

File No. 130232

Committee Item No. _____

Board Item No. 24

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee _____

Date _____

Board of Supervisors Meeting

Date March 12, 2013

Cmte Board

- | | | |
|--------------------------|-------------------------------------|--|
| ☐ | ☐ | Motion |
| ☐ | ☒ | Resolution |
| ☐ | ☐ | Ordinance |
| ☐ | ☐ | Legislative Digest |
| ☐ | ☐ | Budget Analyst Report |
| ☐ | ☐ | Legislative Analyst Report |
| ☐ | ☐ | Introduction Form (for hearings) |
| ☐ | ☒ | Department/Agency Cover Letter and/or Report |
| ☐ | ☐ | MOU |
| ☐ | ☐ | Grant Information Form |
| ☐ | ☐ | Grant Budget |
| ☐ | ☐ | Subcontract Budget |
| ☐ | ☐ | Contract/Agreement |
| ☐ | ☐ | Award Letter |
| ☐ | ☐ | Application |
| ☐ | ☐ | Public Correspondence |

OTHER (Use back side if additional space is needed)

☐	☐	_____
☐	☐	_____
☐	☐	_____

Completed by: Joy Lamug

Date March 7, 2013

Completed by: _____

Date _____

An asterisked item represents the cover sheet to a document that exceeds 20 pages. The complete document is in the file.

1 [Term Sheet Endorsement - CPMC Development Agreement]

2
3 **Resolution endorsing a Term Sheet for revisions to a proposed development**
4 **agreement with California Pacific Medical Center (CPMC) for CPMC's Long Range**
5 **Development Plan, including new hospitals at the Cathedral Hill and St. Luke's**
6 **Campuses, with any final development agreement subject to the approval of the**
7 **Planning Commission, the Municipal Transportation Authority and the Board of**
8 **Supervisors.**

9
10 WHEREAS, California Government Code Section 65864 et seq. authorizes any city,
11 county, or city and county to enter into an agreement for the development of real property
12 within the jurisdiction of the city, county, or city and county; and

13 WHEREAS, Chapter 56 of the San Francisco Administrative Code ("Chapter 56") sets
14 forth certain procedures for the processing and approval of development agreements in the
15 City and County of San Francisco (the "City"); and

16 WHEREAS, Sutter West Bay Hospitals, a California nonprofit public benefit corporation
17 doing business as California Pacific Medical Center ("CPMC"), is the owner of certain real
18 property associated with the CPMC Long Range Development Plan ("LRDP") located at
19 various locations in the City, generally referred to as the St. Luke's Campus, the Cathedral Hill
20 (Van Ness and Geary) Campus, the Davies Campus, the Pacific Campus and the California
21 Campus (the "Project Sites"); and

22 WHEREAS, On March 30, 2012, CPMC filed an application with the City's Planning
23 Department for approval of a development agreement relating to the Project Sites, and City
24 staff and CPMC negotiated a proposed development agreement, a copy of which, dated June
25 20, 2012, is on file with the Clerk of the Board in File No. 120366 (the "Development

1 Agreement"). CPMC also filed applications with the Department for certain development
2 proposals described in Exhibit B to the Development Agreement (together with the
3 Development Agreement, the "Project"). The Project includes the "Near Term Projects,"
4 which generally include new hospitals and medical office buildings at the St. Luke's Campus
5 and the Cathedral Hill Campus, and a new Neuroscience Institute building at the Davies
6 Campus, and certain "Long Term Projects" on the Davies Campus and the Pacific Campus;
7 and

8 WHEREAS, On April 26, 2012, by Motion No. 18588, the Planning Commission
9 certified as adequate, accurate and complete and as representing the independent judgment
10 of the Planning Commission, the CPMC LRDP Final Environmental Impact Report ("FEIR")
11 prepared pursuant to the California Environmental Quality Act ("CEQA") (California Public
12 Resources Code Section 21000 et seq.). A copy of Planning Commission Motion No. 18588
13 is on file with the Clerk of the Board of Supervisors in File No. 120357. Also on April 26, by
14 Resolutions Nos. 18590 and 18591, the Planning Commission recommended to the Board of
15 Supervisors amendments to the General Plan necessary for implementation of the Near Term
16 Projects. A copy of Planning Commission Resolution Nos. 18590 and 18591 are on file with
17 the Clerk of the Board of Supervisors in File Nos. 120458, 120459 and 120460; and

18 WHEREAS, On April 26, 2012, the Planning Commission adopted Motion No. 18602,
19 approving the Development Agreement substantially in the form presented to the Planning
20 Commission and recommending that the Board of Supervisors adopt an ordinance to approve
21 the Development Agreement; and

22 WHEREAS, On April 26, 2012, the Planning Commission also adopted Motion Nos.
23 18592 through 18601, approving the zoning maps, planning code amendments, general plan
24 consistency findings, transit demand management plans, and office development
25 authorizations (together with the Development Agreement and the General Plan

1 Amendments, the "Planning Approvals"), and recommended that the Board of Supervisors
2 adopt the applicable ordinances to approve the Project consistent with the Planning
3 Approvals; and

4 WHEREAS, An appeal of the Planning Commission's Motion 18588 certifying the FEIR
5 was filed with the Board of Supervisors on May 16, 2012, and the Board held duly noticed
6 public hearings on June 12, 2012, July 17, 2012 and March 12, 2013 to consider the appeal of
7 the FEIR certification; and

8 WHEREAS, On March 12, 2013, by Motion No. _____, the Board of Supervisors
9 rejected the appeal and affirmed the decision of the Planning Commission to certify the FEIR
10 and found the FEIR to be complete, adequate and objective and reflecting the independent
11 judgment of the City and in compliance with CEQA and the State CEQA Guidelines; and

12 WHEREAS, Following the Planning Commission's approval of the Development
13 Agreement, the Land Use Committee of the Board of Supervisors held public hearings on the
14 Development Agreement and the Planning Approvals on June 15, 2012, June 25, 2012, July
15 9, 2012 and July 16, 2012, , and thereafter CPMC, based upon its analysis and community
16 considerations and working with City staff proposed revisions to the Project; and

17 WHEREAS, The proposed revisions include an increase in size of the new hospital at
18 the St. Luke's Campus (from 80 beds to 120 beds) and a decrease in the size of the new
19 hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds), as more particularly
20 described in the revised project description submitted to the Planning Department on
21 February 25, 2013, as revised, a copy of which is on file with the Clerk of the Board of
22 Supervisors in File No. 130232 (the "Revised Project"), and CPMC has indicated its intent to
23 revise or amend, as necessary, any materials or applications to reflect the Revised Project;
24 and
25

1 WHEREAS, In a memorandum to the Board of Supervisors dated March 5, 2013, the
2 Planning Department determined that the Revised Project, with a larger hospital at St. Luke's
3 and a smaller hospital at Cathedral Hill, is a modification of Alternative 3A analyzed in the
4 FEIR, and that no other changes are proposed at those or any other Campus, and that no
5 new significant effects or increases in the severity of previously identified significant effects
6 are expected to result from the Revised Project. A copy of this memorandum is on file with
7 the Clerk of the Board of Supervisors in File No. 130232; and

8 WHEREAS, In connection with the Revised Project, City staff and CPMC have
9 negotiated a term sheet, a copy of which is on file with the Clerk of the Board of Supervisors
10 in File No. 130232 (the "Term Sheet"), to reflect proposed changes to the Development
11 Agreement as a result of the Revised Project; now, therefore, be it

12 RESOLVED, That the Board of Supervisors endorses the Term Sheet and Revised
13 Project, and authorizes and urges City staff to negotiate changes to the Development
14 Agreement and related documents as and to the extent necessary to conform to the Term
15 Sheet and the Revised Project; and, be it

16 FURTHER RESOLVED, That City staff are urged to make the preparation and
17 completion of review of a revised Development Agreement and related documents, including
18 revisions to the Planning Approvals, among their highest priorities with a goal toward
19 completion of Planning Commission and Board of Supervisors consideration before the
20 Board's summer recess, and, be it

21 FURTHER RESOLVED, That upon completion of documentation of environmental
22 review as may be required under CEQA, City staff shall present to the Planning Commission
23 the revised Development Agreement and any related documents or approvals necessary for
24 the Revised Project, including new proposed Planning Code text and map amendments,
25 General Plan amendments, and conditional use authorizations as necessary, and shall

1 forward as appropriate the Planning Commission's recommendations to the Board of
2 Supervisors, for consideration and action consistent with Chapter 56 and applicable law; and,
3 be it

4 FURTHER RESOLVED, That upon completion of negotiations and any required
5 additional environmental review required under CEQA, City staff shall present to the San
6 Francisco Municipal Transportation Agency (the "SFMTA") the revised Development
7 Agreement for its review and consideration as to the matters under the SFMTA's jurisdiction;
8 and, be it

9 FURTHER RESOLVED, Notwithstanding the Board's endorsement of the Term Sheet,
10 the City retains absolute discretion in connection with consideration of the Revised Project to:
11 (1) modify the project to mitigate significant adverse environmental impacts, (2) select feasible
12 alternatives to avoid significant adverse impacts, (3) require the implementation of specific
13 measures to mitigate significant adverse environmental impacts, or (4) reject the project as
14 proposed if the benefits of the project do not outweigh otherwise unavoidable significant
15 adverse impacts.

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *Edwin M. Lee* Mayor Edwin M. Lee
RE: CPMC Development Agreement – Term Sheet Endorsement
DATE: March 5, 2013

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2013 MAR -5 PM 2:29
BY: *AM*

Attached for introduction to the Board of Supervisors is the resolution endorsing a Term Sheet for revisions to a proposed development agreement with California Pacific Medical Center for CPMC's Long Range Development Plan, including new hospitals at the Cathedral Hill and St. Luke's Campuses, with any final development agreement subject to the approval of the Planning Commission, the Municipal Transportation Authority and the Board of Supervisors.

Please note this item is cosponsored by Supervisors Chiu, Farrell and Campos.

I request that this item be referred for adoption without committee reference at the March 12th meeting of the Board of Supervisors.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

Terms of a proposed revised development agreement between CPMC and CCSF
3/5/13

ITEM	REVISED AGREEMENT TERMS
<i>Project Description:</i>	120-Bed Hospital at St. Luke's, 274-304-Bed Hospital at Cathedral Hill. Garage spaces at Cathedral Hill Campus (3 buildings) shall not exceed the lesser of 990 total spaces or 125% of the Planning Code minimum required number of spaces.
<i>Payment Schedule</i>	The City and CPMC agree that the cash payments to be made by CPMC to the City for public benefits listed below and further described in this Term Sheet shall be \$14 million per year for 5 years (for a total of \$70 million) starting on the Date Approvals are Finally Granted, provided (a) certain cash payments (as set forth below) shall be made on the Effective Date (which payments equal the amount cash payments previously negotiated to be due on the Effective Date under the Existing Draft DA), and (b) amounts paid by CPMC on the Effective Date shall reduce the amounts payable by CPMC during the 5th year following the Date Approvals are Finally Granted so as to not exceed the \$70 million cap. • Healthcare Innovation Fund • Payment to Mayor's Office of Housing low-moderate income affordable housing fund • Funding for workforce training programs • Payment in lieu of Transportation Impact Development Fee • Funding for Van Ness and Geary Bus Rapid Transit Projects • Cathedral Hill campus streetscape/pedestrian safety items Other payments described in this Term Sheet are not included in this \$70 million amount. The City will adjust the payment schedule for these cash payments in the final DA as required to meet this agreement (the "Payment Schedule"). The following cash payments shall be due on Effective Date - \$3 million for housing - \$3 million for innovation fund - \$300,000 for enforcement and traffic safety at Pacific campus - \$300,000 for Tenderloin lighting and traffic safety - \$300,000 for transit and safety improvements in the neighborhoods around the Cathedral Hill campus

ITEM	REVISED AGREEMENT TERMS
<i>Healthcare:</i>	
Additional 30 "shelled" beds at Cathedral Hill hospital	The new hospital at Cathedral Hill will have 274 built-out beds, with an additional half-floor of 30 "shelled beds." These shelled beds shall not be built and placed into operation until the new hospital at St. Luke's is open and has an average Monday through Friday (excluding weekends and holidays) daily census of at least 90 patients (75 percent of 120 beds) for a CPMC Fiscal Year, as set forth in a Compliance Report.
Hospital Commitment	CPMC must open the new hospital at St. Luke's within X months from the date that they open the new hospital at Cathedral Hill. X to be determined after looking at new construction schedules but before Board of Supervisor vote on the development agreement. The parties will revise the milestones to reflect the new construction schedule. No change to the existing liquidated damages provisions for failing to open hospital at St. Luke's, including the annual liquidated payments to the City for up to 20 years.
St. Luke's Operating Covenant	This obligation is replaced by 50% larger hospital at St. Luke's, with emergency room, comprehensive general acute care hospital services and centers of excellence as outlined in this term sheet.
St. Luke's Services	The Services to be provided at St. Luke's, as set forth in Exhibit F, section 7.b. in the Existing Draft DA, including the centers of excellence in senior and community health, shall remain as set forth in the Existing Draft DA. The hospital at St. Luke's will be a 120-bed General Acute Care Hospital with comprehensive emergency medical services (pursuant to sections 70451-70459 of Title 22 of the California Code of Regulations). CPMC shall provide the following services on-site at the St. Luke's Campus: Inpatient services, including cancer, cardiology, endocrinology, respiratory, neurology, gastroenterology, orthopedics, infectious disease, urology, general and vascular surgery, intensive care unit, labor & delivery, gynecology, special care nursery, telemedicine; urgent care; and outpatient services, including internal medicine, ambulatory surgery, cardiology, diagnostic imaging, gastroenterology, laboratory services, obstetrics, orthopedics, hepatology, neurology, oncology, orthopedics, respiratory therapy, child development, retail pharmacy, lab services. As provided in the existing draft DA, Exhibit F, section 7.b.v, CPMC may, in the exercise of its reasonable discretion, and in compliance with San Francisco's Proposition Q Community Healthcare Planning Ordinance, adjust, modify, reduce, close, eliminate, sell, lease or transfer the programs, services or service lines to meet evolving community needs, operational cost-effectiveness or quality standards, as long as the hospital continues to qualify as a General Acute Care Hospital with emergency medical services, and subject to an agreed upon review

ITEM	REVISED AGREEMENT TERMS
	process with DPH as stated in Development Agreement.
Baseline Charity Care Commitment	1) CPMC shall continue to care each year for a "Baseline" number of total unduplicated charity care and Medi-Cal patients. The Baseline shall be the higher of the annual average of the number of such patients for either (a) calendar years 2009 through 2011 or (b) calendar years 2010 through 2012 - whichever is higher. 2) In addition to serving the number of patients described in paragraph (1) above, CPMC shall spend at least \$8 million per year in community benefits. For purposes of this section, "community benefits" shall mean unreimbursed costs incurred by CPMC for items as defined in Guideline 3 of the Catholic Health Association of the United States. A Guideline for Planning and Reporting Community Benefit (CBISA). 3) The "Baseline Commitment Carryover", permitting averaging over 2 years as described in Exhibit F, Section 1.b of the Existing Draft DA, shall apply to the number of patients served in paragraph (1) above and the community benefits costs in paragraph (2) above, each measured separately. 4) Liquidated damages for not meeting the number of patients served in paragraph (1) above shall be equal to 150% of the average cost of one unduplicated patient from previous reported year times the shortfall in number of patients. The liquidated damages for the St. Luke's Opening Commitment, the New Medi-Cal Beneficiaries Commitment, and the Centers for Excellence shall remain as set forth in the Existing Draft DA. 5) The "Baseline" number of patients in paragraph (1) above and the community benefits costs in paragraph (2) above shall not include patients served and costs incurred under the New Medi-Cal Beneficiaries Commitment. 6) The "Baseline" number of patients in paragraph (1) and the community benefits costs in paragraph (2) above shall be established by an independent third party auditor engaged by the City and CPMC jointly, but paid for by CPMC (as set forth in Section 12.g of Exhibit F of the Existing Draft DA). [If these numbers are determined before execution of a development agreement, the set numbers will be included in the development agreement. If not, they will be determined as soon as possible but in no event later than 3 months following execution.] The annual unduplicated patient counts and community benefit costs shall be verified annually each year thereafter by the same process, at CPMC's cost, to be completed within 90 days following the end of the applicable year. 7) To ensure a smooth transition to changes in healthcare insurance that are occurring as a

ITEM	REVISED AGREEMENT TERMS
	result of the Affordable Care Act, CPMC will maintain charity care policies that are no more restrictive than current charity care policies as set forth in the CPMC Fiscal Year 2011 Charity Report through the end of calendar year 2015. After such time, CPMC shall maintain charity care policies that are in compliance with State law, and CPMC will not deny charity care patients access to inpatient services. 8) All of the obligations under this Baseline Commitment section shall begin on the date that Approvals are Finally Granted, and shall continue for a period of ten (10) years thereafter (the "Baseline Commitment Period"). Any partial calendar year will be prorated, as set forth in the Existing Draft DA.
Net New Medi-Cal Lives	1) To reflect the reduced size of CPMC hospitals, CPMC will be the hospital partner for 5,400 new Medi-Cal managed-care lives. Accordingly, the New Medi-Cal Beneficiaries Commitment shall be reduced from 10,000 (as set forth in the Existing Draft DA) to 5,400. The cost of providing care for these New Enrollees shall not be included in the Baseline Commitment. The baseline against which the 5,400 new Medi-Cal managed care lives shall be calculated shall be the number on January 1, 2012 of Medi-Cal managed care beneficiaries that are enrolled in the San Francisco Health Plan and assigned to a provider network that designates CPMC's California, Pacific or Davies Campuses as their primary hospital, as set forth in the Existing Draft DA, plus the number on December 31, 2012 of Healthy Families beneficiaries enrolled in the San Francisco Health Plan and assigned to a provider network that designates CPMC's California, Pacific, or Davies Campuses as their primary hospital (i.e., the Healthy Families participants shall not be "New Enrollees"). 2) 1,500 of the New Enrollees will come through a partnership with a primary care provider serving the Tenderloin, if and when available from the Effective Date through 12/31/15, consistent with Section 2.g of Exhibit F of the Existing Draft DA. If a new MSO with a primary care provider base located in the Tenderloin becomes available during this period, then CPMC shall contract with such MSO to satisfy this commitment for 1,500 New Enrollees, and CPMC may not avoid this commitment based upon CPMC's satisfaction, before that date, of the New Medi-Cal Beneficiaries Commitment from other MSOs in other locations of the City. [In other words, if a new MSO serving the Tenderloin is formed after CPMC has 5,400 New Enrollees, then CPMC must still seek to enroll 1,500 New Enrollees from the Tenderloin-serving MSO.] 3) The New Medi-Cal Beneficiaries Commitment will begin on the Effective Date and continue for 10 years (same as the Existing Draft DA).

ITEM	REVISED AGREEMENT TERMS
	4) Unreimbursed expenditures for the New Medi-Cal Beneficiaries Commitment will be capped at \$5 million per year, subject to annual increases and a 2 year rolling average as set forth in the Existing Draft DA. 5) Liquidated damages for not meeting this obligation – same as in Existing Draft DA. 6) To qualify as a New Enrollee, the patient must be assigned to a limited provider network that designates CPMC's California, Pacific or Davies hospital and, upon opening, the new hospital at Cathedral Hill, as its primary hospital – same as in Existing Draft DA.
Healthcare Innovation Fund	CPMC shall fund an \$9 M cash endowment of a new healthcare innovation fund to be used to support non-profit health and human service providers, including those that provide community-based care and services that reduce unnecessary hospitalizations. [The timing of payments adjusted in accordance with the Payment Schedule.] These funds shall be administered by the San Francisco Foundation, as outlined in the previous DA
St. Luke's Centers of Excellence	Exhibit F, Section 7(b) (ii) and (ii) shall be revised to strengthen the St. Luke's Centers of Excellence, as follows: ii. CPMC shall establish, operate and maintain at all times during the St. Luke's Operating Commitment a Center of Excellence in Community Health at the St. Luke's Campus. This Center of Excellence shall screen and manage individuals with or at risk for developing chronic diseases, <u>would building on CPMC's existing HealthFirst Program. This Center of Excellence shall and annually offer approximately 800 patients from St. Luke's Health Care Center access to a primary care medical home to support self-management of chronic illness. The Center will recruit and train health workers from the community to work in an interdisciplinary care team setting, providing culturally competent and linguistically appropriate services (as set forth in Section 11 of this Exhibit F). CPMC shall create a community advisory board to provide input into the operation of the Center.</u> iii. CPMC shall establish, operate and maintain at all times during the St. Luke's Operating Commitment a Center of Excellence in Senior Health at St. Luke's Campus. This Center of Excellence would be based upon the Hospital Elder Life Program ("HELP") and annually provide care to approximately 600 seniors over age 70. HELP is a targeted program of care for hospitalized older adults designed to prevent or decrease the severity of delirium and increase or maintain function, improve hospital care, maximize the patient's independence at discharge, assist the patient with transition from hospital to home, prevent unplanned readmission, and prevent the hazards of hospitalization that sometimes lead to a cascade in decline. <u>This Center of Excellence shall provide services designed to enable seniors to live successfully in the community and reduce unnecessary hospitalizations. These services may include health education, resource referrals, case management, dementia care, services to reduce isolation,</u>

ITEM	REVISED AGREEMENT TERMS
	<u>and caregiver support.</u> The Center will provide culturally competent and linguistically appropriate services (as set forth in Section 11 of this Exhibit F).
St. Luke's Medical Office Building (MOB)	Section 7.c(i) and the first paragraph of 7.c(ii) of Exhibit F to the Existing Draft DA shall be modified to read as follows: i. CPMC shall submit a proposal for the development of a new MOB on the St. Luke's campus on the site of the current Hospital (hereafter in this section, "new MOB") to the Sutter West Bay Board within ninety (90) days after the following conditions are met (but CPMC is not required to submit the proposal before the date that is 3 years after the opening of the new hospital at St. Luke's Campus): (A) the new hospital at St. Luke's has an average Monday through Friday (excluding weekends and holidays) daily census of at least 90 patients (75 percent of 120 beds) for a CPMC Fiscal Year, as set forth in a Compliance Report; and (B) there is demonstrated demand, through formal pre-leasing commitments for at least seventy-five percent (75%) of the proposed seventy two thousand (72,000) rentable gross square feet of the new MOB. A final decision to proceed with construction of the new MOB shall be subject to approval by the Sutter West Bay Board (in the exercise of its sole and absolute discretion) and, if applicable, an agreement with a third party medical building developer and operator, including an acceptable economic structure and financing terms. ii. If the Sutter West Bay Board decides not to proceed with the construction of the new MOB, or fails to act with respect to such decision within six (6) months after its submittal to the Board in accordance with Section 7(c)(i), or if the conditions set forth in Section 7(c)(i) have not been satisfied on or before the date that is five (5) years following the opening of the new Hospital on the St. Luke's campus, then the City may request that the Parties meet and confer in good faith regarding the potential for development of the new MOB. If, within six (6) months following the start of the meet and confer period, CPMC has not agreed to build the new MOB, then upon notice being delivered by City within sixty (60) days after said six (6) month period (the "Option Commencement Date"), a City option shall arise to lease from CPMC the new MOB site solely for purposes of City constructing and operating a medical office building, subject to the following terms and conditions:

ITEM	REVISED AGREEMENT TERMS
	The following language shall be added to the end of Section 7.c(ii)(B): CPMC shall promptly demolish the existing hospital building (1970) tower at no cost to the City before the start of the 55-year term (according to a schedule included in the lease, and subject to force majeure delays) and deliver the site to the City vacant and ready for vertical development of the new MOB. The following language shall be added to the start of Section 7.c(ii)(H): Tenants of the building shall include physicians and other healthcare professionals who have admitting privileges at the new hospital on the St. Luke's campus, and City shall not discriminate against any such persons in leasing opportunities for the building. The City shall offer available spaces in the new MOB first to physicians and other healthcare professionals who have admitting privileges at the new hospital on the St. Luke's Campus; next to CPMC, Sutter Health and their affiliates; and thereafter, to the extent vacancies remain, to other physicians and healthcare professionals.
City Healthcare Service System (HSS)	CPMC shall limit premium increases to insurers for HSS to no more than 5% annually for years 1 through 3 (i.e., calendar years 2014 through 2016) and no more than the medical rate of inflation plus 1.5 % annually for years 4 through 10.
Housing:	
Residential Unit Replacement	CPMC shall pay to the Mayor's Office of Housing \$4,138,620 as compensation for units displaced by construction of the Cathedral Hill Medical Office Building. (Same as the Existing Draft DA.) (Not included in the \$70 million referenced above for public benefits or the Payment Schedule.)
Payment to Mayor's Office of Housing low-moderate income housing fund	CPMC shall pay \$36.5 million to the Mayor's Office of Housing. (Increased from \$29 million in the Existing Draft DA; timing of payments adjusted in accordance with the Payment Schedule.)
Workforce:	
Local Hire for construction jobs	30% overall and by trade. (Same as the Existing Draft DA.)

ITEM	REVISED AGREEMENT TERMS
Other construction-related provisions	(Same as the Existing Draft DA.)
Local hire for end-use jobs	CPMC shall make at least 40% of all permanent entry-level hires annually for the duration of the development agreement from the City's workforce system; targeting residents of the Western Addition, Tenderloin, Mission/SOMA, Outer Mission/ Excelsior, Chinatown and Southeastern neighborhoods.
Funding for workforce training programs	CPMC shall pay \$4 million to OEWD to fund workforce training programs. (Increased from \$2 million in the Existing Draft DA, and timing of payments adjusted in accordance with the Payment Schedule.) OEWD shall target these funds to educational institutions and non-profit organizations with an existing track record of working in the impacted communities.
Transportation:	
Payment in lieu of Transportation Impact Development Fee	CPMC shall pay \$6.5 million to MTA. (Reduced from \$10.4m in the Existing Draft DA, to reflect the decreased size of the new hospital at Cathedral Hill, with the timing of payments adjusted in accordance with the Payment Schedule.)
Funding for Van Ness and Geary Bus Rapid Transit Projects	CPMC shall pay \$5 million to MTA. (Same as the Existing Draft DA, but timing of payments adjusted in accordance with the Payment Schedule.)
Cathedral Hill Parking fee	CPMC shall collect and pay to MTA a fee of \$0.50 off-peak and \$0.75 peak per entry and exit from Cathedral Hill garages for 10 years. (Same as the Existing Draft DA.) (Not included in the \$70 million referenced above for public benefits or the Payment Schedule.)
Annual Transportation Surveys	CPMC shall implement the Transportation Demand Management Plans dated March 24, 2011 (each a "TDMP") for each of the St. Luke's, Cathedral Hill, Pacific and Davies Campuses, respectively. CPMC shall conduct, or shall have conducted, at no cost to the City, surveys, annual employee surveys and tri-annual surveys for patients/visitors, each as described in the TDMP, to assess the implementation of each TDMP. The surveys shall commence within one (1) year following the Opening of the new hospital at St. Luke's, the Opening of the new hospital at Cathedral Hill (including for Pacific Campus) and the opening of the Neurosciences Institute Building, respectively. Once started, the surveys shall continue for a total of 10 years. As part of the Compliance Statement submitted by CPMC, CPMC shall provide the results of each survey most recently completed prior to the submission of the Compliance Statement. Each survey shall be completed within 90 days following the end of the applicable 1 year period. CPMC will share the results of these surveys with the Planning Department and

ITEM	REVISED AGREEMENT TERMS
	SFMTA promptly following completion. If any two (2) consecutive surveys show that an applicable target single occupancy vehicle percentage (the "SOV Percentage") is not being attained, CPMC shall consult with Planning Director and the SFMTA Director of Transportation to identify feasible measures that can reasonably be implemented by CPMC to reduce the SOV Percentage. The applicable target reduction of single occupancy vehicles is 15 percent in the aggregate system-wide as described in the TDMP.
Additional Transportation Studies for Cathedral Hill	CPMC shall fund the cost of additional transportation studies up to \$40,000 (in FY 2013 dollars adjusted by the Bay Area Consumer Price Index)(the "Cost Cap") for the operation of the intersections as well as operational characteristics of the Cathedral Hill Campus in its immediate vicinity as determined by the SFMTA to assist the City in monitoring future congestion and effects of the Cathedral Hill project on the City's transportation network. The SFMTA may request such funding up to 3 times, each subject to the Cost Cap, provided it shall not first request such funding until at least 3 years after the new hospital at Cathedral Hill is opened and not more frequently than every 3 years thereafter. If it is determined that area congestion exceeds currently projected levels or that the transportation-related operational characteristics (e.g., freight loading, parking garage access, passenger loading, etc.) of the Campus adversely affect the network, CPMC will consult with the SFMTA to determine if there are additional feasible transportation demand management measures or other measures that might reasonably be implemented by CPMC, at no cost to the City, to reduce its contribution to transportation congestion in the area. (Any payments made by CPMC under this section are not included in the Payment Schedule.)
Additional Funds for Transportation Demand Management at Cathedral Hill	If any of the scheduled transportation surveys for Cathedral Hill employees, patients and visitors show in the aggregate that the Drive Alone mode split percentages for daily use exceed those shown in Table 30 of the CPMC LRDP Transportation Impact Study (June, 2010), CPMC shall pay to SFMTA \$75,000 (in FY 2013 dollars adjusted by the Bay Area Consumer Price Index) within 60 days following the completion of the survey. This funding will be used by SFMTA solely for transportation demand management or transportation improvements related to the Cathedral Hill Campus traffic area as determined by SFMTA, which uses may include, but are limited to, additional employer and visitor social marketing or any parking management program. (Any payments made by CPMC under this section are not included in the Payment Schedule.)
Clipper Cards	1) CPMC shall set up a master account for all employees with Clipper/Wage Works.

ITEM	REVISED AGREEMENT TERMS
	2) CPMC shall encourage all employees (new and existing) to enroll and purchase a Clipper Card as a part of its Transportation Demand Management plan. As part of normal TDM activities, CPMC shall promote the use of the subsidy by including TDM/subsidy information in new hire packets and orientation, reinstating the transportation services newsletter, providing TDM communication board in each campus cafeteria, enhancing the TDM page on our intranet, promoting at our annual Transportation Fairs at each campus, and undertaking additional outreach as necessary to drive up adoption and hit our SOV reduction goals. 3) CPMC shall share the cost of Clipper Card up to the value of a Fast Pass (currently \$64) equally between employer and employee. 4) CPMC shall make good faith efforts to include an "opt-out" provision for Clipper Cards in future labor contracts.
<i>Cathedral Hill Garage Opening Hours</i>	CPMC's Cathedral Hill Campus garages shall only be available to visitors, employees and staff of the Campus after 7 p.m.
<i>Streetscape/Pedestrian Safety:</i>	
Cathedral Hill Campus:	1) CPMC shall pay \$4.25 million to the City for pedestrian lighting and sidewalk widening in the Tenderloin. (Reduced from \$8 Million, and timing of payments adjusted in accordance with the Payment Schedule.) 2) CPMC shall pay \$200,000 to the City to fund a Tenderloin safe passage pilot grant through a local nonprofit organization. (Same as the Existing Draft DA, but the timing of payments adjusted in accordance with the Payment Schedule.) 3) CPMC shall pay \$3 million to the City for enforcement and traffic safety improvements around the CPMC Pacific and California Campuses. (Revised from the Existing Draft DA, with the timing of payments adjusted in accordance with the Payment Schedule.) 4) CPMC shall pay \$1.55 million to the City for transit and safety improvements in the neighborhoods around the Cathedral Hill campus.
St. Luke's Campus	CPMC shall cause to be constructed a specified list of streetscape and pedestrian safety

ITEM	REVISED AGREEMENT TERMS
	improvements, with an estimated value of \$3.3 million (Same as the Existing Draft DA.)
Davies Campus	CPMC shall cause to be constructed a specified list of streetscape and pedestrian safety improvements, with an estimated value of \$475,000 (Same as the Existing Draft DA.)



SAN FRANCISCO PLANNING DEPARTMENT

March 5, 2013

To: Clerk of the Board of Supervisors
City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102

From: Viktoriya Wise, Deputy Environmental Review Officer *V.W.*
Devyani Jain, Project Manager

Re: Planning Department CEQA Review of Revised California Pacific Medical Center (CPMC) Long Range Development Plan (LRDP) Project
Planning Department Case Nos. 2005.0555E; 2009.0886EMTZCBRKS;
2009.0885EMTZCBRKS; 2004.0603EC; 2012.0403W

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Attached for your review, please find the Memorandum providing the Board of Supervisors with information regarding the California Pacific Medical Center's (CPMC) proposed revisions to its Long Range Development Plan (LRDP) and the revisions' impact on the analysis contained in the Environmental Impact Report (EIR). The hearing is scheduled for Tuesday, March 12, 2013.

If you have questions, please contact Devyani Jain at (415) 575-9051 or Devyani.Jain@sfgov.org or Viktoriya Wise at (415) 575-9049 or Viktoriya.Wise@sfgov.org.



SAN FRANCISCO PLANNING DEPARTMENT

MEMORANDUM

PLANNING DEPARTMENT CEQA REVIEW OF REVISED CPMC LRDP PROJECT

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CA 94103-2479

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DATE: March 4, 2013

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Sarah Jones, Acting Environmental Review Officer –
(415) 575-9034

Devyani Jain, Senior Planner, Environmental Planning Division –
(415) 575-9051

RE: Planning Department Case Nos. 2005.0555E;
2009.0886EMTZCBRKS; 2009.0885EMTZCBRKS; 2004.0603EC;
2012.0403W

Revised – California Pacific Medical Center Long Range
Development Plan

PROJECT SPONSOR: California Pacific Medical Center ("CPMC")

The purpose of this memorandum is to provide the Board of Supervisors with information regarding the California Pacific Medical Center's (CPMC)'s proposed revisions to its Long Range Development Plan (LRDP) and the revisions' impact on the analysis contained in the Environmental Impact Report (EIR). As you know, CPMC proposes to amend its LRDP to reflect changes to the proposed hospitals at the Cathedral Hill Campus and St. Luke's Campus (the "Revised Project"). Generally, and as more fully described below, the hospital at the Cathedral Hill Campus would be reduced by three stories (39 feet) and 251 licensed beds, while the St. Luke's Campus hospital would be increased by two floors (43 feet) and 40 licensed beds. Other aspects of the LRDP, including, but not limited to, the medical office buildings at Cathedral Hill and St. Luke's Campuses, and the Neuroscience Institute at Davies Campus would remain unchanged.

