

Summary

S.1 PROJECT SPONSOR AND PROJECT LOCATION

This Environmental Impact Report (EIR) addresses the potential environmental effects of the Kaiser Permanente Redwood City Medical Center Master Plan. The Master Plan identifies the location and size of replacement inpatient and outpatient facilities and provides the project sponsors with flexibility to develop and modify the Medical Center to meet the changing needs of medical care and to comply with federal and State law. The project sponsor is Kaiser Foundation Hospitals, a California non-profit public benefit corporation.

The Medical Center is located within downtown Redwood City, approximately 30 miles south of San Francisco and approximately 25 miles north of San Jose (see Figure S-1). Regional access to the site is available from U.S. 101, which is located approximately ½ mile north of the site. The campus is approximately 15.3 acres in size and consists of five contiguous parcels. As shown in Figure S-2, the Medical Center is generally bound on the north by Veterans Boulevard, on the northwest by Redwood Creek, on the west by Main Street, on the south by Marshall Street, and on the east by Maple Street.

S.2 PROJECT OBJECTIVES

Project Sponsor Objectives

The project sponsor has identified the following objectives for its proposed Master Plan:

- To continue to provide high quality, affordable, accessible health care to Kaiser Permanente's members and the Redwood City community.
- To provide a new, state-of-the-art inpatient facility for Kaiser Permanente members in the Redwood City area by replacing existing technology and equipment in a practical and cost effective manner.
- To consolidate most of Kaiser Permanente's Redwood City treatment and support functions at a single Medical Center location.
- To provide facilities to meet changing health care demands and practices.
- To replace the inpatient facility at Redwood City Hospital in accordance with SB 1953 in order to create a new, seismically safe, inpatient medical facility for Kaiser Permanente members and the Redwood City community.

Slipsheet for Figure S-1

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- To provide the functional and operational relationship and adjacencies paramount for delivery of quality care. These relationships and adjacencies are based on the need for collaboration and coordination of multiple teams of specialists, to provide the quality outcome necessary to patients in critical conditions and save their lives.
- To phase the construction of new facilities in a flexible manner to ensure uninterrupted operation of services at the Medical Center during construction.
- To maintain the Redwood City Hospital at its present regional location, where it serves an important role as a resource for Kaiser Permanente members and to the Redwood City community.
- To provide a campus which is compatible with Redwood City's objectives and design guidelines for the downtown area.
- To provide a campus environment that is easy to negotiate for both pedestrians and vehicles, by creating open spaces and pedestrian walkways with clearly recognizable destination points, building entrances, landmarks, and street crossings to orient people to Medical Center programs.
- To provide a minimum hospital footprint of 140,000 square feet (this objective was added by the project sponsor in January of 2003 after the submittal of the amended application in May of 2002).

City Objectives

Given the location and size of the Medical Center at the entrance to Redwood City's downtown, the City also has a number of objectives that relate to the project site. Redwood City's objectives for the Kaiser campus, defined within the broader context of the draft *Downtown Area Plan* and more specifically from the draft *Kaiser Master Plan Urban Design Guidelines*, are summarized below:

Draft Downtown Area Plan Vision and Goals

- **Vision:** Downtown Redwood City will be a vibrant, vital and attractive place for people to live, work, shop and enjoy civic and cultural life within a setting that respects and capitalizes on the unique and historic character.
- **Goals:** Create a friendly environment for a diverse mix of people and uses in the downtown; respect historic character, architecture and cultural heritage of Redwood City; establish a central downtown public gathering space that serves as a focal point for the community; create and define an accessible, safe, attractive and convenient downtown; and create an economically viable downtown.

City's Kaiser Master Plan Urban Design Guidelines

- **Economic Vitality:** Kaiser, particularly as it expands, is an important market for the downtown merchants and Kaiser employees and members could benefit from a closer interaction with the Downtown District.
- **Downtown Gateway Parcels:** Gateway buildings should receive the highest level of design attention, with attractive building entrance(s), facade(s) and materials.
- **Medical Building Location and Orientation:** It is the City's objective to focus the location and orientation of new Kaiser Campus buildings towards the Downtown District; to ensure people-occupied building spaces (vs. parking lots/structures) frame downtown streets as public spaces; and to strengthen pedestrian connections from the Kaiser campus to the Downtown through thoughtful site planning.
- **Parking Structure Massing and Orientation:** To reduce the number, size and massing of parking structures, a portion of required parking should be under-grounded. Where feasible, parking structures should orient regional traffic onto Veterans Boulevard in order to reduce traffic volume on the narrower, pedestrian-oriented downtown streets (Main, Bradford, Marshall and Maple Streets).

The draft *Downtown Area Plan* was developed by a community-wide citizen task force and is proposed for adoption in 2003. The Plan was officially received by the City Council in December 2001 and forwarded to the Planning Commission for review and recommendation. Between January and April 2002, City and Kaiser staff, with the assistance of the City's Urban Design Consultant, Terry Bottomley, worked together to develop the draft *Kaiser Master Plan Urban Design Guidelines* for the proposed Medical Center expansion. In May, Kaiser submitted a revised Master Plan application to the City. At two separate Joint Study Sessions, the Planning Commission and Architectural Review Committee (ARC) reviewed the Master Plan and provided general input to the Kaiser's proposed Master Plan. The Planning Commission and ARC also provided input and general direction to staff in regard to the draft *Kaiser Master Plan Urban Design Guidelines*.

