surg	32	beds
	32,000	8	med surg	32	beds
	32,000	7	med surg	32	beds
	32,000	6	med surg	32	beds
	32,000	5	med surg	32	beds
	32,000	4	ICU/CCU	32	beds
	85,000	3	Surgery ICU	25	beds
	85,000	2	D & T	217	total beds
	85,000	1	entry, D&T		
	85,000	B	support		
	548,000	BGSF addition		BGSF/bed	2,525
	$ 350.00	$/SF			
	$ 191,800,000.00	construction cost 2007 $			
	$ 210,980,000.00	10%	2008 $		
	$ 232,078,000.00	10%	2009 $		
	$ 255,285,800.00	10%	2010 $		
	1.45	factor			
Total	**$ 370,164,410.00**	**project cost**	**2010 $**		

Structured parking	900 cars	$ 21,000	$/stall	
	$ 18,900,000	**Total construction cost 2007 $**		
	$ 20,790,000	10%	2008 $	
	$ 22,869,000	10%	2009 $	
	$ 25,155,900	10%	2010 $	
	1.25	factor		
	$ 31,444,875	**Project cost**	**2010 $**	
	401,609,285.00	**Total project cost**	**2010 $**	

Review Session 1
Option A:
March 28, 2007

Stevens HOSPITAL
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EDMONDS, WASHINGTON #207037.00
June 25, 2007
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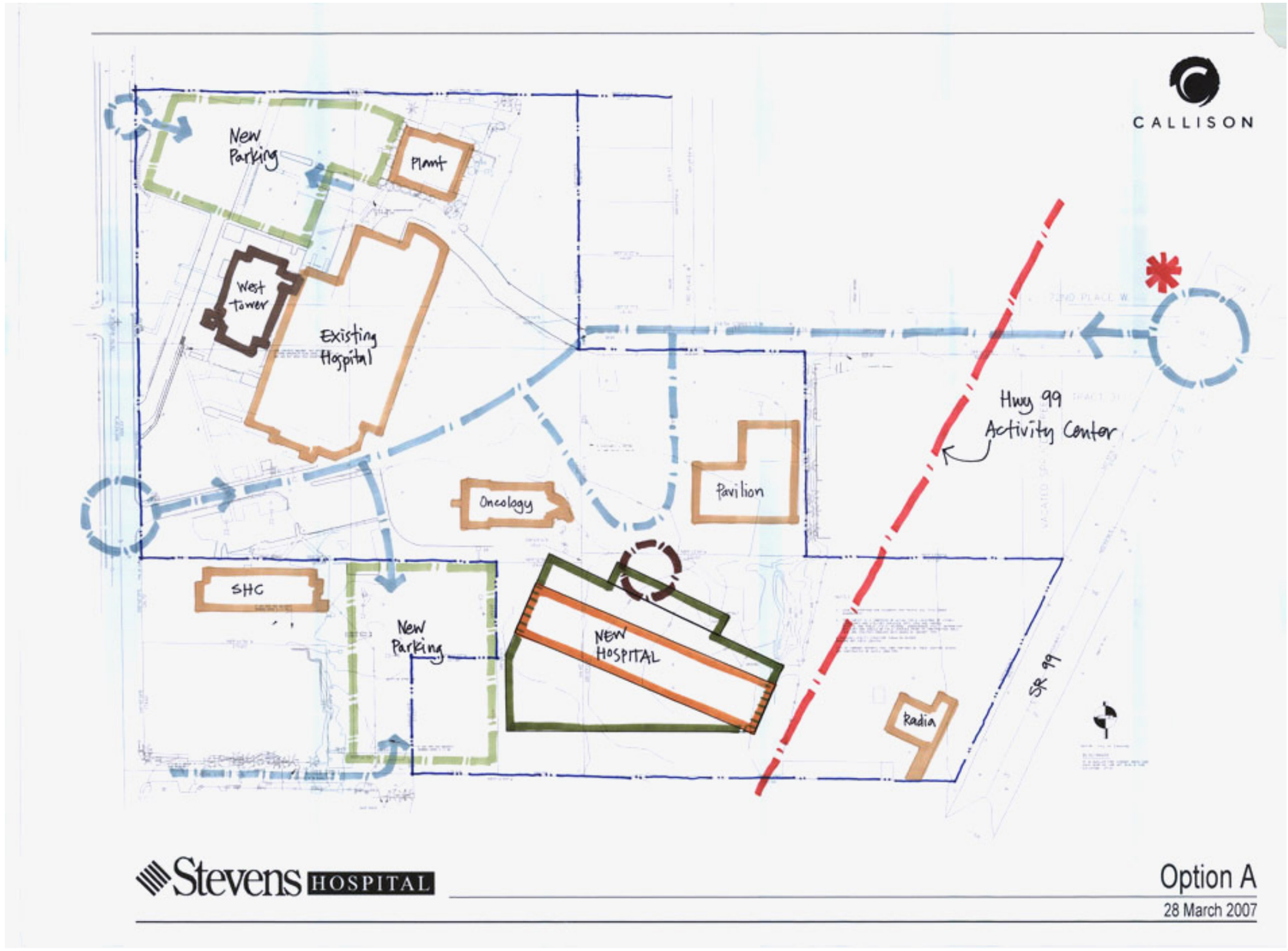

Review Session 1
Option A:
March 28, 2007

Stevens HOSPITAL

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EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Option B

New Hospital Attached

Land purchase

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 394 M

Total new beds = 217

Total New BGSF = 550,000 SF

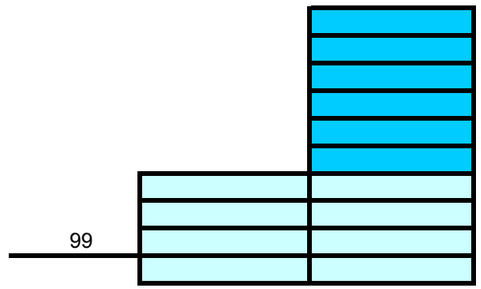
Total Parking = 1,210 stalls

Structured parking = 500 stalls

Opening = 2011

Review Session 1
Option B:
March 28, 2007

Stevens Healthcare
Proposed Stackin option B
New Hospital attached - land purchase
28-Mar-07
207037.01



16,000	P	penthouse		
32,000	9	med surg	32	beds
32,000	8	med surg	32	beds
32,000	7	med surg	32	beds
32,000	6	med surg	32	beds
32,000	5	med surg	32	beds
32,000	4	ICU/CCU	32	beds
85,000	3	Surgery ICU	25	beds
85,000	2	D & T	217	total beds
85,000	1	entry, D&T		
85,000	B	support		

548,000 BGSF addition BGSF/bed 2,525

$ 350.00	$/SF	
$ 191,800,000.00	construction cost 2007 $	
$ 210,980,000.00	10%	2008 $
$ 232,078,000.00	10%	2009 $
$ 255,285,800.00	10%	2010 $
1.45	factor	
$ 370,164,410.00	**project cost**	**2010 $**

Land **$ 6,250,000** **Estimated land purchase 2007 $**

Structured parking 500 cars $ 21,000 $/stall

$ 10,500,000	**Total construction cost 2007 $**	
$ 11,550,000	10%	2008 $
$ 12,705,000	10%	2009 $
$ 13,975,500	10%	2010 $
1.25	factor	
$ 17,469,375	**Project cost**	**2010 $**
$ 393,883,785	**Total project cost**	**2010 $**

Review Session 1
Option B:
March 28, 2007

Stevens HOSPITAL

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EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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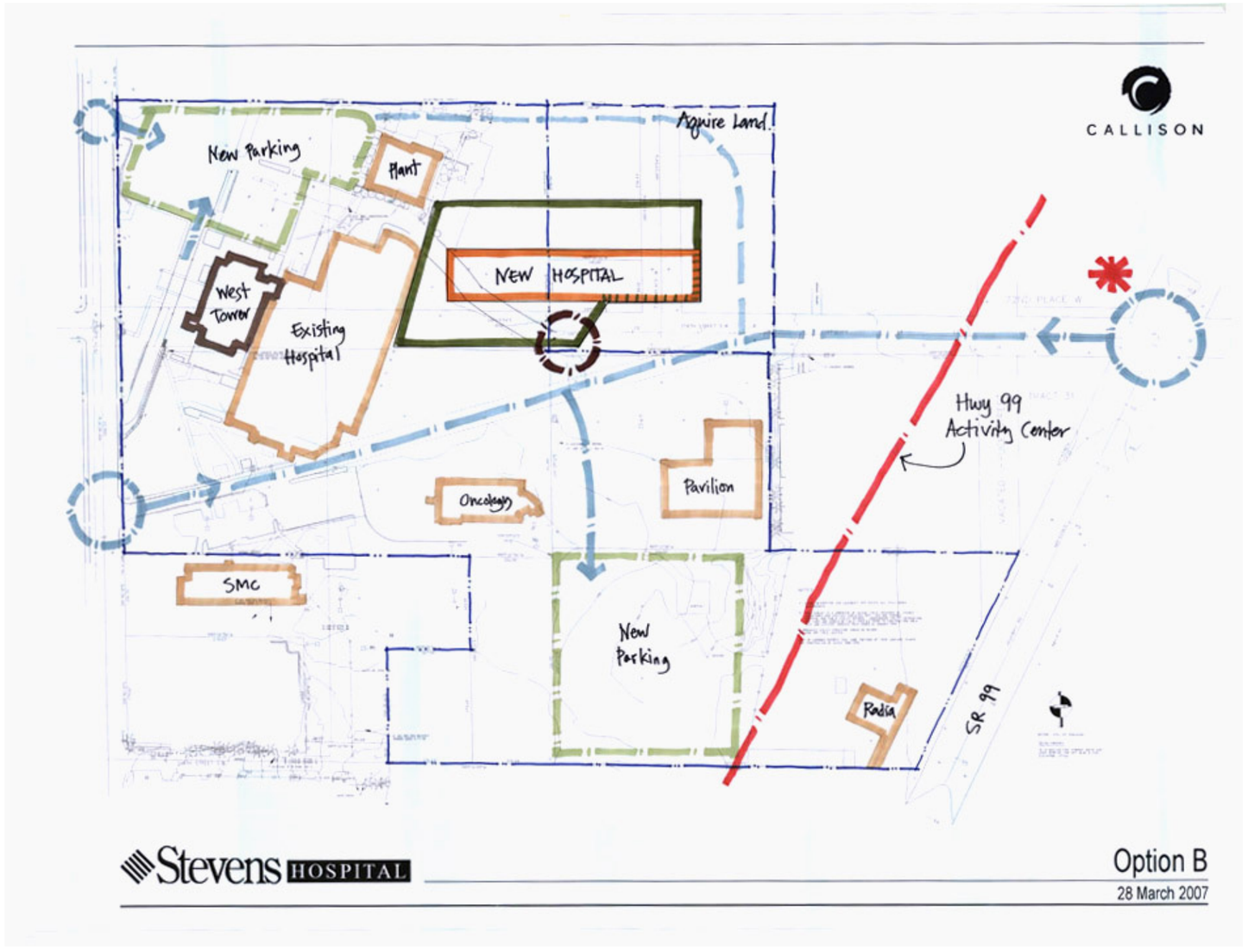