This Memorandum addresses the adequacy of the EIR with respect to the Revised Project. As explained below, the EIR contains an adequate analysis of the Revised Project. The Revised Project would not introduce any new significant environmental impacts or mitigation measures, would not substantially increase the severity of an environmental impact previously identified, and would not introduce a new feasible project alternative or mitigation measure considerably different from others previously analyzed.

Section 1. Background

Environmental Review

CPMC applied for environmental review of the LRDP on June 10, 2005. Subsequently, additional components were added to the LRDP, and a revised Environmental Evaluation Application (EEA) was filed on December 8, 2008. The Notice of Preparation (NOP) was issued for a 30-day public review period on May 27, 2009. A public scoping meeting was held on June 9, 2009, to accept oral comments on the LRDP proposal.

The San Francisco Planning Department then prepared the Draft EIR, which describes the Previous Project and the environmental setting, analyzes potential impacts, identifies mitigation measures for impacts found to be significant or potentially significant, and evaluates alternatives to the Previous Project. The Draft EIR was published and circulated for review and comment beginning July 21, 2010. The public review period was 90 days, ending on October 19, 2010. The Planning Commission held a public hearing to solicit testimony on the Draft EIR on September 23, 2010.

The San Francisco Planning Department then prepared the Comments and Responses ("C&R") document. The C&R document was published on March 29, 2012. The C&R provided additional, updated project information, clarification and modifications on issues raised by commenters, as well as Planning Department staff-initiated text changes. The Final EIR includes the Draft EIR, the C&R document and errata, and all of the supporting information (including the appendices to the Draft EIR and C&R document).

On April 26, 2012, the Planning Commission by Motion No. 18588 certified the completion of the Final EIR for the Previous Project in compliance with CEQA, and the CEQA Guidelines and Chapter 31 of the Administrative Code.

Appeal and Planning Department Responses

On May 16, 2012, an appeal to the certification of the Final EIR for the CPMC LRDP was filed with the Clerk of the Board of Supervisors. The principal issues raised in the appeal and Planning Department's responses had been previously addressed in the Department's C&R document published on March 29, 2012, and were addressed in the Planning Department's memorandum to the Board of Supervisors dated July 9, 2012, and supplemental Planning Department staff testimony and responses, including responses at the July 17, 2012 appeal hearing.

The Planning Department has recommended rejection of the EIR appeal for reasons stated in its July 9, 2012, memorandum and additional responses, as described above. The appeal hearing has been continued to March 12, 2013.

1.1 REVISED PROJECT

During the pendency of the appeal, CPMC proposed to revise the Project. The Revised Project modifies the Previous Project in a manner similar, but not identical, to Alternative 3A analyzed in the EIR, the environmentally superior alternative. The Revised Project is described in Section 1.2 and Section 2 below.

The Previous Project was originally proposed, in part, to comply with the Alfred E. Alquist Hospital Facilities Seismic Safety Act of 1994, as amended, which requires all hospital facilities to meet new seismic standards and establishes a timeline for these improvements. These objectives have not changed for the Revised Project. The Revised Project would include substantially the same uses as the Previous Project, including a proposed new hospital at the Cathedral Hill Campus and a proposed replacement hospital at the St. Luke's Campus, and associated medical buildings and garages, as described in the EIR. Except for changes in certain building configuration (size and height of hospital buildings, bed count and number of parking spaces) at the Cathedral Hill and St. Luke's Campuses, no changes are proposed to the location of any of the buildings, other structures or facilities under the Revised Project, as compared to the Previous Project.

1.2 PROJECT REVISIONS

Cathedral Hill Campus

The principal changes are shown in Table 2-1 below for the proposed Cathedral Hill Campus and include the following reductions: three floors (2 within the hospital tower and 1 within the podium, decreasing the building from 15 to 12 total floors) or 39 feet (decreasing the total height from 265 to 226 feet); 174,560 gsf (decreasing the total hospital floor area from 1,163,790 to 989,230 gsf); and 251 beds (reducing the total from 555 to 304 beds) at the proposed hospital. The hospital's initial buildout would result in 274 available beds, with "shelled" space providing capacity for up to 30 additional beds in the future.

The Revised Project would reduce the originally proposed 265 foot tall, 15-story hospital tower by 39 feet or 3 stories, so that it would be a 226 foot tall, 12-story hospital tower under the Revised Project. The building footprint and general design of the hospital under the Revised Project would remain the same as proposed for the Previous Project.

The proposed 12-story (plus two basement level) hospital tower at the Cathedral Hill Campus under the Revised Project would be 226 feet in height (see Figures 1-3 through 1-9). This represents a reduction of 3 stories and approximately 39 feet of overall height. Because the site is sloped, the structure would vary in height relative to the side from which it is viewed. The proposed hospital's podium structure would range between four and five stories and range in height from 43 to 94 feet. Horizontal dimensions and the bulk of the project, both of the podium and tower, would remain within the development scope previously analyzed in the EIR. Under the Revised Project, the proposed Cathedral Hill Campus hospital's exterior design would consist primarily of metal and glass, with stone and concrete at lower levels, as analyzed for the Previous Project in the EIR.

Many of the inpatient services currently offered at the Pacific and California Campuses would be relocated to the proposed hospital at the Cathedral Hill Campus, under the Revised Project, as under the Previous Project. As originally proposed, inpatient hospital beds would be located primarily in the bed tower, and invasive services, circulation, public entry, cafeteria and support services would remain in the podium. Some modification of department types, sizes, and locations would occur within the overall envelope of the building.

**Table 2-1
Cathedral Hill Campus: Project Summary Table**

Category under the LRDP (numbers for building uses below depict square footage)	Construction	
	Previous Hospital	Revised Hospital
Residential	—	—
Hotel	—	—
Retail	3,100	2,540
Office	—	—
Medical Office	—	—
Light Industrial	—	—
Parking—Structured	244,900	133,380
Medical Center	—	—
Hospital Administration	12,100	39,240
Cafeteria	10,800	8,780
Education/Conference	14,690	39,460
Inpatient Care	388,100	199,570
Skilled Nursing Care	—	—
Outpatient Care	1,485	1,570
Diagnostic and Treatment	130,025	164,910
Emergency Department	19,900	24,530
Support	79,950	94,190
Research	—	—
Other	—	—
Lobby	9,200	17,290
Building Infrastructure	207,280	180,460
Central Plant	26,670	24,920
Mechanical and Electrical	—	45,370
Loading	15,590	13,020
Total sq. ft.	1,163,790	989,230
Dwelling Units	—	—
Residential Hotel Rooms	—	—
Hotel Rooms	—	—
Parking Spaces—Structured	513	276
Parking Spaces—Surface	—	—
Loading Spaces	6 + 14 vans	6 + 14 vans
Height of Buildings	265	226
Number of Stories	15	12
Stories Underground	2	2

Under the Revised Project, the proposed Cathedral Hill Hospital would continue to have three levels of at- or below-grade parking (the parking garage depth would range from 24-64 feet depending on the side of the site). The number of underground parking spaces would be reduced to reflect the smaller size of the proposed Cathedral Hill hospital under the Revised Project. The number of parking spaces within the hospital would be reduced by 237 spaces (decreasing the total from 513 to 276 parking spaces). The amount of underground garage space within the hospital (and therefore the number or depth of basement levels and amount of excavation) would not change; however, less space would be dedicated to parking, as some mechanical, storage, and support functions originally proposed for other levels would be relocated to the underground levels. The Project Sponsor is studying the best way to achieve the reduction of 237 spaces on the campus and may ultimately propose to remove some or all of this parking from the proposed MOB instead of/in addition to the hospital.

Ingress and egress points would remain as originally analyzed, as would "public realm" improvements surrounding the entire hospital block. The proposed hospital at the Cathedral Hill Campus footprint and site plan, and the pedestrian and vehicle access and circulation would remain the same. No other changes are included in the proposed Cathedral Hill Campus under the Revised Project, including for the Cathedral Hill MOB, Van Ness Avenue underground pedestrian tunnel (between the hospital and the MOB on the other side of Van Ness Avenue, at the lowest level (P3) or 1375 Sutter MOB).

St. Luke's Campus

The principal changes at the St. Luke's Campus are shown in Table 2-2 and include the following: an addition of two floors (increasing the total from 5 to 7 floors) or 43 feet (increasing the total height from 99 to 142 feet); 80,890 gsf of hospital space (increasing the total hospital floor area from the previously planned 154,800 to 235,690 gsf)¹; and 40 additional licensed acute care beds (increasing the total from 80 to 120 beds) at the proposed replacement hospital at the St. Luke's Campus. There would be no change to the parking spaces and floor area at the St. Luke's Campus as compared to the prior project. However, there would be an incremental increase in the number of vehicular trips due to the additional 75,841 gsf (and 40 more beds) of hospital development associated with the Revised Project. The increase in trip generation is discussed in Section 3.6, Transportation, of this document. Although the footprint of the St. Luke's hospital would not change, there would be approximately 9,000 additional cubic yards of excavation below grade (increasing the total excavation at the St. Luke's Campus from 61,400 to 70,400 cubic yards). There would be no change in the number of basement levels.

The proposed hospital at the St. Luke's Campus that was analyzed for the Previous Project in the EIR was a 5-story or 99-foot-tall, 154,800 total gsf building with 80 acute care beds. The total building height for the St. Luke's hospital tower under the Revised Project would be approximately 7 stories or 142 feet tall, which is an increase of 2 stories or 43 feet, compared to the 99-foot-tall hospital tower under the Previous Project. The Revised Project's proposed 120-bed hospital at the St. Luke's Campus would otherwise maintain the same above-grade footprint, bulk, and overall design characteristics as those in the Previous Project.

¹ 5,049 gsf of this increase would be attributable to the construction of the connector area between the hospital and MOB as part of the hospital, rather than the MOB. The connector area would have been constructed as part of the MOB/Expansion Building under the Previous Project. Therefore, the Revised Project would result in an increase of 75,841 gross square feet at the St. Luke's Campus overall compared to the Previous Project.

Table 2-2
St. Luke's Campus: Project Summary Table

Category under the LRDP (numbers for building uses below depict square footage)	Construction			
	Previous Replacement Hospital	Revised Replacement Hospital	Previous MOB/Expansion Building	Revised MOB/Expansion Building
Residential	—	—	—	—
Hotel	—	—	—	—
Retail	—	—	2,600	2,600
Office	—	—	—	—
Medical Office	—	—	31,820	31,820
Light Industrial	—	—	—	—
Parking—Structured	—	—	111,000	111,000
Hospital Administration	3,200	3,200	2,080	2,080
Cafeteria	1,800	1,970	1,560	1,560
Education/Conference	1,000	1,920	1,560	1,560
Inpatient Care	65,200	87,860	—	—
Skilled Nursing Care	—	—	—	—
Outpatient Care	—	—	8,680	8,680
Diagnostic and Treatment	18,700	43,910	22,460	22,460
Emergency Department	11,500	13,940	—	—
Support	15,900	26,570	3,640	3,640
Research	—	—	—	—
Other	—	—	—	—
Lobby	6,300	5,400	520	520
Building Infrastructure	19,800	35,180	15,130	10,081 ²
Central Plant	2,900	7,660	—	—
Mechanical and Electrical Floors	—	—	—	—
Loading	8,500	8,080	—	—
Total sq. ft.	154,800	235,690	201,050	196,001
Dwelling Units	—	—	—	—
Hotel Rooms	—	—	—	—
Parking Spaces—Structured	—	—	220	220
Parking Spaces—Surface	—	—	—	—
Loading Spaces	—	—	—	—
Number of Buildings	—	—	1	1
Height of Buildings	99	142	100	100
Number of Stories	5	7	5	5
Stories Underground	—	—	4	4

²Connector area of 5,049 gsf moved from MOB to Hospital.

Under the Revised Project, the proposed St. Luke's hospital's podium structure would range in height from approximately 47 to 60 feet, representing an approximately 7 foot increase in its mechanical screen height, compared to the same under the Previous Project (which was 34 to 51 feet tall). Under the Revised Project, the above-grade horizontal dimensions and the bulk of the St. Luke's hospital (both of the podium and tower) and the hospital building footprint at grade would otherwise remain similar to those analyzed in the EIR for the Previous Project.

The additional two new floors under the Revised Project would visually resemble the lower, previously proposed floors. The exterior design and architectural treatment of the two new floors would be similar to the design of the floors below and the same building façade materials would be used. Under the Revised Project, the St. Luke's Campus hospital's exterior design would consist primarily of concrete, metal and glass, similar to the St. Luke's Campus hospital design analyzed in the EIR for the Previous Project. Figures 1-30 through 1-32 includes elevations from each side of the campus. Please see Figures 1-39 through 1-41 for a comparison of the North, South, East, and West Elevations of the hospital under the Previous Project to the Revised Project.

The St. Luke's hospital tower under the Revised Project would be about 235,690gsf in size and have a total of 120 acute care beds. This represents an addition of about 75,841 gsf of additional hospital tower space and an additional 40 licensed acute care beds that would be accommodated on the two additional floors (see Figures 1-33 thru 1-34). Inpatient beds within the hospital would still be located primarily in the bed tower, and invasive services, Emergency Department, circulation, public entry, cafeteria and support services would remain in the podium. However, some modification of department types, sizes, and locations will occur within the overall envelope of the building.

In order to accommodate needed hospital podium space on the constrained site, up to approximately 5,500 square feet of below grade space would be added to the hospital, in the area directly beneath the emergency ambulance bays and extending along 27th Street to the south (see Figure 1-28). This excavated area would not change the above ground site plan from the Previous Project. The additional excavated area totals approximately 9,000 cubic yards beyond the 61,400 cubic yards estimated for the hospital and MOB under the Previous Project.

The project construction phasing would also change slightly under the Revised Project, so that the 5,049 square foot development serving as a building connector between the hospital and MOB/Expansion Building would be built as part of the initial hospital phase at the St. Luke's Campus, versus the later MOB/Expansion Building phase under the Previous Project (see Figure 1-28). Under the Revised Project, the connector would need to be built concurrently with the hospital to allow expanded hospital programs to occupy the connector space. In addition, as a result of programming changes for the St. Luke's hospital, the plaza originally proposed to be built in a separate phase from the replacement hospital under the Previous Project, would be built in the same phase as the hospital under the Revised Project. Table 2-2 below therefore reflects both the increase in square footage/floor area and the transfer of the plaza and connector components of the St. Luke's Campus from the later MOB development phase (under the Previous Project) to the earlier replacement hospital development phase (under the Revised Project).

Other than the fact that the connector between the hospital and MOB would be constructed earlier than previously proposed, the site plan, and pedestrian and vehicle access and circulation for St. Luke's Campus under the Revised Project would remain the same as with the Previous Project.

Parking and Site access/circulation under the Revised Project at the St. Luke's Campus would remain the same as under the Previous Project. Ingress and egress points would remain as originally analyzed, as would "public realm" improvements surrounding the entire hospital block.

No changes are proposed for the new MOB/Expansion Building, 1912 Building, Monteagle Medical Center, or Hartzell Building under the Revised Project. No other changes are proposed at the St. Luke's Campus under the Revised Project.

Davies, Pacific and California Campuses

No changes from the Previous Project are proposed for any other CPMC Campus or component of the Previous Project. Other than the timing of project phasing, no changes are proposed at the Davies, Pacific or California Campuses relative to the Previous Project. A Revised Project Schedule is included in this memorandum as Table 2-7.

Section 2.

Revised Project Description

2.1 SUMMARY OF THE REVISED PROJECT

A description of the Revised Project's components that are being modified from the Previous Project and how they compare to the Previous Project and Alternative 3A (at Cathedral Hill and St. Luke's Campuses) follows.

Tables 2-3 through 2-6 below provide a comparison of development at the Cathedral Hill and St. Luke's Campuses under the Revised Project to the Previous Project and Alternative 3A.

2.2 COMPARISON OF PREVIOUS PROJECT, REVISED PROJECT, AND ALTERNATIVE 3A

Development proposed under the Revised Project is similar to that proposed under the EIR's Alternative 3A at the Cathedral Hill and St. Luke's Campuses, except for the following:

- The proposed hospital at the Cathedral Hill Campus under the Revised Project would be taller (96 feet or 3 stories taller) and have greater floor area (by about 166,437 gsf), but would have 96 fewer beds and a greater overall parking reduction (15 fewer parking spaces) compared to Alternative 3A. The Cathedral Hill Hospital under the Revised Project has been organized differently than the hospital proposed under Alternative 3A. The design of Cathedral Hill Hospital under Alternative 3A was preliminary with respect to hospital programming and was designed to achieve a 'code-complying' height. Therefore the Alternative 3A hospital design resulted in a uniform, box-like, 130-foot tall structure. Under the Revised Project, the design for the Cathedral Hill hospital is a reduced version of the podium and tower hospital design proposed under the Previous Project.
- The first phase hospital at the St. Luke's Campus would be taller (26 feet or 1 story taller) under the Revised Project than under Alternative 3A. Unlike Alternative 3A, which would subsequently construct a second phase Women's and Children's hospital building (289,900 gsf, 116 feet or 6 stories tall) at the site of the existing St. Luke's hospital tower and demolish the Duncan Street parking garage to construct a larger MOB, the Revised Project (similar to the Previous Project) would not include a second phase hospital

building and instead would include construction of the MOB/Expansion Building at the site of the existing hospital tower and retain the Duncan Street parking garage, resulting in 120 fewer beds and smaller total development of floor area (220,157 gsf smaller development) at full buildout of the St. Luke's Campus than under Alternative 3A.

Table 2-3 and Table 2-4 below provide a comparison of the Previous Project, Revised Project, and Alternative 3A at the Cathedral Hill Campus and St. Luke's Campus. Table 2-5, Site Usage Comparison, provides a comparison of project site usage under the Previous Project and the Revised Project, and Table 2-6, Parking Comparison, provides a comparison of parking spaces provided under the Previous Project, Revised Project, and Alternative 3A at the Cathedral Hill Campus and St. Luke's Campus.

Table 2-3: Comparison of the Previous Project, Alternative 3A, and the Revised Project – Cathedral Hill Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
Hospital at the Cathedral Hill Campus	The proposed hospital at the Cathedral Hill Campus would be 1,163,798 gsf and contain 555 licensed acute care beds. The proposed hospital would reach 15 stories and 265 feet in height. The exterior design would consist primarily of metal and glass, with stone and concrete.	Under Alternative 3A, the proposed hospital at the Cathedral Hill Campus would be 166,437 gsf smaller in size than under the Revised Project and 340,997 gsf less than the Previous Project and would include 96 more beds than the Revised Project. The hospital would also be 96 feet and three stories shorter than under the Revised Project.	While all other features would remain the same as the Previous Project, the Revised Project would eliminate approximately 174,560 gsf with a reduction of three total stories (two in the tower, one in the podium). The Revised Project hospital would be 39 feet shorter than the Previous Project and include 251 fewer licensed beds for a total of 304 beds. The hospital footprint would remain the same, and no changes are proposed to the exterior design, except for the reduction of 3 stories.
Cathedral Hill MOB	The proposed Cathedral Hill MOB would be 496,278 gsf and include 542 structured parking spaces in a 9-story, 130-foot-tall building.	Same as Revised Project.	Same as Previous Project.

Table 2-3: Comparison of the Previous Project, Alternative 3A, and the Revised Project – Cathedral Hill Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
Parking Garages	The Cathedral Hill MOB would contain 542 structured parking spaces.	Same as Revised Project.	No changes to Cathedral Hill MOB parking garage (542 spaces). ³
	The proposed hospital at the Cathedral Hill Campus would contain 513 structured parking spaces.	Under Alternative 3A, 15 more parking spaces would be provided at the proposed hospital at the Cathedral Hill Campus than under the Revised Project (291 total spaces under Alternative 3A).	Underground area and excavation for hospital at the Cathedral Hill Campus would remain the same, but number of parking spaces would be reduced by 237 spaces to 276 spaces. The remainder of spaces would be dedicated to other uses such as mechanical, storage, and support functions.
Vehicular Access	The proposed hospital at the Cathedral Hill Campus vehicular access would be available along Post Street (from the west) and Geary Boulevard (from the east). Loading and emergency access would be accessible from Franklin Street (from the south). The proposed Cathedral Hill MOB vehicular/loading access would be available along Cedar Street (from the west) and Geary Street (from the east).	Same as Revised Project.	Same as Previous Project.
Pedestrian Access	Pedestrian access at the proposed hospital at the Cathedral Hill Campus would be from the main entrance on Van Ness Avenue. Secondary pedestrian access would be from Post Street. Pedestrian access at the	Same as Revised Project.	Same as Previous Project.

³ Project sponsor may elect, however to achieve campus parking reduction by removal of MOB parking spaces.

Table 2-3: Comparison of the Previous Project, Alternative 3A, and the Revised Project – Cathedral Hill Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
	proposed Cathedral Hill MOB would be from the main entrance on Van Ness Avenue. Secondary pedestrian access would be from Post Street.		

Table 2-4 Comparison of the Previous Project, Alternative 3A, and the Revised Project – St. Luke's Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
Hospital at the St. Luke's Campus	The proposed replacement hospital at the St. Luke's Campus would contain 154,800 gsf and 80 licensed acute care beds. The hospital would be 5 stories and 99 feet in height. The proposed hospital would also include an excavation of approximately 61,400 cubic yards.	The first phase hospital at the St. Luke's Campus under Alternative 3A would be 77,790 gsf smaller than under the Revised Project. Under Alternative 3A, the first phase of the hospital would also be 27 feet and one story shorter in height, and include 40 fewer beds than under the Revised Project. The second phase Women's and Children's Hospital at the St. Luke's Campus under Alternative 3A, which would not be constructed under the Revised Project, would include an additional 289,900 gsf and 160 beds (for a total of 120 more beds at the St. Luke's Campus under Alternative 3A than under the Revised Project), and would be 6 stories and 116 feet in height.	While all other above ground features would remain the same as the Previous Project, the Revised Project would add 75,841 gsf in the patient tower, accommodated on two additional floors. In addition, the 5,049 connector area between the new hospital and MOB would now be constructed as part of the hospital, rather than the MOB, for a total of 235,690 gsf within the hospital. The Revised Project hospital would be 43 feet taller than the Previous Project and include 40 additional licensed acute care beds, for a total of 120 beds. The new floors would be architecturally and visually consistent with the proposed stories analyzed under the Previous Project. Hospital's footprint at grade would remain the same, but additional 9,000 cubic yards of excavation below grade are proposed.

Table 2-4 Comparison of the Previous Project, Alternative 3A, and the Revised Project – St. Luke's Campus			
Project Component	Previous Project	Alternative 3A	Revised Project
MOB/Expansion Building	The MOB/Expansion Building would contain 201,050 gsf with a height of 100 feet and 5 stories. It would also include 220 underground parking spaces.	Under Alternative 3A, the MOB/Expansion Building would be part of the first phase and would not be constructed at the site of existing St. Luke's hospital tower. Instead, the Duncan Street Parking Garage would be demolished and a larger, 427,653 gsf medical office building with additional parking (for a total of 267 more parking spaces at the St. Luke's Campus than under the Revised Project) would be constructed in its place. The height and number of stories of the medical office building under Alternative 3A would be the same as the MOB/Expansion Building under the Revised Project, but the building footprint would be larger and there would be three additional underground parking levels.	Same as the Previous Project, except for reduction in size to 196,001 gsf due to construction of 5,049-gsf connector area as part of the hospital instead of the MOB.
Parking Garage	The MOB/Expansion Building would include 220 structured parking spaces. The existing Duncan Street Parking Garage would be retained.	Duncan Street parking garage would be demolished and larger MOB would provide more parking spaces than MOB/Expansion Building under Revised Project, for a total of 267 more spaces at the St. Luke's Campus than under the Revised Project.	Same as the Previous Project.
Vehicular Access	Vehicular access to the St. Luke's Campus would be provided from Cesar Chavez Street and Valencia Street to the MOB/Expansion Building. Existing vehicular access from San Jose Avenue to the Duncan Street Parking Garage would be retained. Emergency vehicle access would be	Vehicular access to the St. Luke's Campus would be provided from Cesar Chavez Street and Valencia Street to the Women's and Children's Hospital. Vehicular access to the new MOB Parking Garage would be obtained from San Jose Avenue. Vehicular access to the loading dock would be	Same as the Previous Project.

Table 2-4
Comparison of the Previous Project, Alternative 3A, and the Revised Project – St. Luke's Campus

Project Component	Previous Project	Alternative 3A	Revised Project
	obtained from 27th Street. Vehicular access to the loading dock would be obtained from Cesar Chavez Street.	obtained from 27th Street and San Jose Avenue. Emergency vehicle access to the hospital at the St. Luke's Campus would be obtained from Cesar Chavez Street.	
Pedestrian Access	Pedestrian access under the Previous Project would be available from Cesar Chavez Street, San Jose Avenue, Duncan Street, and Valencia Street, but the existing stairs leading up to the 1912 Building from Valencia Street would not be in use.	Same as the Revised Project.	Same as the Previous Project.

Table 2-5
Site Usage Comparison

	Hospital at the Cathedral Hill Campus			Hospital at the St. Luke's Campus		
	<i>Previous Project</i>	<i>Alternative 3A</i>	<i>Revised Project</i>	<i>Previous Project</i>	<i>Alternative 3A²</i>	<i>Revised Project</i>
Total Beds ¹	555	400	304	80	240	120
Approximate GSF	1,163,790	822,793	989,230	154,800	447,800	235,690
Building Height (feet)	265	130	226	99	115 and 116	142
Building Height (stories)	15	9	12	5	6	7
+/- from Beds	(251 beds)	(96 beds)	-	+40 beds	(120 beds)	-
+/- from GSF	(174,560 gsf)	+166,437 gsf	-	+80,890 gsf	(212,110 gsf)	-
+/- from Building height	(39 feet)	+96 feet	-	+43 feet	+26 to 27 feet	-
+/- from Building stories	(3 stories)	+3 story	-	+2 stories	+1 story	-

Source: CPMC, AECOM, 2013.

Note: Numbers in parentheses represent negative values.

¹Total buildout of CPMC LRDP under the Revised Project would have 692 beds, compared to 903 beds under the Previous Project.

² 75,841 additional gsf would be added to the hospital at the St. Luke's Campus. The remaining 5,049 gsf is attributable to the connector area that would have been constructed as part of the MOB under the Previous Project, but would be constructed during the same phase as the hospital under the Revised Project.

Table 2-6: Parking Comparison

	Previous Project	Alternative 3A	Revised Project
Cathedral Hill Hospital Parking Garage	513	291	276
Cathedral Hill MOB Parking Garage	542	542	542
1375 Sutter Street Conversion	172	172	172
Cathedral Hill Campus Total	1,227	1,005	990
St. Luke's MOB Parking Garage	220	702	220
Duncan Street Garage	215	-	215
Off-street Surface Parking	15	-	15
St. Luke's Campus Total	450	702	450

Source: CPMC, AECOM, 2013.

	2022	2023	2024	2025
Cathedral Hill Campus (All Project-Level)				
Cathedral Hill Hospital (New-304 bed)				
Tunnel Under Van Ness (New)				
Cathedral Hill Medical Office Building (New)				
1375 Sutter Street-Medical Office Building-Conversion/Reno				
Pacific Campus (All Program-Level)				
2018 Webster Street - Conversion/Renovation				
2333 Buchanan St. - Ambulatory Care Center (ACC)-Conversi				
Webster St./Sacramento St. Underground Parking (New)				
North of Clay Parking Garage (New)				
ACC Addition (New)				
California Campus				
No New construction or demolition. Campus to be sold with leased back by CPMC to 2020				
Davies Campus (Project/Program-Level)				
Neuroscience Institute (New)/(Project Level)				
Castro St./14th St. Medical Office Building (New) (Program L				
St. Luke's Campus (All Project-Level)				
Replacement Hospital (New 120 bed)				
1957 Building Renovation				
1970 Tower Demolition				
MOB/Expansion Building (New)				
 New Construction				
 Renovation				
 Demolition				

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Section 3. Analysis

3.1 SUMMARY OF ENVIRONMENTAL ANALYSIS

As explained below, the Revised Project would have similar or reduced impacts in comparison to the Previous Project, and the level of impacts resulting from development at the Cathedral Hill and St. Luke's Campuses under the Revised Project would fall within the range of impacts of the Previous Project and those of Alternative 3A, as analyzed in the EIR. Previously identified significant and unavoidable impacts identified for the Previous Project would continue to be significant and unavoidable impacts under the Revised Project, although some of these impacts would be somewhat reduced under the Revised Project.

3.2 LAND USE AND PLANNING (DRAFT EIR SECTION 4.1)

Cathedral Hill Campus

Although the Revised Project would entail less construction of new medical space than the Previous Project, the proposed Cathedral Hill Campus would occupy the same footprint. CPMC would undertake the same demolition as under the Previous Project, creating a new campus composed of three buildings along both sides of Van Ness Avenue (including the 1375 Sutter Street site) and constructing the Van Ness Avenue pedestrian tunnel. Land use impacts related to the Cathedral Hill MOB would be identical to those under the Previous Project (see DEIR Section 4.1.5, "Impact Evaluations," beginning on page 4.1-37 in Section 4.1, "Land Use and Planning"), and therefore are not discussed further.

The primary difference between the Revised Project and the Previous Project is that the proposed hospital at the Cathedral Hill Campus would be smaller (by approximately 174,560 gsf) and shorter (by 39 feet). The proposed hospital at the Cathedral Hill Campus under the Revised Project, however, would be 46 feet taller than the existing 180-foot-tall (including mechanical penthouse) 1255 Post Street Office Building and 106 feet taller than the existing 120-foot-tall (including mechanical penthouse) Cathedral Hill Hotel that occupies the site.

3.2.1 *The Revised Project at the Cathedral Hill Campus would not physically divide an established community (Less than Significant).* For the same reasons as under the Previous Project, and because the proposed Cathedral Hill Campus development would be smaller than under the Previous Project, the Revised Project would not physically divide an established community, and this impact would be less-than-significant.

3.2.2 *The Revised Project at the Cathedral Hill Campus would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (Less than Significant).* The height of the proposed hospital at the Cathedral Hill Campus would be reduced to 226 feet under the Revised Project, compared to 265 feet under the Previous Project. The smaller hospital would, like the Previous Project, not meet current 130-V Height and Bulk District height and bulk requirements; therefore, the hospital at the Cathedral Hill Campus proposed under the Revised Project would require Planning Code text and map amendments and conditional use (CU) authorization. And like the Previous Project, a height amendment under the *Van Ness Avenue Area Plan*

would be required. However, unlike under the Previous Project, the Revised Project would not exceed 240 feet in height; therefore, no changes to General Plan Urban Design Element Map 4 to increase the existing 240-foot height limit would be required. Unlike the Previous Project, the reduced size of the Revised Project would not require an increase in the existing allowable FAR of 7:1 in the Van Ness Special Use District.

All other approvals associated with the Previous Project (discussed on DEIR page 4.1-47 in Section 4.1, "Land Use and Planning") likely would still be required under the Revised Project, although potentially with some modifications. These project approvals would be included in the Revised Project; therefore, if approved by decision-makers, it would not conflict with any applicable land use plan, policy, or regulation. This impact at the proposed Cathedral Hill Campus under the Revised Project would be less-than-significant and less than under the Previous Project, because of the height reduction.

- 3.2.3 *The Revised Project at the Cathedral Hill Campus would not have a substantial impact on the existing character of the vicinity (Less than Significant).* Under the Revised Project, CPMC would construct less floor area for medical uses at the Cathedral Hill Campus than under the Previous Project, although on-site medical uses would still be greater than under existing conditions. Constructing the proposed hospital at the Cathedral Hill Campus would still introduce a new medical use to the area; however, as under the Previous Project, demolishing a vacant hotel and one vacant office building would not likely have a substantial effect on the existing character of the vicinity. As under the Previous Project, streetscape improvements would be added around the proposed Cathedral Hill Campus to activate the street level and for pedestrian interest, as well as provide a buffer between pedestrians and traffic lanes.

As discussed on DEIR page 4.1-57 in Section 4.1, "Land Use and Planning," large-scale, high-rise buildings of up to 25 stories exist in the area surrounding the proposed campus, and the existing General Plan designation would allow a development of up to 240 feet at the hospital site. The EIR concluded that development at the Cathedral Hill Campus under the Previous Project would have a less-than-significant impact on the existing character of the vicinity. Although the heights on the proposed Cathedral Hill Campus site would increase relative to existing conditions under the Revised Project, the reduced-height hospital building would have a less-than-significant impact on the character within the vicinity, and the impact would be less than under the Previous Project.

- 3.2.4 *Summary of Land Use Impacts at the Cathedral Hill Campus.* As under the Previous Project, no mitigation measures are required at the proposed Cathedral Hill Campus under the Revised Project. Project-level and cumulative impacts on land use; land use plans, policies, or regulations; and the existing character of the vicinity would be less-than-significant, and less than under the Previous Project.

St. Luke's Campus

The Revised Project would add 40 acute care beds and two additional floors totaling about 75,841 gsf to the hospital at the St. Luke's Campus, as compared to the Previous Project. No new buildings and no additional demolition of existing buildings are proposed than would have occurred under the Previous Project.