S.3 PROPOSED PROJECT CHARACTERISTICS

Existing Medical Center

Existing on-campus medical facilities include:

- A full-service, 209-licensed bed, 203,955-gross-square-foot (GSF) Hospital (providing "inpatient" care);
- Six on-campus clinical/medical office buildings (MOBs) (providing "outpatient" care) in 96,393 GSF;

- Eight support and administrative buildings (including the Central Utilities Plant) totaling 30,502 GSF; and
- Approximately 1,373 parking spaces dispersed between an eight-level parking garage (749 spaces) and surface parking lots throughout the campus (624 spaces). Refer to Figure S-2.

The total developed floor space of medical-related uses on the Kaiser campus is about 330,890 square feet. Existing staff on the Kaiser campus total 1,387 providers¹ and support staff.²

Existing off-campus medical facilities that will relocate to the Medical Center Campus include:

- Two clinical buildings — 910 Marshall Street (Birch building) and 1800 Broadway (Hearing Aid Center);
- Two administrative buildings — 900 Veterans (CSA Offices) and 805 Veterans; and
- One storage facility — 600 Galveston (Galveston Medical Records).

These off-campus facilities encompass approximately 50,276 GSF. The Birch building, which is within a block of the Medical Center campus, includes 5 provider offices (POs) and 59 parking spaces.

Proposed Medical Center Development

The Master Plan is designed to provide additional and enhanced inpatient and outpatient treatment capacity and to consolidate Kaiser's Redwood City operations by relocating services and staff from some of the off-campus leased spaces onto the Medical Center. At buildout, the amount of developed space on the site (excluding parking structures) would increase by approximately 628,450 GSF from its current 330,850 GSF. Flexibility within the Master Plan may be necessary due to changing health care needs, but the Plan will not exceed the planning envelope of 959,300 GSF of medical center uses and 1,032,100 GSF of parking structures. As currently proposed, the Plan will be implemented over a 22-year period in five phases between 2003 and 2025. The development by phase is presented in Table S-1, although it should be recognized that this program is conceptual and reflects Kaiser's perceptions of health care needs in the future. The Master Plan will be approved with a Precise Plan adopted pursuant to Article 52 of the Redwood City Municipal Code.

The proposed project includes the replacement of the existing hospital in order to meet seismic safety standards mandated by the State of California under the Alfred E. Alquist Hospital Facilities Seismic

¹ Providers or provider offices is a term used by Kaiser to describe individuals and facilities associated with outpatient healthcare needs. Although the term "offices" is used, it is not meant to convey solely space within an MOB. While most providers are doctors, the category also includes nurse practitioners, optometrists, licensed clinical social workers, and speech therapists, among others. Wherever these job descriptions are considered providers, they are included in Provider Office (PO) totals within this EIR.

² All staff count totals (exclusive of Providers) are Full Time Equivalent (FTE) figures. Therefore, total employment will be greater due to part-time employees.

**Table S-1
Proposed Project – Replacement/Consolidation/Development Program and Phasing**

	Levels/ Stories	Area GSF	Beds/POs ¹ /Staff ² Parking Spaces	Parcel	Construction Phase (PH) ³
Hospital and Related Structures					
New Hospital	2- to 4-story base w/ 6-story tower for a total of 10 stories	440,000	192 beds 0 POs 678 Staff	I	PH-II (2009-2013)
CUP	2 levels	<u>28,000</u>	<u> </u>	I	PH-II (2009-2013)
Subtotal		468,000	192 beds		
Clinical Offices/Medical Office Buildings					
MOB 1	5 stories	120,000	56 POs	II	PH-I (2003-2004)
MOB 2	4 stories	95,200	38 POs	I	PH-III (2010-2015)
MOB 3	5 stories	120,000 ⁴	28 POs	I	PH-IV (2010-2020)
MOB 4	4 stories	100,000 ⁵	20 POs	II	PH-V (2011-2025)
Cancer Care Center (East of Main St.)	2 stories	<u>20,000</u>	<u>6 POs</u>		PH-II (2004-2013)
Subtotal		455,200	148 POs 695 Staff ⁶		
Administrative and Other Buildings					
Administration (West of Main)	2 stories	20,000	0 POs	IV	PH-III (2010-2015)
Active Use (Within Parking Structure C)	1 story	4,800	0 POs	I	PH-II (2009-2013)
Walnut (Administration)	2 stories	<u>11,300</u>	0 POs	V	Existing
Subtotal		36,100			
Parking⁷					
Parking Structure A	8 levels	289,300	749	II	Existing
Parking Structure B	5 levels	199,000	654	III	PH-II (2009-2013)
Parking Structure C	7 levels	175,000	475	I	PH-II (2009-2013)
Parking Structure D	6 levels	204,000	600	I	PH-IV (2010-2020)
Parking Structure E	4 levels	164,800	498	II	PH-V (2011-2025)
Parking Lot 3 (Walnut)		<u> </u>	<u>30</u>	V	Existing
Subtotal		1,032,100	3,006 spaces		
Plazas		37,500 & 30,200			PH-II (2009-2013) & PH-IV (2010-2020)
Total Medical-Related Program		959,300⁸	148 POs <u>1,373 Staff</u> 1,521 Total		
Total Parking Program			3,006 spaces		

Source EIP Associates, July 2, 2002; Michael I. Kay, Kaiser Foundation Health Plan Inc., Revised Application Material for Kaiser Redwood City Master Plan (electronic files), June 24, 2002.