Review Session 1
Option B:
March 2007

Stevens HOSPITAL

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EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Option C

New Hospital Attached

Oncology Building Demo

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 400 M

Total new beds = 217

Total New BGSF = 550,000 SF

Total Parking = 1,210 stalls

Structured parking = 700 stalls

Opening = 2011

Review Session 1
Option C:
March 28, 2007

Stevens HOSPITAL

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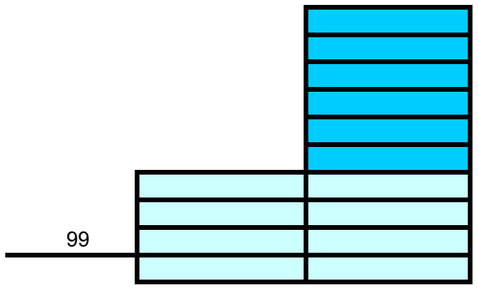
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Stevens Healthcare
Proposed Stackin option C
New Hospital attached - Oncology Building Demo
28-Mar-07
207037.01



16,000	P	penthouse			
32,000	9	med surg	32	beds	
32,000	8	med surg	32	beds	
32,000	7	med surg	32	beds	
32,000	6	med surg	32	beds	
32,000	5	med surg	32	beds	
32,000	4	ICU/CCU	32	beds	
85,000	3	Surgery ICU	25	beds	
85,000	2	D & T	217	total beds	
85,000	1	entry, D&T			
85,000	B	support			
548,000	BGSF addition		BGSF/bed	2,525	

$ 350.00	$/SF		
$ 191,800,000.00	construction cost 2007 $		
$ 210,980,000.00	10%	2008 $	
$ 232,078,000.00	10%	2009 $	
$ 255,285,800.00	10%	2010 $	
1.45	factor		
Total	**$ 370,164,410.00**	**project cost**	**2010 $**
Demo	**$ 6,000,000**	**Estimated building demo & relocation TI 2007 $**	

Structured parking	700 cars	$ 21,000	$/stall	
$ 14,700,000	**Total construction cost 2007 $**			
$ 16,170,000	10%	2008 $		
$ 17,787,000	10%	2009 $		
$ 19,565,700	10%	2010 $		
1.25	factor			
$ 24,457,125	**Project cost**	**2010 $**		
$ 400,621,535	**Total project cost**	**2010 $**		

Review Session 1
Option C:
March 28, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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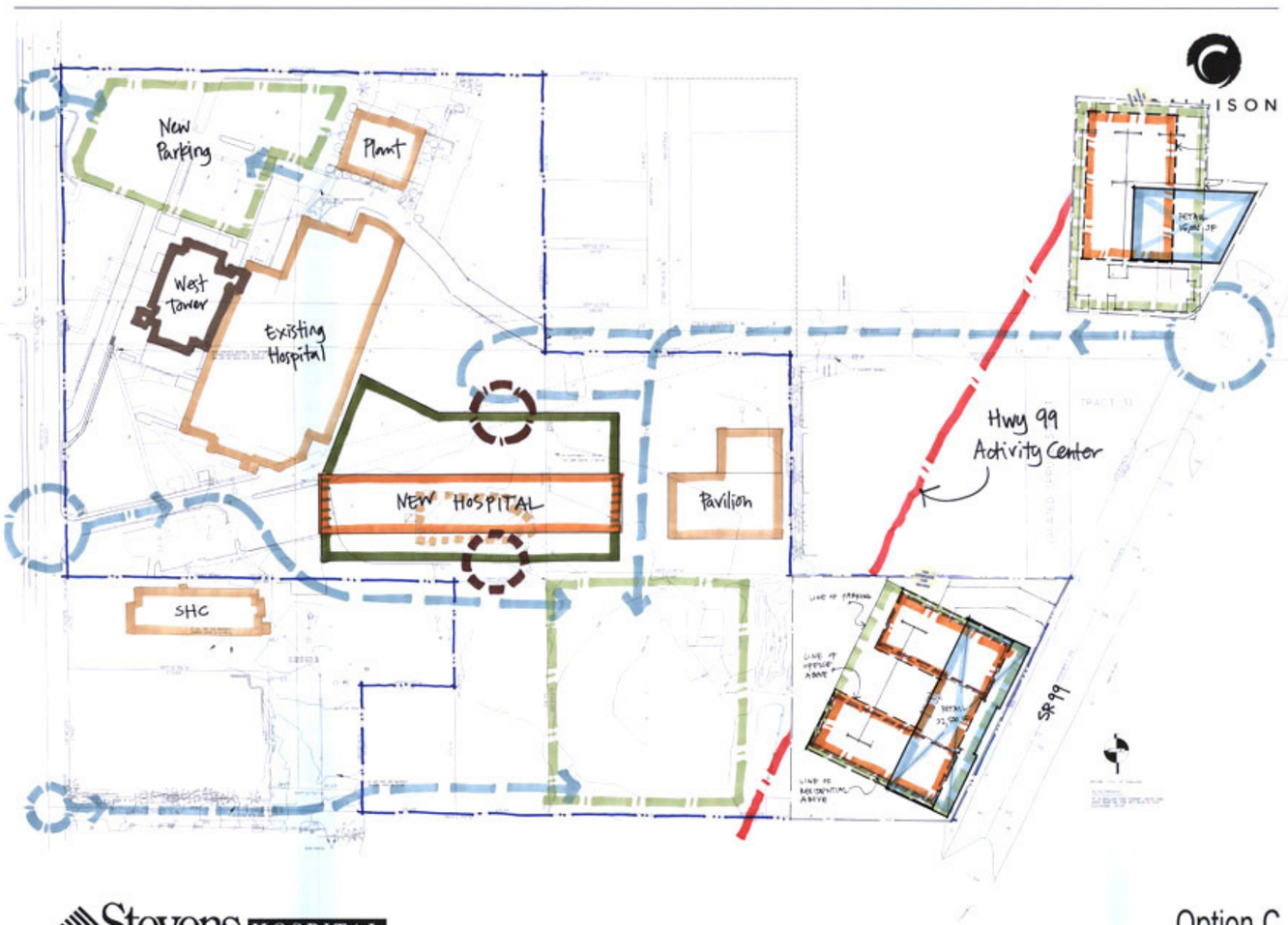


Stevens HOSPITAL

Option C
28 March 2007

Review Session 1
Option C:
March 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Option D

Partial Addition – East Face

Major new service line components:

ICU -32
Med/surg beds - 32
Surgery
Imaging
ED
Support Services

Project Cost est. = $ 156 M

Total new beds = 64

Total New BGSF = 207,000 SF

Total Parking = 1,210 stalls

Structured parking = 900 stalls

Opening = 2010

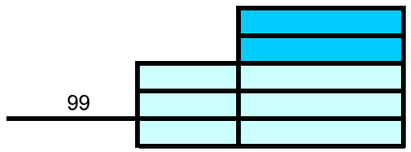
Review Session 1
Option D:
March 28, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Stevens Healthcare
Proposed option D
East Addition
28-Mar-07

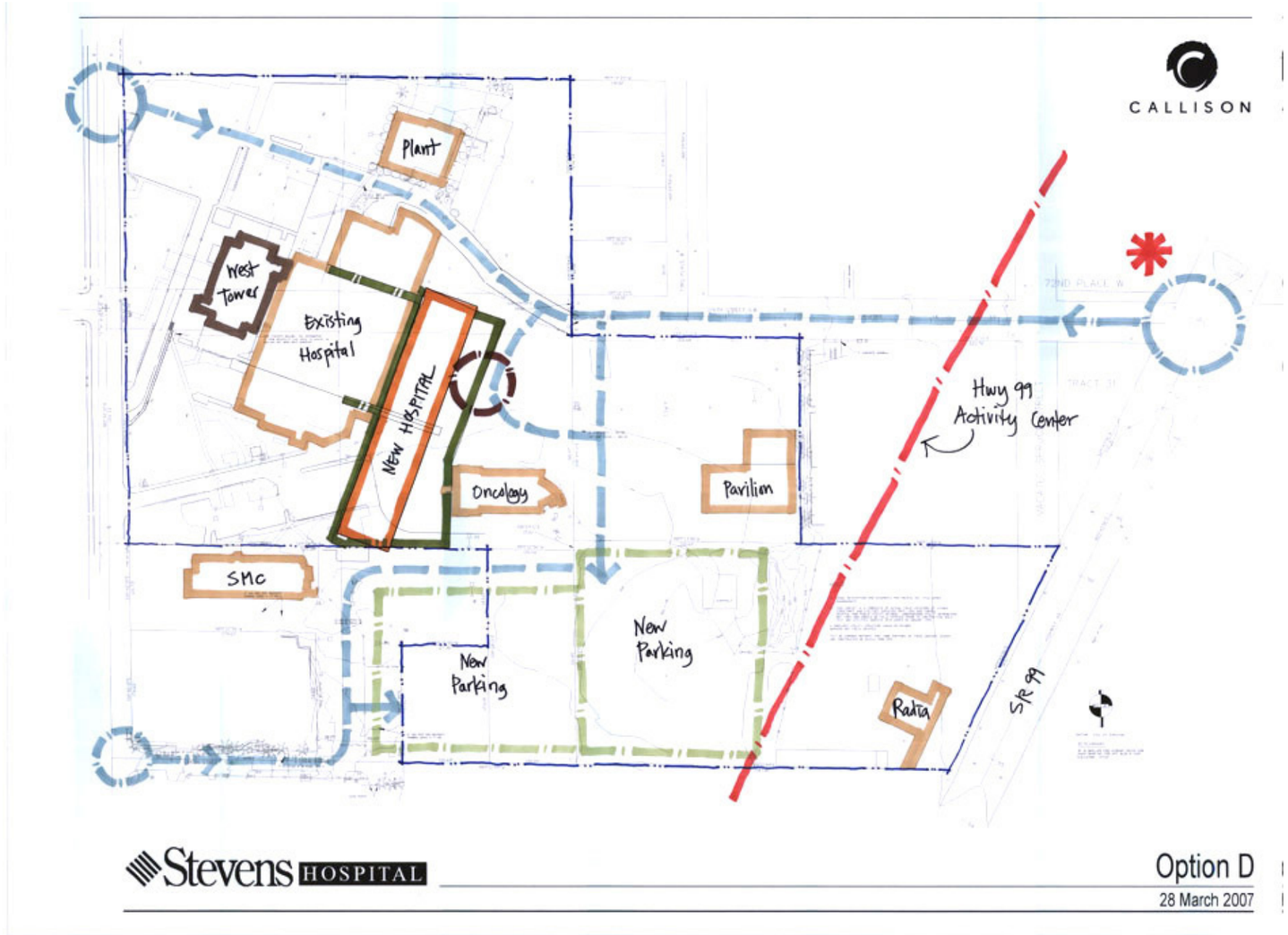


8,000		P	penthouse			
32,000		4	med surg	32	beds	
32,000		3	ICU/CCU	32	beds	
45,000		2	surgery	64	add'l beds	
45,000		1	ed imaging			
45,000		B	support			
207,000	BGSF addition			BGSF/bed	3,234	
$ 350.00	$/SF					
$ 72,450,000.00	construction cost 2007 $					
$ 79,695,000.00	10%	2008 $				
$ 87,664,500.00	10%	2009 $				
1.45						
total **$ 127,113,525.00**	**project cost**	2009 $				