- 3.2.5 *The Revised Project at the St. Luke's Campus would not physically divide an established community (Less than Significant).* The EIR concluded that neither the Previous Project nor Alternative 3A would physically divide or disrupt an established community; therefore, this impact would be less than significant under both the Previous Project and Alternative 3A. The Revised Project would involve more development at the St. Luke's Campus than under the Previous Project, but less than under Alternative 3A. Therefore, this impact, as with the Previous Project and Alternative 3A, would be less-than-significant.
- 3.2.6 *The Revised Project at the St. Luke's Campus would not conflict with any applicable land use plan, policy, or regulation of an agency with jurisdiction over the project (Less than Significant).* The hospital and MOB/Expansion Building would be at the same sites within the St. Luke's Campus as under the Previous Project. The increase in height of the hospital would require the same approvals as the Previous Project, although somewhat modified. Therefore, if approved by decision-makers, the Revised Project would not conflict with any applicable land use plan, policy or regulation. This impact would continue to be less-than-significant, as under the Previous Project.
- 3.2.7 *The Revised Project at the St. Luke's Campus would not have a substantial impact on the existing character of the vicinity (Less than Significant).* The EIR concluded that neither the Previous Project nor Alternative 3A would have a substantial impact on the existing character of the vicinity at the St. Luke's Campus therefore; this impact would be less than significant. The addition of the 40 additional licensed acute-care beds over the 80 beds proposed with the Previous Project would not be as substantial as under Alternative 3A, which would add 120 more beds at the St. Luke's Campus than the Revised Project.

As with the Previous Project and Alternative 3A, Cesar Chavez Street would buffer surrounding uses from the Campus and minimize any incremental changes to the intensity of use of the Campus from existing conditions. As with the Previous Project, the Revised Project would include landscape and streetscape compatible with the City's proposed improvements along Cesar Chavez Street. Further, the maximum building height on the St. Luke's Campus under the Revised Project would be less than under existing conditions, because the 158-foot tall (plus 11-foot mechanical penthouse) St. Luke's Hospital tower would be demolished (as under the Previous Project) and replaced by a hospital with a height of 142 feet.

The Revised Project would not introduce new types of uses. Medical uses would continue to be provided as they are at the existing Campus, and the Revised Project, like the Previous Project and Alternative 3A, would not alter surrounding uses. Therefore, the impact of the Revised Project on the existing character of the vicinity would be less-than-significant.

- 3.2.8 *Summary of Land Use Impacts at the St. Luke's Campus.* As under the Previous Project and Alternative 3A, no mitigation measures are required for the Revised Project. Project-level and cumulative impacts on land use; land use plans, policies or regulations; and the existing character of the vicinity would be less-than-significant.

3.3 AESTHETICS (DRAFT EIR SECTION 4.2)

Cathedral Hill Campus

- 3.3.1 *The Revised Project at the Cathedral Hill Campus would not have a substantial effect on a scenic highway or scenic vista (Less than significant).* The proposed hospital at the Cathedral Hill Campus under the Revised Project is not anticipated to alter scenic views, similar to the conclusion in the EIR for the Previous Project. The hospital constructed under the Revised Project would be lower than under the Previous Project and is not anticipated to result in any blockage of important visual landscape elements that are currently seen in long-range vistas of the Cathedral Hill area. Therefore, the Revised Project would have a less-than-significant impact on scenic vistas; the impact would be less than under the Previous Project because of the reduced height of the hospital at the Cathedral Hill Campus building under the Revised Project.
- 3.3.2 *The Revised Project at the Cathedral Hill Campus would not substantially damage scenic resources (Less than significant).* Existing trees and landscaping located on the Cathedral Hill Campus would be removed for the construction of the proposed hospital, Cathedral Hill MOB, and Van Ness Avenue pedestrian tunnel under the Revised Project, as would occur under the Previous Project. However, as under the Previous Project, a landscaping plan would be prepared to provide for the preservation, removal, and/or replacement of trees throughout the proposed Cathedral Hill Campus. Development proposed under the Revised Project would not substantially damage scenic resources and would have a less-than-significant impact on scenic resources. This impact would be similar to the Previous Project, because development would occur within the same footprint at the proposed Cathedral Hill Campus as under the Revised Project.
- 3.3.3 *The Revised Project at the Cathedral Hill Campus would not substantially degrade the existing visual character or quality of the site and surroundings (Less than significant).* As under the Previous Project, the hospital's height and massing under the Revised Project would be within a similar range to the height and massing of existing development, and would be visually consistent with existing surrounding buildings, and therefore, would not degrade the existing visual character or quality of the area. The proposed hospital at the Cathedral Hill Campus under the Revised Project would be two stories shorter (39 feet) than the hospital proposed under the Previous Project. The Revised Project would have a less than significant impact to the visual character of the area; this impact would be less than under the Previous Project.
- 3.3.4 *The Revised Project at the Cathedral Hill Campus would not create a new source of light or glare that would adversely affect day or nighttime views in the area or that would substantially affect other people or properties (Less than significant).* The existing buildings at the proposed hospital site at the Cathedral Hill Campus generate a high level of light. New security and building-entrance lighting would be required for the proposed Cathedral Hill Campus under the Revised Project, as under the Previous Project. The lighting for the new facilities associated with the Revised Project, as under the Previous Project, would not result in a substantial increase in the ambient lighting of the campus area. Therefore, as under the

Previous Project, this impact would be less than significant under the Revised Project.

- 3.3.5 *Summary of Aesthetic Impacts at the Cathedral Hill Campus.* As under the Previous Project, no mitigation measures would be required under the Revised Project, and the Revised Project would not result in substantial degradation of the visual character or quality of the site. Project-level and cumulative impacts on scenic resources, visual character or quality, and light and glare would be less than significant and less than under the Previous Project (although greater than under Alternative 3A) because of the reduced development program at this campus under the Revised Project.

Because no changes are proposed for the Cathedral Hill MOB, the Revised Project impacts would be identical for the MOB as the Previous Project.

St. Luke's Campus

No changes from what was analyzed in the Previous Project are proposed for the new MOB/Expansion Building or the existing 1912 Building, Monteaagle Medical Center, Duncan Street Parking Garage, or Hartzell Building.

The overall development after buildout of the St. Luke's Campus (approximately 681,576 sq. ft.) under the Revised Project would be 75,841 sq. ft. greater than buildout under the Previous Project (605,735 sq. ft.). Therefore, the overall development of the St. Luke's Campus under the Revised Project would be larger than under existing conditions, and the hospital at the St. Luke's Campus would be larger than under the Previous Project, but smaller than Alternative 3A, which was previously analyzed in the EIR.

- 3.3.6 *The Revised Project at the St. Luke's Campus would not have a substantial effect on a scenic highway or scenic vista (Less than significant).* The 142-foot-tall hospital at the St. Luke's Campus under the Revised Project would be 43 feet taller than the 99-foot-tall hospital proposed under the Previous Project, but would be constructed on the same site with the same general layout. The 142-foot-tall hospital at the St. Luke's Campus under the Revised Project would however be 15 feet shorter than the existing hospital tower currently at St. Luke's Campus, which is 158-foot-tall (not including 11-foot-tall mechanical penthouse) (see Figure 4.2-28 in the EIR). The 43-foot height difference between the height of the hospital at the St. Luke's Campus under the Revised Project and the Previous Project would be noticeable. However, given that the proposed hospital under the Revised Project would be 15 feet shorter than the hospital currently on campus, the additional proposed height for the replacement hospital under the Revised Project would not be a substantial adverse change on the campus, compared to existing conditions. It is not anticipated to be substantially noticeable from surrounding areas, with a minimal difference in the visual effects, compared to existing conditions. Therefore, impacts related to visual effects would be less than significant. Although the 142-foot-tall hospital at the St. Luke's Campus under the Revised Project would be 27 feet taller than the 115-foot-tall hospital proposed under Alternative 3A, the overall building footprint, building bulk and density of development with respect to floor area at the St. Luke's Campus under the Revised Project would be smaller than under Alternative 3A. The impact on scenic vistas/views with development at St.

Luke's Campus under Alternative 3A were determined to be less than significant. As under the Previous Project and Alternative 3A, the hospital at the St. Luke's Campus under the Revised Project would not block any unique views. The impact on scenic vistas/views with development at St. Luke's Campus under the Revised Project would be less than significant, but greater than under the Previous Project and similar to impacts under Alternative 3A (under which more development at St. Luke's Campus would occur at full buildout than under the Revised Project).

3.3.7 *The Revised Project at the St. Luke's Campus would not substantially damage scenic resources (Less than significant).* The EIR concluded that this impact would be less than significant under the Previous Project. Because the amount of demolition and site work under the Revised Project would be identical to the Previous Project, this impact would be the same as the impact under the Previous Project. The development under the Revised Project would not substantially damage scenic resources and would have a less-than-significant impact on scenic resources. As under the Previous Project, implementation of Improvement Measure I-BI-N2 (see Draft EIR page 4.13-27) related to protection of the landmark fig tree located near the 1957 Building would be required under the Revised Project.

3.3.8 *The Revised Project at the St. Luke's Campus would not substantially degrade the existing visual character or quality of the site and surroundings (Less than significant).* The 142-foot-tall hospital at the St. Luke's Campus under the Revised Project would be 43 feet taller than the 99-foot-tall hospital proposed under the Previous Project, but would be constructed on the same site with the same general layout. In addition, there would be a 27-foot height difference between the height of the hospital at the St. Luke's Campus under the Revised Project (142 feet) and under Alternative 3A (115 feet). The 142-foot-tall hospital at the St. Luke's Campus under the Revised Project would however be 15 feet shorter than the existing hospital tower currently at St. Luke's Campus, which is 158-foot-tall (not including 11-foot-tall mechanical penthouse) (see Figure 4.2-28 in the EIR). The 43-foot height difference between the height of the hospital at the St. Luke's Campus under the Revised Project and the Previous Project would be noticeable. The smaller 27-foot height difference between the height of the hospital at the St. Luke's Campus under the Revised Project and Alternative 3A would also be noticeable. However, given that the proposed 142-foot-tall hospital under the Revised Project would be 15 feet shorter than the 158-foot-tall hospital currently on campus, the additional proposed height for the replacement hospital under the Revised Project would not be a substantial adverse change on the campus, compared to existing conditions. It is not anticipated to be substantially noticeable from surrounding areas, with a minimal difference in the visual effects, compared to existing conditions. Therefore, impacts related to visual effects would be less than significant.

Although the 142-foot-tall hospital at the St. Luke's Campus under the Revised Project would be 27 feet taller than the 115-foot-tall hospital proposed under Alternative 3A, the overall building footprint, building bulk and density of development with respect to floor area at the St. Luke's Campus under the Revised Project would be smaller than under Alternative 3A. At full buildout Alternative 3A development at St. Luke's would be greater than under the Revised Project. As under the Previous Project and Alternative 3A, the Revised Project at the St. Luke's Campus

would not substantially degrade the existing visual character or quality of the campus and surrounding setting. This impact would be less than significant, but greater than under the Previous Project and less than under Alternative 3A (under which more development at St. Luke's Campus would occur at full buildout than under the Revised Project).

3.3.9 *The Revised Project at the St. Luke's Campus would not create a new source of light or glare that would adversely affect day or nighttime views in the area or that would substantially affect other people or properties (Less than significant).* A high level of lighting is generated by the existing buildings on the St. Luke's Campus. The lighting associated with new facilities would be slightly greater under the Revised Project than under the Previous Project due to the two additional stories at the Replacement Hospital, but less than under Alternative 3A, and would not result in a substantial increase in the ambient lighting of the campus area. Therefore, as under the Previous Project and Alternative 3A, this impact would be less than significant under the Revised Project.

3.3.10 *Summary of Aesthetic Impacts at the St. Luke's Campus.* As under the Previous Project, implementing the Revised Project would not substantially degrade scenic vistas, scenic resources, visual character or quality, and light and glare of the St. Luke's Campus. Project-level and cumulative impacts at the St. Luke's Campus under the Revised Project related to scenic resources, visual character or quality, and light and glare would be less than significant, although greater than under the Previous Project (but less than under Alternative 3A), because of the increased size of the hospital at the campus.

3.4 POPULATION EMPLOYMENT AND HOUSING (DRAFT EIR SECTION 4.3)

3.4.1 *The Revised Project would not induce substantial population growth in an area, either directly or indirectly (Less than significant).* The EIR concluded that the impact of development at the Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to population growth under the Previous Project, and under Alternative 3A, would be less than significant. Under the Revised Project, there would be an overall decrease of approximately 98,710 gsf of total building area at the CPMC campuses, compared to the Previous Project. Similarly, there would be an overall decrease under the Revised Project of approximately 45,673 gsf of total building area in comparison to Alternative 3A. Therefore, there would be a less-than-significant impact related to population growth under the Revised Project, and this impact would be substantially similar to that under the Previous Project and Alternative 3A.

3.4.2 *The Revised Project would not displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing (Less than significant).* The EIR concluded that the impact of development at the Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to population growth under the Previous Project, and under Alternative 3A, would be less than significant. Under the Revised Project, the development footprint at all campuses would be the same, and the same buildings would be demolished, as under the Previous Project. Therefore, impacts of the Revised Project related to the displacement of

existing housing units would be the same as under the Previous Project, and would be less than significant.

The EIR concluded that the impact of development at the Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to the creation of demand for additional housing under the Previous Project, and under Alternative 3A, would be less than significant. As explained above, under the Revised Project, there would be an overall decrease of total building area at the CPMC campuses as compared to both the Previous Project and Alternative 3A. Therefore, there would be a less-than-significant impact related to the creation of housing demand under the Revised Project, and this impact would be substantially similar to that under the Previous Project and Alternative 3A.

3.4.3 *The Revised Project would not displace substantial numbers of people, necessitating the construction of replacement housing elsewhere (Less than significant).* The EIR concluded that the impact of development at the Cathedral Hill Campus, the St. Luke's Campus, and full buildout of CPMC campuses in the aggregate related to population growth under the Previous Project, and under Alternative 3A, would be less than significant. Under the Revised Project, the development footprint at all campuses would be the same, and the same buildings would be demolished, as under the Previous Project. Therefore, impacts of the Revised Project related to the displacement of substantial numbers of people necessitating the construction of replacement housing elsewhere would be the same as under the Previous Project and Alternative 3A, and would be less than significant.

Overall, project-level and cumulative impacts under the Revised Project related to population, employment and housing would be similar to under the Previous Project and less than significant.

3.5 CULTURAL AND PALEONTOLOGICAL RESOURCES (DRAFT EIR SECTION 4.4)

Cathedral Hill Campus

As under the Previous Project, implementation of Mitigation Measures M-CP-N2, M-CP-N3, and M-CP-N4 would be required under the Revised Project. The Revised Project would require the same amount of ground disturbance as under the Previous Project and Alternative 3A. Therefore, the Revised Project would result in less-than-significant project-level and cumulative impacts on historic, archaeological, and paleontological resources, after implementation of the mitigation measures identified above, similar to the Previous Project.

St. Luke's Campus

The Revised Project would require an additional 9,000 cubic yards of excavation and two additional stories of construction (approximately 75,841 gsf) to accommodate up to 5,500 square feet of additional below grade space within the hospital at the St. Luke's Campus as compared to the Previous Project. No additional new buildings and no additional demolition of existing buildings are proposed than would have occurred under the Previous Project, and the St. Luke's Campus site plan would not be changed from what was proposed under the Previous Project.

The same as the Previous Project, the Revised Project would not result in the removal of existing structures that are eligible for listing in the California Register of Historic Resources (CRHR), and thus would not cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the State CEQA Guidelines.

As under the Previous Project, implementation of Mitigation Measures M-CP-N2, M-CP-N3, and M-CP-N4 at the St. Luke's Campus would be required under the Revised Project. Even with the additional 9,000 cubic yards of excavation at the St. Luke's Campus under the Revised Project, implementing the above-noted mitigation measures would reduce project level and cumulative impacts of the Revised Project on historic, archaeological, and paleontological resources at the St. Luke's Campus to less-than-significant levels; however, Revised Project impacts would be greater than under the Previous Project because of the increased excavation and construction that would be required for the St. Luke's Campus, but less than analyzed under Alternative 3A.

All the Cultural Resources mitigation measures identified for the Previous Project are applicable to the Revised Project and all the mitigation measures identified for Alternative 3A are applicable to the Revised Project at the St. Luke's Campus.

3.6 TRANSPORTATION AND CIRCULATION (DRAFT EIR SECTION 4.5)

Cathedral Hill Campus

Due to the reduced size of the hospital at the Cathedral Hill Campus under the Revised Project, with a corresponding reduction in vehicle, transit, bicycle, and pedestrian trips, and because vehicular, transit, bicycle, and pedestrian access and circulation patterns would remain the same as under the Previous Project, transportation and circulation impacts under the Revised Project at the Cathedral Hill Campus generally would be similar to, although somewhat reduced in comparison to, the impacts under the Previous Project. None of the significance conclusions in the EIR regarding impacts of the Previous Project would change, although impacts would be reduced to a degree, all mitigation measures and improvement measures identified in the EIR as applicable to the Previous Project would continue to apply under the Revised Project.

Traffic Impacts of the Revised Project at the Cathedral Hill Campus

The EIR determined that implementation of the proposed Cathedral Hill Campus under the Previous Project would result in the following significant and unavoidable impacts to the operations of three intersections in the campus vicinity:

- Operations at the Van Ness Avenue/Market Street intersection during the p.m. peak hour would degrade from LOS D under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions. This would be considered to be both a significant and unavoidable project-level and cumulative impact.
- Operations at the Polk Street/Geary Street intersection during the a.m. peak hour would degrade from LOS D under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions, and during the p.m. peak hour would degrade from LOS C under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions. This would be considered to be both a significant and unavoidable project-level and cumulative impact.
- If the Van Ness Avenue Bus Rapid Transit ("BRT") and Geary Corridor BRT projects are implemented, development of the proposed Cathedral Hill Campus would make a significant contribution to the traffic impact identified for the combined Cathedral Hill Campus and BRT projects at the intersection of Polk Street/Geary Street. This would be considered to be both a significant and unavoidable project-level and cumulative impact.

- If the Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, development of the proposed Cathedral Hill Campus would make a significant contribution to the traffic impact identified for the combined Cathedral Hill Campus and BRT projects at the intersection of Van Ness Avenue/Market Street. This would be considered to be both a significant and unavoidable project-level and cumulative impact.
- Operations at the Van Ness Avenue/Pine Street intersection during the p.m. peak hour would degrade from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. This would be considered a significant and unavoidable cumulative traffic impact.
- Operations at the Polk Street/Geary Street intersection during the p.m. peak hour would degrade from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. This would be considered a significant and unavoidable cumulative traffic impact.

The reduced size of the proposed hospital at the Cathedral Hill Campus under the Revised Project, would result in less traffic than the Previous Project. Therefore, traffic at these intersections would not result in any new significant impacts or substantially worsen the impacts that were identified for the Previous Project.

The EIR also determined that the Previous Project at the Cathedral Hill Campus would have less than significant impacts related to: six study intersections that would operate at LOS E or LOS F under both 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions; 18 of the 26 analysis study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project conditions; inbound peak period queues at the Cathedral Hill Campus parking garages spilling back into adjacent travel lanes; combined impacts of the Cathedral Hill Campus and Van Ness Avenue BRT and Geary Corridor BRT projects at five intersections (Gough Street/Geary Street, Van Ness Avenue/Fell Street, Van Ness Avenue/Hayes Street, Van Ness Avenue/Geary Street, and Van Ness Avenue/Broadway) if the BRT projects are implemented; eight study intersections that would operate at LOS E or LOS F under both 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions; and 17 study intersections that would continue to operate at LOS D or better during the a.m. and p.m. peak hours under 2030 Cumulative plus Project conditions. The Revised Project would generate fewer trips than the Previous Project and, therefore, these impacts would also be less than significant under the Revised Project. Revised Project would not result in any impacts that were identified for the variants.

Transit Impacts of Revised Project at the Cathedral Hill Campus

The EIR determined that implementation of the proposed Cathedral Hill Campus under the Previous Project would result in the following significant and unavoidable impacts to the travel times and operations of five bus routes in the campus vicinity:

- Congestion and ridership along Van Ness Avenue would increase, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route under 2015 Modified Baseline plus Project conditions.

- Congestion and ridership along Geary Street would increase, which would increase travel times and impact operations of the 38/38L-Gearybus routes under 2015 Modified Baseline plus Project conditions.
- Congestion and ridership along Polk Street would increase, which would increase travel times and impact operations of the 19-Polk bus route under 2015 Modified Baseline plus Project conditions.
- Congestion along Van Ness Avenue would increase, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route under 2030 Cumulative plus Project conditions.
- Congestion along Van Ness Avenue would increase, which would increase travel times and impact operations of the 47-Van Ness bus route under 2030 Cumulative plus Project conditions.
- Congestion along Geary Street would increase, which would increase travel times and impact operations of the 38/38L-Geary bus routes under 2030 Cumulative plus Project conditions.
- Congestion along Polk Street would increase, which would increase travel times and impact operations of the 19-Polk bus route under 2030 Cumulative plus Project conditions.
- Congestion along Post Street would increase, which would increase travel times and impact operations of the 3-Jackson bus route under 2030 Cumulative plus Project conditions.

As under the Previous Project and Alternative 3A, development of the reduced Cathedral Hill Campus under the Revised Project would increase the number of vehicle trips along Van Ness Avenue, Geary Street, Polk Street, and Post Street relative to existing conditions. Thus, the Revised Project would also result in similar transit delays on the same transit lines resulting in similar or fewer significant impacts compared to the Previous Project. As under the Previous Project, implementing Mitigation Measures TR-29, TR-30, TR-31, TR-134, and TR-137 would require CPMC to financially compensate SFMTA for impacts on the service levels of the affected transit lines mentioned above. However, because the ability of SFMTA to provide the additional service on these lines is uncertain, the feasibility of these mitigation measures is unknown. Although fewer vehicles and transit riders would be present under the Revised Project, project-level transit delay impacts would remain significant and unavoidable even after the implementation of mitigation, but to a lesser degree as the Previous Project. Revised Project would not result in any impacts that were identified for the variants.

The EIR determined that the Previous Project at the Cathedral Hill Campus would have a less than significant impact related to transit demand, because the Previous Project would not result in a substantial increase in transit demand that could not be accommodated by adjacent transit capacity. The number of net new transit trips generated by the Revised Project would be the same or fewer than the Previous Project because of the reduced development at the Cathedral Hill Hospital. Transit corridors would operate at less than Muni's 85 percent capacity utilization standards under the Previous Project, and would operate similarly with the Revised Project. Thus, project-level and cumulative impacts on transit capacity would be less-than-significant under the Revised Project, as under the Previous Project.

The EIR determined that impacts related to CPMC's operation of shuttles at the Cathedral Hill Campus under the Previous Project would result in a less-than-significant impact because shuttle operations would be accommodated within the proposed shuttle loading zone and would not impact adjacent transit service. The location of the shuttle loading zone would not change under the Revised Project and similarly would not impact adjacent transit service. Therefore, this impact would be less-than-significant under the Revised Project.

Bicycle Impacts of Revised Project at the Cathedral Hill Campus

As under the Previous Project, under the Revised Project, the Cathedral Hill MOB's parking garage exit onto Cedar Street could increase conflicts between vehicles that are exiting the MOB parking garage at Polk Street and bicyclists. The EIR concluded that this impact would be less than significant under the Previous Project. The Revised Project would not create any different conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the campus as compared to the Previous Project, and would result in fewer bicyclist trips compared to the Previous Project. Thus, project-level and cumulative bicycle impacts would remain less-than-significant, and less than or similar to the Previous Project.

Pedestrian Impacts of the Revised Project at the Cathedral Hill Campus

The EIR concluded that implementation of the Previous Project would result in a less than significant impact related to substantial overcrowding on public sidewalks, creation of hazardous conditions or otherwise interfering with pedestrian accessibility to the project site or adjoining areas. Revised Project assumes implementation of the same sidewalk and crosswalk improvements as described for the Previous Project. The Revised Project would result in fewer vehicular and pedestrian trips compared to the Previous Project. Thus, project-level and cumulative pedestrian impacts under the Revised Project would be less-than-significant, and less than under the Previous Project.

As under the Previous Project, implementation of Improvement Measure I-TR-40 at the Cathedral Hill Campus would further reduce the less-than-significant impact on pedestrians under the Revised Project.

Loading Impacts of Revised Project at the Cathedral Hill Campus

The EIR determined that the Previous Project at the Cathedral Hill Campus would result in a less than significant impact related to loading demand, because it would not result in a loading demand during the peak hour of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones. Under the Revised Project, the proposed Cathedral Hill Campus would provide the same number (20) of loading spaces as under the Previous Project, even though the hospital would be smaller. As under the Previous Project, CPMC would implement a truck management plan for the proposed Cathedral Hill Campus to ensure that the daytime loading demand is accommodated. Therefore, this impact would be less than significant, and less than under the Previous Project due to the reduced loading demand resulting from the reduced size of the hospital under the Revised Project.

As under the Previous Project, operation of the proposed hospital's off-street loading facility could result in potentially hazardous conditions on Franklin Street. As under the Previous Project, implementing Mitigation Measure M-TR-44 under the Revised Project would reduce loading impacts to a less-than-significant level, because it would require a loading dock attendant

and would reduce impacts related to loading operations for trucks 46 feet or longer. Therefore, this impact under the Revised Project would be less than significant with mitigation.

The EIR concluded that implementation of the Previous Project at the Cathedral Hill would result in a less-than-significant impact related to passenger loading, because passenger loading/unloading demand would be accommodated within the proposed passenger loading/unloading zones, and would not create potentially hazardous conditions. Passenger loading/unloading demand would be less than that of the Previous Project because of the reduced size of the proposed hospital, and loading/unloading zone locations would be the same under the Revised Project as under the Previous Project. Therefore, this impact would be less than significant under the Revised Project, and less than under the Previous Project.

Emergency Vehicle Access Impacts of the Revised Project at the Cathedral Hill Campus

As under the Previous Project, the proposed hospital at the Cathedral Hill Campus would be accessible by multi-lane arterial roadways in the project vicinity, which would allow emergency vehicles to travel at higher speeds. Project-level and cumulative emergency vehicle access impacts at the proposed Cathedral Hill Campus would be less than significant and less than under the Previous Project. As under the Previous Project, no mitigation measures are required under the Revised Project.

Construction Impacts of the Revised Project at the Cathedral Hill Campus

The EIR concluded that because of the extent and duration of construction activities, construction-related impacts of the Previous Project on traffic, pedestrians, transit, and intersection operations would be significant and unavoidable, even after implementation of Mitigation Measure TR-55. This impact would be similar under the Revised Project. Construction activities associated with the Revised Project at the Cathedral Hill Campus would be similar to those of the Previous Project; however, the construction period would likely be shorter because of the reduced size of the proposed hospital. As under the Previous Project, implementation of Mitigation Measure M-TR-55 under the Revised Project would reduce some of the impacts. Impacts would remain significant and unavoidable, but to a somewhat lesser degree than under the Previous Project, because of the reduced amount of construction at the proposed hospital under the Revised Project.

Parking Discussion for the Revised Project at the Cathedral Hill Campus

Under the Revised Project, a total of 990 parking spaces would be provided at the proposed Cathedral Hill Campus for the reduced-size hospital (251 fewer beds), Cathedral Hill MOB and renovated 1375 Sutter MOB. The Revised Project would provide 237 fewer spaces than the Previous Project (which would provide a total of 1,227 spaces). As under the Previous Project, the amount of parking provided would comply with minimum Planning Code requirements. While the proposed parking would likely meet the peak visitor/patient demand, there could be both an overall parking shortfall and a parking shortfall for employees. In San Francisco, parking supply is not considered a permanent physical condition, and changes in the parking supply would not be a significant impact under CEQA, but rather a social effect.

St. Luke's Campus

Due to the increased size of the hospital at the St. Luke's Campus under the Revised Project, there would be a corresponding increase in vehicle, transit, bicycle, and pedestrian trips. However,

vehicular, transit, bicycle and pedestrian access and circulation patterns would remain the same as under the Previous Project. Transportation and circulation impacts under the Revised Project at the St. Luke's Campus would increase in comparison to the Previous Project, but not to the same extent as the increase under Alternative 3A, under which more development would occur at the St. Luke's Campus than under the Revised Project. Therefore, impacts under the Revised Project would fall between the range of impacts previously analyzed in the EIR under the Previous Project and Alternative 3A. None of the significance conclusions in the EIR regarding impacts of the Previous Project would change, although impacts would be increased to a degree, and all improvement measures identified in the EIR as applicable to the Previous Project, would continue to apply under the Revised Project.

Traffic Impacts of Revised Project at the St. Luke's Campus

The EIR did not identify any significant and unavoidable traffic impacts at the St. Luke's Campus under the Previous Project or Alternative 3A. The EIR determined that the Previous Project at the St. Luke's Campus would have less than significant impacts related to: six of the 15 study intersections in the St. Luke's Campus vicinity that would operate at LOS E or LOS F under both 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions; nine study intersections that would operate at LOS D or better under 2015 Modified Baseline plus Project condition; six study intersections that would operate at LOS F during the p.m. peak hour under both 2030 Cumulative No Project Conditions and 2030 Cumulative plus Project conditions; and nine study intersections that would operate at LOS D or better under 2030 Cumulative plus Project conditions.

The EIR concluded that these impacts would be less than significant under the Previous Project. The EIR also determined that these impacts would be less than significant under Alternative 3A, which would have resulted in a greater increase in vehicle trips as compared to the Previous Project than would be added under the Revised Project. The development program at the St. Luke's Campus would be greater under the Revised Project than under the Previous Project, but less than under Alternative 3A. Therefore, project-level and cumulative impacts of the Revised Project on traffic would be less than significant, although greater than under the Previous Project, but less than under Alternative 3A. As under the Previous Project and Alternative 3A, no mitigation measures are required under the Revised Project.

Transit Impacts of the Revised Project at the St. Luke's Campus

The Revised Project at the St. Luke's Campus would generate additional transit riders compared to the Previous Project because of the increased development program (40 more beds), but fewer transit riders than under Alternative 3A. The EIR concluded that project-level and cumulative impacts related to transit would be less than significant at the St. Luke's Campus under both the Previous Project and Alternative 3A, because the transit demand under both the Previous Project and Alternative 3A could be accommodated during the PM peak hour and all four corridors would continue to operate at less than Muni's 85 percent capacity utilization standards. Therefore, project-level and cumulative impacts on transit would be less-than-significant under the Revised Project. As under the Previous Project and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

Bicycle Impacts of the Revised Project at the St. Luke's Campus

The EIR concluded that project-level and cumulative impacts related to bicycles would be less than significant under both the Previous Project and Alternative 3A. Circulation patterns at the

St. Luke's Campus would be the same under the Revised Project as under the Previous Project, and the number of bicycle trips that would be added under the Revised Project would be in the range between the trips added under the Previous Project and Alternative 3A. Therefore, project-level and cumulative bicycle impacts of this Revised Project at St. Luke's would be less-than-significant. As under the Previous Project and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project. However, as under the Previous Project, implementation of Improvement Measure I-TR-87 at the St. Luke's Campus would further reduce this less-than-significant impact.

Pedestrian Impacts of the Revised Project at the St. Luke's Campus

Under the Revised Project, the pedestrian network in the vicinity of the St. Luke's Campus would be similar to that proposed under the Previous Project. The EIR concluded that pedestrian impacts at the St. Luke's Campus would be less than significant under both the Previous Project and Alternative 3A. The Revised Project would add more net-new pedestrian trips than under the Previous Project, but fewer than under Alternative 3A. Therefore, project-level and cumulative pedestrian impacts at St. Luke's under the Revised Project would be less-than-significant. As under the Previous Project and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project. However, as under the Previous Project, implementation of Improvement Measure I-TR-88 at the St. Luke's Campus would further reduce this less-than-significant impact.

Loading Impacts of the Revised Project at the St. Luke's Campus

The EIR determined that loading impacts at the St. Luke's Campus would be less than significant under both the Previous Project and Alternative 3A. The same number of loading spaces would be provided at the St. Luke's Campus under both the Previous Project and Revised Project. As under the Previous Project, implementation of the truck management plan at the St. Luke's Campus would restrict the length of incoming trucks and would specify that all truck maneuvering would be within the loading dock, without blocking the sidewalk or parking lanes on Cesar Chavez Street. Loading demand could be accommodated with the proposed loading supply or within on-street loading zones and would be less-than-significant under the Revised Project.

The EIR determined that this impact would be less than significant under both the Previous Project and Alternative 3A. Passenger loading/unloading under the Revised Project could be accommodated within the same zones within the St. Luke's Campus as under the Previous Project. Project-level and cumulative loading and passenger loading/unloading impacts at the St. Luke's Campus under the Revised Project would be less-than-significant, although greater than under the Previous Project, but less than under Alternative 3A. As under the Previous Project and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

Emergency Vehicle Access Impacts of the Revised Project at the St. Luke's Campus

The EIR determined that emergency vehicle access impacts under the Previous Project and Alternative 3A would be less than significant. Under the Revised Project, the St. Luke's Emergency Department and ambulance bay would be in the same location, and emergency vehicle access would be the same, as under the Previous Project. Therefore, emergency-access impacts would be less-than-significant under the Revised Project. As under the Previous Project

and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

Construction Impacts of the Revised Project at the St. Luke's Campus

Construction activities at the St. Luke's Campus under the Revised Project would be greater than under the Previous Project, but less than under Alternative 3A. Because of the larger hospital under the Revised Project, construction would take place at the St. Luke's Campus for a somewhat longer period of time than under the Previous Project, but for a shorter period of time than under Alternative 3A. The EIR concluded that construction impacts related to transportation and circulation at the St. Luke's Campus would be less than significant under both the Previous Project and Alternative 3A, because they would not substantially affect traffic, transit, pedestrian, and bicycle circulation because of their temporary nature and limited duration. As under the Previous Project and Alternative 3A, construction impacts would be less than significant, but greater than under the Previous Project (and less than under Alternative 3A). As under the Previous Project and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project.

Parking Discussion for Revised Project at the St. Luke's Campus

As under the Previous Project, a total of 450 off-street parking spaces would be provided at the St. Luke's Campus under the Revised Project. As under the Previous Project, the Revised Project would require an exception to the Planning Code requirements for the minimum number of parking spaces as part of the PUD approval. In addition, similar to under the Previous Project, there would be a shortfall of parking supply compared to parking demand. These shortfalls would be somewhat greater under the Revised Project than under the Previous Project due to the increased size of the hospital at the St. Luke's Campus. Parking priority will be given to patients and visitors first, then physicians, and, if capacity exists, to employees. It is assumed that, of the employees who drive, most will park in leased off-site locations. In San Francisco, parking supply is not considered a permanent physical condition, and changes in the parking supply would not be a significant impact under CEQA, but rather a social effect.