Notes: 1. Provider Offices.

2. All staff count totals (exclusive of Providers) are Full Time Equivalent (FTE) figures. For example, two people working 25% and one person working 50% equals three staff members. However, this is only one FTE (25% plus 25% plus 50% equals 100%). Therefore, total employment will be greater due to part-time employees.

3. PH = Phase

4. Total GSF of MOB 3 includes approximately 16,700 GSF of administrative uses.

5. Total GSF of MOB 4 includes approximately 8,700 GSF of administrative uses.

6. Total support staff is based on a ratio of 4.7 staff per provider and includes staff located in administrative buildings. Support staff totals do not include volunteer staff that averages 25 volunteers per day.

7. Parking structures typically include rooftop parking. Therefore, parking structures in this EIR are described by the number of levels rather than stories. For example, an eight-level parking structure is approximately the same height of a seven-story building.

8. Total excludes space at the plazas and in parking structures.

Safety Act of 1983 (SB 1953). SB 1953, as amended, requires the seismic upgrade or replacement of the seven-story hospital tower (“Hospital”), constructed in 1968, by January 2013. According to the project sponsor, structural retrofitting options for this fully-occupied, functioning hospital would not be practical or cost-effective, and therefore, a full replacement is proposed as part of the Master Plan.

The project would also allow the consolidation of the various Kaiser Permanente functions currently dispersed in leased facilities in several Redwood City locations.

Site Plan and Buildings

In general, the site plan (see Figure S-3) shows that existing clinical offices and surface parking lots would be redeveloped with new MOBs and parking structures with much larger floorplates than the existing buildings and a large plaza. The building materials that would be used, building facades, and other architectural treatment would be based on the *Kaiser Master Plan Urban Design Guidelines* developed by the City for the Master Plan. The design of the various structures and open spaces would comply with the guidelines for each building and project.

New Hospital and Central Utility Plant (CUP). A new Hospital that will include a building base varying from two- to four-stories upon which would be a 192-bed, six-story tower (for a total of 10 stories, 160 feet in height) would replace the existing seven-story Redwood City Hospital tower at 1150 Veterans Boulevard which was constructed in 1968. Acute care and emergency services would continue to be offered at this new facility. The new hospital would house 678 staff personnel.³

The new, 28,000-GSF, two-level, CUP proposed to serve the replacement Hospital would house the mechanical, electrical and telecommunications equipment.

Medical Office Buildings (MOBs) 1, 2, 3, and 4. MOB 1, a 120,000-GSF, five-story building, would be located at the southeast corner of Veterans Boulevard and Maple Street. The lower four floors of this building would house clinical facilities for medicine, allergy, and vision services, along with diagnostic and imaging services such as phlebotomy, radiology, mammography, pharmacy, member services, and health education. A fifth floor is proposed to be vacant upon completion and would be built out at a future date.

MOB 2, a 95,200-GSF, four-story building, would be located at the northwest corner of Marshall Street and Maple Street. MOB 3 would be a 120,000-GSF, five-story building, located at the southwest corner of Maple Street and Veterans Boulevard. MOB 4, a 100,000-GSF, four-story building, would be located at the northeast corner of Maple and Marshall Streets. The specific clinical facilities that would be housed in MOB 2, 3, and 4, have not been finalized at this stage of the Master Plan.

³ 38 volunteers will also be housed in the new Hospital.

The four MOB's would frame a central entry plaza at Maple Street. The space between Parking Structure D and the hospital tower is currently illustrated as an open green space in Figure S-3. Although this space is proposed to be developed as a plaza, it would also be reserved for the potential relocation of some of the diagnostic and treatment areas currently proposed in future MOB's, whose space would then be reduced. Depending on medical practices in 10 to 20 years, if it is found that functionally and operationally it would be necessary to have the services as part of the new Hospital, this open space would be utilized for the relocation.

Cancer Care Center. A two-story, 20,000-GSF Cancer Care Center is proposed on the east side of the gateway parcel on Main Street between Redwood Creek and Bradford Street (Parcel III). The Cancer Care Center would house diagnostic, administrative, and wellness cancer treatment. The Cancer Care Center is proposed to be built by mid-2004. The building would house six PO's and associated staff.

Administration Buildings. A two-story, 20,000-GSF building would be built on the west side of Main Street between Redwood Creek and Bradford Street for administrative uses. The clinical uses in 610 Walnut Street would be decommissioned once MOB 2 is built and the space would be used for administrative purposes.

Parking Structures. The existing eight-level Parking Structure A at 1250 Veterans Boulevard includes 749 parking spaces. Four new parking structures would be constructed for a total of five parking structures.

Parking Structure B would be built on the southwest corner of Walnut Street and Veterans Boulevard on the eastern Main Street gateway parcel. Parking Structure B would include 654 parking spaces on five levels. Access to Parking Structure B would be from Bradford Street and from Veterans Boulevard. A pedestrian bridge would connect Parking Structure B with the replacement Hospital. This parking structure would be intended to serve the new Hospital, the Cancer Care Center, and the administrative building on Main Street.