Structured parking	900 cars	$ 21,000	$/stall	
$ 18,900,000	**Total construction cost 2007 $**			
$ 20,790,000	10%	2008 $		
$ 22,869,000	10%	2009 $		
1.25	factor			
$ 28,586,250	**Project cost**	2009 $		
155,699,775.00	**Total project cost**	2009 $		

Review Session 1
Option D:
March 28, 2007

Stevens HOSPITAL
SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00
CALLISON



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EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Review Session 1
Option D:
March 28, 2007

Option E

Partial Low Addition - West Tower

Major new service line components:

ICU beds - 32
Surgery
Imaging
ED
Entry
Admitting
Support Services

Project Cost est. = $ 141 M

Total new beds = 32

Total New BGSF = 183,000 SF

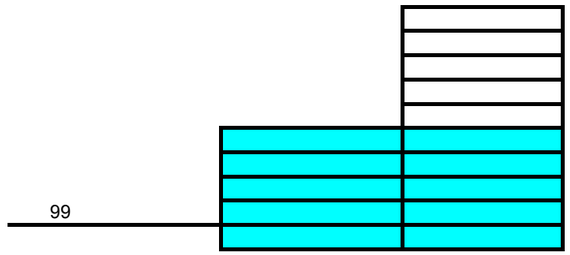
Total Parking = 1,210 stalls

Structured parking = 200 stalls

Opening = 2011

Review Session 1
Option E:
March 28, 2007

Stevens Healthcare
Proposed Stacking option E
Partial Low Addition West Tower
28-Mar-07



	New				Existing	Total		Beds
	4,000		9		13,614	17,614		23
	4,000		8		13,614	17,614		26
	4,000		7		13,614	17,614		13
	4,000		6		13,614	17,614		26
	12,000		5	P & elev	13,614	25,614		34
	23,000		4	ICU/ PCU 32 beds	13,614	36,614		32
	33,000	76th	3	Entry / ED / imaging	12,000	45,000		0
	33,000		2	Support	19,000	52,000		0
	33,000		1	IR Surg prep / Rec	19,963	52,963		0
	33,000		B	Surgery	19,084	52,084		0
					MB 925	925		0
	183,000	BGSF addition			SB 7,080	7,080		0
					159,736	342,736	BGSF	154
	$ 350	$/SF						
	$ 64,050,000	construction cost 2007 $				2,226	BGSF / Bed	
	$ 70,455,000	10%	2008 $					
	$ 77,500,500	10%	2009 $					
	$ 85,250,550	10%	2010 $					
	1.45							
Total	**$ 123,613,298**	**project cost**	**2010 $**					
	$ 10,000,000	**Est. Renovation**	**cost 2010 $**					

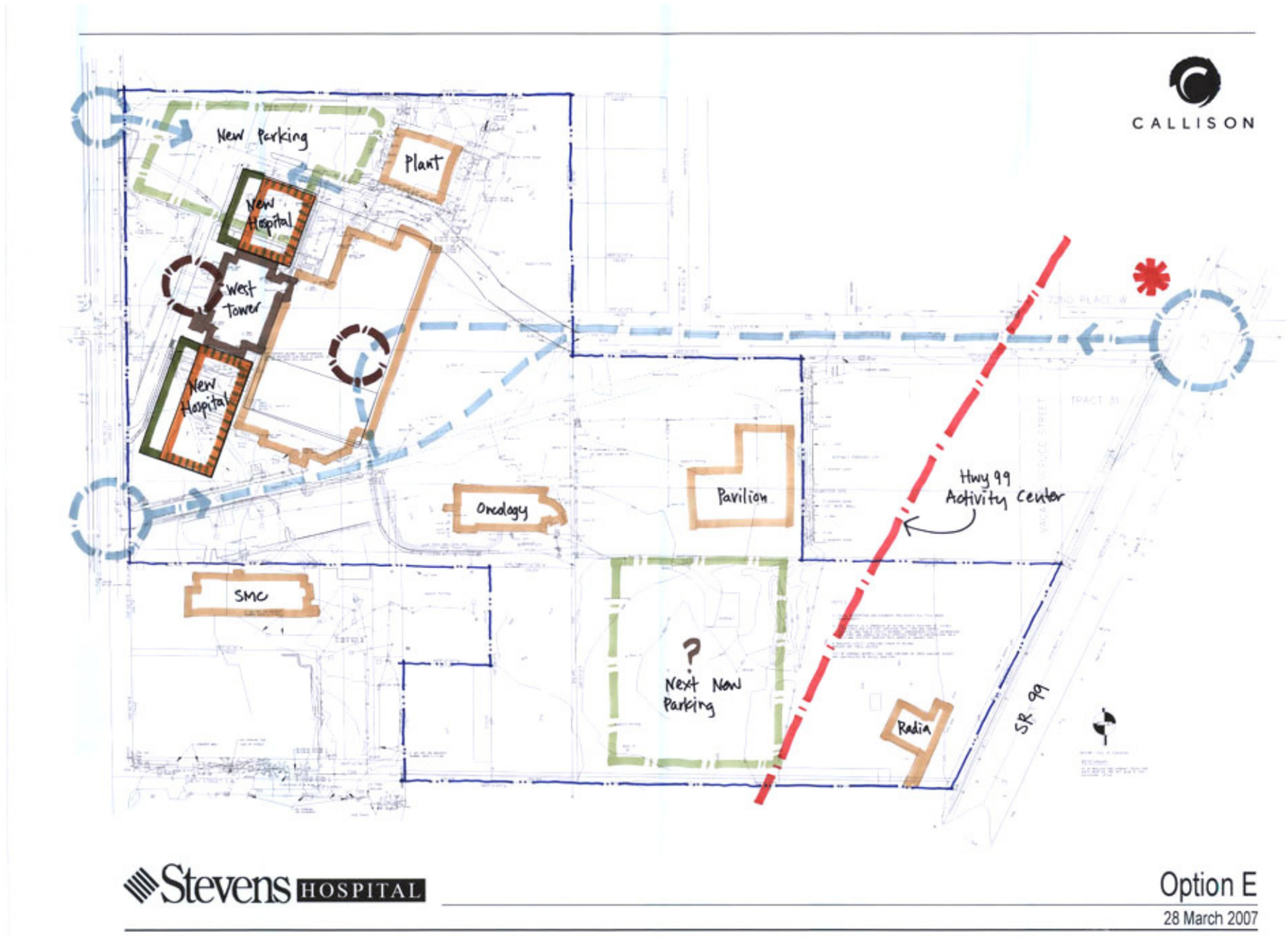
Structured parking	200 cars	$ 21,000	$/stall	
	$ 4,200,000	**Total construction cost 2007 $**		
	$ 4,620,000	10%	2008 $	
	$ 5,082,000	10%	2009 $	
	$ 5,590,200	10%	2010 $	
	1.25	factor		
	$ 6,987,750	**Project cost**	**2010 $**	
	$ 140,601,048	**Total project cost**	**2010 $**	

Review Session 1
Option E:
March 28, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON



Review Session 1
Option E:
March 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Option F

Partial Full Height Addition - West Tower

Additions to service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 164 M

Total new beds = 60

Total New BGSF = 181,000 SF

Total Parking = 1,210 stalls

Structured parking = 200 stalls

Opening = 2011

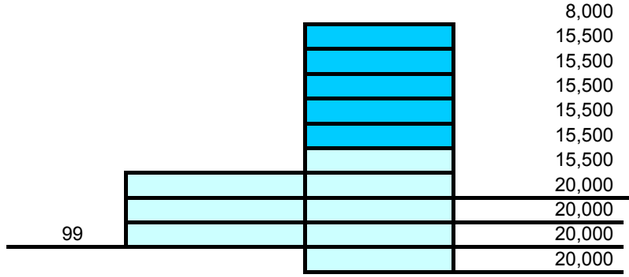
Review Session 1
Option F:
March 28, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Stevens Healthcare
Proposed Stacking option F
West Tower addition
28-Mar-07



	8,000		P			
	15,500		9	Mental Health	12	beds
	15,500		8	Med/Surg	12	beds
	15,500		7	Birth Center	12	beds
	15,500		6	Day Surgery	12	beds
	15,500		5	Med Surg	12	beds
	15,500		4	Meeting Rooms	60	add'l beds
	20,000	76th	3	Admin ICU PCU		
	20,000		2	Cafeteria,		
	20,000		1	Radiology, ED		
	20,000		B	Surgery		
	181,000	BGSF addition			BGSF/bed	3,017
	$ 350.00	$/SF				
	$ 63,350,000.00	construction cost 2007 $				
	$ 69,685,000.00	10%		2008 $		
	$ 76,653,500.00	10%		2009 $		
	$ 84,318,850.00	10%		2010 $		
	1.45					
Total	**$ 122,262,332.50**	**project cost**		**2010 $**		
	$ 10,000,000	**Est. Renovation cost 2010 $**				

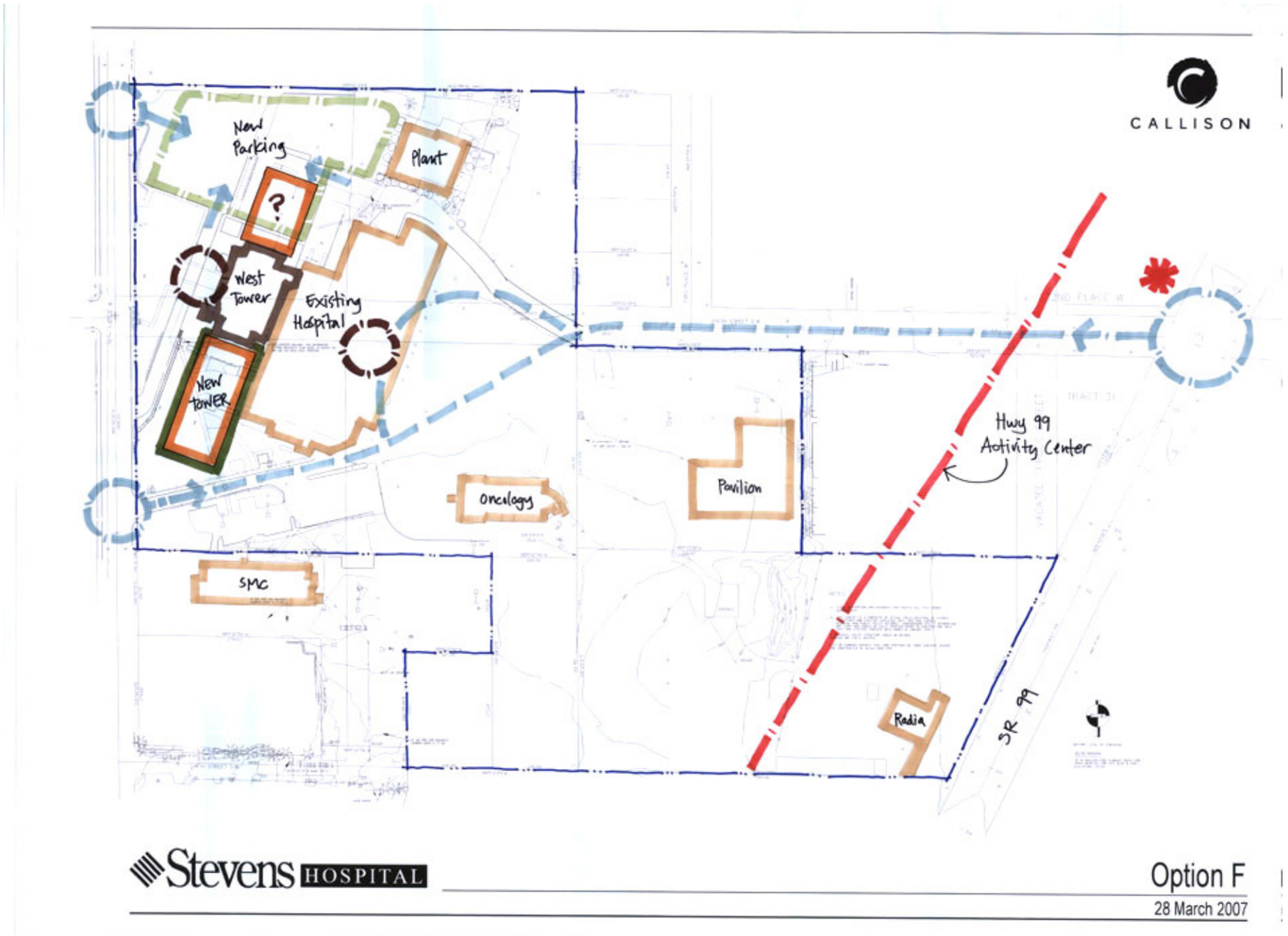
Structured parking	900 cars	$ 21,000 $/stall		
	$ 18,900,000	**Total construction cost 2007 $**		
	$ 20,790,000	10%	2008 $	
	$ 22,869,000	10%	2009 $	
	$ 25,155,900	10%	2010 $	
	1.25	factor		
	$ 31,444,875	**Project cost**	**2010 $**	
	$ 163,707,208	**Total project cost**	**2010 $**	