3.7 NOISE (DRAFT EIR SECTION 4.6)

Cathedral Hill Campus

The noise analysis completed for the Previous Project and for the analysis of Alternative 3A in the CPMC LRDP EIR would be approximately the same for the Revised Project, with the elimination of three floors from the proposed hospital at the Cathedral Hill Campus.

- 3.7.1 *Short-term noise generated by construction and/or demolition activities related to the Revised Project at the Cathedral Hill Campus could temporarily expose existing nearby sensitive receptors to substantial increases in ambient noise levels (Less than significant with mitigation).* Construction noise impacts would be similar to the Previous Project under the Revised Project, but the construction period would be somewhat shorter, similar to Alternative 3A. The EIR concluded that construction noise impacts under the Previous Project would be potentially significant, but would be mitigated to a less-than-significant level with implementation of Mitigation Measures M-NO-N1a through M-NO-N1c. These measures would similarly reduce construction noise impacts to a less-than-significant level under the Revised Project.

- 3.7.2 *Operation of the Revised Project at the Cathedral Hill Campus could cause a substantial permanent increase in traffic noise levels at noise-sensitive residential receptors and/or expose noise-sensitive receptors to a substantial increase in noise levels (Less than significant).* The Revised Project would, like Alternative 3A, generate less traffic than the Previous Project in the vicinity of the proposed Cathedral Hill Campus, but would still result in an increase in traffic volumes compared to the existing condition. Like the Previous Project and Alternative 3A, however, traffic noise level increases due to operation of the Cathedral Hill Campus under the Revised Project would not result in a noticeable increase in ambient traffic noise (3 dB or greater) along the roadways on or near the Campus. Therefore, this impact would be less-than-significant under the Revised Project, and less than under the Previous Project.
- 3.7.3 *Operation of stationary noise sources associated with the Revised Project at the Cathedral Hill Campus could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels (Less than significant with mitigation).* As under the Previous Project, stationary noise sources would be introduced due to operation of the proposed Cathedral Hill Campus under the Revised Project. Noise from these sources under the Revised Project would be similar to Alternative 3A, but less than under the Previous Project due to the reduced size of the hospital. The Revised Project's increase in noise levels relative to the ambient would also likely be less than for the Previous Project due to the reduced size of the hospital. This impact is considered potentially significant. However, as under the Previous Project and Alternative 3A, Mitigation Measures M-NO-N3a through M-NO-N3e would reduce this impact to a less-than-significant level.
- 3.7.4 *Future traffic-related interior noise levels could exceed applicable land use compatibility standards under the Revised Project at the Cathedral Hill Campus (Less than significant with mitigation).* The habitable spaces of the proposed hospital and Cathedral Hill MOB at the Cathedral Hill Campus under the Revised Project would be exposed to traffic noise from Geary Boulevard/Geary Street, Post Street, Franklin Street, and Cedar Street, but slightly less noise than under the Previous Project. Future traffic noise levels would still be expected to exceed the interior noise level limit for the hospital at the Cathedral Hill Campus of 45 dB L_{dn}, resulting in a potentially significant impact. As under the Previous Project, implementation of Mitigation Measure M-NO-N4 would reduce this impact to a less-than-significant level.
- 3.7.5 *Groundborne vibration levels attributable to construction activities under the Revised Project at the Cathedral Hill Campus could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds (Significant and unavoidable with mitigation).* As under the Previous Project, demolition and construction activities may temporarily result in construction-generated vibration under the Revised Project. Demolition and excavation activities would be the same as under the Previous Project, while the construction period for the upper hospital floors would be shorter, similar to Alternative 3A. The predicted levels of groundborne noise and vibration may exceed applicable thresholds, resulting in a potentially significant impact, as under the Previous Project and Alternative 3A.

As under the Previous Project and under Alternative 3A, this impact would remain significant and unavoidable even with implementation of Mitigation Measure M-NO-N5.

Cumulative noise impacts for Cathedral Hill Campus development under the Revised Project are substantially similar to those identified for the Previous Project. All of the noise mitigation measures identified for the Previous Project are applicable to Revised Project.

St. Luke's Campus

The noise analysis completed for the Previous Project in the CPMC LRDP EIR is applicable to the Revised Project. The principal change proposed to the St. Luke's Campus under the Revised Project would be the addition of additional building square footage and two additional stories to the replacement hospital, resulting in increased construction duration, and somewhat higher operational noise levels due to the larger number of employees, patients, associated traffic, etc.

- 3.7.6 *Short-term noise generated by construction and/or demolition activities related to the Revised Project at the St. Luke's Campus could temporarily expose existing nearby sensitive receptors to substantial increases in ambient noise levels (Less than significant with mitigation).* Development at the St. Luke's Campus under the Revised Project would be greater than analyzed in the EIR for the Previous Project, but less than under Alternative 3A. Construction activities would expose sensitive receptors to increased noise levels on the campus and in the existing residential neighborhood adjacent to the campus during construction. Construction activities at the St. Luke's Campus would occur over a slightly longer period of time under the Revised Project than under the Previous Project, but a shorter period than was analyzed for Alternative 3A. This impact is expected to be potentially significant, although similar to but slightly greater than the Previous Project and less than impacts analyzed in the EIR for the larger development program for Alternative 3A. Implementation of Mitigation Measure M-NO-N1 would reduce this impact under the Revised Project to a less-than-significant level, similar to under the Previous Project and Alternative 3A.
- 3.7.7 *Operation of the Revised Project at the St. Luke's Campus could cause a substantial permanent increase in traffic noise levels at noise-sensitive residential receptors and/or expose noise-sensitive receptors to a substantial increase in noise levels (Less than significant).* Operation of the St. Luke's Campus under the Revised Project would result in increased traffic in the project vicinity. This increase would be greater than under the Previous Project, but less than under Alternative 3A, which would have generated more traffic than the Revised Project. The EIR determined that this impact would be less than significant under both the Previous Project and Alternative 3A. Similarly, traffic noise level increases related to the Revised Project are not expected to exceed the 3 dB threshold of significance, and are not expected to be noticed by existing noise-sensitive receptors in the project vicinity. Therefore, as under the Previous Project and Alternative 3A, this impact is less-than-significant under the Revised Project and no mitigation is required.

3.7.8 *Operation of stationary noise sources associated with the Revised Project at the St. Luke's Campus could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels (Less than significant with mitigation).* Stationary noise sources such as HVAC equipment, parking garage activities, patient drop-offs, loading dock and delivery activities, and waste disposal activities would be similar to the Previous Project, but at slightly elevated levels because of the increased number of patients, staff and visitors associated with the larger hospital at the St. Luke's Campus under the Revised Project. The level of activity, and associated noise, however, would be less than analyzed in the EIR for Alternative 3A. Rooftop HVAC equipment noise levels increases would be similar to under the Previous Project and would be less than Alternative 3A, because the amount of development would be less than under Alternative 3A. As under the Previous Project and Alternative 3A, this impact would be considered significant, absent mitigation. As under the Previous Project and Alternative 3A, implementation of Mitigation Measure M-NO-N3 at the St. Luke's Campus under the Revised Project would reduce this impact to a less-than-significant level.

3.7.9 *Future traffic-related interior noise levels could exceed applicable land use compatibility standards under the Revised Project at the St. Luke's Campus (Less than significant).* As under the Previous Project and Alternative 3A, the office space and habitable spaces within the hospital at the St. Luke's Campus under the Revised Project would be exposed to traffic noise from Valencia Street and Cesar Chavez Street. Under the Previous Project, future traffic noise levels at the replacement hospital would not exceed 45 dB L_{dn}, and therefore would result in a less-than-significant impact. However, the EIR determined that under Alternative 3A, which would generate more traffic than both the Previous Project and the Revised Project, future traffic noise levels at the hospital could exceed 45 dB L_{dn}, resulting in a potentially significant impact. The EIR determined that implementation of Mitigation Measure M-NO-N4 would reduce this impact under Alternative 3A to a less-than-significant level (see p. 6.377 and p. 4.6.86 from Mitigation Measure M-NO-N4 discussion in EIR). Traffic noise levels at the replacement hospital under the Revised Project are likely to be similar to or less than under Alternative 3A. This is because the Revised Project would result in a smaller development at St. Luke's Campus than under Alternative 3A. This impact is expected to be potentially significant, although similar to the Previous Project and less than analyzed in the EIR for Alternative 3A. Mitigation Measure M-NO-N1 (see DEIR at page 4.6-46) would require the implementation of physical and operational noise level reduction measures. In addition under the Previous Project, implementation of Mitigation Measures M-NO-N3a, M-NO-N3, M-NO-N4, and M-NO-N5 at the St. Luke's Campus would be required under the Revised Project. As under the Previous Project and Alternative 3A, potential project-level and cumulative noise impacts of the Revised Project at St. Luke's would be less-than-significant with mitigation incorporated.

- 3.7.10 *Groundborne vibration levels attributable to construction activities under the Revised Project at the St. Luke's Campus could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds (Significant and unavoidable with mitigation).* Construction and demolition activities at the St. Luke's Campus under the Revised Project could temporarily result in construction-generated vibration that could exceed applicable thresholds of significance, similar to the Previous Project, but possibly for a somewhat longer duration because of the increased development and construction activities at this campus. Although the Revised Project may not increase the extent of vibration analyzed in the EIR for the Proposed Project. However, the duration would be less than under Alternative 3A, which would involve a substantially longer construction period. As under the Previous Project and Alternative 3A, this impact would be significant and unavoidable even with mitigation incorporated under the Revised Project. However, these impacts would be slightly greater than under the Previous Project because the development program under the Revised Project would be greater at the St. Luke's Campus (although less than analyzed for Alternative 3A.)

Cumulative noise impacts for St. Luke's Campus development under the Revised Project are substantially similar to either those identified for the Previous Project or Alternative 3A. All of the noise mitigation measures identified for St. Luke's Campus under Alternative 3A are applicable to St. Luke's Campus development under the Revised Project. All of the noise mitigation measures identified for the Previous Project are applicable to Revised Project.

3.8 AIR QUALITY(DRAFT EIR SECTION 4.7)

Cathedral Hill Campus

The air quality analysis completed for the Previous Project and for the analysis of Alternative 3A in the EIR would be approximately the same for the Revised Project. The only change made from the Previous Project at the proposed Cathedral Hill Campus would be the reduction of building square footage and elimination of three floors at the proposed hospital at the Cathedral Hill Campus.

Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds

Regional Impacts from Construction

The total area of new construction for the Revised Project at the CPMC Campuses would be similar to that for the Previous Project and Alternative 3A. As a result, construction-related emissions of fugitive dust would be similar to emissions under the Previous Project and Alternative 3A. As the EIR concluded with respect to both the Previous Project and Alternative 3A, implementing the Bay Area Air Quality Management District's (BAAQMD's) basic and optional control measures and equipment exhaust control measures during construction of the Revised Project (pursuant to Mitigation Measures M-AQ-1a and M-AQ-1b) would reduce construction impacts from fugitive dust to a less-than-significant level. Because regional impacts are based on the total emissions from all campuses, this impact conclusion applies to the CPMC campuses in the aggregate under the Revised Project, and not only specifically to the proposed Cathedral Hill Campus.

Localized Impacts from Construction

The EIR concluded that the impact of health risks from emissions of diesel particulate matter during construction at the proposed Cathedral Hill Campus would be less than significant with implementation of Mitigation Measure M-AQ-N2, which requires installation of accelerated emission control devices on construction equipment, under the Previous Project. Such impacts at the proposed Cathedral Hill Campus would also be less than significant with implementation of Mitigation Measure M-AQ-N2 under the Revised Project, which would include less construction at the proposed Cathedral Hill Campus than under the Previous Project.

Regional Impacts from Operations

The overall development program at the CPMC campuses under the Revised Project would be similar to, and somewhat reduced in comparison to, both the Previous Project and Alternative 3A. The Previous Project and Alternative 3A both would exceed the applicable criteria pollutant threshold for PM₁₀. No feasible mitigation is available to reduce this impact to a less-than-significant level. As a result, the EIR concluded that the Previous Project and Alternative 3A would have a significant and unavoidable impact with respect to operational criteria pollutant emissions. Therefore, under the Revised Project, regional impacts from operations would also be significant and unavoidable, although slightly reduced in comparison to the Previous Project and Alternative 3A. Because regional impacts are based on the total emissions from all campuses, this impact would result from the aggregate development at all of the CPMC campuses under the Revised Project.

Localized Impacts from Operations

The proposed Cathedral Hill Campus would be smaller under the Revised Project than under the Previous Project. The Revised Project would result in lower emissions, and the same less-than-significant conclusions reached in the EIR for the proposed Cathedral Hill Campus under the Previous Project would apply under the Revised Project. Therefore, as under the Previous Project, operations at the proposed Cathedral Hill Campus under the Revised Project would result in a less-than-significant impact with respect to local carbon monoxide (CO) emissions from mobile sources, odors, and single-source and cumulative health risk from operational TACs. As under the Previous Project, no mitigation measures are required for the Revised Project.

Impacts Under the 2010 BAAQMD CEQA Thresholds

The analysis of air quality impacts in the EIR used thresholds of significance and methodologies from both the applicable 1999 BAAQMD CEQA Air Quality Guidelines and the updated 2010 BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the Previous Project and the project alternatives.⁴

⁴ Although BAAQMD's adoption of the significance thresholds set forth in the 2010 Guidelines are the subject of judicial actions, the Planning Department has determined that Appendix D of the BAAQMD CEQA Air Quality Guidelines, in combination with BAAQMD's Revised Draft Options and Justification Report, provide substantial evidence to support the thresholds of significance recommended in the 2010 BAAQMD Guidelines and, therefore, has determined that they are appropriate for use in the analysis of the impacts of the Revised Project. (Bay Area Air Quality Management District. Revised Draft Options and Justification Report, California Environmental Quality Act Thresholds of Significance. October 2009.)

Regional Impacts from Construction

Please see the above discussion of regional impacts from construction-related fugitive dust under "Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds." For the same reasons discussed therein, and as under the Previous Project, with implementation of Mitigation Measures M-AQ-N8a and M-AQ-N8b (which are identical to Mitigation Measures M-AQ-1a and M-AQ-1b), this impact would be reduced to a less-than-significant level under the Revised Project.

The EIR predicted that emissions of criteria pollutants from construction equipment sources at the Cathedral Hill Campus would remain above the 2010 BAAQMD CEQA thresholds of significance under both the Previous Project and Alternative 3A, even with the implementation of Mitigation Measure M-AQ-N9 (which would be identical to Mitigation Measures M-AQ-1a and M-AQ-N2). Similarly, and because the Revised Project would not be substantially smaller than the Previous Project or Alternative 3A, from a total construction perspective, the impact associated with criteria pollutant emissions during construction would be significant and unavoidable under the Revised Project, even with the implementation of Mitigation Measure M-AQ-N9. Because regional impacts are based on the total emissions from all campuses, this impact would result from the aggregate development at all of the CPMC campuses under the Revised Project.

Localized Impacts from Construction

As under the Previous Project, implementation of Mitigation Measure M-AQ-10a, which would require installation of accelerated emissions control devices on construction equipment, would be required under the Revised Project. As under the Previous Project, this mitigation measure would not reduce this impact to a less-than-significant level under the Revised Project. As under the Previous Project, construction at the proposed Cathedral Hill Campus under the Revised Project would, therefore, result in a significant and unavoidable impact with respect to health risks from construction TACs even after the implementation of mitigation, although this impact would be somewhat reduced in comparison to the Previous Project, because somewhat less construction would occur at the Cathedral Hill Campus under the Revised Project.

Regional Impacts from Operations

Please see the above discussion of regional impacts from operations at the proposed Cathedral Hill Campus under "Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds." No feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, under the Revised Project, as under the Previous Project and Alternative 3A, regional impacts with respect to operational criteria pollutant emissions would be significant and unavoidable. The total area of new construction under the Revised Project would be similar to, although somewhat reduced in comparison to, the new-construction area under both the Previous Project and Alternative 3A. As a result, operations-related emissions under the Revised Project would be similar to, and somewhat reduced in comparison to, emissions previously analyzed in the EIR under the Previous Project and Alternative 3A. Because regional impacts are based on the total emissions from all campuses, this impact would result from the aggregate development at all of the CPMC campuses under the Revised Project.

Localized Impacts from Operations

As under the Previous Project, operations at the proposed Cathedral Hill Campus under the Revised Project would result in less-than-significant impacts with respect to the 2010 BAAQMD CEQA thresholds of significance for odors and single-source and cumulative health risks from operational TACs. These impacts would be somewhat reduced under the Revised Project as compared to the Previous Project.

St. Luke's Campus

The air quality analysis completed for the Previous Project in the EIR would be approximately the same for the Revised Project. The principle change made to the St. Luke's Campus for the Revised Project, as compared to the Previous Project, would be the increased building square footage and height of the replacement hospital. Therefore, localized construction-period air quality impacts would occur for a slightly longer period than under the Previous Project, and localized operational air quality impacts at the St. Luke's Campus would be slightly greater, due to the potential for additional or larger stationary sources of air pollutants at the hospital at the St. Luke's Campus and the additional vehicle trips generated by additional employees, patients, and visitors at the replacement hospital. Regional construction-period and operational impacts, however, would be slightly lower than under the Previous Project, because the increased emissions at the St. Luke's Campus would be more than offset by reductions at the proposed Cathedral Hill Campus.

Development at the St. Luke's Campus under the Revised Project would be greater than analyzed in the EIR for the Previous Project, but less than under Alternative 3A.

Impacts Under the Applicable (1999) BAAQMD CEQA Thresholds

Regional Impacts from Construction and Operations

Regional impacts across all campuses under the Revised Project are described above in the discussions of "Regional Impacts from Construction" and "Regional Impacts from Operations" under "Impacts Under the Applicable (1999) BAAQMD Thresholds" for the proposed Cathedral Hill Campus.

Localized Impacts from Construction

The total area of new construction at the St. Luke's Campus under the Revised Project would be somewhat increased as compared to the Previous Project, but less than under Alternative 3A, which would generate approximately 80 percent more TAC emissions than the Previous Project. The EIR concluded that although this impact would be greater under Alternative 3A than under the Previous Project, it would remain below the trigger threshold for risk under Alternative 3A. Since TAC emissions under the Revised Project would be lower than under Alternative 3A, emissions under the Revised Project would also remain below the trigger threshold for risk. Therefore, impacts at the St. Luke's Campus under the Revised Project would be less than significant with respect to health risks from construction TACs.

Local Impacts from Operations

Under the Revised Project, the development program at the St. Luke's Campus would be somewhat more intense than under the Previous Project, although less intense than under Alternative 3A. The Revised Project would generate greater quantities of new operational emissions from mobile and stationary sources at the St. Luke's Campus than under the Previous Project, but less than under Alternative 3A. Therefore, the impacts of the Revised Project would also be greater than those of the Previous Project, but less than those of Alternative 3A.

The EIR analysis concluded that implementing either the Previous Project or Alternative 3A at the St. Luke's Campus would result in a less-than-significant impact with respect to single-source and cumulative health risk from operational TACs. Therefore, this impact would be less than significant under the Revised Project, although greater than under the Previous Project, but less than under Alternative 3A.

The EIR concluded that impacts related to objectionable odors would be less than significant under both the Previous Project and Alternative 3A. Impacts related to odor exposure would be less than significant under the Revised Project, as under the Previous Project and Alternative 3A, because development under the Revised Project would be somewhat greater than under the Previous Project, but less than under Alternative 3A.

Impacts Under the 2010 BAAQMD CEQA Thresholds

Regional Impacts from Construction and Operations

Regional impacts across all campuses under the Revised Project are described above in the discussions of "Regional Impacts from Construction" and "Regional Impacts from Operations" under "Impacts Under the 2010 BAAQMD CEQA Thresholds" for the proposed Cathedral Hill Campus.

Localized Impacts from Construction

The impact at the St. Luke's Campus under the Revised Project would be greater than the impact under the Previous Project, but less than the impact under Alternative 3A. As under the Previous Project and Alternative 3A, these impacts would be significant under the Revised Project pursuant to the 2010 BAAQMD threshold of significance, and would require Mitigation Measure M-AQ-N10c (which is identical to Mitigation Measure M-AQ-N2, described above) to reduce diesel particulate matter emissions. This impact would be significant and unavoidable under the Revised Project despite mitigation. This impact would be greater under the Revised Project than under the Previous Project, which would also be significant and unavoidable, but less than under Alternative 3A.

Localized Impacts from Operations

Because greater quantities of new operational emissions would be generated by mobile and stationary sources at the St. Luke's Campus under the Revised Project than under the Previous Project, the impacts of the Revised Project would also be greater than under the Previous Project, although less than under Alternative 3A. The EIR concluded that the impacts of both the Previous Project and Alternative 3A at the St. Luke's Campus with respect to single-source and cumulative health risk from operational TACs would be less than significant. Therefore, the

impacts of the Revised Project at the St. Luke's Campus with respect to the 2010 BAAQMD CEQA Guidelines thresholds of significance for single-source and cumulative health risks from operational TACs would be less than significant.

As under the Previous Project and Alternative 3A, implementation of the Revised Project would not expose a substantial number of people to objectionable odors. As a result, implementing the Revised Project at the St. Luke's Campus would result in a less-than-significant impact with respect to odors.

As the EIR concluded with respect to the Previous Project and Alternative 3A, total operational PM_{2.5} emissions from the St. Luke's Campus under the Revised Project would be below the risk threshold, resulting in a less-than-significant impact. As under the Previous Project and Alternative 3A, no mitigation measures are required under the Revised Project.

Cumulative air quality impacts under the Revised Project are substantially similar to either those identified for the Previous Project or Alternative 3A. All of the air quality mitigation measures identified for the Previous Project are applicable to Revised Project. All of the air quality mitigation measures identified for St. Luke's Campus under Alternative 3A are applicable to St. Luke's Campus development under the Revised Project.

3.9 GREENHOUSE GAS EMISSIONS (DRAFT EIR SECTION 4.8)

Cathedral Hill and St. Luke's Campuses

The Revised Project would have somewhat lower GHG emissions and, therefore, somewhat reduced GHG impacts, than both the Previous Project and Alternative 3A. However, as under the Previous Project and Alternative 3A, the impact of the Revised Project would be significant and unavoidable with respect to GHG emissions under the numeric significance criteria set forth in the 2010 BAAQMD CEQA Guidelines. As under the Previous Project and Alternative 3A, no feasible mitigation measures are available that would reduce impacts under the Revised Project to a less-than-significant level.

However, under the 2010 BAAQMD Guidelines, projects that are consistent with San Francisco's Qualified GHG Reduction Strategy would be considered to result in a less than significant GHG emissions impact. Such projects would be considered to have implemented all applicable, feasible mitigation measures.⁵ The Final EIR concluded that the Previous Project would be in compliance with the City's GHG Reduction Strategy. Therefore, the Previous Project has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. This conclusion would also be applicable to the Revised Project, which would comply with the City's GHG Reduction Strategy in the same manner as the Previous Project, but would have somewhat reduced emissions in comparison to the Previous Project.

Cumulative impacts related to greenhouse gas emissions are substantially similar to either those identified for the Previous Project or Alternative 3A. The greenhouse gas emissions mitigation measures identified for the Previous Project are applicable to the Revised Project and all the greenhouse gas emissions mitigation measures identified for St. Luke's Campus development

⁵ Bay Area Air Quality Management District. 2010 (May). *California Environmental Quality Act Draft Air Quality Guidelines*, p. 4-4.

under Alternative 3A are applicable to St. Luke's Campus development under the Revised Project.

3.10 WIND AND SHADOW (DRAFT EIR SECTION 4.9)

Cathedral Hill Campus

The proposed hospital at the Cathedral Hill Campus would be 12 stories and 226 feet tall under the Revised Project; by contrast, the hospital would be 265 feet tall under the Previous Project. The nine-story, 130-foot tall Cathedral Hill MOB would be the same as under the Previous Project. Wind and shadow impacts related to the Cathedral Hill MOB would be identical to impacts of the Previous Project (see Section 4.9, "Wind and Shadow"), and are briefly discussed below.

3.10.1 *The Revised Project at the Cathedral Hill Campus would not alter wind in a manner that substantially affects public areas (Less than significant).*

Because of the reduced height of the hospital at the Cathedral Hill Campus under the Revised Project, wind exceedances of the pedestrian-comfort criteria under the Revised Project would be the same or less than those identified for the Previous Project and the total number of locations exceeding the comfort criterion would not increase. Impacts related to wind would be less than significant, and less than under the Previous Project.

3.10.2 *The Revised Project at the Cathedral Hill Campus would not create net new shadow in a manner that would substantially affect the use of any park or open space under the jurisdiction of the San Francisco Recreation & Park Department, publicly accessible open space, outdoor recreation facility, or other public area or change the climate in either the community or the region (Less than significant).*

Because the proposed hospital at the Cathedral Hill Campus would be shorter under the Revised Project than under the Previous Project, as well as with the range of height and bulk as the existing on-site buildings, the proposed hospital would not result in net new shadows on sidewalks in the project vicinity under the Revised Project, as compared with the Previous Project. As under the Previous Project, shadows from the proposed hospital under the Revised Project would not reach any open spaces subject to Section 295 of the Planning Code or other recreation spaces. Shadow impacts at the Cathedral Hill Campus under the Revised Project would be less than significant, and less than under the Previous Project.

Cumulative impacts related to the topic of Wind and Shadow for Cathedral Hill Campus development under the Revised Project is substantially similar to those identified for the Previous Project. As under the Previous Project, no mitigation measures are necessary for Cathedral Hill Campus development under the Revised Project.

St. Luke's Campus

Under the Revised Project, the development program for the St. Luke's Campus would be greater than under the Previous Project, although the development program would be less than previously analyzed for Alternative 3A. The replacement hospital at the St. Luke's Campus under the

Revised Project would be seven stories and 142 feet in height and two stories (43 feet) taller than under the Previous Project and one story taller than under Alternative 3A.

3.10.3 *The Revised Project at the St. Luke's Campus would not alter wind in a manner that substantially affects public areas (Less than significant).* The EIR concluded that wind impacts at the St. Luke's Campus would be less than significant under both the Previous Project and Alternative 3A. Although the hospital would be taller than under the Previous Project, given the sheltering effect of existing buildings and terrain, and the similar proposed massing of the hospital building, no substantial changes to the wind environment in pedestrian areas adjacent to or near the St. Luke's Campus would be expected to occur under the Revised Project. Therefore, this impact would be less than significant, as under both the Previous Project and Alternative 3A.

3.10.4 *The Revised Project at the St. Luke's Campus would not create net new shadow in a manner that would substantially affect the use of any park or open space under the jurisdiction of the San Francisco Recreation & Park Department, publicly accessible open space, outdoor recreation facility, or other public area or change the climate in either the community or the region (Less than significant).* Under the Revised Project, the hospital at the St. Luke's Campus would be 43 feet tall than under the Previous Project, and 27 feet taller than under Alternative 3A. The building would add net new shadows in the vicinity of the campus; however, given the distance between the St. Luke's Campus and parks and open space in the vicinity (see p. 4.9-14 and Figure 4.10-6 of the EIR for a map of parks and open spaces in the vicinity of St. Luke's Campus), the net new shadows would not affect open space protected by Section 295 or other recreational spaces, and would not exceed levels that are normal and expected in highly urban areas. Therefore, under the Revised Project, impacts related to shadow at the St. Luke's Campus would be less than significant, as under the Previous Project and Alternative 3A.

Cumulative impacts related to the topic of Wind and Shadow for St. Luke's Campus development under the Revised Project are substantially similar to either those identified for the Previous Project or Alternative 3A. As under the Previous Project and Alternative 3A, no mitigation measures are necessary for St. Luke's Campus development under the Revised Project.

3.11 RECREATION (DRAFT EIR SECTION 4.10)

Cathedral Hill Campus

The EIR concluded that recreation impacts under the Previous Project would be less-than-significant. The impact on recreational facilities in the campus vicinity would continue to be less than significant under the Revised Project, and less than under the Previous Project due to the reduction in size of the proposed hospital at the Cathedral Hill Hospital and corresponding reduction in demand for recreational facilities.

Cumulative impacts related to the topic of Recreation for Cathedral Hill Campus development under the Revised Project are substantially similar to those identified for the Previous Project. As under the Previous Project, no mitigation measures are necessary under the Revised Project.

St. Luke's Campus

The amount, location, and types of open space at the St. Luke's Campus would not change as a result of the Revised Project, nor would the demand for open space substantially increase. The timing of the construction of the plaza would be shifted to the first phase under the Revised Project, unlike in Previous Project. This change would still remain less than significant. The development program at the St. Luke's Campus under the Revised Project would be somewhat larger than under the Previous Project due to the increase in the size of the replacement hospital, but smaller than under Alternative 3A. As under both the Previous Project and Alternative 3A, impacts on recreational facilities would be less than significant under the Revised Project. However, these impacts would be greater than under the Previous Project (but less than under Alternative 3A). As under the Previous Project and Alternative 3A, no mitigation measures would be required at the St. Luke's Campus under the Revised Project. Cumulative impacts related to the topic of Recreation for St. Luke's Campus development under the Revised Project are substantially similar to either those identified for the Previous Project or Alternative 3A. As under the Previous Project and Alternative 3A, no mitigation measures are necessary under the Revised Project.

3.12 PUBLIC SERVICES (DRAFT EIR SECTION 4.11)

Cathedral Hill Campus

The reduced-size hospital at the Cathedral Hill Campus under the Revised Project would accommodate less employment than under the Previous Project. As under the Previous Project, construction activities under the Revised Project could result in increased demand for police services, if construction caused traffic conflicts requiring San Francisco Police Department (SFPD) response. As under the Previous Project, implementing Mitigation Measure M-PS-N2 under the Revised Project would reduce potential impacts on SFPD services to a less-than-significant level, and less than under the Previous Project. As under the Previous Project, all other impacts of the Cathedral Hill Campus under the Revised Project related to public services would be less-than-significant.

Cumulative impacts related to the topic of Public Services for Cathedral Hill Campus development under the Revised Project are substantially similar to those identified for the Previous Project. The mitigation measures identified for the Previous Project are applicable to Revised Project.

St. Luke's Campus

Under the Revised Project, the development program for the St. Luke's Campus would be greater than under the Previous Project, but less than under Alternative 3A. The additional employees, patients and visitors at the campus would result in additional demand for public services at the St. Luke's Campus, compared to the Previous Project and existing conditions, but less than analyzed under Alternative 3A. As under the Previous Project and Alternative 3A, no mitigation measures are required at the St. Luke's Campus under the Revised Project. Project-level and cumulative impacts on public services would be less than significant, but greater than under the Previous Project (although less than under Alternative 3A).

Cumulative impacts related to the topic of Public Services for St. Luke's Campus development under the Revised Project are substantially similar to either those identified for the Previous

Project or Alternative 3A. As under the Previous Project and Alternative 3A, no mitigation measures are necessary under the Revised Project.

3.13 UTILITIES AND SERVICE SYSTEMS (DRAFT EIR SECTION 4.12)

Cathedral Hill and St. Luke's Campuses

Similar to the analysis of the Previous Project, the analysis of the Revised Project considers the utilities and service systems demand based on the overall changes at each campus. As under the Previous Project, CPMC's Revised Project would comply with City requirements. The changes in uses within the buildings at the CPMC campus sites would not substantially change the quality of wastewater discharged from the buildings. Overall, water demand generated at the CPMC campuses under the Revised Project would be similar to the demand generated under the Previous Project (and similar to under Alternative 3A). Since the scale of development at the St. Luke's Campus would increase, water demand at the St. Luke's Campus would be greater under the Revised Project than under the Previous Project. On the other hand, since the scale of development at the Cathedral Hill Campus would decrease, water demand at the Cathedral Hill Campus would be less under the Revised Project than under the Previous Project.

The Revised Project would not require new water or wastewater facilities, expansion of existing facilities, or any new or expanded water entitlements. Therefore, similar to the Previous Project, impacts on these facilities would be less than significant under the Revised Project (see Draft EIR page 4.12-29).

As under the Previous Project (and similar to Alternative 3A), impacts to Utilities and Service Systems would be less-than-significant, and no mitigation measures would be required under the Revised Project. Project-level and cumulative impacts on utilities and service systems under the Revised Project would be less than significant, and similar to impacts of the Previous Project. The mitigation measures identified for the Previous Project are applicable to Cathedral Hill Campus development under the Revised Project. As under the Previous Project, no mitigation measures are necessary under the Revised Project at the St. Luke's Campus.

3.14 BIOLOGICAL RESOURCES (DRAFT EIR SECTION 4.13)

Cathedral Hill and St. Luke's Campuses

The development footprint at both the Cathedral Hill and St. Luke's Campuses would be the same under the Revised Project as under the Previous Project and, therefore, impacts to biological resources would be the same. As under the Previous Project and Alternative 3A, implementation of Mitigation Measure M-BI-N1 (related to protection of nesting birds) would be required at both the Cathedral Hill and St. Luke's Campuses under the Revised Project. As under the Previous Project and Alternative 3A, implementation of Improvement Measure I-B1-N2 at the St. Luke's Campus under the Revised Project would further reduce the less-than-significant impact on the existing landmark fig tree at the St. Luke's Campus. Project-level and cumulative impacts on biological resources at St. Luke's Campus under the Revised Project would be less than significant after implementation of Mitigation Measure M-BI-N1, and similar to under the Previous Project and Alternative 3A.

Cumulative impacts related to the topic of Biological Resources under the Revised Project are substantially similar to those identified for the Previous Project or Alternative 3A. All of the mitigation measures related to Biological Resources identified for the Previous Project and Alternative 3A are applicable to the Revised Project.