The seven-level Parking Structure C would include 475 parking spaces at the corner of Marshall Street and Marshall Court with access from Marshall Court. The street edge along Marshall Street would be lined with uses other than parking. Parking Structure C would serve both the new Hospital and MOB 2.

Parking Structure D would be located between MOB 3 and the new Hospital with access from Veterans Boulevard. Parking Structure D would include 600 spaces on six levels, and would primarily serve the patients and staff of MOB 3 and probably those going to the hospital.

The four-level Parking Structure E would include 498 spaces at the northeast corner of Maple and Marshall Streets between MOB 1 and MOB 4. This parking structure would primarily serve MOB 4.

Figure S-3: Site Plan (**Side 1**) , must start on odd page

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(same as Figure 2-3)

Figure S-3: Site Plan (**Side 2**) , back of Figure

11 x 17 allow two pages

(same as Figure 2-3)

Circulation

The proposed circulation concept of the Master Plan is intended to provide for integrated movement of general vehicles, emergency vehicles, service vehicles, and pedestrians. The noticeable features in the proposed Vehicular Circulation Plan (see Figure S-4) are the proposed reconfiguration (narrowing) of Maple Street to accommodate the proposed entry plaza to the Medical Center, the reconfiguration of Walnut Street between Veterans Boulevard and Bradford Street to accommodate the hospital and for emergency hospital access, and the reconfiguration (resize of cul de sac) of Marshall Court to service the hospital CUP and service control yard. The proposed Vehicular Plan includes curbside parking and passenger loading zones on Maple Street. A network of pedestrian walkways would connect the proposed buildings and parking structures, the drop-off zones, and bus stop on the project site

Parking

A total of 3,006 parking spaces in four new parking structures, one existing parking structure, and a surface parking lot at 610 Walnut Street would be provided as a part of the project (see Table S-1). The proposed project includes revisions to the parking standards to five spaces per 1,000 square feet for medical use and two spaces per bed for the Hospital. Under the revised standards, the Medical Center would be required to provide about 2,880 parking spaces as compared to the city-required 4,005 parking spaces.

Phasing

The project site is currently developed and Medical Center activities are in full operation. The proposed project would replace existing buildings with newer, larger structures on the project site. In order to continue to provide services currently offered at the Medical Center, construction and demolition activities must be phased so that the Medical Center functions are not obstructed and adequate construction staging areas and other services are available at all times during project implementation. The project would be implemented in five phases, between 2003 and 2025. Various buildings on- and off-campus would be decommissioned (and demolished) as new space is developed on the site.

Membership, Patient Visits, and Employment

Membership and Patient Visits

Based on demographic and population factors, the project sponsor has projected the membership at its Redwood City facility to 2014. For the purposes of this EIR, the project sponsor has assumed that the rate of growth forecast through 2014 would continue unchanged into the future. The proposed changes at the Medical Center are intended to serve a projected increase in membership from 100,123 existing to 108,250 when the new Hospital opens in 2009, and to 121,513 by 2025.

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This increase in membership would correspond to projected growth in the number of patient visits (see Table S-2). The total number of patients that visited the Kaiser Hospital was approximately 9,000 in 2001. Annual hospital use for 2025 is projected at 11,000 patients. Emergency Department visits for 2001, which are accounted for differently than other hospital visits, totaled approximately 24,000 and are projected to grow to 43,000 by the year 2025. MOB outpatient visits totaled approximately 752,200 in 2001 and are forecast to grow to about 856,300 in 2025.

Table S-2
Change in Patient Volumes at the Redwood City Kaiser Medical Center
under the Master Plan

	2001 Existing	2025 Proposed	# Change	% Change
Hospital Annual Admissions	8,700	11,000	2,300	26%
Hospital Annual Patient Days	33,900	46,700	12,800	38%
Medical Office Annual Patient Visits	752,200	856,300	104,100	14%
Emergency Room Visits	<u>23,900</u>	<u>43,000</u>	<u>19,100</u>	<u>80%</u>
Total	818,700	957,000	138,300	17%

Source: James Brinkley Company, 2001.

Note: Figures have been rounded to the nearest 100.

Employment

Although the proposed project would result in additional developed space, the project sponsor is not expecting a significant change in the number of employees at the Medical Center. As noted earlier, the space in the inpatient and outpatient facilities (on a per patient or per staff basis) is greater than currently designed to account for new industry standards and equipment requirement. This trend of increasing amounts of space per patient while the number of providers and staff remain relatively unchanged is known in the health care industry as “decompression,” and is a common phenomenon at other hospitals undergoing modernization.⁴

In addition, Kaiser’s business planning model calls for the opening of “satellite” MOB’s within the Kaiser Redwood City service area as future membership needs warrant. The satellite offices are intended to offer a range of medical services to Kaiser members who would otherwise travel to the Redwood City Medical Center. In addition to making health care delivery more convenient for more distant Kaiser Redwood City members, the concept of satellite offices avoids the need to expand facilities and services within Redwood City. Kaiser has not yet determined the location of these new satellite facilities, however.

⁴ Other examples of environmental documents that have acknowledged this trend include the EIR for the Alta Bates Medical Center for the City of Berkeley in 2001 and the EIR for the Stanford University Medical Center for Cancer Treatment and Prevention/Ambulatory Care Pavilion and Parking Structure IV for the City of Palo Alto in March 2000.