Review Session 1
Option F:
March 28, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON



Review Session 1
Option F:
March 2007

Stevens Healthcare
Proposed Stacking option ED
28-Mar-07
207037.01

Current ED

urgent care patient positions		**4**					
ED patient positions		**16**					
total existing patient positions		**20**					
current ED area	7,650						
current urgent area	860						
	8,510 SF						
Current SF/patient position	426 DGSF			trauma emergent	urgent & psych		
		Current	**Preferred**	**split service**			
Current seating per patient position		2	2	3	3		
Current waiting room seating (adult)		39	46				
Current Avg SF per seat		16					
Current waiting room size NSF		625					
Preferred min SF per seat		20	20				
Preferred waiting room size NSF		780	920				
Waiting room deficit area NSF		(155)	(295)				
						total	
Current Annual total patient Visits	**42,000**			31,000	31,000	62,000	
Current Patient positions per visit	**2,100**						
Ideal Patient positions per visit	**1,500**	**1,700**	**1,550**	1,550	1,550		
Ideal # of patient positions	**28**	**25**	**27**	20	20		
current deficit patient positions	**(8)**	**(5)**	**(7)**				
Ideal sf per patient position	**600**	**600**	**600**	600	600		
Ideal total area	**16,800**	**14,824**	**16,258**	**12,000**	**12,000**	DGSF	
current deficit area per ideal	**(8,290)**	**(6,314)**	**(7,748)**				
potential west addition of 7 beds	**2,580**	**2,580**	**2,580**				
revised deficit area per ideal	**(5,710)**	**(3,734)**	**(5,168)**				
Existing clinical lab	**7,500**	**7,500**	**7,500**				
deficit if clinical lab moved	**1,790**	**3,766**	**2,332**				

Stevens Lab relocation
2007 $est

lab current area	7,500	NSF	
cost / sf	$ 200		
est. construction cost	$ 1,500,000		
factor	1.45		
total project cost	$ 2,175,000		

Ed Expansion / renovation
2007 $est

TI in vacant chair	7,500		12,000	12,000	
renovation of current ED	11,090				
total area renovated	18,590				
cost /sf	$ 200		$ 200	$ 270	
est. construction cost	$ 3,718,000		$ 2,400,000	$ 3,240,000	
factor	1.45		1.45	1.45	
total project cost	$ 5,391,100		$ 3,480,000	$ 4,698,000	
Total project cost	**$ 7,566,100**			**$ 8,178,000**	

Review Session 1
Option ED:
March 28, 2007

Stevens HOSPITAL
SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00
CALLISON

MEETING MINUTES

April 18, 2007

Stevens Hospital
Masterplan
Project Number 207037.00

Re: Master Plan Options Review Session 2

Those Present:
Stevens Hospital: Marc Rosenshein, Mike Carter, Tim Roddy, Linda Christianson, Joannie Strickland, Dave Oskamp, Lyle Hansen, Polly Junkermier-Poole, Beth Engel, Joe Conner, Jon Pazevic, Gary Wangsmo, John Omel, Sarah Zabel, Bob Meador, Nancy Wood
Callison: Bob Hutnik, Janet Faulkner, John Jex, David Chamness

Location:
Stevens Hospital

Items Discussed:

1. **Goals of the Meeting**
   This is the second of three masterplan meetings to review and refine the masterplan options under consideration for the Stevens Hospital campus down to one preferred option.

2. **Background Information from session #1 – for reference**
   - Highlights/Lessons from Visioning/Blue Sky Breakfast
   - 7 Principals of Planning
   - Critical Success Factors

3. **Options Refinement**
   Callison presented refinements to options A, B, C from work session #1.
   Summary worksheets illustrating proposed stacking, bed count, construction and project cost data and parking were distributed and discussed for each option. All options provide for the basic need of 217 beds and 550,000 BGSF. The range in cost between the options is approximately 10% to 15 %. Option detail contains services accommodated, floor-by-floor departmental allocations, proposed square footages by floor, construction and project cost assumptions, and campus parking information. A more detailed review of building size and parking need revealed that for all options some additional land purchase was suggested. The base need of land purchase was focused along 73rd Ave. and is proposed in all 4 options. Option B proposes an additional land purchase along 214th St.

Callison presented the following 4 options for discussion:

- Option A1 – New Freestanding Hospital
- Option A2 – New Freestanding Hospital w/ shelled beds

- Option B1 – New Hospital Attached – Land purchase
- Option B2 – New Hospital Attached – Land purchase w/ shelled beds

- Option C1 – New Hospital Attached – Oncology Building Replacement
- Option C2 – New Hospital Attached – Oncology Building Replacement w/ shelled beds

- Option C1r – New Hospital attached – Oncology Building Retained
- Option C2r – New Hospital attached – Oncology Building Retained w/ shelled beds

4. **Discussion of Options**
   a. Option A1 illustrates a total replacement hospital for 217 beds located on the south side of the campus. The main entry would be located between the existing Oncology and Stevens Pavilion buildings. The main entry would face North with the main access along 216th St. Due to the proposed new building consuming a large portion of the existing campus parking lot, this option requires a number of new structured parking stalls. The available site for a structured parking garage is to the north of 216th Ave. and a considerable distance from the new hospital. For this reason, this option includes one level of parking below the new hospital construction. This option proposes the demolition of the East wing of the existing hospital preserving the West tower for alternate redevelopment options. (See attached)

   b. Option B1 illustrates a total replacement hospital for 217 beds placed adjacent to the existing hospital on the north edge of the campus. This option recommends purchase of additional property in order to accommodate the needs of the hospital in this zone of the campus. The main entry would face south with the main access along 216th St. With this additional property, the demand for structured parking is reduced. For physician and staff satisfaction, a structured parking is proposed behind the new hospital on the north side of the campus. This option proposes the demolition of the East wing of the existing hospital preserving the West tower for continuing healthcare uses. (See attached)

   c. Option C1 illustrates a total replacement hospital for 217 beds placed adjacent to the existing hospital on the east side of the existing hospital. This option proposes the demolition of the existing Oncology building to allow site area adequate for the replacement hospital and 36 bed nursing units. The main entry would face East with the main access along 216th St. Due to the proposed new building consuming a large portion of the existing campus parking lot, this option requires a large number of new structured parking stalls. This option proposes a new MOB to replace the existing Oncology MOB. (See attached)

   d. Option C1r illustrates a total replacement hospital for 217 beds placed adjacent to the existing hospital on the east side of the existing hospital similar to option C1 but retains the existing Oncology MOB. The site area available for the new hospital allows for 32 bed nursing units. The main entry would face East with the main access along 216th St. Due to the proposed new building consuming a large portion of the existing campus parking lot, this option requires a large number of new structured parking stalls. (See attached)

Review Session 2
Meeting Minutes:
April 18, 2007

1420 FIFTH AVENUE #2400 SEATTLE, WASHINGTON 98101-2343
T 206 623 4646 F 206 623 4625 www.callison.com

6. **Next Steps**
   a. Stevens selected Options B for further refinement. Callison will refine the overall square footage projections, use of existing hospital areas to remain, site circulations roadways, ED access, campus parking alternatives and green space features. Callison will also reevaluate the need for additional property along 215th St. and 73rd Ave. with the intent to show how the first phase development could occur with a minimal property purchase.
   b. Callison will present this refined option at the next scheduled meeting 7:30 AM Thursday May 17th.

These minutes are an accurate account of the meeting comments to the best of my knowledge. Please contact me if any questions arise or any discrepancies are observed.

John Jex

Enclosures on CD:
Master Plan Options (4-18-07)
Proposed Stacking (4-18-07)
Meeting Minutes (4-18-07)

c: Those Present
Callison: File #10

mm-master plan options-jj-4-18:Originals: Hand Delivered

Review Session 2
Meeting Minutes:
April 18, 2007

Stevens Healthcare
Masterplan Options Review
Pro / Con matrix
18 April 2007

CALLISON

Option A1

	Pro	N	Con
Identifiable entry		X	
Ease of access to parking			X
Intuitive Wayfinding	X		
Separation of flows		X	
Service zoning		X	
Flexible futures	X		
Cash flow planning	X		
Brand consistency	X		
Quality & Satisfaction	X		
Best experience	X		
Community perception	X		
Disruption	X		
Radia site			X
Sustainability	X		
Power plant			X
Oncology		X	
Campus organization element			X
Land purchase		X	

Stevens Healthcare
Masterplan Options Review
Pro / Con matrix
18 April 2007

CALLISON

Option B1

	Pro	N	Con
Identifiable entry			X
Ease of access to parking	X		
Intuitive Wayfinding	X		
Separation of flows	X		
Service zoning	X		
Flexible futures	X		
Cash flow planning	X		
Brand consistency	X		
Quality & Satisfaction		X	
Best experience	X		
Community perception	X		
Disruption		X	
Radia site	X		
Sustainability	X		
Power plant	X		
Oncology	X		
Campus organization element	X		
Land purchase		X	

Review Session 2
Pro/Con Matrix:
April 18, 2007

Stevens Healthcare
Masterplan Options Review
Pro / Con matrix
18 April 2007

CALLISON

Option C1

	Pro	N	Con
Identifiable entry	X		
Ease of access to parking	X		
Intuitive Wayfinding		X	
Separation of flows	X		
Service zoning	X		
Flexible futures	X		
Cash flow planning	X		
Brand consistency	X		
Quality & Satisfaction		X	
Best experience	X		
Community perception	X		
Disruption			X
Radia site	X		
Sustainability			X
Power plant	X		
Oncology			X
Campus organization element		X	
Land purchase		X	