3.15 GEOLOGY AND SOILS (DRAFT EIR SECTION 4.14)

Cathedral Hill Campus

Under the Revised Project, project-level and cumulative geology and soils impacts at the proposed Cathedral Hill Campus would be less than significant after implementation of the mitigation measures identified in EIR, and similar to those under the Previous Project, because the development footprint and amount of excavation would be the same. Mitigation measures required under the Previous Project would be also required for the Revised Project.

St. Luke's Campus

As under the Previous Project and Alternative 3A, project-level and cumulative geology and soils impacts at the St. Luke's Campus would be less than significant under the Revised Project after implementation of the mitigation measures identified in EIR, but slightly greater than those under the Previous Project, due to the additional 9,000 cubic yards of excavation (although less than under Alternative 3A). Mitigation measures required under the Previous Project would be also required for the Revised Project.

Cumulative impacts related to Geology and Soils under the Revised Project are substantially similar to either those identified for the Previous Project or Alternative 3A. The mitigation measures related to Geology and Soils identified for the Previous Project and Alternative 3A are applicable to Revised Project.

3.16 HYDROLOGY AND WATER QUALITY (DRAFT EIR SECTION 4.15)

Cathedral Hill Campus

As under the Previous Project, implementation of Mitigation Measures M-HY-N2 and M-HY-N3 at the proposed Cathedral Hill Campus would be required under the Revised Project. Under the Revised Project, project-level and cumulative hydrology and water quality impacts at Cathedral Hill would be less than significant with mitigation, and the same or less than under the Previous Project because of the reduced development program.

St. Luke's Campus

As under the Previous Project, implementation of Mitigation Measures M-HY-N2 and M-HY-N3 would be required under the Revised Project at the St. Luke's Campus. Under the Revised Project, project-level and cumulative hydrology and water quality impacts would be less than significant with mitigation, but slightly greater than those under the Previous Project because of the increased development program at the St. Luke's Campus under the Revised Project, although less than under Alternative 3A.

Cumulative impacts related to Hydrology and Water Quality under the Revised Project are substantially similar to either those identified for the Previous Project or Alternative 3A. The mitigation measures related to Geology and Soils identified for the Previous Project and Alternative 3A are applicable to Revised Project.

3.17 HAZARDS AND HAZARDOUS MATERIALS (DRAFT EIR SECTION 4.16)

Cathedral Hill Campus

Project-level and cumulative impacts related to hazards and hazardous materials would be less than significant under the Revised Project, and less than those under the Previous Project because of the reduced development program at this campus. As under the Previous Project, implementation of Mitigation Measures M-HZ-N1a, M-HZ-N1b, M-HZ-N4a and M-HZ-N4b would reduce this impact to a less-than-significant level under the Revised Project.

St. Luke's Campus

The Revised Project would require an additional 9,000 cubic yards of excavation and two additional stories of construction (approximately 75,841 gsf) to accommodate up to 5,500 square feet of additional below grade space within the hospital at the St. Luke's Campus as compared to the Previous Project. No additional new buildings and no additional demolition of existing buildings are proposed than would have occurred under the Previous Project, and the St. Luke's Campus site plan would not be changed from what was proposed under the Previous Project.

As under the Previous Project and Alternative 3A, implementation of Mitigation Measures M-HZ-N4e and M-HZ-N4f would be required at the St. Luke's Campus under the Revised Project. Even with the additional 9,000 cubic yards of excavation at the St. Luke's Campus under the Revised Project, implementing the above-noted mitigation measures would reduce project level and cumulative impacts of the Revised Project at the St. Luke's Campus related to hazards and hazardous materials to less-than-significant levels. However, Revised Project impacts would be greater than under the Previous Project because of the increased excavation and construction that would be required for the St. Luke's Campus development under the Revised Project, but less than analyzed under Alternative 3A (which would have more overall development on this campus at full buildout).

Project-level and cumulative impacts related to hazards and hazardous materials would be less than significant under the Revised Project, but somewhat greater than those under the Previous Project (although less than under Alternative 3A), because of the increased development program at this campus. As under the Previous Project and Alternative 3A, implementation of Mitigation Measures M-HZ-N1a and M-HZ-N1b would reduce this impact to a less-than-significant level under the Revised Project.

Overall, cumulative impacts related to hazards and hazardous materials under the Revised Project are substantially similar to either those identified for the Previous Project or Alternative 3A. The mitigation measures identified for the Previous Project and Alternative 3A are applicable to the Revised Project.

3.18 MINERALS AND ENERGY RESOURCES (DRAFT EIR SECTION 4.17)

Cathedral Hill and St. Luke's Campuses

As under the Previous Project, no mitigation measures would be required under the Revised Project. Project-level and cumulative impacts on mineral and energy resources on a campus-wide basis would be less than significant, and similar to impacts of the Previous Project.

3.19 AGRICULTURAL AND FOREST RESOURCES (DRAFT EIR SECTION 4.18)

Cathedral Hill and St. Luke's Campuses

The CPMC campuses do not contain agricultural uses and are not zoned for agriculture. Therefore, like the Previous Project, the Revised Project would not result in project-level or cumulative impacts on agricultural and forest resources.

3.20 GROWTH INDUCING IMPACTS (DRAFT EIR SECTION 5.0)

Cathedral Hill Campus and St. Luke's Campus

As discussed in Section 4.3, "Population, Employment, and Housing" of the Draft EIR, implementing the Previous Project would not induce substantial citywide population or employment growth. As under the Previous Project and Alternative 3A, the Revised Project would increase on-site development at the proposed Cathedral Hill Campus and St. Luke's Campus as compared to existing conditions. Thus there would be an incremental increase of population in San Francisco and in the Bay Area as a whole. As under the Previous Project, the projected growth in CPMC personnel would induce population growth in San Francisco as new employees migrate to San Francisco. Assuming that existing commute patterns of CPMC personnel would remain the same, under the Previous Project, this projected household and population growth would account for approximately 3 percent of the 2006–2030 population and household growth projected by the Association of Bay Area Governments.

According to the City's 2004 Housing Element, San Francisco has the capacity to accommodate approximately an additional 45,450 housing units within the January 1999 through June 2006 planning period.⁶ By subtracting housing production since adoption of the Housing Element, San Francisco has a current capacity to support approximately 34,100 housing units. Thus, the City could accommodate all of the projected growth in housing demand generated under the Previous Project within the planning period. The projected increase in housing demand from the Previous Project (1,490 housing units) would account for approximately 4 percent of San Francisco's available capacity before taking into account existing available supply of vacant housing units (estimated at 17,100 units) is considered. Therefore, the EIR concluded that growth-inducing impacts of the Previous Project would be less than significant.

Under the Revised Project, the overall amount of development at the CPMC campuses would be reduced in comparison to the Previous Project. Therefore, growth-inducing impacts of the Revised Project would be less than significant, and less than under the Previous Project.

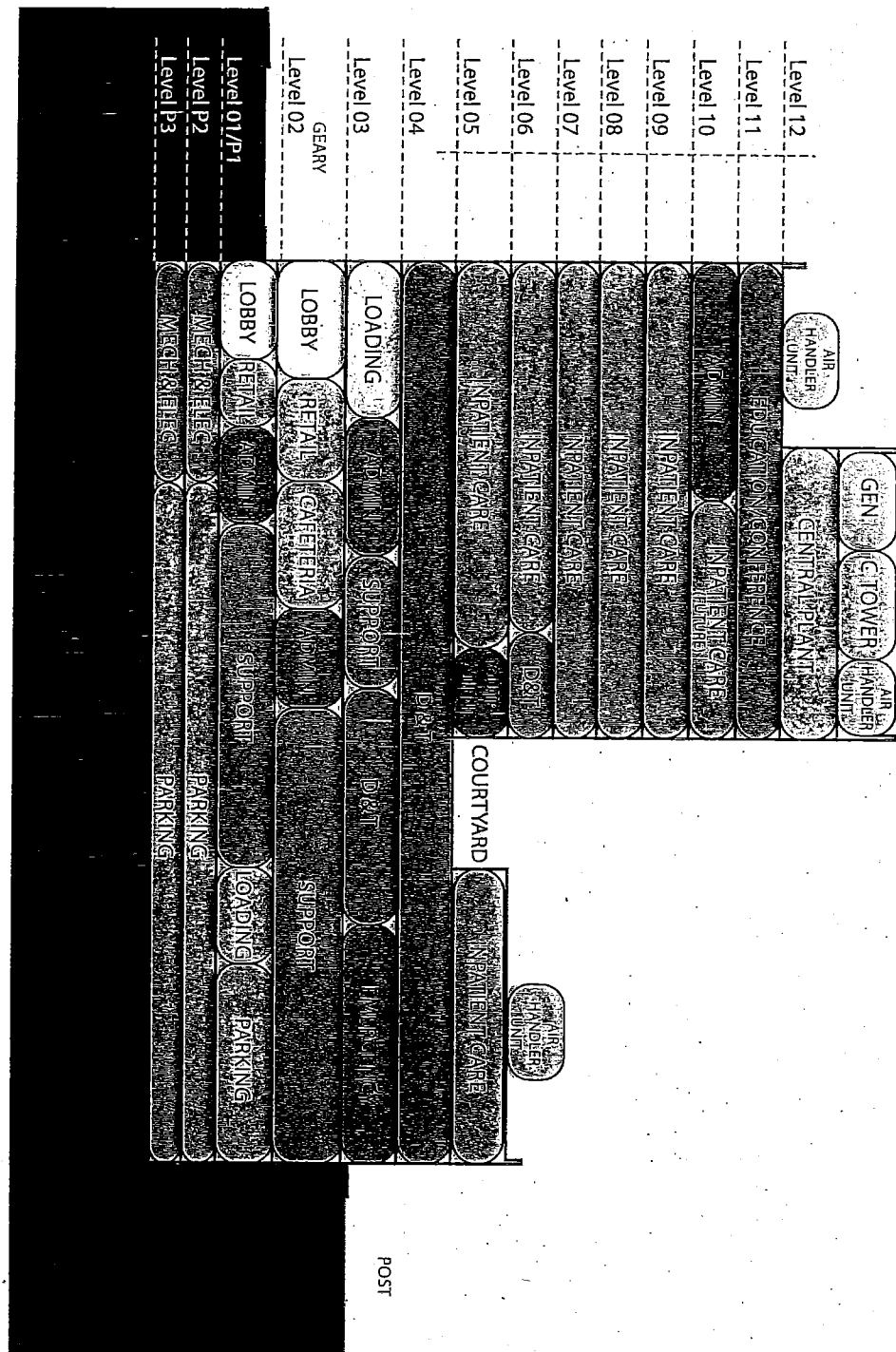
Section 4. Conclusion

Based on the analysis and discussion presented in Sections 2 and 3 of this document, the Revised Project would not introduce any new significant environmental impacts or mitigation measures, would not substantially increase the severity of an environmental impact previously identified, and would not

⁶ San Francisco Planning Department. 2004. *2004 Adopted Housing Element—Part 1: Data Needs and Analysis*. San Francisco, CA.

introduce a new feasible project alternative or mitigation measure considerably different from others previously analyzed. The impacts of the Revised Project fall within the range of impacts of the Previous Project and Alternative 3A previously analyzed in the EIR.

Figure 1-1: Hospital at Cathedral Hill Campus Stacking Diagram



NOTE: STACKING DIAGRAM IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT TO SCALE

Figure 1-2: Proposed Cathedral Hill Site Plan

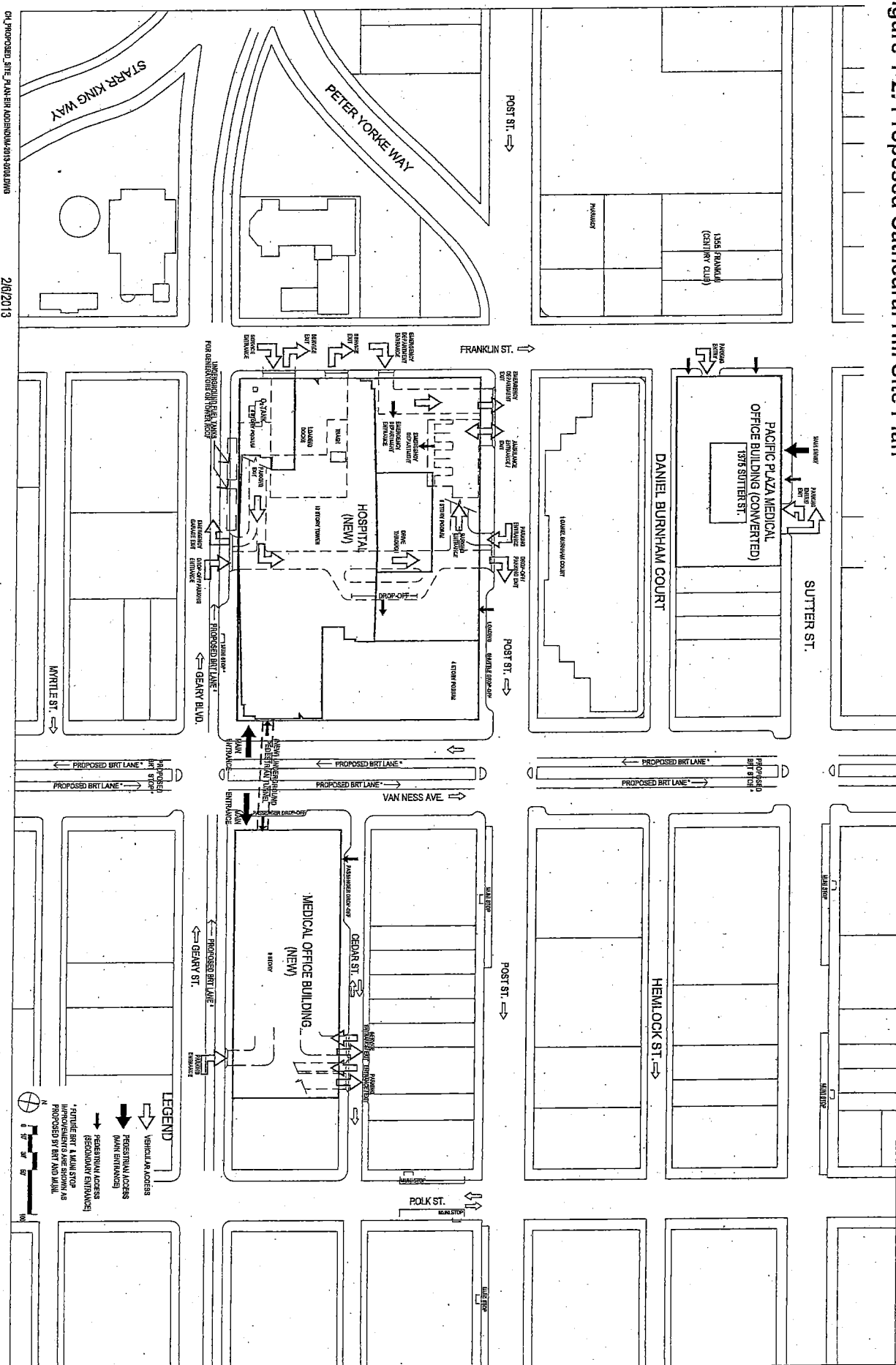


Figure 1-3: Cathedral Hill East Elevation

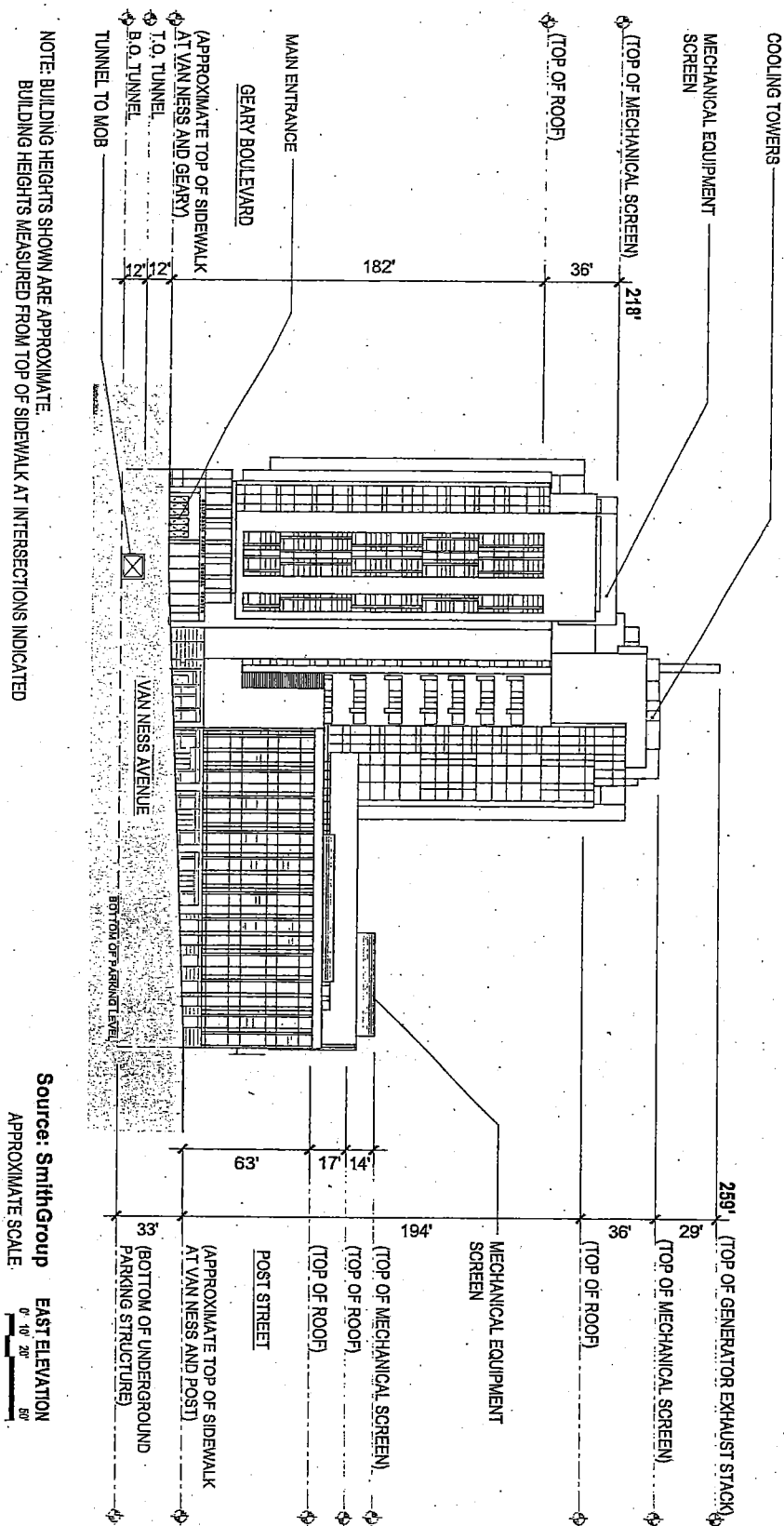
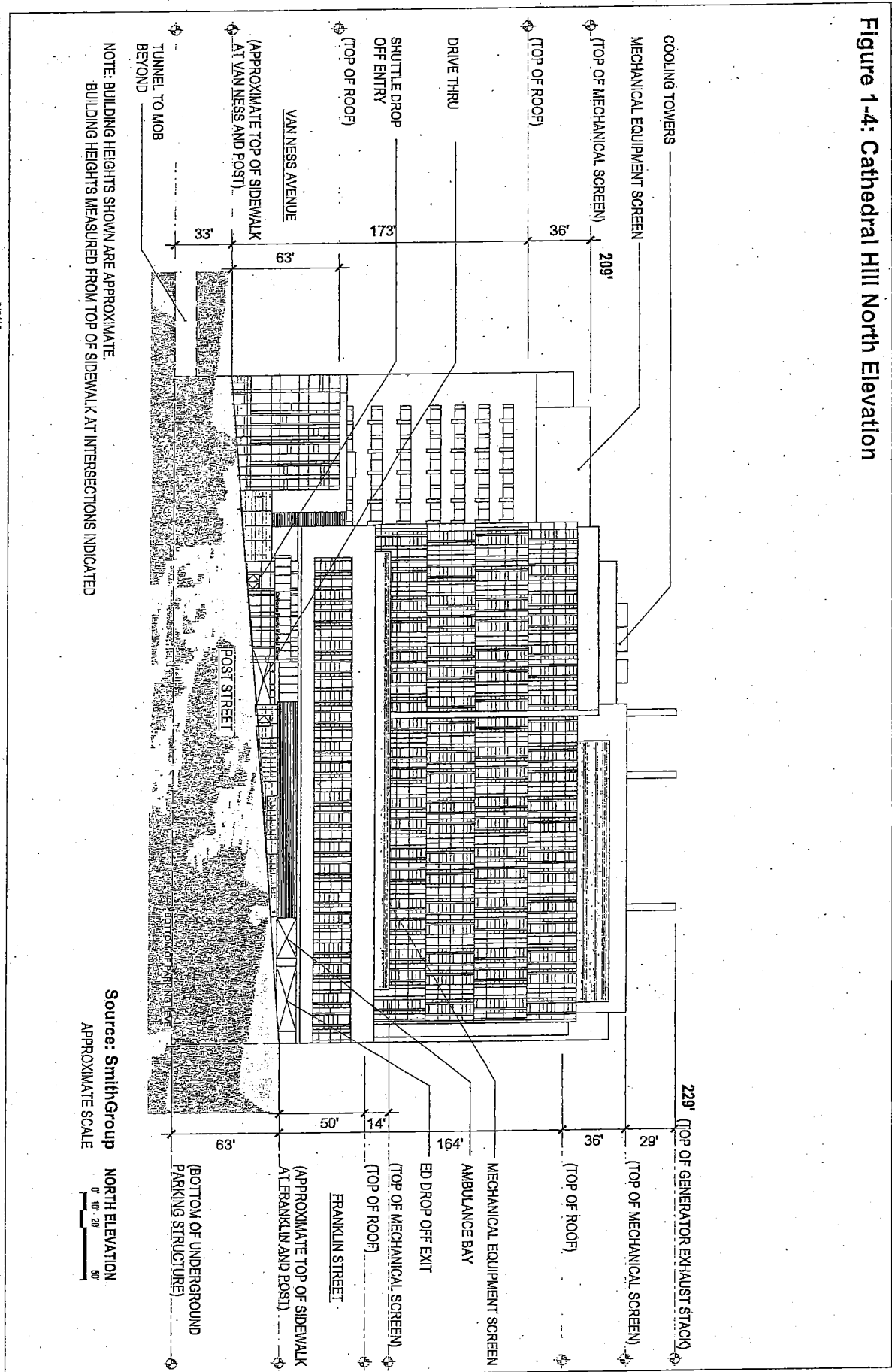


Figure 1-4: Cathedral Hill North Elevation



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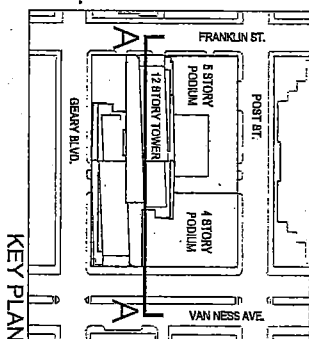


Figure 1-8: Cathedral Hill Stacking Diagram Section B-B

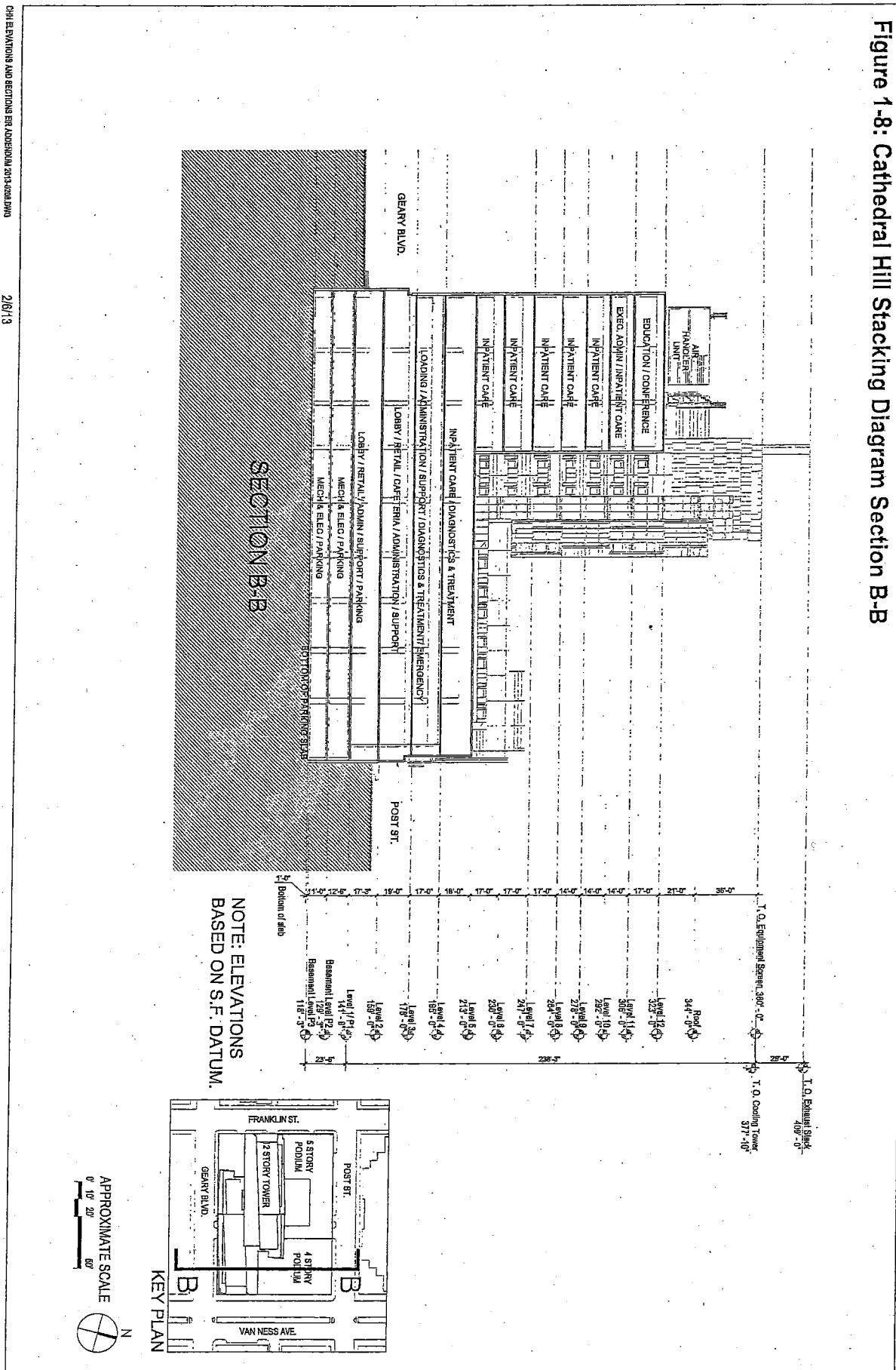


Figure 1-9: Cathedral Hill Stacking Diagram Section C-C

Figure 1-10: Cathedral Hill Hospital - Level P3

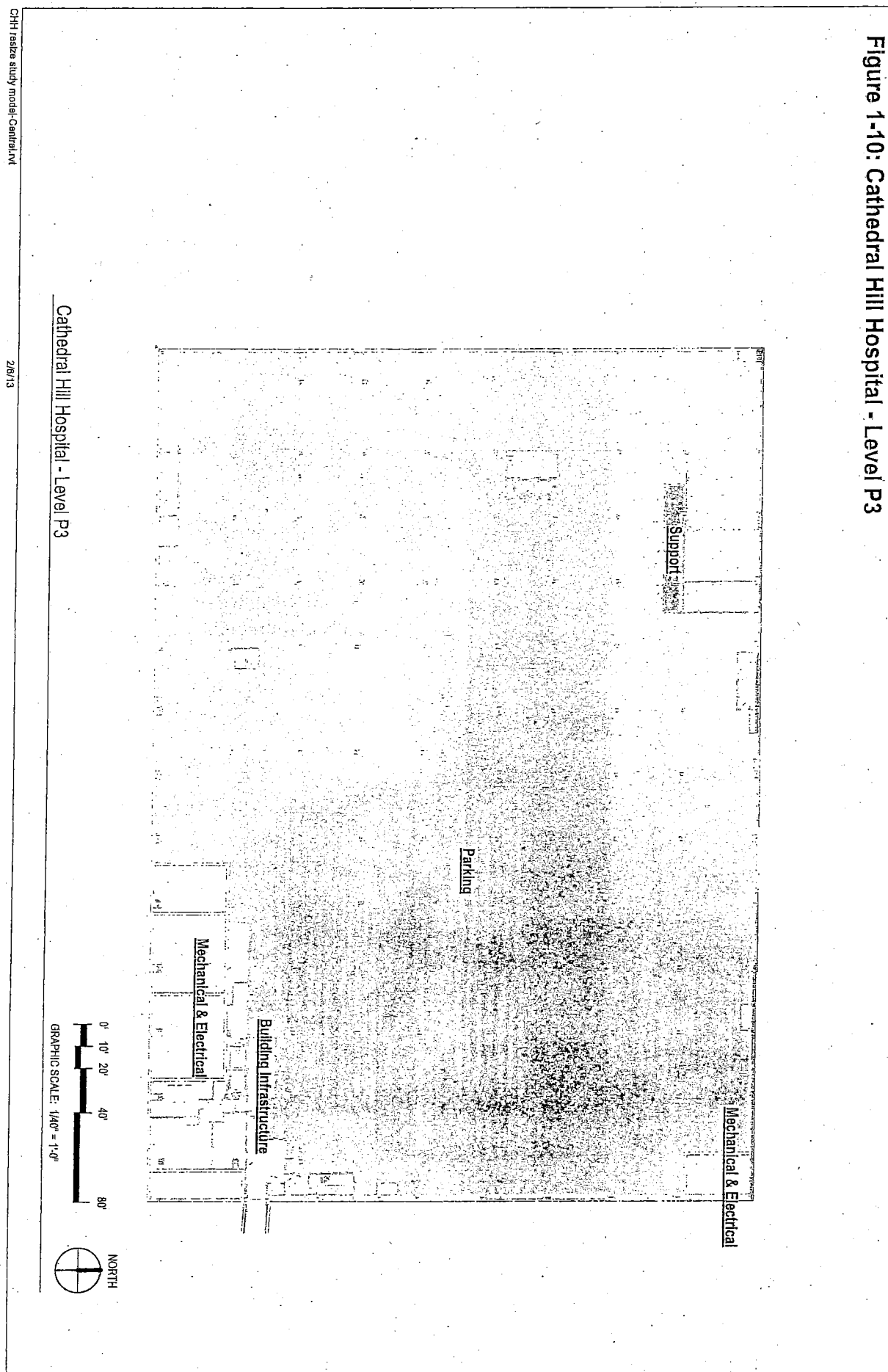


Figure 1-11: Cathedral Hill Hospital - Level P2

Cathedral Hill Hospital - Level P2

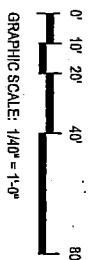
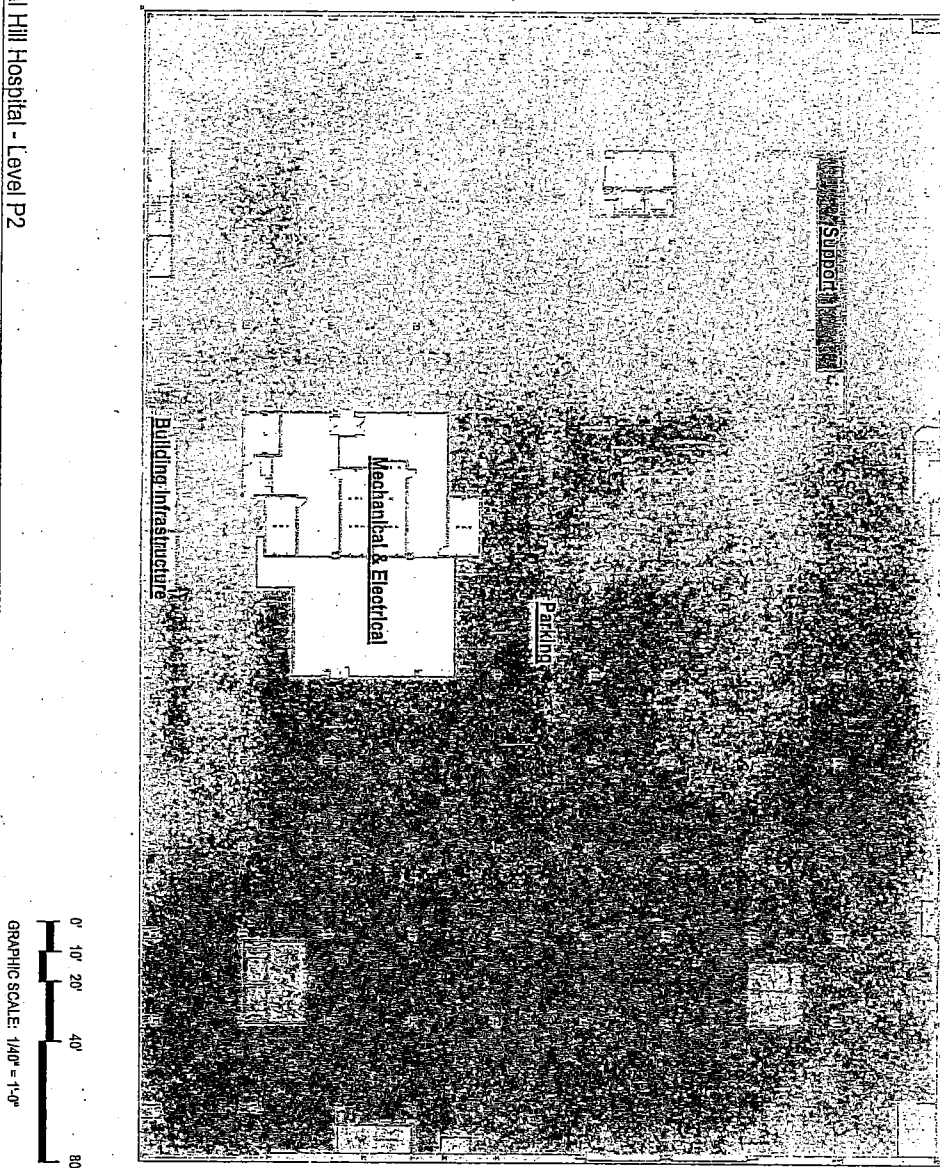