According to the project sponsor, the combination of decompression and the opening of “satellite” facilities outside Redwood City would result in minimal changes to Kaiser’s current number of employees at the Medical Center. The number of employees is projected to increase from the current figure of 1,387 to 1,521 at project buildout in 2025, an increase of approximately 134 employees. Currently, there are 125 providers and 1,262 staff at the on-campus hospital and clinics. At buildout, employment is projected to increase to 148 providers and 1,373 staff at the Medical Center campus (see Table S-3). For purposes of this EIR, staff has been divided into two groups: those primarily associated with providing outpatient care (called “clinical” staff) and those primarily associated with providing inpatient care (called “hospital” staff).⁵ As noted earlier, the Kaiser Medical Center Master Plan proposes a substantial increase in floor space and relatively modest changes in employment. Table S-4 shows that floor space would climb 189 percent, whereas the number of providers would increase by about 50 percent. Table S-4 also shows how intensely the space would be utilized: the GSF per bed in the Hospital would more than double in the future, and the GSF per provider would triple by 2025.

Higher Occupancy Scenario

In response to concerns regarding the square footage of the proposed project, Redwood City retained James Brinkley Company to perform an independent analysis of Kaiser’s projected membership, employment, and patient visits. The numbers from the Higher Occupancy Scenario are being used to assess the impacts of higher utilization of the MOBs and to recommend mitigations as appropriate. The analysis examined Kaiser’s population and facility space planning assumptions from a health planning perspective to confirm that the facilities proposed at the Medical Center could be reasonably supported by comparative data from the health care industry. Based on this review, the Kaiser membership, patient visits, Hospital employment, and rationale for decompression appear reasonable. On the other hand, the GSF of space available per provider in the MOBs appeared generally greater than the industry benchmarks that were used for comparison. At the more “typical” utilization rates identified by James Brinkley Company, the proposed MOB space proposed on the Kaiser campus has capacity for 3 to 82 more providers than projected by Kaiser at buildout of the Master Plan. Therefore, in addition to the proposed project as defined by Kaiser, this EIR also evaluates the environmental impacts associated with the “Higher Occupancy Scenario” which considers higher utilization of the MOBs by providers and associated staff and reflects utilization levels experienced at other MOBs. The Higher Occupancy Scenario assumes conservatively an additional 82 POs plus 410 additional non-hospital support staff (based on a ratio of 5.0 staff per provider) in addition to what is project by Kaiser. Table S-5 contains a summary of the employment figures for the Kaiser proposed project and the Higher Occupancy Scenario.

⁵ 1.9 FTE per bed is based on Kaiser Permanente’s nursing (hospital) staff ratios (which exceed the minimums established by state law). The FTEs represent the average number of FTEs per bed over an entire year; the actual number of occupied beds – and thus the number of nursing personnel actually present – varies greatly depending on the day of the week, the work shift and the season of the year.

Table S-3
Redwood City Kaiser Medical Center Current and Projected Providers, Staff, and Members

	POs	Staff	Total POs and Staff	Membership
EXISTING (2002)				
On-Campus Clinical	100	490	590	
On-Campus Hospital	25	772	797	
Total On-Campus	125	1,262	1,387	100,123
PHASE I: After MOB 1 Opens (2004)				
On-Campus Clinical	123	603	726	
On-Campus Hospital	25	772	797	
Total On-Campus	148	1,375	1,523	102,350
PHASE II: After Hospital Opens (assume 2009)				
On-Campus Clinical	123	603	726	
On-Campus Hospital	0	650	650	
Total On-Campus	123	1,253	1,376	108,250
PHASE III: After MOB 2 opens (assume 2010)				
On-Campus Clinical	135	648	783	
On-Campus Hospital	0	650	650	
Total On-Campus	135	1,298	1,433	109,470
PHASE IV: After MOB 3 opens (assume 2016)				
On-Campus Clinical	128	663	791	
On-Campus Hospital	0	678	678	
Total On-Campus	128	1,341	1,469	114,119
PHASE V: Ultimate Buildout After MOB 4 opens (assume 2025)				
On-Campus Clinical	148	695	843	
On-Campus Hospital	0	678	678	
Total On-Campus	148	1,373	1,521	121,513

Source: Kaiser Foundation Health Plan, Inc., 2002.

Notes:

1. POs = Provider Offices.
2. Employment figures are number of staff present during shift.
3. Day, evening and night hours vary by department
4. "Today" based on staffing 1/02; projections are extrapolated based on a current ratio of 4.7 staff to providers.
5. Count of total employees is greater than FTEs shown above due to part-time employees and does not include 38 projected volunteer staff from the current 25 volunteers.
6. On campus staff decreases after opening of hospital due to relocation of POs to off-campus MOBs.
7. Membership projections are based upon forecasted demographic and population changes through 2014. Changes after 2014 are assumed to be at the same rate of change as in 2014.
8. Actual number of providers and staff will vary depending upon exact date of completion of various buildings. Dates shown here are based on Kaiser's projected Master Plan growth assumptions.