Stevens Healthcare
Masterplan Options Review
Pro / Con matrix
18 April 2007

CALLISON

Option C1r

	Pro	N	Con
Identifiable entry	X		
Ease of access to parking	X		
Intuitive Wayfinding		X	
Separation of flows	X		
Service zoning	X		
Flexible futures		X	
Cash flow planning		X	
Brand consistency	X		
Quality & Satisfaction		X	
Best experience	X		
Community perception	X		
Disruption			X
Radia site	X		
Sustainability			X
Power plant	X		
Oncology		X	
Campus organization element		X	
Land purchase		X	

Review Session 2
Pro/Con Matrix:
April 18, 2007

Option A1

New Freestanding Hospital

Major new service line components:

Inpatient nursing units – 216 beds
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 377 M

Total new beds = 216

Total New BGSF = 551,000 SF

Total Parking = 1,210 stalls

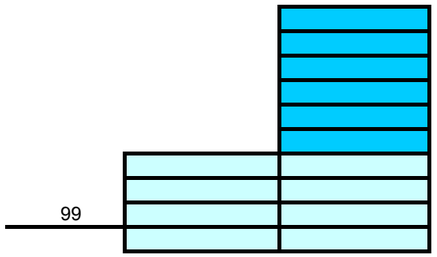
Structured parking = 200 stalls

Opening = 2011

Review Session 2
Option A-1:
April 18, 2007

Stevens Healthcare
Proposed Stacking option A1
New Free-standing - Land purchase
18-Apr-07

207037.01



	AREA	LEVEL	DEPARTEMTS	BEDS
	16,000	P	penthouse	
	32,500	9	Psych	36 beds
	32,500	8	L&D / med surg	36 beds
	32,500	7	med surg	36 beds
	32,500	6	med surg	36 beds
	32,500	5	med surg	36 beds
	32,500	4	ICU/CCU	36 beds
	85,000	3	Surgery	0 beds
	85,000	2	D & T	216 total beds
	85,000	1	entry, D&T	
	85,000	B	support	

New construction		551,000		BGSF addition	BGSF/bed	2,551
		$ 320		$/SF		
			10%	design contingency		
		$ 193,952,000		Constrution cost	Apr 2007 $	
	Radia clean-up	$ 1,100,000				
	Site Work	$ 2,500,000				
	Roadways	$ 2,155,000				
	Demo	$ 616,500				
	Sub Total	$ 200,323,500				
		$ 17,828,792	0.089	WSST		
	Sub Total	$ 218,152,292		Constrution cost	Apr 2007 $	
		1.45		factor		
	Sub Total	$ 316,320,823		Project cost	Apr 2007 $	
		$ 10,000,000		Major Medical Equipment allowance	2007 $	
	Sub Total	$ 326,320,823				
	Escallation	$ 354,873,895		8.75%	Jan 2008 $	
		$ 383,263,806		8.00%	Jan 2009 $	
	Sub Total Project Cost	**$ 409,134,113**		6.75%	Jan 2010 $	
	Land Cost	**$ 5,250,000**		Est. land purchase	2007 $	

Parking	450	stalls structured above grade	$ 20,000	$/stall		
	150	stalls structured below grade	$ 35,000	$/stall		
	600	Stalls surface	$ 2,000	$/stall		
	1200	Total parking stalls				
	Sub Total	$ 15,450,000				
		$ 1,375,050	0.089	WSST		
	Sub Total	$ 16,825,050		Constrution cost	Apr 2007 $	
		1.25		factor		
	Sub Total	$ 21,031,313		Project cost	Apr 2007 $	
	Escallation	$ 22,871,552		8.75%	Jan 2008 $	
		$ 24,701,277		8.00%	Jan 2009 $	
	Sub Total Parking Project Cost	**$ 26,368,613**		6.75%	Jan 2010 $	
	Total Project Cost	**$ 440,752,726**			**Jan 2010 $**	

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Review Session 2
Option A-1:
April 18, 2007

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OPTION A-1

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FACILITY MASTER PLAN
EDMONDS, WASHINGTON
April 18, 2007 #207037.00

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June 25, 2007 #207037.00

Review Session 2
Option A-1:
April 18, 2007

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Review Session 2
Option A-1:
April 18, 2007

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Option A2

New Freestanding Hospital

w/ Shelled Beds

Major new service line components:

Inpatient nursing units – 180 beds
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 356 M

Total shelled beds = 72

Total new beds = 144

Total future beds = 216

Total New BGSF = 551,000 SF

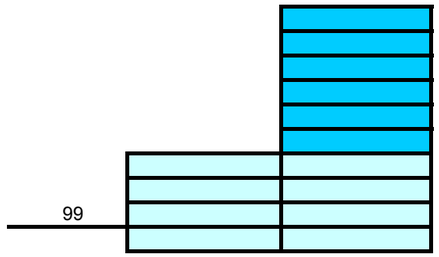
Total Parking = 1,210 stalls

Structured parking = 200 stalls

Opening = 2011

Review Session 2
Option A-2:
April 18, 2007

Stevens Healthcare
Proposed Stacking option A2
New Free-standing - Land purchase w/ shelled space
18-Apr-07
207037.01



	AREA
	16,000
	32,500
	32,500
	32,500
	32,500
	32,500
	32,500
	85,000
	85,000
	85,000
	85,000

LEVEL	DEPARTEMTS	BEDS		
		built		shelled
P	penthouse			
9	Shelled	0	beds	36
8	Psych	36	beds	0
7	L&D / med surg	36	beds	0
6	med surg	36	beds	0
5	med surg	36	beds	0
4	ICU/CCU	36	beds	0
3	Surgery	0	beds	0
2	D & T	180	sub-total	36
1	entry, D&T			
B	support	180	total beds	

New construction			551,000		BGSF addition	BGSF/bed 3,061
		$	320		$/SF	
				10%	design contingency	
		$	193,952,000		Constrution cost	Apr 2007 $
		$	(5,525,000)		shelled beds deduct	
	Radia clean-up	$	1,100,000			
	Site Work	$	2,500,000			
	Roadways	$	2,155,000			
	Demo	$	616,500			
	Sub Total	$	194,798,500			
		$	17,337,067	0.089	WSST	
	Sub Total	$	212,135,567		Constrution cost	Apr 2007 $
			1.45		factor	
	Sub Total	$	307,596,571		Project cost	Apr 2007 $
		$	10,000,000		Major Medical Equipment allowance	2007 $
	Sub Total	$	317,596,571			
	Escallation	$	345,386,271		8.75%	Jan 2008 $
		$	373,017,173		8.00%	Jan 2009 $
	Sub Total Project Cost	**$**	**398,195,832**		6.75%	Jan 2010 $
	Land Cost	**$**	**5,250,000**		Est. land purchase	2007 $

Parking	450	stalls structured above grade		$	20,000	$/stall
	150	stalls structured below grade		$	35,000	$/stall
	600	Stalls surface		$	2,000	$/stall
	1200	Total parking stalls				
	Sub Total	$	15,450,000			
		$	1,375,050	0.089	WSST	
	Sub Total	$	16,825,050		Constrution cost	Apr 2007 $
			1.25		factor	
	Sub Total	$	21,031,313		Project cost	Apr 2007 $
	Escallation	$	22,871,552		8.75%	Jan 2008 $
		$	24,701,277		8.00%	Jan 2009 $
	Sub Total Parking Project Cost	**$**	**26,368,613**		6.75%	Jan 2010 $

Total Project Cost $ 429,814,445 **Jan 2010 $**

Review Session 2
Option A-2:
April 18, 2007

Stevens HOSPITAL
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EDMONDS, WASHINGTON
June 25, 2007 #207037.00
CALLISON

Option B1

New Hospital Attached

Land purchase

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 389 M

Total new beds = 216

Total New BGSF = 550,000 SF

Total Parking = 1,210 stalls

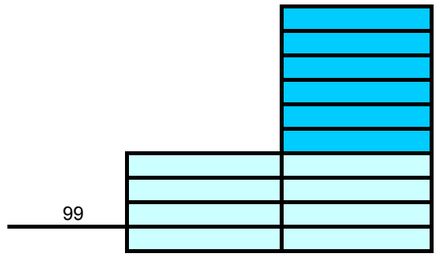
Structured parking = 200 stalls

Opening = 2011

Review Session 2
Option B-1:
April 18, 2007

Stevens Healthcare
Proposed Stacking option B1
New Hospital attached - Land purchase
18-Apr-07

207037.01



	AREA	LEVEL	DEPARTEMTS	BEDS
	16,000	P	penthouse	
	32,500	9	Psych	36 beds
	32,500	8	L&D / med surg	36 beds
	32,500	7	med surg	36 beds
	32,500	6	med surg	36 beds
	32,500	5	med surg	36 beds
	32,500	4	ICU/CCU	36 beds
	85,000	3	Surgery	0 beds
	85,000	2	D & T	216 total beds
	85,000	1	entry, D&T	
	85,000	B	support	

		551,000		BGSF addition	BGSF/bed	2,551
	$	320		$/SF		
			10%	design contingency		
	$	193,952,000		Constrution cost	Apr 2007 $	
Radia clean-up	$	1,100,000				
Site Work	$	2,500,000				
Roadways	$	2,155,000				
Demo	$	616,500				
Sub Total	$	200,323,500				
	$	17,828,792	0.089	WSST		
Sub Total	$	218,152,292		Constrution cost	Apr 2007 $	
		1.45		factor		
Sub Total	$	316,320,823		Project cost	Apr 2007 $	
	$	10,000,000		Major Medical Equipment allowance	2007 $	
Sub Total	$	326,320,823				
Escallation	$	354,873,895		8.75%	Jan 2008 $	
	$	383,263,806		8.00%	Jan 2009 $	
Sub Total Project Cost	**$**	**409,134,113**		6.75%	Jan 2010 $	
Land Cost	**$**	**11,000,000**		Est. land purchase	2007 $	

Parking	250	stalls structured above grade	$	20,000	$/stall	
	0	stalls structured below grade	$	35,000	$/stall	
	950	Stalls surface	$	2,000	$/stall	
	1200	Total parking stalls				
Sub Total	$	6,900,000				
	$	614,100	0.089	WSST		
Sub Total	$	7,514,100		Constrution cost	Apr 2007 $	
		1.25		factor		
Sub Total	$	9,392,625		Project cost	Apr 2007 $	
Escallation	$	10,214,480		8.75%	Jan 2008 $	
	$	11,031,638		8.00%	Jan 2009 $	
Sub Total Parking Project Cost	**$**	**11,776,274**		6.75%	Jan 2010 $	

Total Project Cost	**$**	**431,910,387**	**Jan 2010 $**

Review Session 2
Option B-1:
April 18, 2007

CALLISON

Stevens HOSPITAL

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EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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OPTION B-1

Stevens HOSPITAL

FACILITY MASTER PLAN
EDMONDS, WASHINGTON
April 18, 2007 #207037.00

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

Review Session 2
Option B-1:
April 18, 2007

CALLISON

Review Session 2
Option B-1:
April 18, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Option B2