Figure 1-12: Cathedral Hill Hospital - Level 1/P1

Cathedral Hill Hospital - Level 1/P1

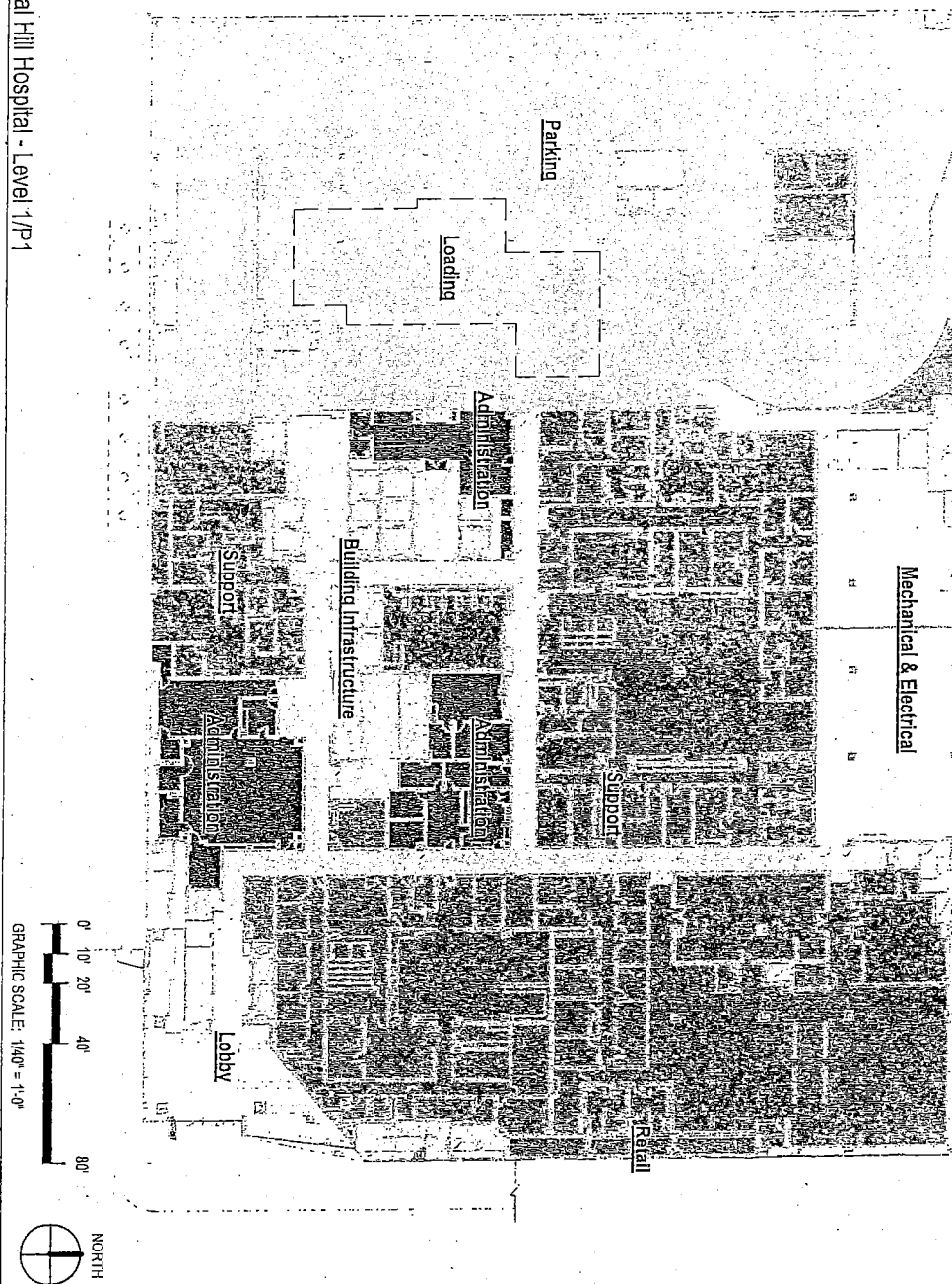


Figure 1-13: Cathedral Hill Hospital - Level 2

Cathedral Hill Hospital - Level 2

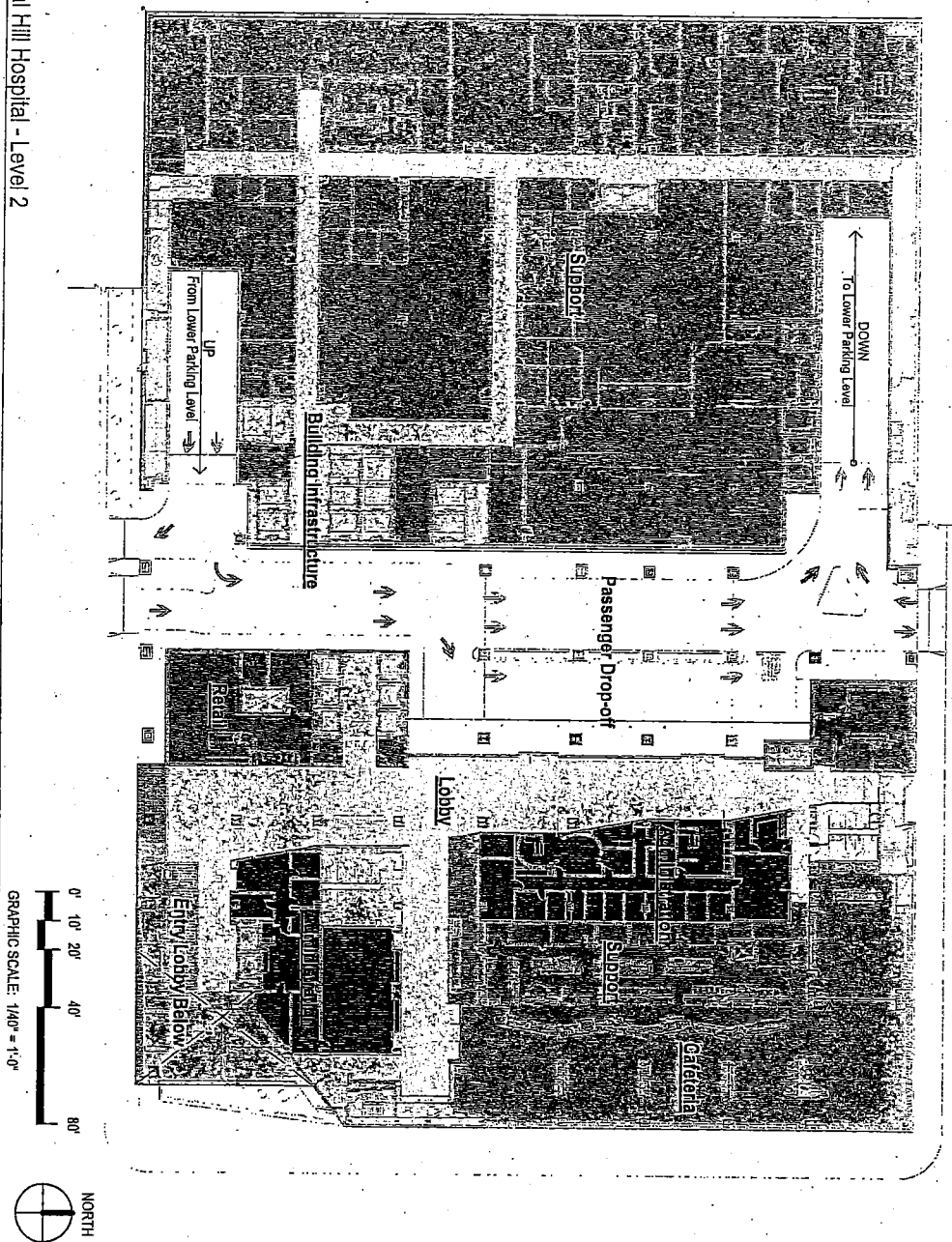


Figure 1-14: Cathedral Hill Hospital - Level 3

Cathedral Hill Hospital - Level 3

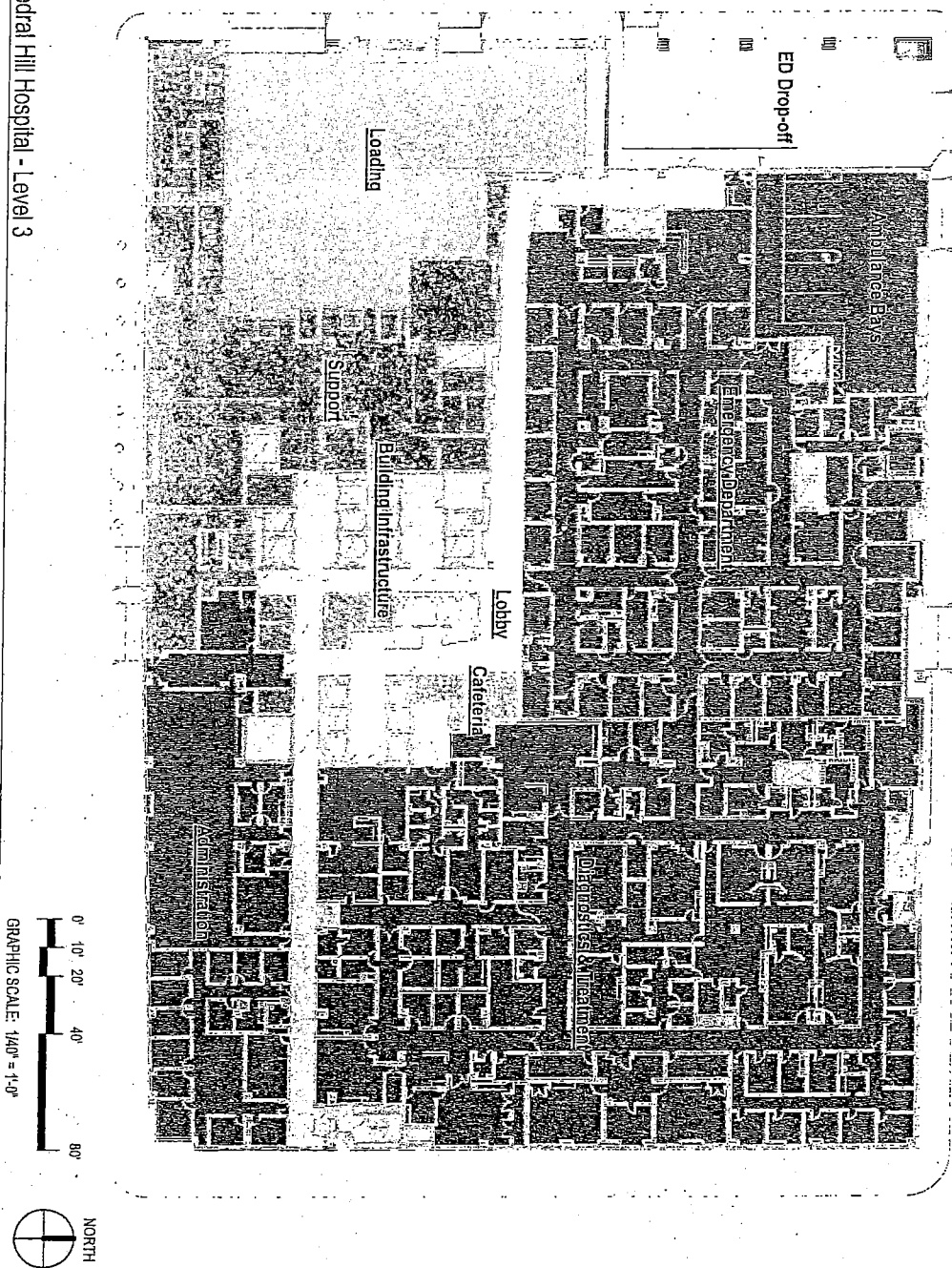


Figure 1-15: Cathedral Hill Hospital - Level 4

Cathedral Hill Hospital - Level 4

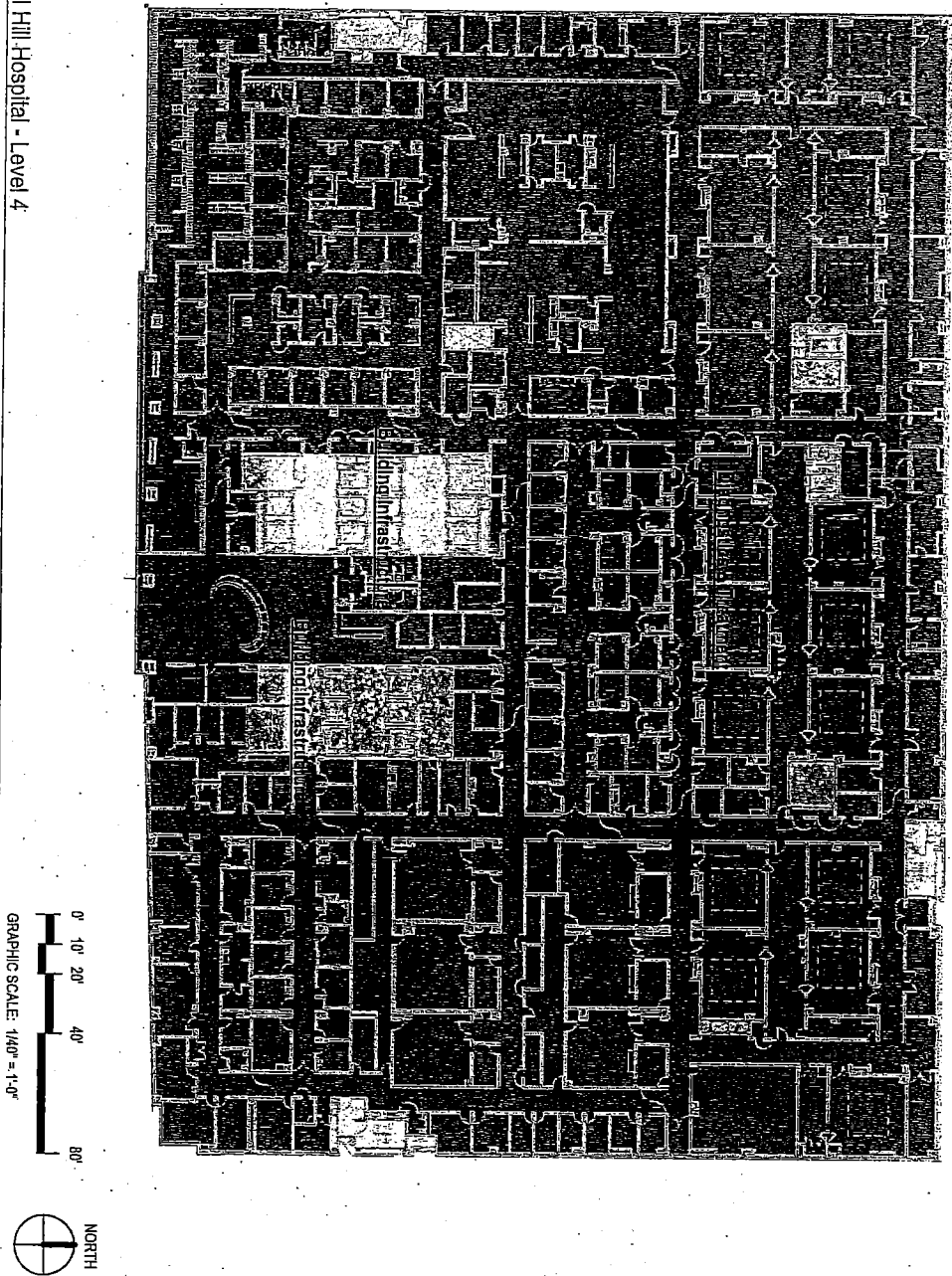


Figure 1-16: Cathedral Hill Hospital - Level 5

Cathedral Hill Hospital - Level 5



Figure 1-17: Cathedral Hill Hospital - Level 6

Cathedral Hill Hospital - Level 6

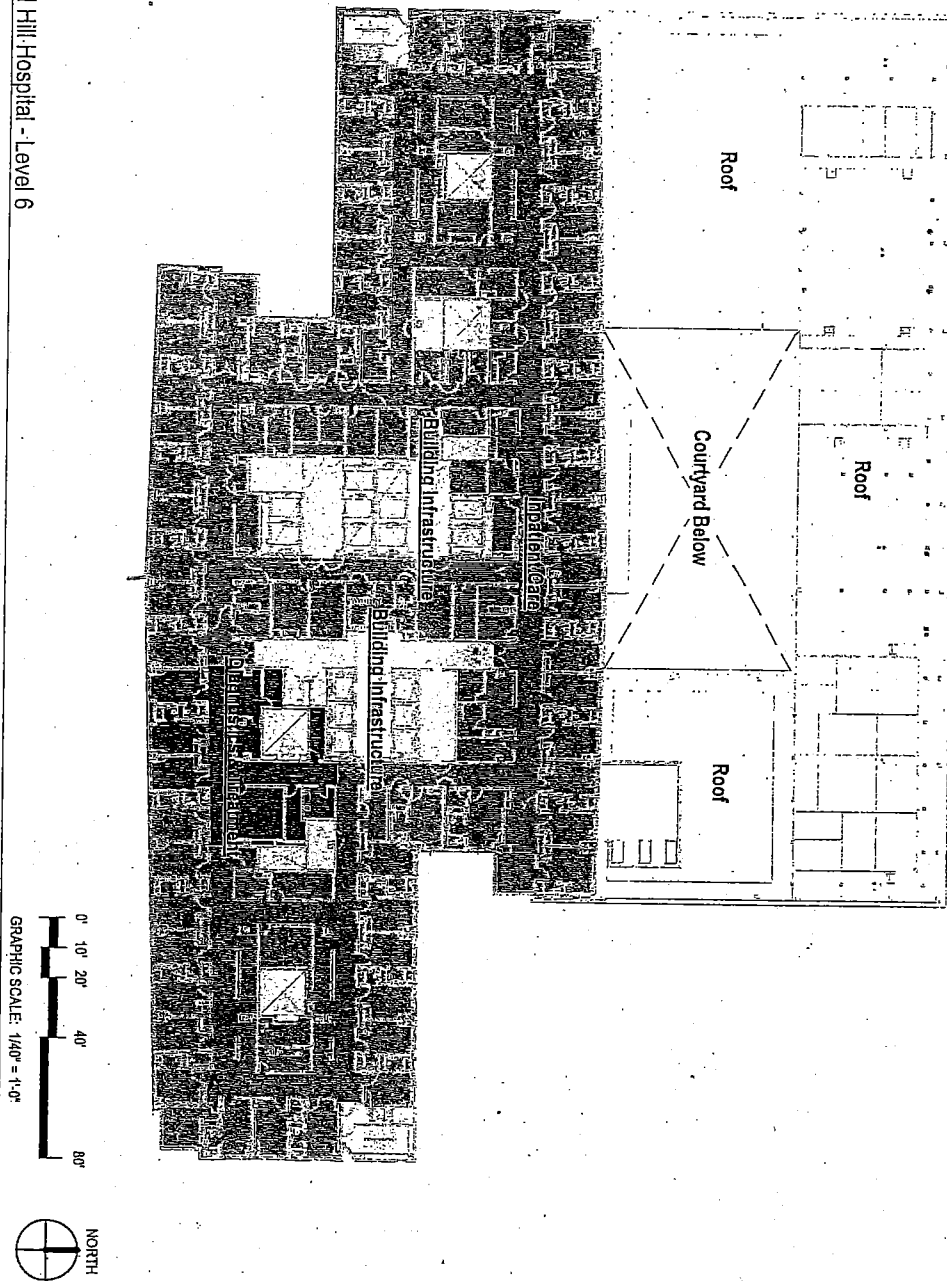


Figure 1-18: Cathedral Hill Hospital - Level P7

Cathedral Hill Hospital - Level 7

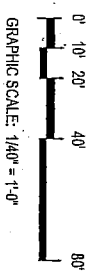
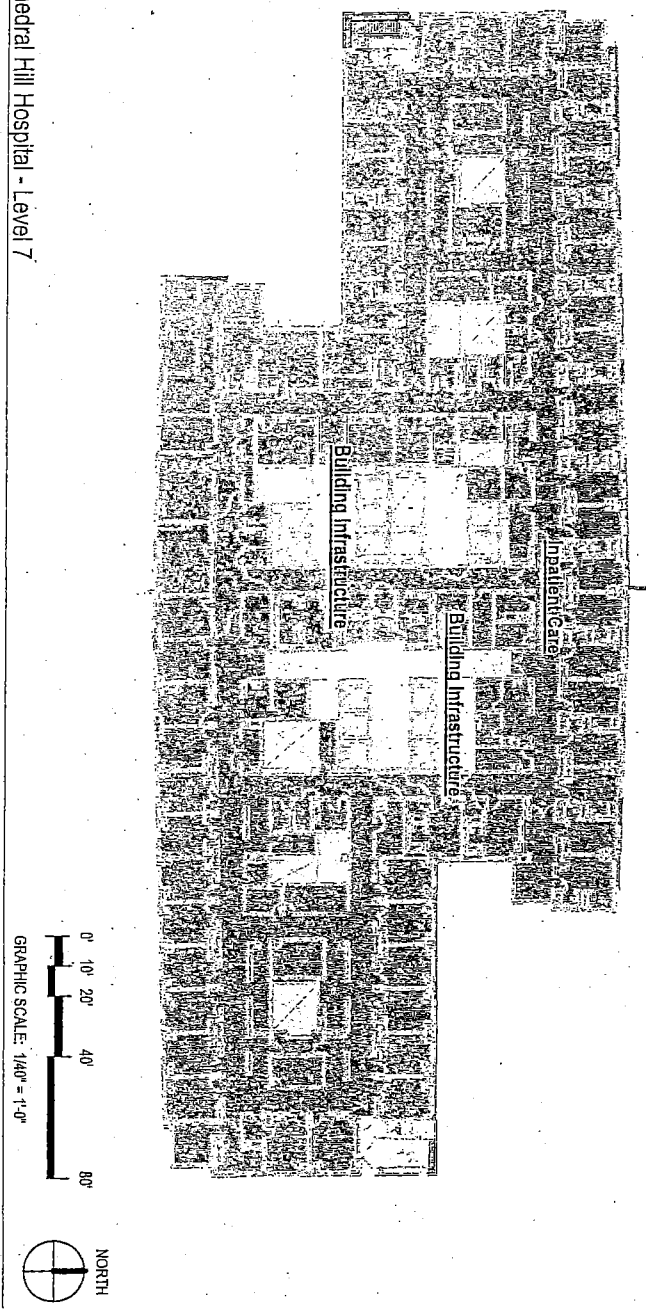


Figure 1-19: Cathedral Hill Hospital - Level 8

Cathedral Hill Hospital - Level 8

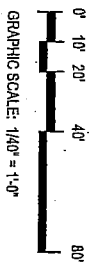
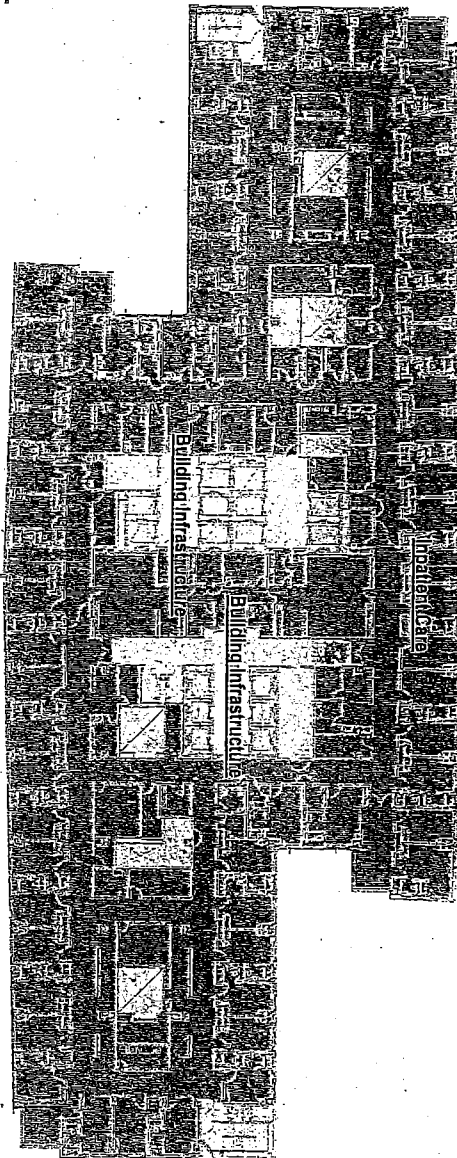


Figure 1-20: Cathedral Hill Hospital - Level 9

Cathedral Hill Hospital - Level 9

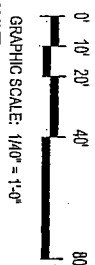
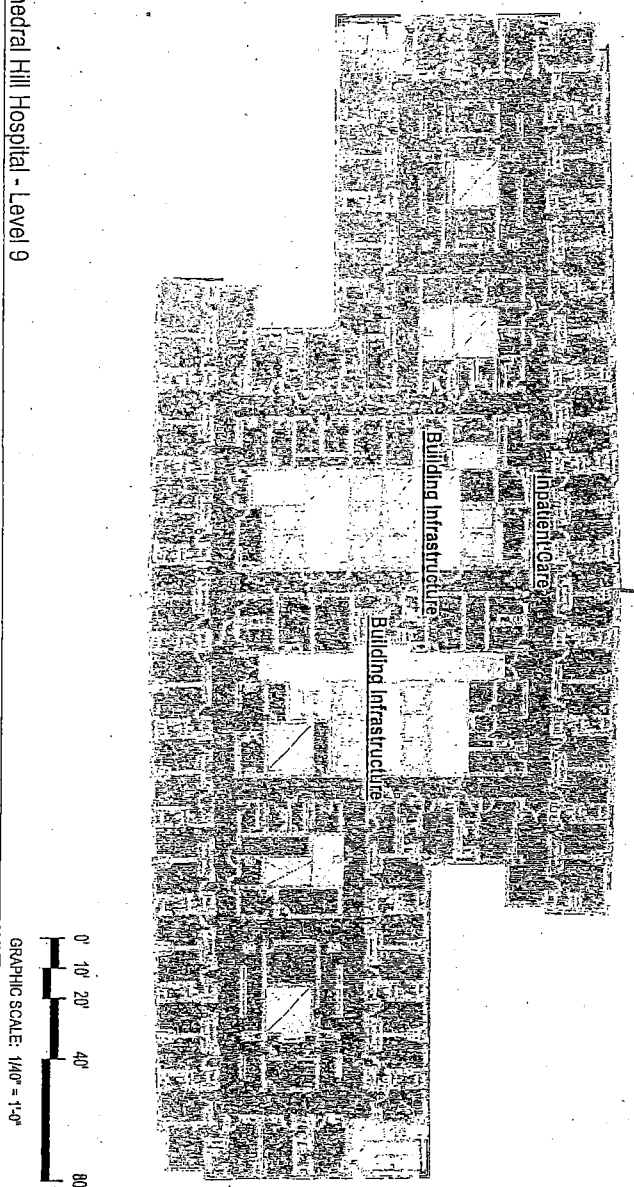
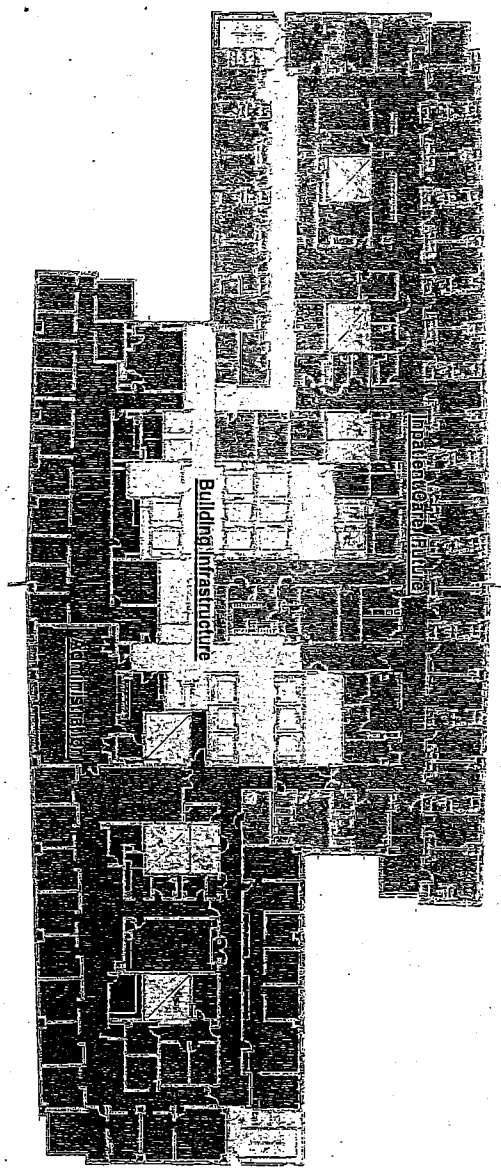


Figure 1-21: Cathedral Hill Hospital - Level 10

Cathedral Hill Hospital - Level 10



0' 10' 20' 40' 80'
GRAPHIC SCALE: 1/4" = 1'-0"