**Table S-4
Summary of Total Change in Space Utilization**

	Existing 2001	Proposed 2025	# Change	% Change
Hospital Beds	209	192	-17	-8%
Hospital & Support Buildings GSF	209,812	468,000	258,188	123%
GSF/Bed	1,004	2,438	1,434	143%
Providers in MOBs	100 ¹	148	48	48%
MOB GSF	96,360	429,800 ²	333,440	346%
GSF/Provider	963	2,904	1,941	201%
Administrative GSF	24,645	61,500	36,855	149%
Total Building GSF	330,817	959,300	628,483	189%
Total On-Campus Providers	125³	148	23	18%
Hospital and Support Staff	1,262	1,373	111	9%

Source: James Brinkley Company, 2001.

Notes:

1. Does not include 25 providers in existing hospital.
2. GSF has been rounded for consistency with project description.
3. Includes 25 providers in existing hospital and 100 in existing MOBs.

**Table S-5
Comparison of On-Campus Employment
Under the Proposed Project and the Higher Occupancy Scenario, 2025**

	Proposed Project	Higher Occupancy Scenario	Difference
POs	148	230	82
Clinical Support Staff	695	1,105	410
Hospital Staff	678	678	0
Total	1,521	2,013	492

Source: James Brinkley Company, 2001.

Project Approvals

Redwood City

As the public agency with the principal responsibility for approving the project, Redwood City will serve as the lead agency for the purposes of the California Environmental Quality Act (CEQA). The proposed project is expected to be subject to the following discretionary approvals from Redwood City:

1. Adoption of a Precise Plan and a Planned Community District (P District). The Precise Plan will, among other things, implement the following:
 - Increase the allowable height limit (currently 75 feet) to 160 feet for the proposed hospital (including mechanical penthouse);
 - Establish parking standards for the medical use at 5 spaces per 1,000 square feet, based upon industrial standards, the experience of Kaiser Permanente at other locations, and the practices of neighboring cities from 4,005 spaces that would be required under current City parking standards; and
 - Establish parking standards for the hospital at 2 spaces per bed.
2. General Plan amendment consistent with the Precise Plan.
3. Tentative Maps(s) and/or street closures and/or street abandonments to implement the following:
 - Reconfigure parcels as appropriate;
 - Realign and/or close the Marshall Court right-of-way to facilitate the project hospital;
 - Reconfigure Maple Street between Veterans Boulevard and Marshall Street to allow curbside parking and passenger loading zones; and
 - Reconfigure Walnut Street between Bradford Street and Veterans Boulevard to provide a consistent street width between Veterans Boulevard and Marshall Street and to accommodate the New Hospital.
4. Planned Community (PC) Permits for the development phases of the site, building, landscaping, and signage improvements as required by the Precise Plan.
5. Cultural resources management plan approval recommendation from the historic resources advisory committee to the planning commission.
6. Building Permits for the structures.
7. Tree Removal Permit(s), as required, from the City of Redwood City Parks and Recreation Director.
8. Any other discretionary approval to implement the Precise Plan.

State of California

The new Hospital and those portions of the proposed Medical Center that connect to the hospital (e.g., any pedestrian bridge connections) would require a review application and issuance of a permit from the California State Office of Statewide Health and Planning and Development. Project plans would also need to be reviewed for compliance with fire safety codes by the State Fire Marshall.

The tallest building on the site would be a 10-story structure, not more than 160 feet in height. The buildings on the project site are just outside the “Outside Airport Protection Zone” for the San Carlos Airport. Therefore, the project would not be subject to the jurisdiction of the Federal Aviation Administration (FAA). However, because the project site is just outside the Outside Airport Protection Zone, the project sponsor should consider informing FAA to avoid potential future risks. This informal consultation was recommended by the City/County Association of Governments of San Mateo County, Airport Land Use Committee, in response to Redwood City’s Notice of Preparation. One possible means of accomplishing this would be to complete FAA’s Form 7460-1, Notice of Proposed Construction and Operation.

The City/County Associations of Governments also function as the County’s Congestion Management agency, responsible for reviewing traffic studies for projects that would contribute at least 100 peak-hour trips on roadways of regional significance. Since the proposed Kaiser Master Plan would generate vehicular trips in excess of this threshold, this regional agency would review the proposed project and would require preparation of a Transportation Demand Management Plan.

Finally, because the project site encompasses over 5 acres, the Regional Water Quality Control Board would need to issue a National Pollutant Discharge Elimination System permit for construction activities. The proposed project may also require a Wastewater Discharge Permit from the South Bayside System Authority, the regional wastewater treatment plant.

S.4 IMPACTS AND MITIGATION MEASURES

Table S-6, located at the end of this section, presents a summary of the impacts of the Kaiser Permanente Redwood City Medical Center Master Plan projects, proposed mitigation measures, and each impact’s level of significance after mitigation. The environmental impacts are identified and classified as “Significant,” “Potentially Significant,” or “Less Than Significant.” According to CEQA Guidelines Section 15382, a significant impact is “. . . a substantial or potentially substantial adverse change in any of the physical conditions within the area affected by the project . . .” For each category of physical conditions evaluated in the EIR, criteria for significance have been developed.

CEQA Guidelines Section 15126.4 states that an EIR “. . . shall describe feasible mitigation measures which could minimize significant adverse impacts. . .” In this EIR, mitigation measures are identified for all of the impacts labeled “Significant” or “Potentially Significant” for both the proposed project and the Higher Occupancy Scenario. Each identified impact is numbered; mitigation measures identified for that impact are numbered correspondingly. Mitigation measures presented in Table S-6

also include those measures recommended in the Initial Study, prepared at the outset of the EIR process and attached as Appendix B to this EIR. The inclusion of these measures in Table S-6 provides a comprehensive listing in one place of all the mitigation measures recommended for the Kaiser Permanente Redwood City Medical Center Master Plan.