New Hospital Attached

Land purchase

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 394 M

Total new beds = 216

Total New BGSF = 550,000 SF

Total Parking = 1,210 stalls

Structured parking = 500 stalls

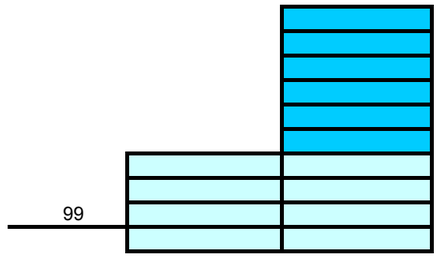
Opening = 2011

Review Session 2
Option B-2:
April 18, 2007

Stevens HOSPITAL
SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00
CALLISON

Stevens Healthcare
Proposed Stacking option B2
New Hospital attached - Land purchase
18-Apr-07

207037.01



	AREA	LEVEL	DEPARTEMTS	BEDS		shelled	west tower
	16,000	P	penthouse	built		shelled	west tower
	32,500	9	Psych	0	beds	36	23
	32,500	8	Psych	0	beds	36	26
	32,500	7	L&D / med surg	0	beds	36	13
	32,500	6	med surg	36	beds		0
	32,500	5	med surg	36	beds		0
	32,500	4	ICU/CCU	36	beds		0
	85,000	3	Surgery	0	beds		0
	85,000	2	D & T	108	total beds	108	62
	85,000	1	entry, D&T				
	85,000	B	support	170	total beds		

	551,000		BGSF addition	BGSF/bed	5,102	
	$ 320		$/SF			
		10%	design contingency			
	$ 193,952,000		Constrution cost		Apr 2007 $	
	$ (16,575,000)		shelled beds deduct			
Radia clean-up	$ 1,100,000					
Site Work	$ 2,500,000					
Roadways	$ 2,155,000					
Demo	$ 616,500					
Sub Total	$ 183,748,500					
	$ 16,353,617	0.089	WSST			
Sub Total	$ 200,102,117		Constrution cost		Apr 2007 $	
	1.45		factor			
Sub Total	$ 290,148,069		Project cost		Apr 2007 $	
	$ 10,000,000		Major Medical Equipment allowance		2007 $	
Sub Total	$ 300,148,069					
Escallation	$ 326,411,025		8.75%		Jan 2008 $	
	$ 352,523,907		8.00%		Jan 2009 $	
Sub Total Project Cost	**$ 376,319,271**		6.75%		Jan 2010 $	
Land Cost	**$ 11,000,000**		Est. land purchase		2007 $	

Parking	250	stalls structured above grade	$ 20,000	$/stall		
	0	stalls structured below grade	$ 35,000	$/stall		
	950	Stalls surface	$ 2,000	$/stall		
	1200	Total parking stalls				
Sub Total		$ 6,900,000				
		$ 614,100	0.089	WSST		
Sub Total		$ 7,514,100		Construction cost	Apr 2007 $	
		1.25		factor		
Sub Total		$ 9,392,625		Project cost	Apr 2007 $	
Escallation		$ 10,214,480		8.75%	Jan 2008 $	
		$ 11,031,638		8.00%	Jan 2009 $	
Sub Total Parking Project Cost		**$ 11,776,274**		6.75%	Jan 2010 $	

Total Project Cost	**$**	**399,095,544**	**Jan 2010 $**

Review Session 2
Option B-2:
April 18, 2007

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Option C1

New Hospital Attached

Oncology Building Replacement

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 401 M

Total new beds = 216

Total New BGSF = 550,000 SF

Total Parking = 1,210 stalls

Structured parking = 400 stalls

Opening = 2011

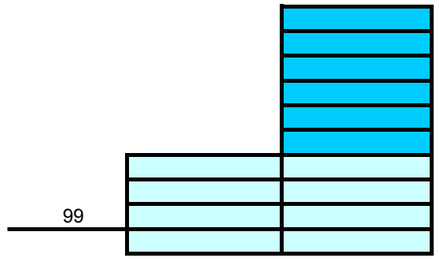
Review Session 2
Option C-1:
April 18, 2007

Stevens HOSPITAL
SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00
CALLISON

Stevens Healthcare
Proposed Stacking option C1
New Hospital attached - Oncology Building Demo
18-Apr-07

CALLISON

207037.01



LEVEL	DEPARTEMTS	AREA	BEDS
P	penthouse	16,000	
9	Psych	32,500	36 beds
8	L&D / med surg	32,500	36 beds
7	med surg	32,500	36 beds
6	med surg	32,500	36 beds
5	med surg	32,500	36 beds
4	ICU/CCU	32,500	36 beds
3	Surgery	85,000	0 beds
2	D & T	85,000	216 total beds
1	entry, D&T	85,000	
B	support	85,000	

New construction			551,000	BGSF addition	BGSF/bed	2,551
		$	320	$/SF		
			10%	design contingency		
		$	193,952,000	Construtions cost	Apr 2007 $	
	Radia clean-up	$	1,100,000			
	Site Work	$	2,500,000			
	Roadways	$	2,155,000			
	New ONC MOB	$	6,000,000			
	Demo	$	747,750			
	Sub Total	$	206,454,750			
		$	18,374,473	0.089 WSST		
	Sub Total	$	224,829,223	Construtions cost	Apr 2007 $	
			1.45	factor		
	Sub Total	$	326,002,373	Project cost	Apr 2007 $	
		$	10,000,000	Major Medical Equipment allowance	2007 $	
	Sub Total	$	336,002,373			
	Escallation	$	365,402,581	8.75%	Jan 2008 $	
		$	394,634,787	8.00%	Jan 2009 $	
	Sub Total Project Cost	**$**	**421,272,635**	6.75%	Jan 2010 $	
	Land Cost	**$**	**5,250,000**	Est. land purchase	2007 $	

Parking	600	stalls structured above grade	$	20,000	$/stall	
	0	stalls structured below grade	$	35,000	$/stall	
	600	Stalls surface	$	2,000	$/stall	
	1200	Total parking stalls				
	Sub Total	$	13,200,000			
		$	1,174,800	0.089 WSST		
	Sub Total	$	14,374,800	Construtions cost	Apr 2007 $	
			1.25	factor		
	Sub Total	$	17,968,500	Project cost	Apr 2007 $	
	Escallation	$	19,540,744	8.75%	Jan 2008 $	
		$	21,104,003	8.00%	Jan 2009 $	
	Sub Total Parking Project Cost	**$**	**22,528,523**	6.75%	Jan 2010 $	

Total Project Cost $ 449,051,159 **Jan 2010 $**

Review Session 2
Option C-1:
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Stevens HOSPITAL

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EDMONDS, WASHINGTON
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214th St. S.W.

Medical / Huy. 99 Activity center

Plant

New Structured Parking

Aegis

Mixed Use/ MOB

72nd Ave. W.

Service

West Tower

New Hospital

ED

Campus Organizing Element

216th St. S.W.

Kruger clinic

Pavilion

SHC

New Oncology

76th Ave. W.

New Structured Parking

Mixed Use/ MOB/ Res.

SR 99

218th St. S.W.

NORTH

0 100' 200' 300'

Stevens HOSPITAL

OPTION C-1

Stevens HOSPITAL

FACILITY MASTER PLAN
EDMONDS, WASHINGTON
April 18, 2007 #207037.00

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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Review Session 2
Option C-1:
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Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
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CALLISON

Option C1r

New Hospital Attached

Oncology Building Retained

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 365 M

Total new beds = 192

Total New BGSF = 523,000 SF

Total Parking = 1,210 stalls

Structured parking = 200 stalls

Opening = 2011

Review Session 2
Option C-1r:
April 18, 2007

Stevens HOSPITAL

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Stevens Healthcare
Proposed Stacking option C1r
New Hospital attached - Oncology Building Retained
18-Apr-07

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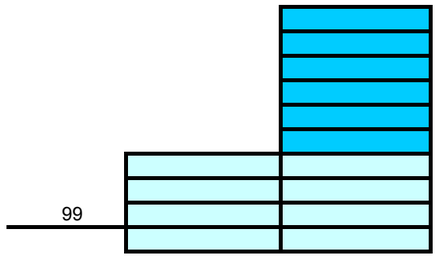

LEVEL	DEPARTEMTS	BEDS		shelled	west tower
		AREA			
P	penthouse				
9	Psych med surg	32	beds		23
8	med surg	32	beds		0
7	med surg	32	beds		0
6	med surg	32	beds		0
5	med surg	32	beds		0
4	ICU/CCU	32	beds		0
3	Surgery	0	beds		0
2	D & T	192	total beds		23
1	entry, D&T				
B	support	215	total beds		

15,000						
30,000						
30,000						
30,000						
30,000						
30,000						
82,000						
82,000						
82,000						
82,000						

New construction			523,000		BGSF addition	BGSF/bed	2,724
		$	320		$/SF		
				10%	design contingency		
		$	184,096,000		Constrution cost	Apr 2007 $	
	Radia clean-up	$	1,100,000				
	Site Work	$	2,500,000				
	Roadways	$	2,155,000				
	Demo	$	616,500				
	Sub Total	$	190,467,500				
		$	16,951,608	0.089	WSST		
	Sub Total	$	207,419,108		Constrution cost	Apr 2007 $	
			1.45		factor		
	Sub Total	$	300,757,706		Project cost	Apr 2007 $	
		$	10,000,000		Major Medical Equipment allowance	2007 $	
	Sub Total	$	310,757,706				
	Escallation	$	337,949,005		8.75%	Jan 2008 $	
		$	364,984,926		8.00%	Jan 2009 $	
	Sub Total Project Cost	**$**	**389,621,408**		6.75%	Jan 2010 $	
	Land Cost	**$**	**5,250,000**		Est. land purchase	2007 $	

Parking	450	stalls structured above grade	$	20,000	$/stall	
	0	stalls structured below grade	$	35,000	$/stall	
	750	Stalls surface	$	2,000	$/stall	
	1200	Total parking stalls				
	Sub Total	$ 10,500,000				
		$ 934,500	0.089	WSST		
	Sub Total	$ 11,434,500		Constrution cost		Apr 2007 $
		1.25		factor		
	Sub Total	$ 14,293,125		Project cost		Apr 2007 $
	Escallation	$ 15,543,773		8.75%		Jan 2008 $
		$ 16,787,275		8.00%		Jan 2009 $
	Sub Total Parking Project Cost	**$ 17,920,416**		6.75%		Jan 2010 $

Total Project Cost $ 412,791,824 **Jan 2010 $**

Review Session 2
Option C-1r:
April 18, 2007

Stevens HOSPITAL

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EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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OPTION C-1r

FACILITY MASTER PLAN
EDMONDS, WASHINGTON
April 18, 2007 #207037.00

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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Review Session 2
Option C-1r:
April 18, 2007

Option C2

New Hospital Attached w/ shelled beds

Oncology Building Replacement

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 371 M

Total new beds = 216

Total New BGSF = 550,000 SF

Total Parking = 1,210 stalls

Structured parking = 400 stalls

Opening = 2011

Review Session 2
Option C-2:
April 18, 2007

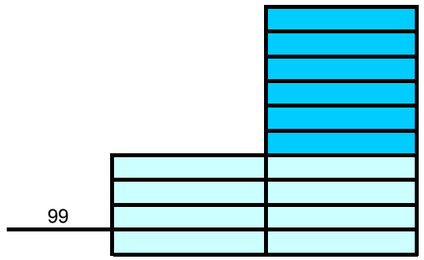
Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