Figure 1-22: Cathedral Hill Hospital - Level 11



Figure 1-23: Cathedral Hill Hospital - Level 12

Cathedral Hill Hospital - Level 12

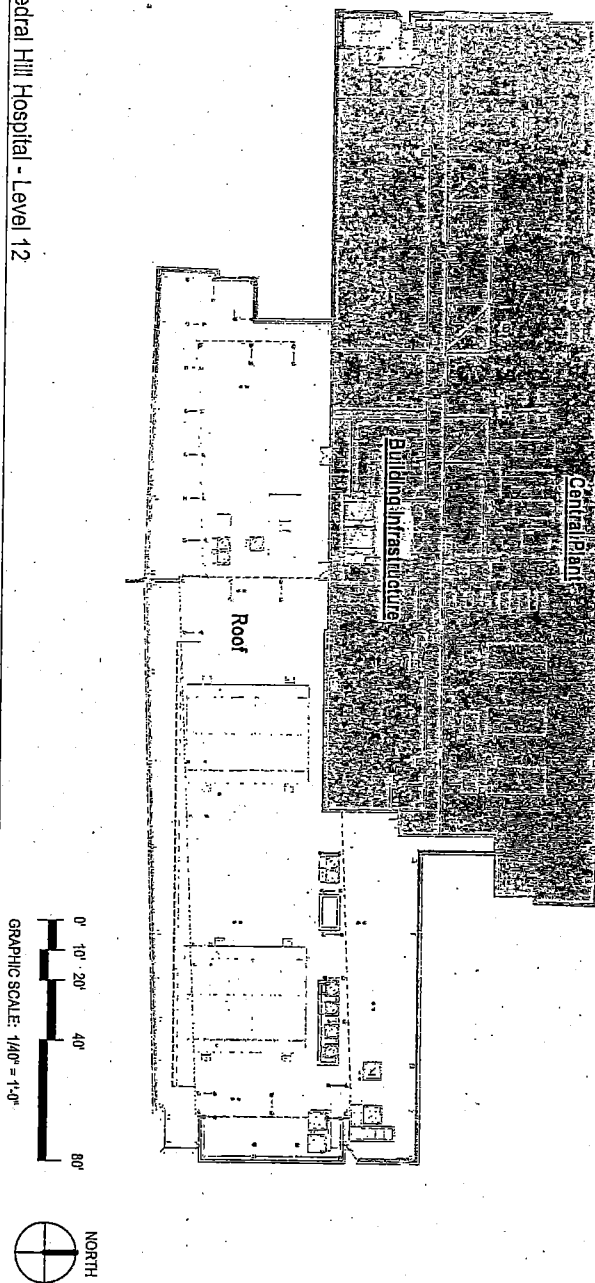


Figure 1-24: East Elevation Comparison of Revised Project to Previous Project

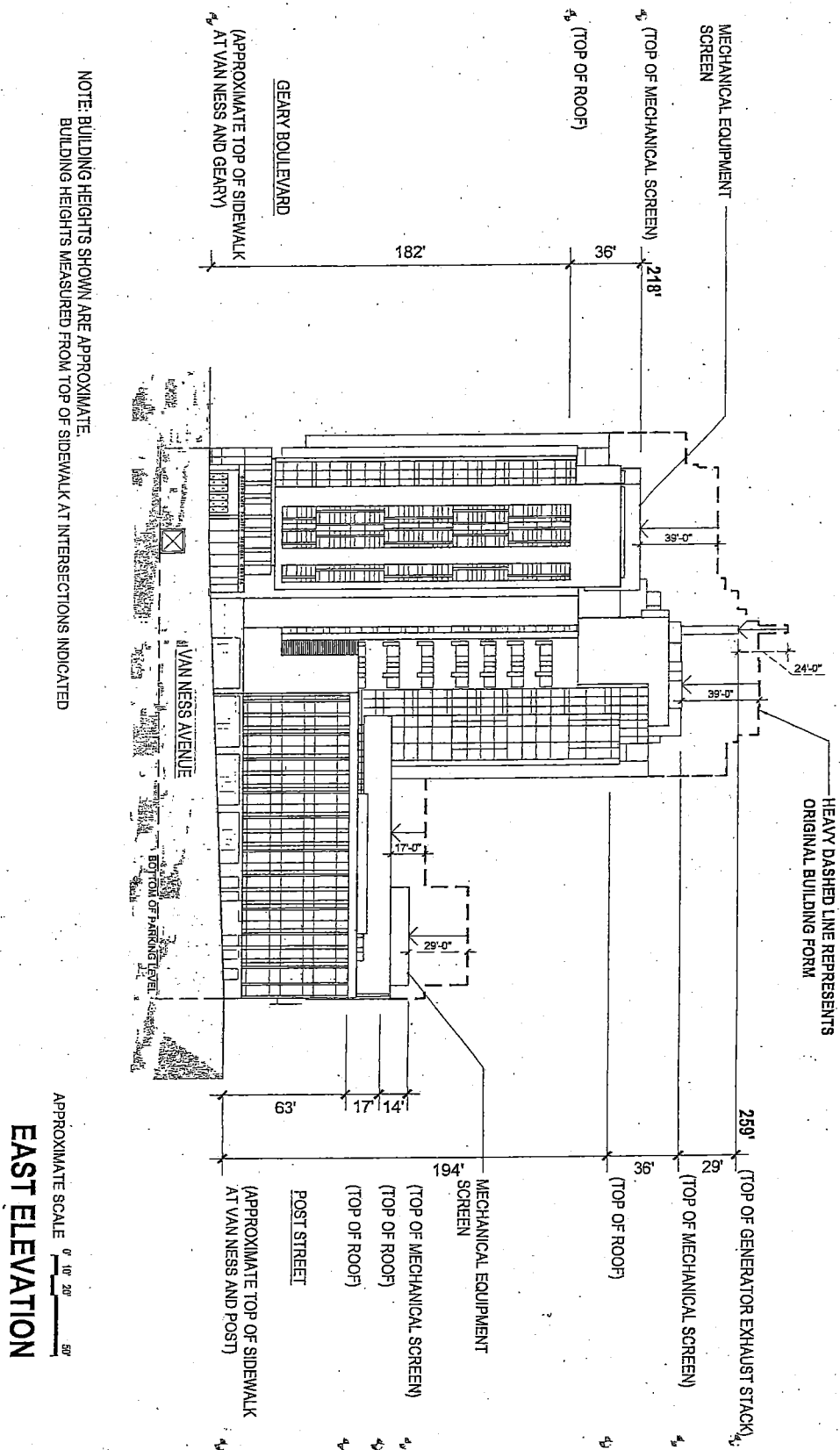


Figure 1-25: North Elevation Comparison of Revised Project to Previous Project

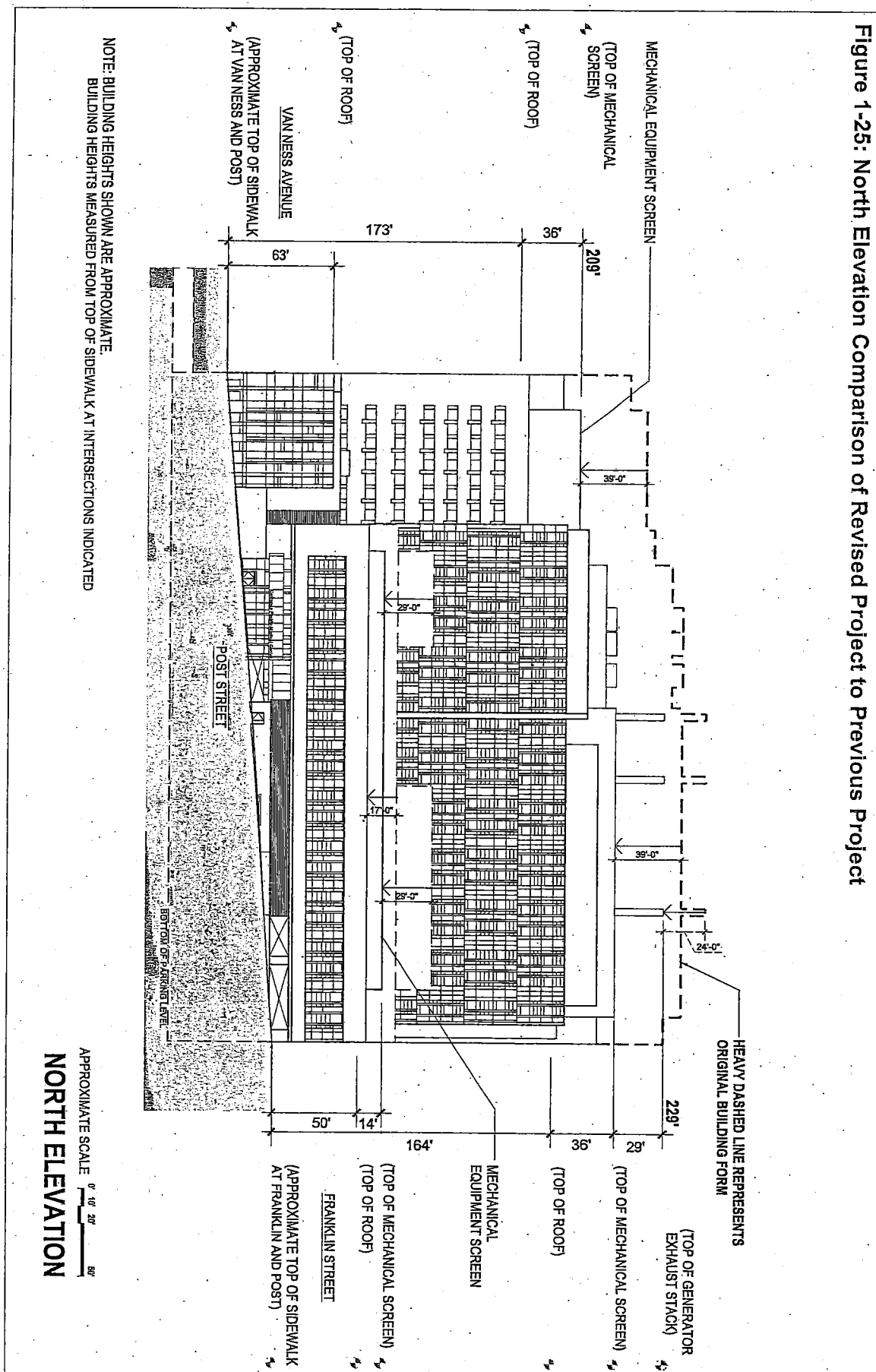


Figure 1-26: South Elevation Comparison of Revised Project to Previous Project

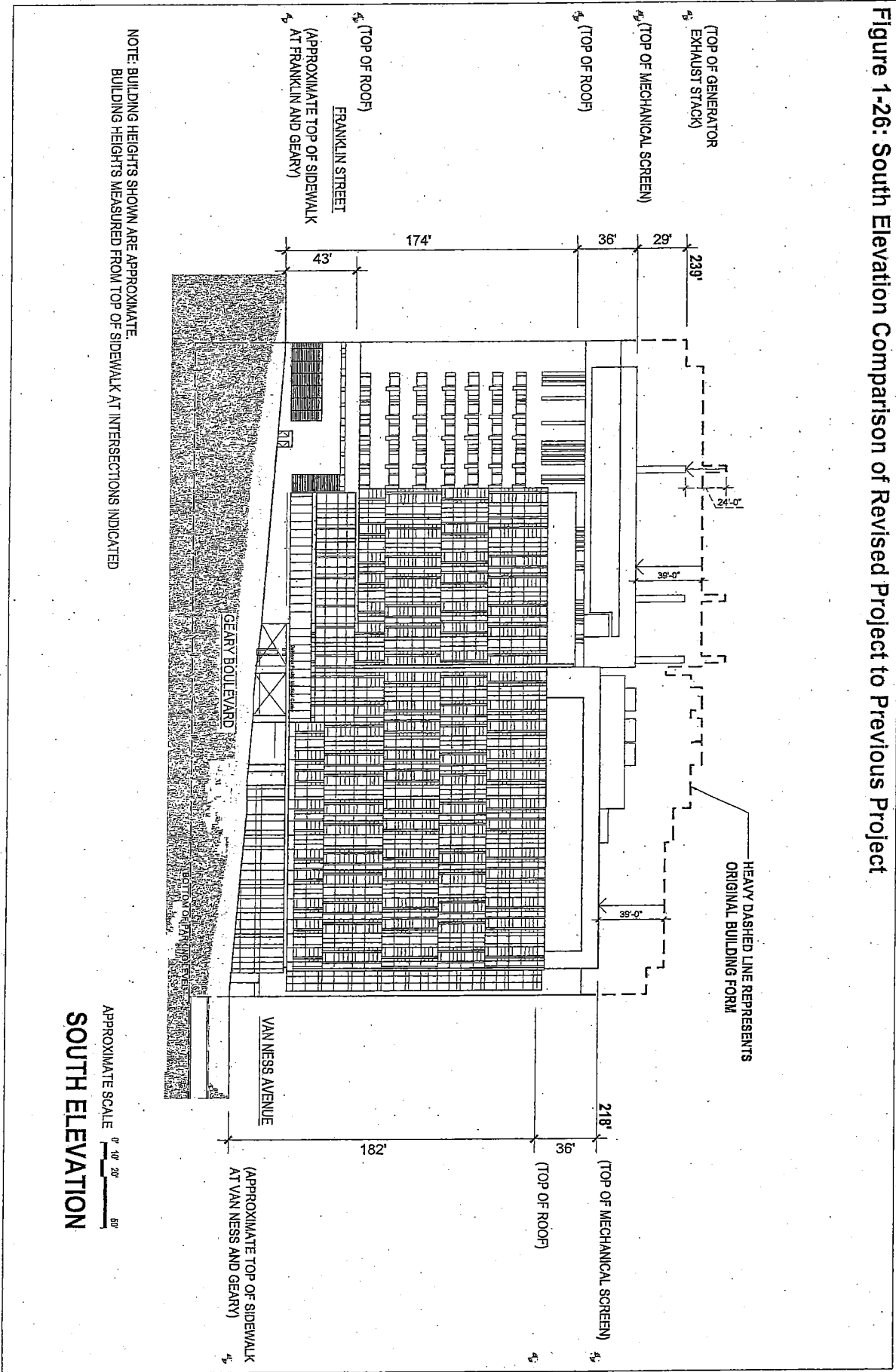
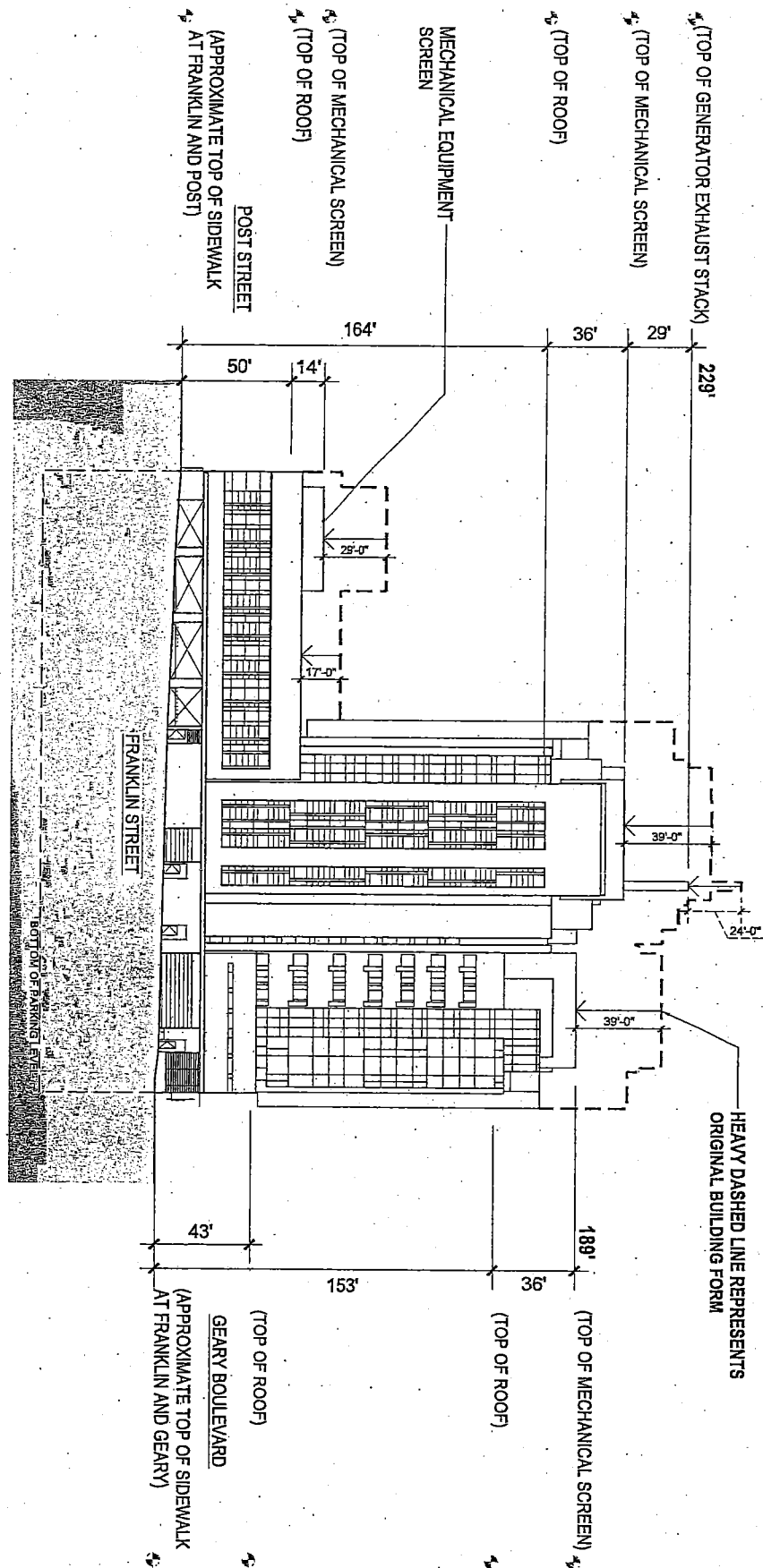


Figure 1-27: West Elevation Comparison of Revised Project to Previous Project



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

APPROXIMATE SCALE 0' 10' 20' 50'
WEST ELEVATION

STL STACKING DIAGRAM EIR.pdf



* NOTE: STACKING DIAGRAM IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT TO SCALE

[illegible]

Figure 1-30: St. Luke's Campus North Elevation

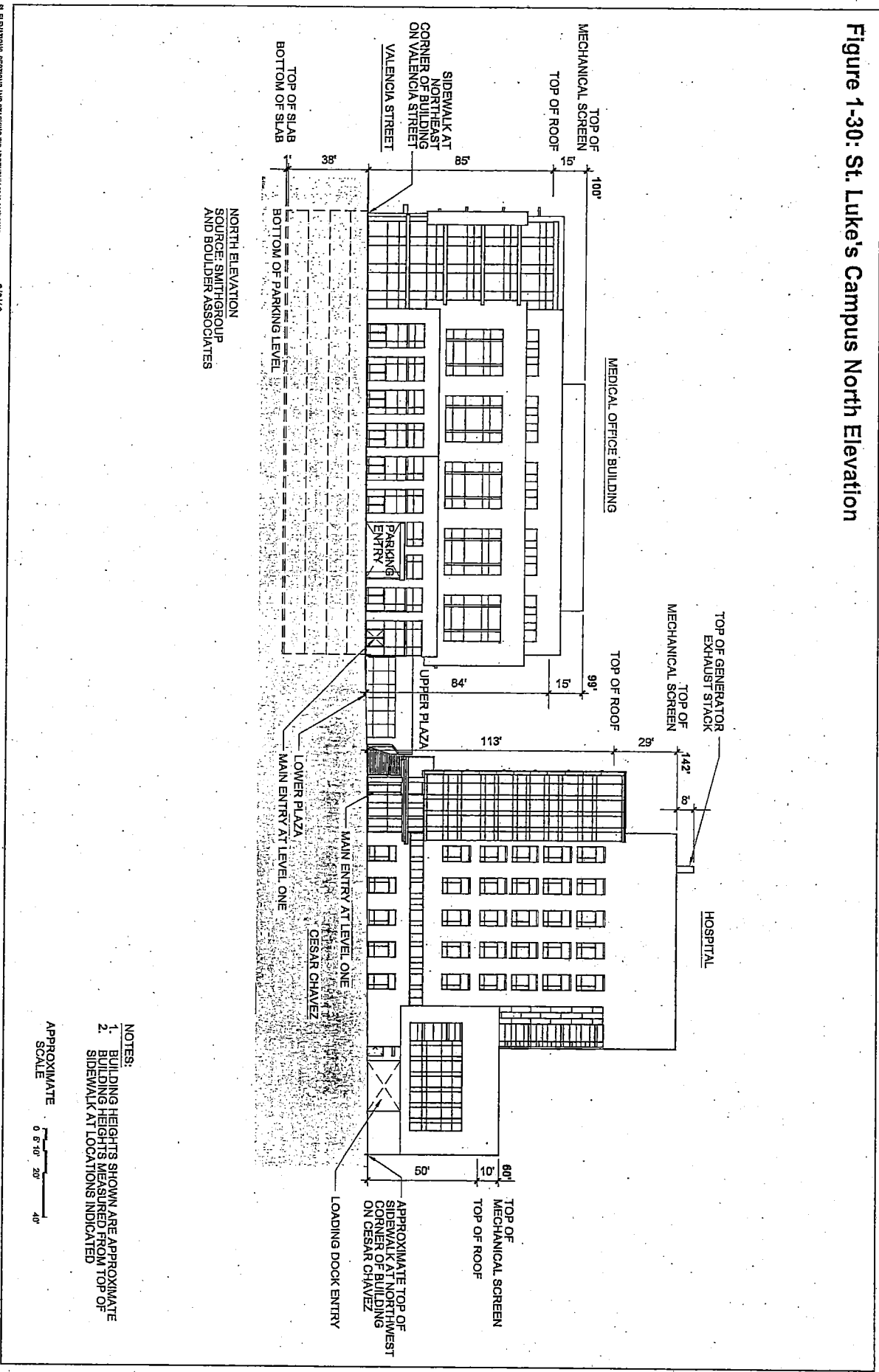


Figure 1-31: St. Luke's Campus South Elevation

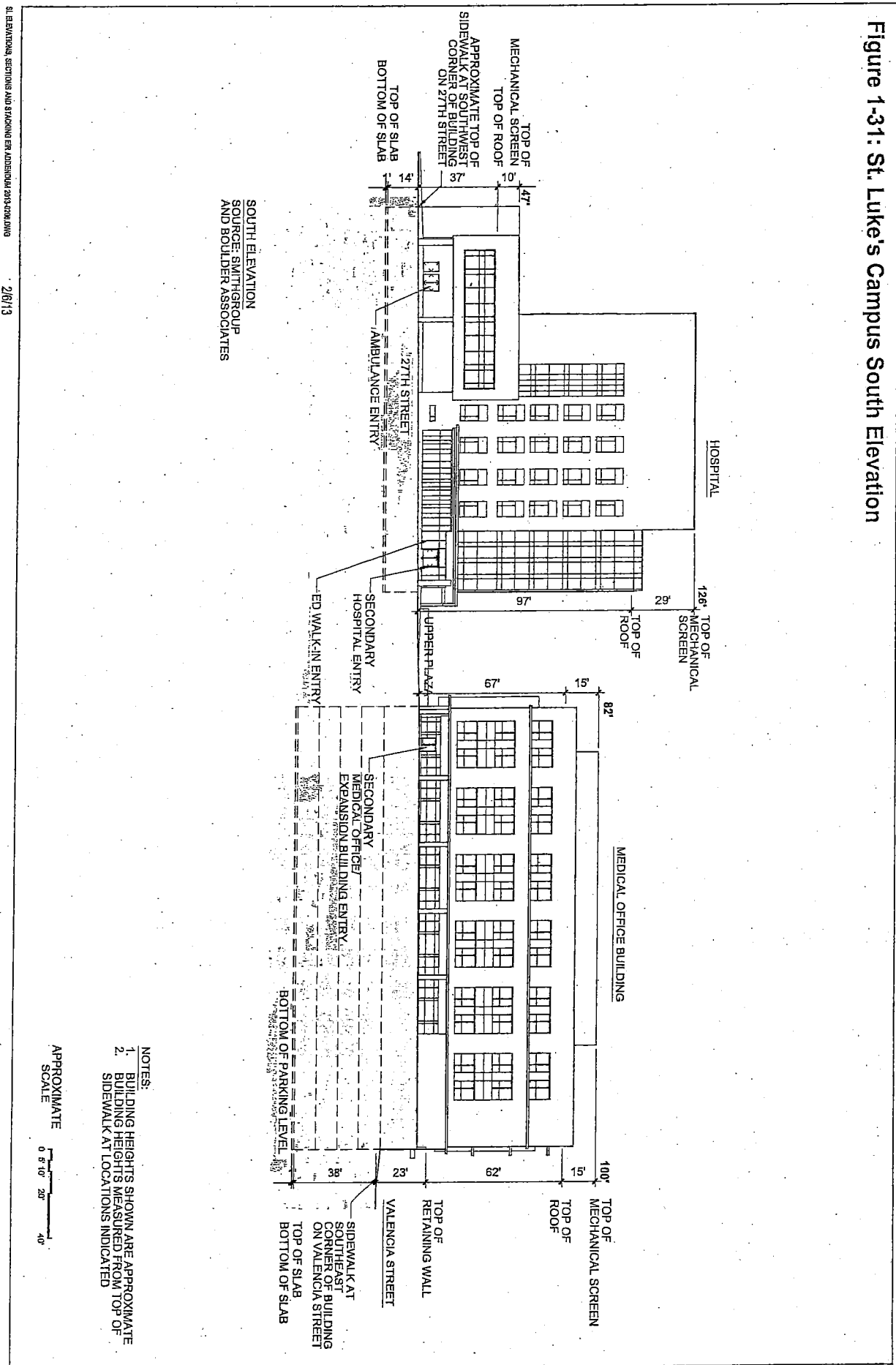


Figure 1-32: St. Luke's Campus West/East Elevation

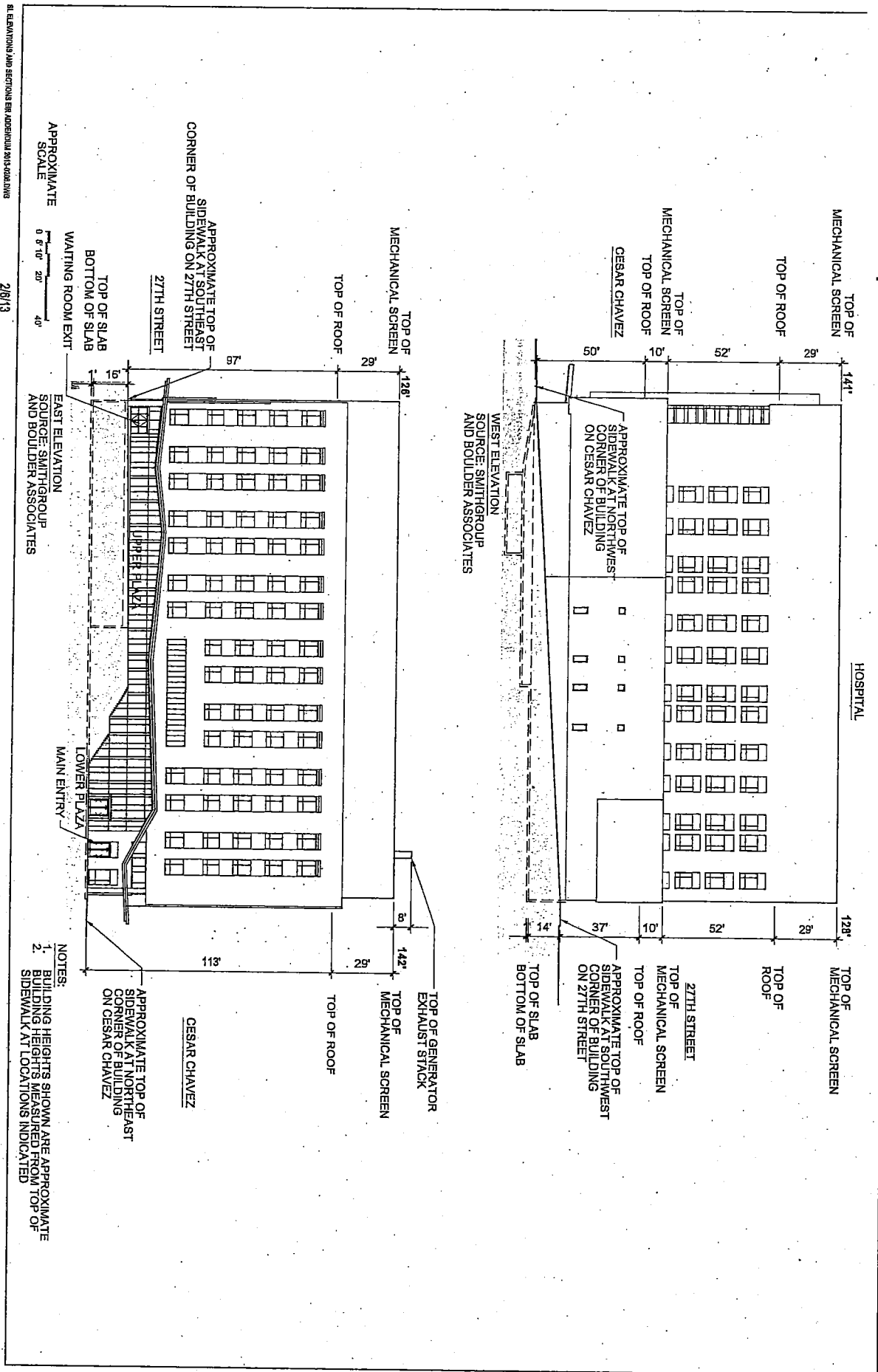


Figure 1-33: St. Luke's Campus East/West Section

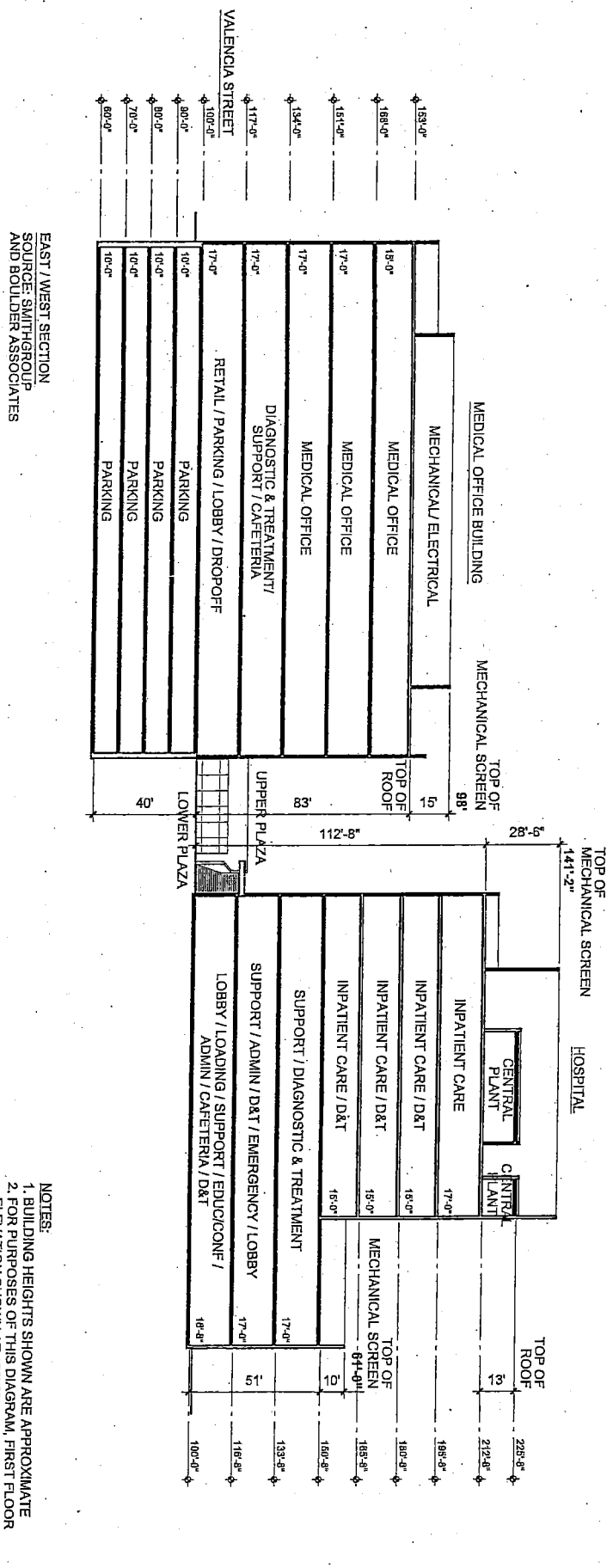


Figure 1-34: St. Luke's Campus North/South Section

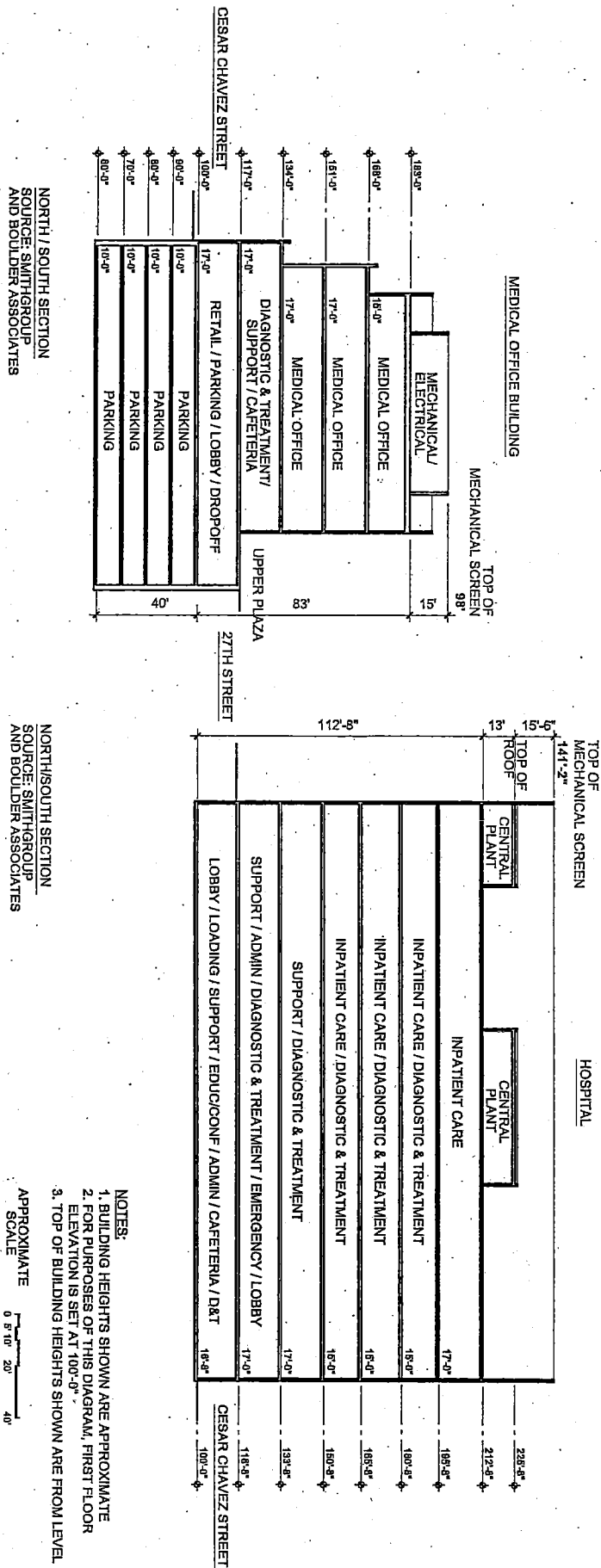
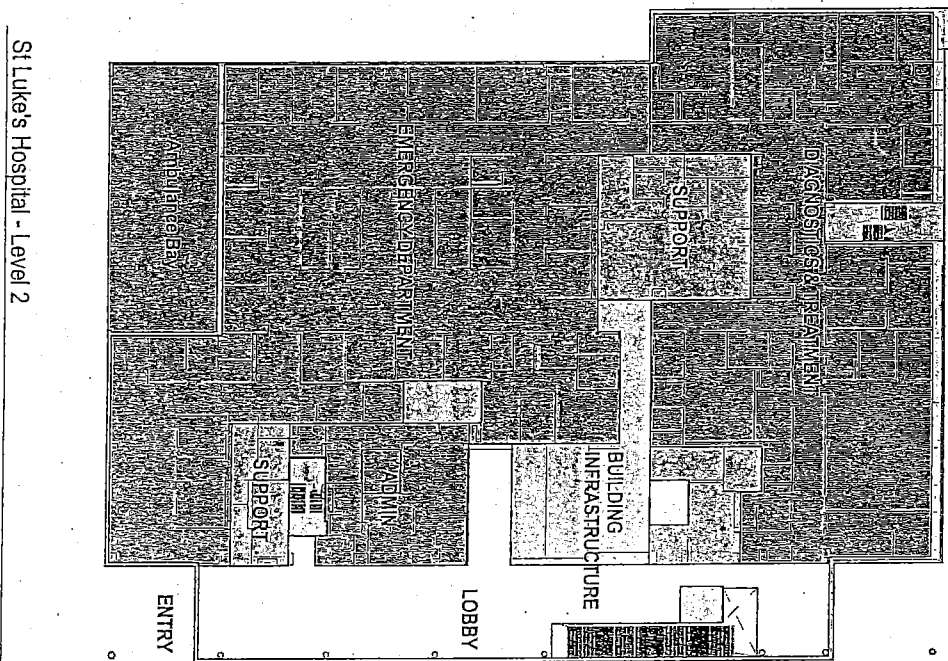
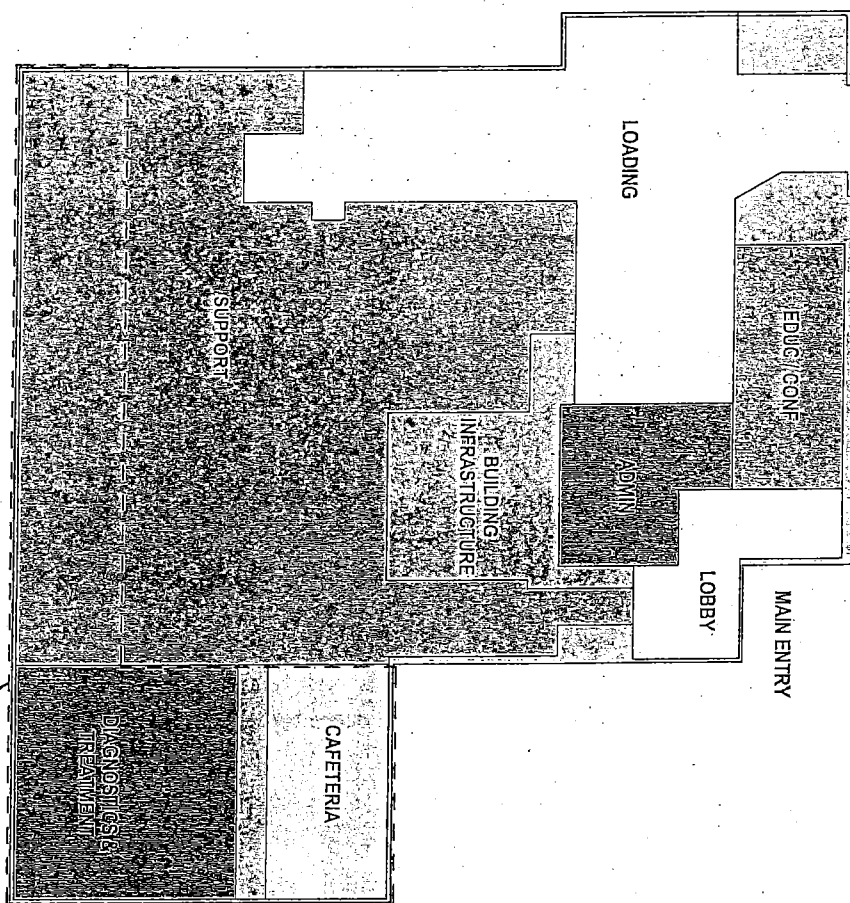