The significant effects of the proposed Master Plan and the Higher Occupancy Scenario are identified in both Section 3 of this EIR and the Initial Study (Appendix B). The proposed project and the Higher Occupancy Scenario would have potentially significant or significant impacts that would be reduced to less than significant with mitigation measures in the areas of:

- Visual Quality;
- Project-related Transportation;
- Air Quality;
- Hazards and Hazardous Materials; and
- Utilities and Service Systems.

Impacts that would remain significant with both the proposed project and the Higher Occupancy Scenario after mitigation are:

- Noise (during project construction);
- Cumulative Transportation; and
- Water Supply/Demand.

Statements of Overriding Consideration. When a public agency approves a project that allows the occurrence of significant effects that are identified in the Final EIR but are not at least substantially mitigated, the agency shall state in writing the specific reasons to support its action based on the Final EIR and/or other information in the record. This is known as a “Statement of Overriding Consideration.” CEQA requires the decision-maker to balance the benefits of a proposed project against its unavoidable environmental risks in determining whether to approve the project. If the benefits of a proposed project outweigh the unavoidable adverse environmental effects, the adverse environmental effects may be considered acceptable.

S.5 ALTERNATIVES

CEQA requires that an EIR “describe a range of reasonable alternatives to the project, or to the location of the project, which would feasibly attain most of the basic objectives of the project but would avoid or substantially lessen any of the significant effects of the project, and evaluate the comparative merits of the alternatives” (CEQA Guidelines Section 15126.6(a)). If a project alternative would substantially lessen the significant environmental effects of a proposed project, the decision maker should not approve the proposed project unless it determines that specific technological, economic,

social, or other considerations make the project alternative infeasible (CEQA Guidelines Section 15091(a)(3)). The EIR must also identify alternatives that were considered by the lead agency but were rejected as infeasible during the scoping process and should briefly explain the reasons underlying the lead agency's determination (CEQA Guidelines Section 15126.6(c)). One of the alternatives analyzed must be the “no project” alternative. The “no project” analysis must discuss the existing conditions, as well as what would be reasonably expected to occur in the foreseeable future if the project were not approved and development continued to occur in accordance with existing plans and consistent with available infrastructure and community services (CEQA Guidelines, Section 15126.6(e)(3)(C)). Of the alternatives assessed, the EIR must identify an environmentally superior alternative other than the no project alternative.

Description of Alternatives

This EIR analyses four alternatives: the required No Project Alternative, the Walnut Street Closure Alternative, the Redwood City Preferred Alternative, and the Marshall Street Hospital Alternative.

No Project Alternative. Under the No Project Alternative, no new development would occur at the project site. The existing outdated inpatient and outpatient facilities would continue to operate at the Medical Center campus. The consolidation of existing medical offices from elsewhere in Redwood City to the Medical Center would not take place and Kaiser would be unable to provide additional inpatient and outpatient services at the campus. Per SB 1953, the hospital would be forced to close in 2013 if the required seismic upgrades were not completed.

Walnut Street Closure Alternative. Under the Walnut Street Closure Alternative, the Hospital would be located further west on Veterans Boulevard, and Walnut Street would be closed between Veterans Boulevard and Bradford Street. The height of the replacement Hospital would be reduced from ten stories under the proposed project to six stories under this alternative. According to the project sponsor, this alternative would allow for greater placement of related departments within the Hospital on single, rather than adjacent floors, thereby providing greater flexibility and ease of circulation within the Hospital. According to the City, this Alternative would reduce access for the larger Redwood City community to the Downtown district. Thus, an adequate finding could not be made to justify the Walnut Street Closure Alternative.

Redwood City Preferred Alternative. The general layout of the Medical Center campus under the Redwood City Preferred Alternative is similar to that of the proposed project. However, the campus buildings would be sited and designed to more closely adhere to the goals of the draft *Downtown Area Plan*. Major differences between this alternative and the proposed project include the size of the campus plaza area, the location of Parking Structure B, and the use of the site currently proposed for Parking Structure B. Under this alternative, Parking Structure B would be located to the west of the replacement Hospital where the proposed project would include an expanded plaza area along Veterans Boulevard. This plaza is also an area for potential future expansion of the replacement Hospital with the proposed project. The Redwood City Preferred Alternative proposes a mixed-use building at the Main Street gateway site. The mixed-use building would be designed to create a sense of entry into the

downtown and would complement similar retail/office-type buildings located along downtown Main Street. Under the Redwood City Preferred Alternative, buildings proposed for Main Street would be designed to reinforce Main Street's designation as a downtown gateway. While the proposed project places a 30,7000+ sq.ft. plaza space adjacent to the six-lane Veterans thoroughfare, which has views of a commercial strip center across Veterans Boulevard, this Alternative would provide an enclosed plaza area central to buildings at the Medical Center campus.

The replacement Hospital and medical office buildings would contain the same amount of floor space under this alternative as under the proposed project. The Redwood City Preferred Alternative would not have exact footprint or building width requirements for any buildings at the campus. However, parking structures would not be constructed taller than the adjacent MOB or Hospital and could require partial undergrounding. Active building space would occupy prominent corner parcels and parking structures would be located mid-block behind active building space.