CALLISON

Stevens Healthcare
Proposed Stacking option C2
New Hospital attached - Oncology Building Demo with shelled space
18-Apr-07

207037.01



	AREA	LEVEL	DEPARTEMTS	BEDS		shelled	west tower
	16,000	P	penthouse				
	32,500	9	Psych	0	beds	36	23
	32,500	8	L&D / med surg	0	beds	36	13
	32,500	7	med surg	0	beds	36	0
	32,500	6	med surg	36	beds		0
	32,500	5	med surg	36	beds		0
	32,500	4	ICU/CCU	36	beds		0
	85,000	3	Surgery	0	beds		0
	85,000	2	D & T	108	total beds	108	36
	85,000	1	entry, D&T				
	85,000	B	support	216	total beds		

New construction			551,000		BGSF addition	BGSF/bed	5,102
		$	320		$/SF		
				10%	design contingency		
		$	193,952,000		Constrution cost	Apr 2007 $	
		$	(16,575,000)		shelled beds deduct		
	Radia clean-up	$	1,100,000				
	Site Work	$	2,500,000				
	Roadways	$	2,155,000				
	New ONC MOB	$	6,000,000				
	Demo	$	747,750				
	Sub Total	$	189,879,750				
		$	16,899,298	0.089	WSST		
	Sub Total	$	206,779,048		Constrution cost	Apr 2007 $	
			1.45		factor		
	Sub Total	$	299,829,619		Project cost	Apr 2007 $	
		$	10,000,000		Major Medical Equipment allowance	2007 $	
	Sub Total	$	309,829,619				
	Escallation	$	336,939,711		8.75%	Jan 2008 $	
		$	363,894,888		8.00%	Jan 2009 $	
	Sub Total Project Cost	**$**	**388,457,793**		6.75%	Jan 2010 $	
	Land Cost	**$**	**5,250,000**		Est. land purchase	2007 $	

Parking	600	stalls structured above grade	$	20,000	$/stall	
	0	stalls structured below grade	$	35,000	$/stall	
	600	Stalls surface	$	2,000	$/stall	
	1200	Total parking stalls				
	Sub Total	$	13,200,000			
		$	1,174,800	0.089	WSST	
	Sub Total	$	14,374,800		Constrution cost	Apr 2007 $
			1.25		factor	
	Sub Total	$	17,968,500		Project cost	Apr 2007 $
	Escallation	$	19,540,744		8.75%	Jan 2008 $
		$	21,104,003		8.00%	Jan 2009 $
	Sub Total Parking Project Cost	**$**	**22,528,523**		6.75%	Jan 2010 $

Total Project Cost	**$**	**416,236,316**	**Jan 2010 $**

Review Session 2
Option C-2:
April 18, 2007

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SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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Option C2r

New Hospital Attached w/ shelled beds

Oncology Building Retained

Major new service line components:

Inpatient nursing units
Surgery
Imaging
ED
Public spaces
Dietary
Admitting
Outpatient services
Support Services

Project Cost est. = $ 337 M

Total new beds = 96

Total New BGSF = 523,000 SF

Total Parking = 1,210 stalls

Structured parking = 200 stalls

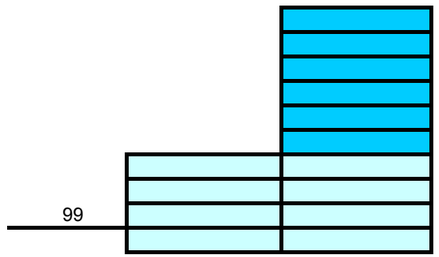
Opening = 2011

18 April 2007

Review Session 2
Option C-2r:
April 18, 2007

Stevens Healthcare
Proposed Stacking option C2r
New Hospital attached - Oncology Building Retained w/ shelled space
18-Apr-07

207037.01



	AREA	LEVEL	DEPARTEMTS	BEDS		shelled	west tower
	15,000	P	penthouse				
	30,000	9	Psych med surg	0	beds	32	23
	30,000	8	med surg	0	beds	32	26
	30,000	7	med surg	0	beds	32	13
	30,000	6	med surg	32	beds		12
	30,000	5	med surg	32	beds		34
	30,000	4	ICU/CCU	32	beds		0
	82,000	3	Surgery	0	beds		0
	82,000	2	D & T	96	total beds		108
	82,000	1	entry, D&T				
	82,000	B	support	204	total beds		

New construction	523,000		BGSF addition	BGSF/bed	5,448	
	$ 320		$/SF			
		10%	design contingency			
	$ 184,096,000		Constrution cost	Apr 2007 $		
	$ (15,300,000)		shelled beds deduct			
Radia clean-up	$ 1,100,000					
Site Work	$ 2,500,000					
Roadways	$ 2,155,000					
Demo	$ 616,500					
Sub Total	$ 175,167,500					
	$ 15,589,908	0.089	WSST			
Sub Total	$ 190,757,408		Constrution cost	Apr 2007 $		
	1.45		factor			
Sub Total	$ 276,598,241		Project cost	Apr 2007 $		
	$ 10,000,000		Major Medical Equipment allowance	2007 $		
Sub Total	$ 286,598,241					
Escallation	$ 311,675,587		8.75%	Jan 2008 $		
	$ 336,609,634		8.00%	Jan 2009 $		
Sub Total Project Cost	**$ 359,330,784**		6.75%	Jan 2010 $		
Land Cost	**$ 5,250,000**		Est. land purchase	2007 $		

Parking	450	stalls structured above grade	$ 20,000	$/stall	
	0	stalls structured below grade	$ 35,000	$/stall	
	750	Stalls surface	$ 2,000	$/stall	
	1200	Total parking stalls			
Sub Total	$ 10,500,000				
	$ 934,500	0.089	WSST		
Sub Total	$ 11,434,500		Constrution cost	Apr 2007 $	
	1.25		factor		
Sub Total	$ 14,293,125		Project cost	Apr 2007 $	
Escallation	$ 15,543,773		8.75%	Jan 2008 $	
	$ 16,787,275		8.00%	Jan 2009 $	
Sub Total Parking Project Cost	**$ 17,920,416**		6.75%	Jan 2010 $	

Total Project Cost $ 382,501,201 **Jan 2010 $**

Review Session 2
Option C-2r:
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Option A
Master Plan Schedule
June XX, 2007

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Master Plan									
Bond / PR									
Bond Election	Nov 07' ▼								
Land Use / Entitlements									
Program / Concepts									
Parking Garages									
Schematics									
Design Developments									
Site Prep / Demo									
New Hospital Tower									
Connection to West Tower									
Move-In New Tower									
Demolish Old Hospital Section									
New Low Rise /Final Sitework									
Final Move-In									

- Design
- Bond / PR
- Permit
- Construction
- Move In

OPTIONAL SCHEDULE A

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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Option C
Master Plan Schedule
June XX, 2007

	2007	2008	2009	2010	2011	2012	2013	2014	2015
Master Plan									
Bond / PR									
Bond Election		May 08' ▼							
Land Use / Entitlements									
Program / Concepts									
Parking Garages									
Schematics									
Design Developments									
Site Prep / Demo									
New Hospital Tower									
Connection to West Tower									
Move-In New Tower									
Demolish Old Hospital Section									
New Low Rise /Final Sitework									
Final Move-In									

Design
Bond / PR
Permit
Construction
Move In

OPTIONAL SCHEDULE C

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EDMONDS, WASHINGTON
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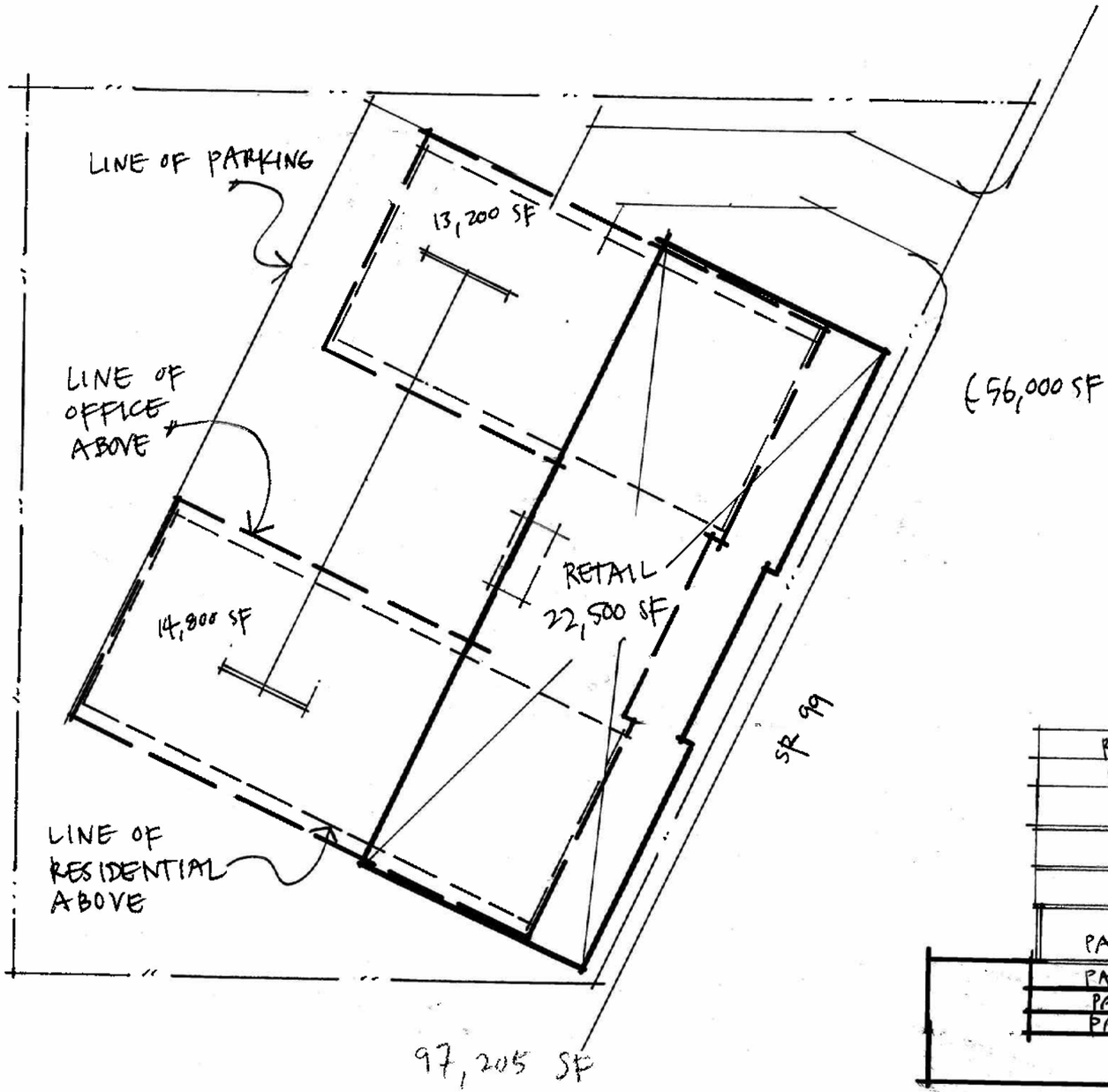