Marshall Street Hospital Alternative. This alternative was developed over a years time frame jointly by Kaiser and the City of Redwood City earlier in the planning process. This alternative differs in the location of on-campus buildings and plazas, the size and massing of campus structures, and the phasing of the project. Rather than constructing the replacement Hospital on Veterans Boulevard, the Hospital would be constructed on the northwest corner of Marshall Street and Maple Street. The replacement Hospital would be seven stories, rather than ten under the proposed project.

Alternatives Analysis

The four alternatives would have the same environmental effects as the proposed project on the following environmental issues: land use, visual quality, air quality, noise, hazards and hazardous materials, population and housing, public services, and utilities. The Redwood City Preferred Alternative has the potential for fewer impacts to land use and visual quality than the proposed project because it more fully supports the draft *Downtown Area Plan* and the draft *Kaiser Master Plan Urban Design Guidelines*. Although these documents are not yet approved policy documents, the draft *Downtown Area Plan* will be adopted in 2003 and the draft *Kaiser Master Plan Urban Design Guidelines* will be adopted in part or whole at the time of the Master Plan project approval. The Walnut Street Closure Alternative would result in significant visual impacts and cumulative traffic impacts to both the Maple Street/Marshall Street and Main Street/Bradford Street intersections.

Environmentally Superior Alternative

The significant unavoidable effects of the proposed project are related to cumulative traffic, construction noise, and water consumption. Implementation of any of the project alternatives would result in the same use of the project site. In addition, staffing levels and patient visits for the build alternatives would be similar to the proposed project. Therefore, all of the project build alternatives would result in similar significant unavoidable effects.

S.6 AREAS OF CONTROVERSY

The key areas of controversy raised by the Planning Commission and the public during the Scoping Meeting for the proposed project, as well as those that have surfaced during the course of preparing the environmental document, include:

- Even accepting the trends towards decompression, questions remain whether the size and scale of the project are justifiable.
- The project envisions long-term development over a 22-year time frame. There is concern over what happens if subsequent phases are deferred or suspended indefinitely. Failure to complete the Master Plan development program may mean that some of the City's desires to achieve a high-quality streetscape and gateway entrance to the City's downtown will not be realized.
- Failure to complete the Master Plan development program may mean that there will be long periods when the campus looks unfinished. The visual and functional effects could hinder the City's desires to improve linkages within the Redevelopment Project area and create pedestrian friendly connections to the downtown.

S.7 ISSUES TO BE RESOLVED

The key unresolved environmental issues at this point in the process are as follows:

- The long-term nature of the Master Plan makes it difficult to predict how much infrastructure capacity will be available when various buildings or components are proposed for construction. At this point, the Water Supply Assessment indicates that the City is already oversubscribed on its water use and how Kaiser can be accommodated needs to be addressed. With respect to wastewater treatment capacity, there is sufficient capacity now to handle demands from Kaiser but the remaining reserves may not be sufficient depending on how much other development occurs in the City and, again, when various components of the Master Plan are scheduled for occupancy.
- Many of the impacts projected for the proposed project are tied to the expected population/employment at the Medical Center. The estimate of staff, Hospital visits, emergency visits, patients per specialty, mix of specialty, etc. are all educated guesses based on current trends in health care delivery and medical technology and the demographics of the Redwood City Kaiser Permanente membership. The Higher Occupancy Scenario suggests that at buildout, Kaiser could accommodate a greater number of providers and staff in its proposed floor area. Accordingly, in order to monitor the population growth at Kaiser and to ensure that unexpected impacts do not arise, a monitoring program is recommended.

The key unresolved planning issues at this point in the process are as follows:

- The Precise Plan will be based on the *Kaiser Master Plan Urban Design Guidelines* (Appendix C), developed jointly by City staff with the assistance of Terry Bottomly, Urban Design consultant and Kaiser staff over the past year. The Precise Plan, which will enable the City to approve the Master Plan, is still under development but will be presented to the Planning Commission and City Council at the time of EIR certification or shortly thereafter. The reconciliation of any differences between the enabling Precise Plan and the proposed Master Plan will need to be resolved.
- At this stage, the Master Plan is a conceptual framework for future development of its campus. The project sponsor has requested approval of a campus-wide building envelope and site plan without being able to explain how all of the space will be used. The City will need to decide whether the proposed building uses are acceptable in terms of its planning and design visions for this area of the City and in terms of the impacts that have been identified in this EIR.
- The actual size, configuration, and design of buildings will evolve over time, so that it is difficult at this juncture to anticipate how well individual buildings or development areas on the campus will conform to the *Downtown Area Plan*. However, the Precise Plan will contain language to set out this process.
- The development of the Main Street downtown gateway site with a parking structure and Cancer Care Center will influence the extent to which the City's goal to enhance the public accessibility and enjoyment of Redwood Creek and desire for a signature downtown gateway mixed-use building are met. As Kaiser's plans for this area of its campus mature, close coordination with the City will be required to achieve the area's potential.
- Kaiser has proposed a revision of the parking standards that currently are stipulated in the City's zoning ordinance. The City must review that proposal in light of the parking analysis in this EIR. The parking analysis considers actual demand based on surveys at a comparable Kaiser garage.

Insert Impact and Mitigation Measure Summary Table (TABLE S-6))