97,205 SF : SITE AREA

RETAIL : 22,500 SF
1/300 = 75 AUTOS

OFFICE : 109,350 SF
1/400 = 273 AUTOS

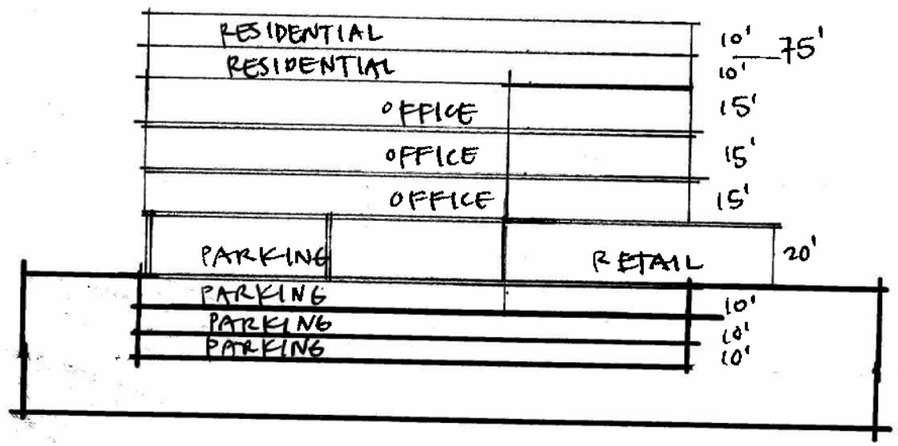
RESIDENTIAL : 60 UNITS
1.5/UNIT = 90 AUTOS

REQ. 438 STALLS

153,300 ÷ 350/STALL =

3 LEVELS @ 45,000 SF = 128 STALLS
1 SURFACE LEVEL @ 30,000 = 85 STALLS

469 STALLS



FAR Studies:
Radia Site

Stevens HOSPITAL

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EDMONDS, WASHINGTON
June 25, 2007 #207037.00

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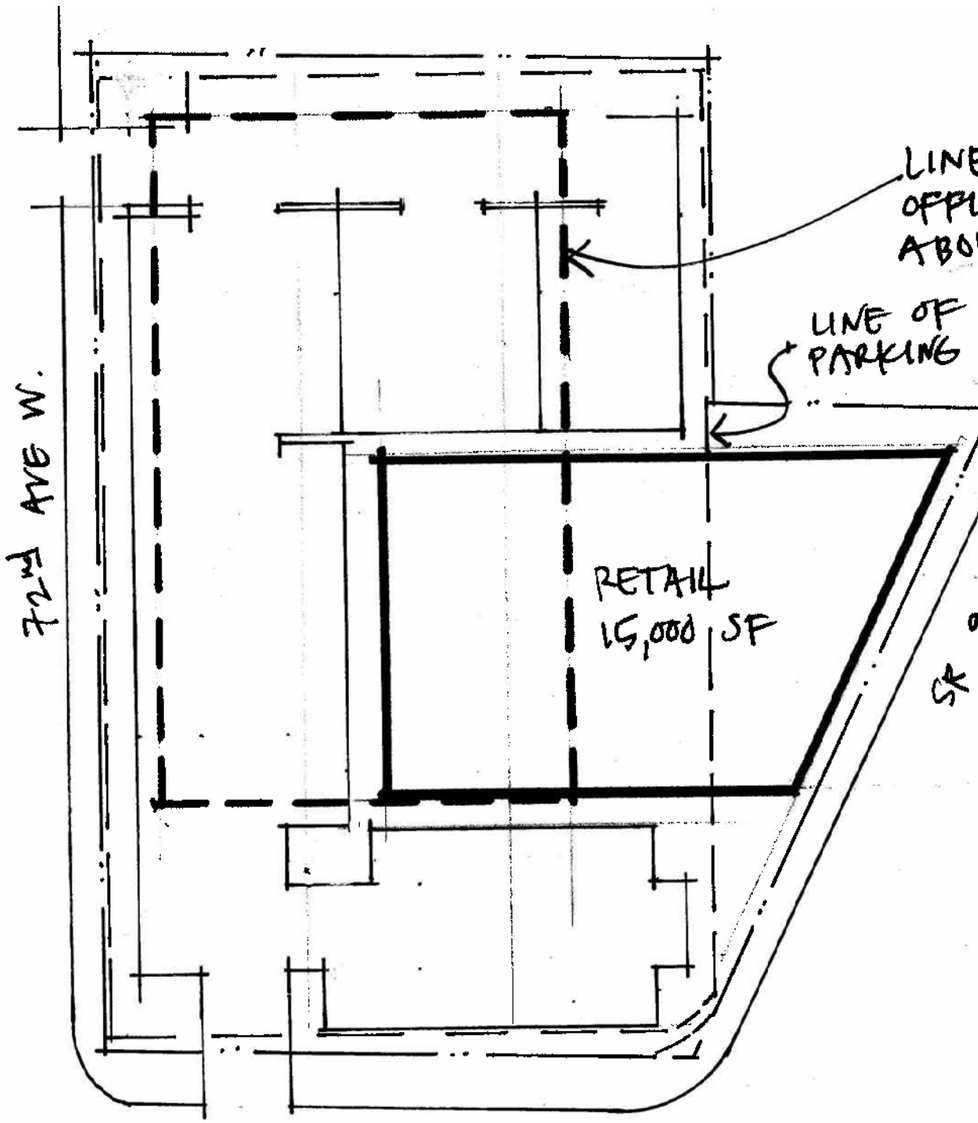

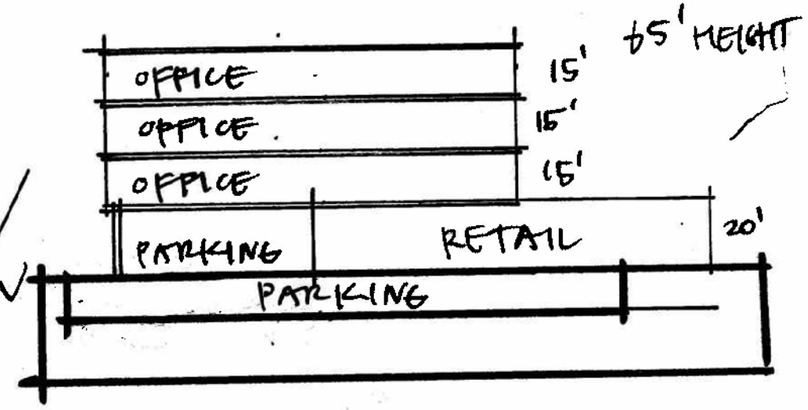

RETAIL: 15,000 SF
1/300 = 50 AUTOS

OFFICE: 24,000 SF PLATE
X 3 FLOORS =
72,000 SF
1/400 = 180 AUTOS

TOTAL PARKING = 230

SURFACE LOT 30,200 SF ÷ 350 = 86 CARS

UNDER GROUND 180 X 280 = 50,400 ÷ 350 = 144 CARS

TOTAL CARS = 230 STALLS

60,318 SF : SITE AREA

FAR Studies:
Value Village Site

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		495,000			BGSF addition		BGSF/bed	2,292
	$	320			$/SF			
				5%	design contingency			
	$	166,320,000			Sub Total Construction Cost May 2007 $			
	$	(5,100,000)			Shelled beds deduct - Level 9			
Sub Total	**$**	**161,220,000**						
Site Work	$	2,600,000						
Roadways	$	2,500,000						
Demo	$	616,500						
	$	166,936,500			Sub Total Construction Cost May 2007 $			
	$	24,183,000		15%	FF&E Budget			
	$	10,000,000			Major Medical Equipment allowance 2007 $			
	$	201,119,500						
	$	17,899,636		0.089	WSST			
Sub Total	**$**	**219,019,136**			**Construction cost**			**Apr 2007 $**
		54,754,784		0.25	factor			
					Fees	0.12		
					Specialty Consultant	0.03		
					Owner Contingency	0.05		
					Permits/Testing/Reimb	0.02		
					Owners Administration/Lega	0.03		
						0.25		
Sub Total	$	273,773,919			Project cost			Apr 2007 $
Sub Total	$	273,773,919						
Escallation	$	297,729,137				8.75%		Jan 2008 $
	$	321,547,468				8.00%		Jan 2009 $
Sub Total Project Cost	**$**	**343,251,922**				6.75%		Jan 2010 $
Land Cost	**$**	**2,800,000**			Est. land purchase			2007 $
Radia clean-up	**$**	**1,100,000**			Est. demo & clean-up			2007 $
Sub Total Hospital Project Cost			**$**	**347,151,922**				**Jan 2010 $**

Parking	220	stalls structured above grade	$	20,000	$/stall
	650	stalls structured below grade	$	35,000	$/stall
	100	Stalls surface	$	2,000	$/stall
	656	Stalls surface existing to remain	$	200	$/stall
	1626	Total parking stalls			

Sub Total	$	27,481,200					
	$	2,445,827		0.089	WSST		
Sub Total	$	29,927,027			Construction cost		Apr 2007 $
	$	7,481,757		0.25	factor		
					Fees	0.12	
					Specialty Consultant	0.03	
					Owner Contingency	0.05	
					Permits/Testing/Reimb	0.02	
					Owners Administration/Lega	0.03	
						0.25	
Sub Total	**$**	**37,408,784**			Project cost		Apr 2007 $
Escallation	$	40,682,052				8.75%	Jan 2008 $
	$	43,936,616				8.00%	Jan 2009 $
Sub Total Parking Project Cost			**$**	**46,902,338**		6.75%	Jan 2010 $
Total Project Cost			**$**	**394,054,260**			**Jan 2010 $**

Additional Items

Cost of Bond Election	**???**	
Cost of Bond Sales	**???**	
Est Cost of EMR/IT/TELE		10000000
Est Cost of Additional Major Medical Equipment		10000000
	$	**20,000,000**

Possible Additional Land Acquisitions

73rd Ave Vacation & East 4 Lots	**$**	**2,500,000**
12 lots @215th St.	**$**	**4,800,000**
Warren MOB	**$**	**5,250,000**
Stevens Pavilion	**$**	**20,000,000**
Krueger MOB	**$**	**12,000,000**
Stevens HC MOB	**$**	**7,000,000**
	$	**51,550,000**

Existing Land Development Potential

Value Village			**???**
Lot size 60,318 SF			
Dev. Pot.- retail	15,000	SF	
Comercial or residential	72,000	SF	
	87,000	SF	
Surface lot	86	cars	
Structured lot (1 level)	144	cars	
	230	cars	

Radia Site			**???**
Lot size 97,205 SF			
Dev. Pot.- retail	22,500	SF	
MOB	109,350	SF	
Residential (60 units)	58,000	SF	
	189,850	SF	
Surface lot	85	cars	
Structured lot (3 levels)	384	cars	
	469	cars	

DETAILED BUDGETS: Hybrid Option

Stevens HOSPITAL

SUPPORTING DOCUMENTS
EDMONDS, WASHINGTON
June 25, 2007
#207037.00

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