Figure 1-35: St. Luke's Hospital - Level 1 & 2



St. Luke's Hospital - Level 2



St. Luke's Hospital - Level 1

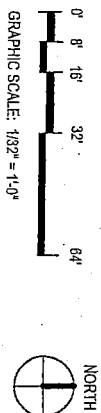
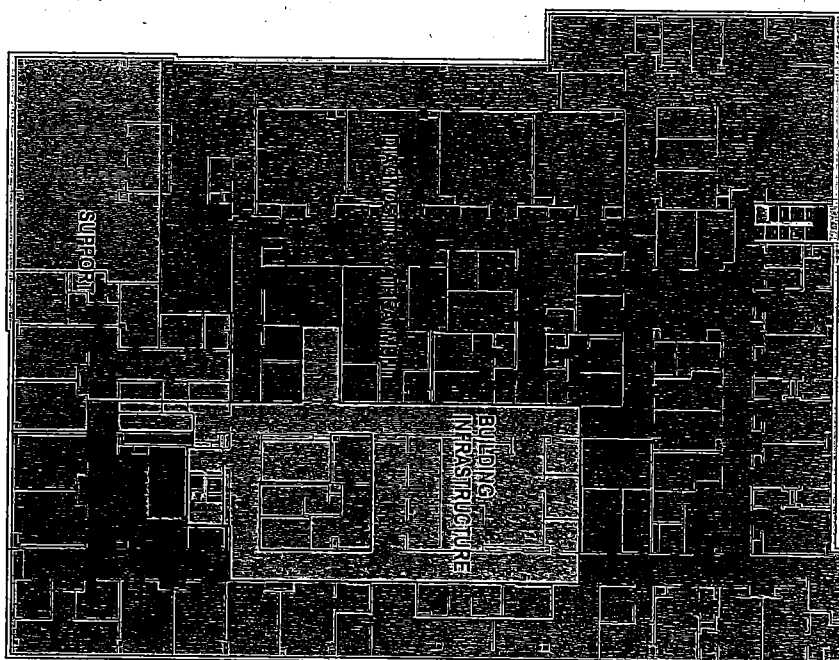
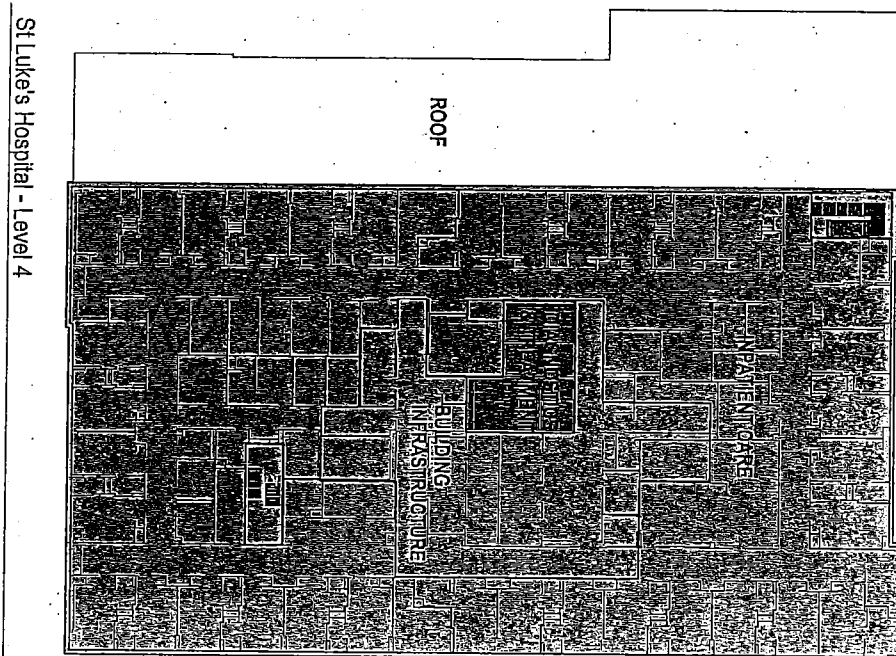


Figure 1-36: St. Luke's Hospital - Level 3 & 4



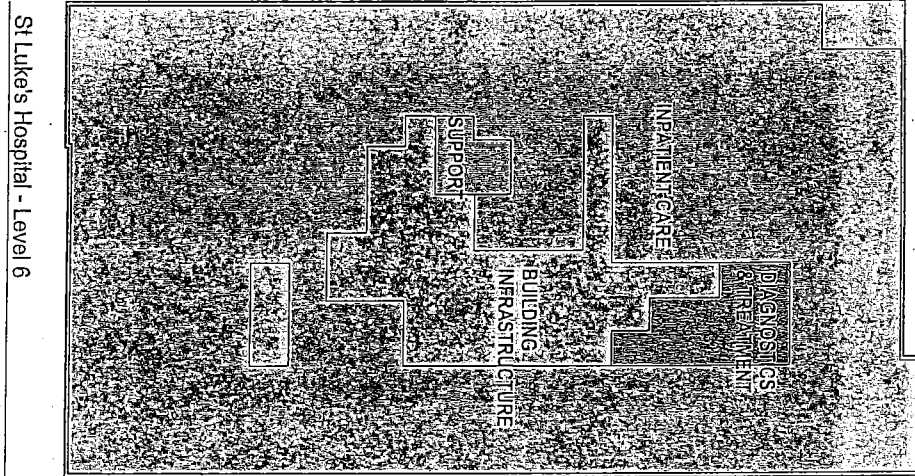
0' 8' 16' 32' 64'
GRAPHIC SCALE: 1/32" = 1'-0"



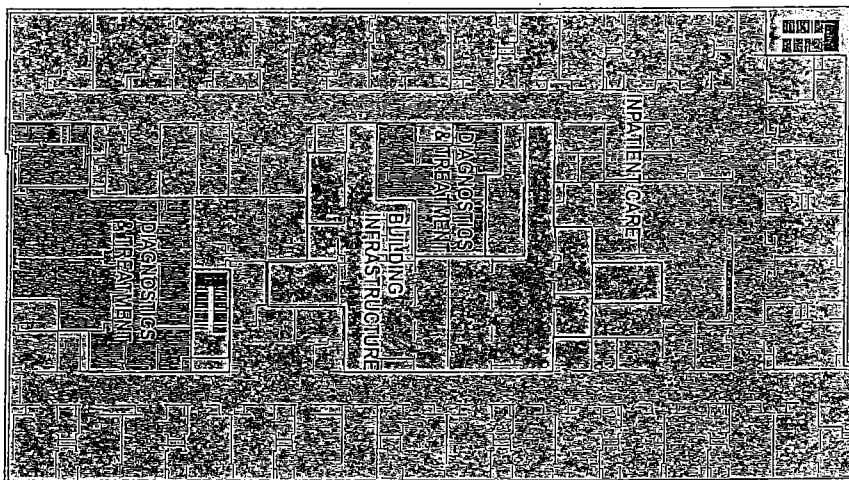
St. Luke's study model.rvt

2/6/13

Figure 1-37: St. Luke's Hospital - Level 5 & 6



St Luke's Hospital - Level 6



St Luke's Hospital - Level 5

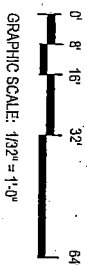


Figure 1-38: St. Luke's Hospital - Level 7 & Roof

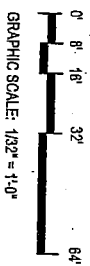
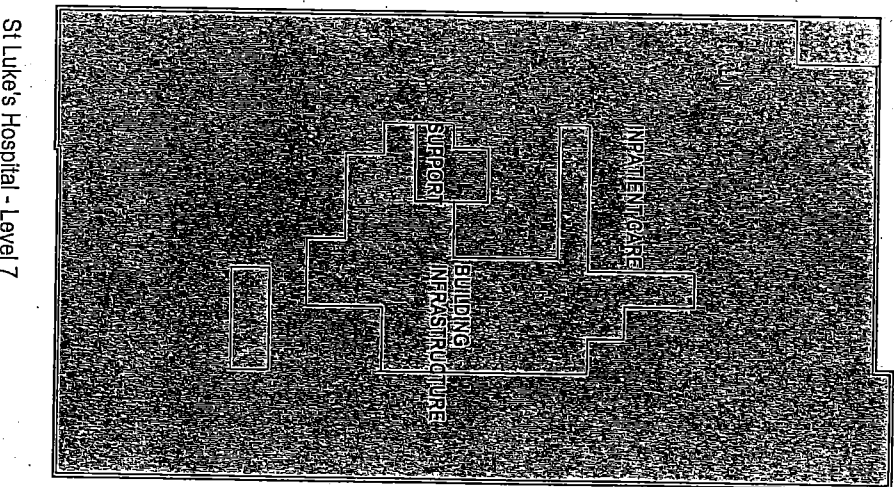
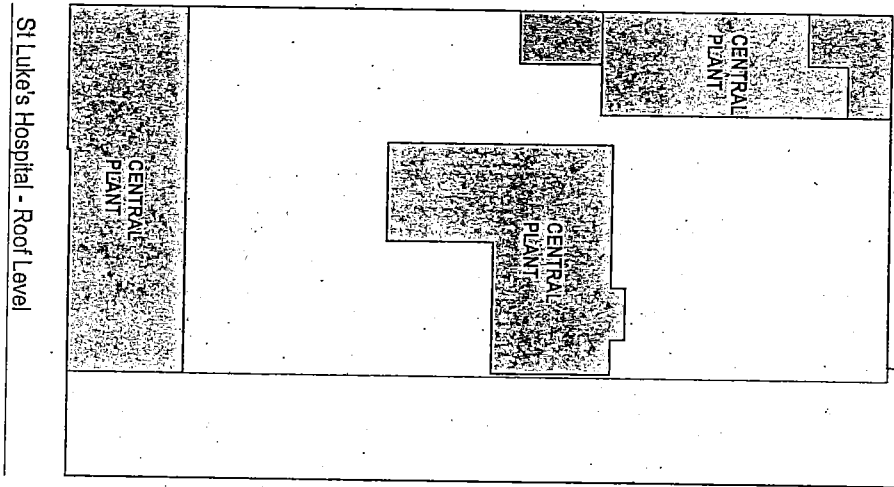


Figure 1-39: North Elevation Comparison of Revised Project to Previous Project

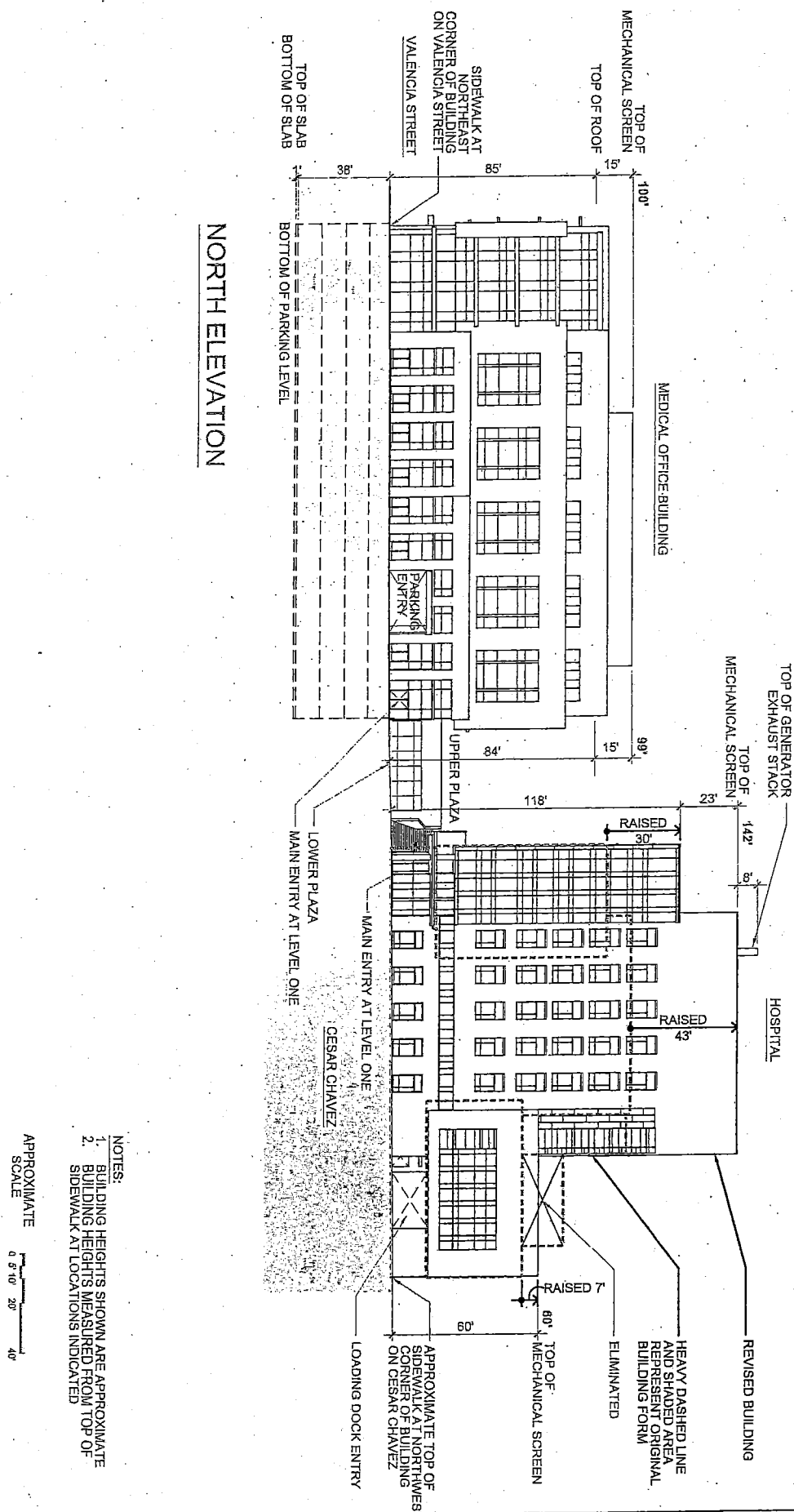
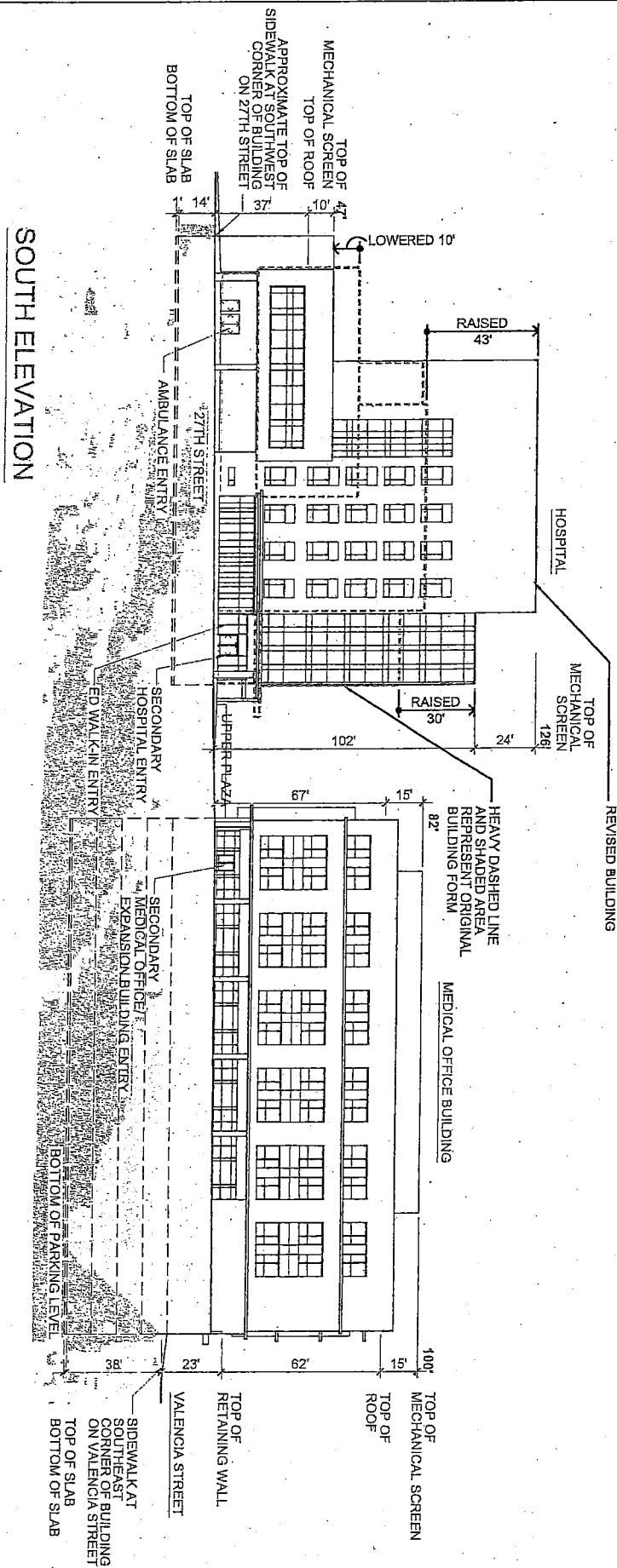




Figure 1-41: South Elevation Comparison of Revised Project to Previous Project



NOTES:

1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
2. BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT LOCATIONS INDICATED

APPROXIMATE SCALE 0 8' 16' 20' 40'

Sutter Health
West Bay Region

With You. For Life.

Sutter West Bay Hospitals
California Pacific Medical Center
Novato Community Hospital
Saint Luke's Health Care Center
Sutter Lakeside Hospital
Sutter Medical Center of Santa Rosa

Sutter West Bay Medical Foundation
Sutter Pacific Medical Foundation

633 Folsom Street, 7th Floor
San Francisco, CA 94107
415 600.7771
Fax 415 600.7775

Devyani Jain
San Francisco Planning Department / Major Environmental Analysis
1650 Mission Street
San Francisco, CA 94103

February 25, 2013

Re: Revised Project Definition for CPMC Long Range Development Plan EIR

Devyani,

Per Ken Rich's email to Mike Cohill of January 8 (which contained your suggested list of required information), we have prepared summary level preliminary information on a modified project so that you can begin evaluating the project against the EIR analysis done to date.

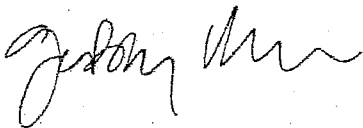
The changes are almost entirely limited to revised descriptions of the proposed hospitals at the Cathedral Hill campus and St. Luke's campus. The other near-term and far-term projects within the Long Range Development Plan, other than moving out in time, will remain physically unchanged. These unchanged projects are:

- MOB at the Cathedral Hill campus [near term]
- 1375 Sutter Street MOB [near term]
- Pacific Campus – all projects [far term]
- Davies Neurosciences Institute [near term]
- Castro St./14th St. MOB [far term]
- MOB at the St. Luke's campus [near term]

With the revised hospitals, the distribution of services from the Pacific and California Campuses to the Cathedral Hill and St. Luke's Campuses and within the respective hospitals has not been finalized and will change in comparison to the originally analyzed project. Preliminary revised employment numbers have been provided in Table 4.3-10, but will be refined by AECOM. For purposes of environmental analysis, the size and relative activity levels of the revised project

are described in the attached, or can be developed from the attached. Once you have had a chance to review, please let me know whether you need any additional information.

Sincerely,



Geoffrey Nelson
California Pacific Medical Center

Cc: Ken Rich, Mayor's Office of Economic and Workforce Development
David Reel, AECOM
Mark Farrar, CPMC

Attachments:

General:

Table 2-2: Existing and Proposed Licensed Hospital Bed Table
Table 4.3-10: Projections of CPMC Full-Time Equivalent Personnel
Table 2-1: CPMC Long Range Development Plan Schedule

Cathedral Hill Campus:

Hospital at Cathedral Hill campus - project description (narrative)
Table 2-5: Hospital at Cathedral Hill campus - Project Summary Table
Hospital at Cathedral Hill campus Figures:
 Stacking Diagram
 Site Plan
 Hospital-Proposed Elevations
 Hospital-Proposed Section A-A
 Hospital-Proposed Section B-B
 Hospital & MOB-Proposed Section C-C
 Hospital-Proposed floor plans

St. Luke's Campus:

Hospital at St. Luke's campus - project description (narrative)
Table 2-13: Hospital at St. Luke's campus - Project Summary Table
Excavation calculations
St. Luke's campus Figures:

Stacking Diagram

Site Plan

Hospital & MOB-Proposed Elevations

Hospital & MOB-Proposed Section East/West

Hospital & MOB-Proposed Section North/South

Hospital-Proposed floor plans

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San Francisco, CA 94107
415 600.7771
Fax 415 600.7775

Devyani Jain
San Francisco Planning Department / Major Environmental Analysis
1650 Mission Street
San Francisco, CA 94103

March 1, 2013

Re: Revised Project Definition for CPMC Long Range Development Plan EIR

Devyani,

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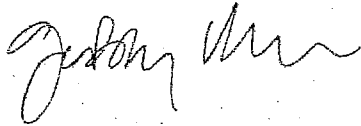
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Site Plan

Hospital & MOB-Proposed Elevations

Hospital & MOB-Proposed Section East/West

Hospital & MOB-Proposed Section North/South

Hospital-Proposed floor plans

Table 2-2 CPMC Existing and Proposed LRDP Licensed Hospital Bed Uses						
Bed Type	Existing Licensed Beds					LRDP Licensed Beds
	2006	2007	2008	2009	2010	
Cathedral Hill Campus						
Acute Care	0	0	0	0	0	555 304
Rehabilitation	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Skilled nursing	0	0	0	0	0	0
TOTAL	0	0	0	0	0	555 304*
Pacific Campus						
Acute Care	295	295	295	295	295	0
Rehabilitation	0	0	0	0	0	0
Psychiatric	18	18	18	18	18	18
Skilled nursing	0	0	0	0	0	0
TOTAL	313	313	313	313	313	18
California Campus						
Acute Care	319	299	299	299	299	0
Rehabilitation	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Skilled nursing	101	101	101	101	101 ¹	101
TOTAL	420	400	400	400	400	101
Davies Campus						
Acute Care	219	219	219	146	146	63
Rehabilitation	32	32	32	48	48	48
Psychiatric	22	22	22	0	0	0
Skilled nursing	38	38	38	38	38	38
TOTAL	311	311	311	232	232	149
St. Luke's Campus						
Acute Care	150	150	150	150	150	80 120
Rehabilitation	0	0	0	0	0	0
Psychiatric	0	0	0	0	0	0
Skilled nursing	79	79	79	79	79	0
TOTAL	229	229	229	229	229	80 120
All Campus Total						
Acute Care	983	963	963	890	890	698 487
Rehabilitation	32	32	32	48	48	48
Psychiatric	40	40	40	18	18	18
Skilled nursing	218	218	218	218	218	139
TOTAL	1,273	1,253	1,253	1,174	1,174	903 692
Source: CPMC						

*Initial build out at 274 beds with 30 "shelled" beds

Table 4.3-10
Projections of CPMC Full-Time Equivalent Personnel and Share of Citywide Employment^a

CPMC Campus	Full-Time Equivalent Personnel			Change			
	2006	2015	2030	2006-2015	% of Citywide Employees	2006-2030	% of Citywide Employees
Cathedral Hill ^b	757	4,790	5,380	4,033	3.6%	4,623	1.8%
Pacific ^c	2,641	790	2,060	(1,850)	-1.6%	(580)	-0.2%
California	1,638	490	10	(1,150)	-1.0%	(1,630)	-0.6%
Davies ^c	925	1,090	1,750	170	0.2%	830	0.3%
St. Luke's ^d	597	1,190	1,527	600	0.5%	930	0.4%
Total	6,558	8,359	10,730	1,787	1.6%	4,170	1.6%

Notes: ABAG = Association of Bay Area Governments. The California Department of Finance estimated population and households in 2006. The California Employment Development Department estimated jobs in San Francisco in 2006.

^a Numbers related to 2015 and 2030 projections have been rounded to the nearest 10th. Totals may not sum due to rounding.

^b 2006 personnel numbers are based on existing employment at the site of the proposed Cathedral Hill Campus. Personnel numbers represent employees at the Cathedral Hill Hotel, 1255 Post Street Office Building, retail, car repair, and residential uses. These estimates were developed by BKF Consulting for CPMC.

^c Personnel projections for the Cathedral Hill, Pacific, and Davies Campuses are based on the projected number of beds, projected increase in business activity, and employment density factors. These estimates were developed by Navigant Consulting for CPMC.

^d St. Luke's personnel projections are based on employment density factors for hospital, office, and retail uses planned for the campus. All personnel totals by category are rounded to the nearest integer. The number of retail personnel is based on the City and County of San Francisco's (City's) employment density factors generated in 2002 by use category. Based on Navigant Consulting's employment density factors for patient care and medical office, St. Luke's would average 225 square feet per employee and 300 square feet per employee, respectively. Using the City of San Francisco's Planning Department estimate for retail, St. Luke's retail space would average 350 square feet per employee. Based on the building program proposed at St. Luke's, the campus will average approximately 264 square feet per employee across all use categories. Note that there are some small changes to the density because of the change in the building program (more medical office). It is still relatively close to the overall employment density calculator as described by the City (257).

Sources: California Department of Finance. *E-5 Population and Housing Estimates for Cities, Counties and the State, 2001-2009*.

Sacramento, CA. Data provided by CPMC, Navigant Consulting, and San Francisco Planning Department; data compiled by AECOM in 2009 and 2010.

compensation, or other means to help with the relocation process, and were not given the right to return.

Displacement of housing units would occur if units were demolished and replaced with an alternative land use.

In addition to analyzing housing displacement, the analysis evaluates the impacts of population and household growth due to housing demand in San Francisco, which could lead to additional housing development. To evaluate the effects on housing demand, the analysis presented here first determines the projected growth in households as a result of new CPMC personnel under the proposed LRDP. The projected growth in San Francisco households translates into additional housing demand, which can be accommodated either within the existing vacant housing supply or through additional residential development. According to DOF and summarized above in Table 4.3-8, "Housing Occupancy and Vacancy in San Francisco in 2000, 2006, and 2009," there were approximately 17,100 vacant housing units in 2009. In addition, the 2004 General Plan Housing Element

Table 2-1
CPMC Long Range Development Plan Schedule
Revised 2/25/2013

	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Cathedral Hill Campus (All Project-Level)													
Cathedral Hill Hospital (New-304 bed)													
Tunnel Under Van Ness (New)													
Cathedral Hill Medical Office Building (New)													
1375 Sutter Street-Medical Office Building-Conversion/Renovation													
Pacific Campus (All Program-Level)													
2018 Webster Street - Conversion/Renovation													
2333 Buchanan St. - Ambulatory Care Center (ACC)-Conversion/Renovation													
Webster St./Sacramento St. Underground Parking (New)													
North of Clay Parking Garage (New)													
ACC Addition (New)													
California Campus													
No New construction or demolition. Campus to be sold with some space leased back by CPMC to 2020													
Davies Campus (Project/Program-Level)													
Neuroscience Institute (New)(Project Level)													
Castro St./14th St. Medical Office Building (New)(Program Level)													
St. Luke's Campus (All Project-Level)													
Replacement Hospital (New 120 bed)													
1957 Building Renovation													
1970 Tower Demolition													
MOB/Expansion Building (New)													
New Construction Renovation Demolition													

Cathedral Hill Campus Revised Project Description 2/25/2013

The CPMC LRDP project at the Cathedral Hill campus would result in the construction of an approximately 990,000 square foot (including parking), 304-bed hospital that would be the primary acute-care, inpatient-treatment facility for the CPMC system. This represents a reduction of approximately 175,000gsf and 251 licensed beds from the project originally analyzed in the DEIR (which was 1,163,790gsf and 555 beds, respectively). The hospital initial build out will be 274 beds with 30 "shelled" beds.

Many of the inpatient services currently offered at the Pacific Campus and the California Campus would be relocated to the proposed hospital at the Cathedral Hill campus. As originally proposed, inpatient hospital beds would be located primarily in the bed tower, and invasive services, circulation, public entry, cafeteria and support services would remain in the podium. However, some modification of department types, sizes, and locations will occur within the overall envelope of the building.

The proposed 12-story (plus two basement level) hospital tower would be 226 feet in height. This represents a reduction of 3 stories (1 podium level and 2 tower levels) and approximately 39 feet of overall height. Because the site is sloped, the structure would vary in height relative to the side from which it is viewed. The proposed hospital's podium structure would range between four and five stories and range in height from 43 to 94 feet. Horizontal dimensions and the bulk of the project, both of the podium and tower, would remain as analyzed in the DEIR.

The proposed hospital would include three levels of at- or below-grade parking. The hospital would contain 276 parking spaces, a reduction of 237 spaces from what was originally analyzed. No reduction in the size of below-grade levels (or related excavation volumes) is currently proposed as some mechanical, storage, and support functions originally proposed for other levels will be relocated to these levels. However, the Project Sponsor is studying the best way to achieve the reduction of 237 spaces on the campus and may ultimately propose to remove some or all of this parking from the proposed MOB instead of/in addition to the Hospital. As originally analyzed, a below-grade pedestrian tunnel at the lowest level (P3) would be provided.

The hospital's exterior design would be as analyzed in the DEIR, primarily of metal and glass, with stone and concrete at lower levels. Ingress and egress points would remain as originally analyzed, as would "public realm" improvements surrounding the entire hospital block.

No changes from what was analyzed in the DEIR are proposed for the Van Ness Medical Office Building or 1375 Sutter Street. The revised project does not propose changes to buildings older than 50 years other than those already analyzed in the DEIR.

Table 2-5 (Partial) Cathedral Hill Campus: Project Summary Table	
Category under the LRDP (numbers for building uses below depict square footage)	New Construction
	Cathedral Hill Hospital
Residential	—
Hotel	—
Retail	2,540
Office	—
Medical Office	—
Light Industrial	—
Parking—Structured	133,380
Medical Center	—
Hospital Administration	39,240
Cafeteria	8,780
Education/Conference	39,460
Inpatient Care	199,570
Skilled Nursing Care	—
Outpatient Care	1,570
Diagnostic and Treatment	164,910
Emergency Department	24,530
Support	94,190
Research	—
Other	—
Lobby	17,290
Building Infrastructure	180,460
Central Plant	24,920
Mechanical and Electrical Floors	45,370
Loading	13,020
Total sq. ft.	989,230
Dwelling Units	—
Residential Hotel Rooms	—
Hotel Rooms	—
Parking Spaces—Structured	276
Parking Spaces—Surface	—
Loading Spaces	6 + 14 vans
Number of Buildings	1
Height of Buildings	226
Number of Stories	12
Stories Underground	2

Table 2-5
Cathedral Hill Campus: Project Summary Table

Category under the LDRP (numbers for building uses below depict square footage)	Demo										Retain	Existing Uses—Total	1375 Sutter Conversion	New Construction		Project Totals
	Cathedral Hill Hotel	1255 Post Street (Office)	1100 Van Ness	1062 Geary	1054-1060 Geary	1040-1052 Geary	1034-1036 Geary	1028-1030 Geary	1020 Geary	1375 Sutter				Cathedral Hill Hospital	Cathedral Hill MOB	
Residential	—	—	—	3,480	3,120	—	—	—	—	—	6,600	—	—	—	—	
Hotel	212,653	—	—	—	—	—	2,640	6,220	—	—	221,513	—	—	—	—	
Retail	7,000	7,780	39,240	—	3,120	—	3,300	3,200	6,600	4,600	74,840	1,500	3,100 2,540	7,047	11,647 11,087	
Office	35,680	138,362	—	—	—	—	—	—	—	41,750	215,792	—	—	—	—	
Medical Office	—	—	—	—	—	—	—	—	—	42,250	83,200	—	—	194,673	277,873	
Light Industrial	—	—	—	3,480	—	—	—	—	—	—	3,480	—	—	—	—	
Parking—Structured	171,120	46,396	—	—	—	—	—	—	—	77,400	294,916	77,400	244,000 133,380	243,376	565,676 454,156	
Medical Center	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Hospital Administration	—	—	—	—	—	—	—	—	—	—	—	—	13,100 39,240	—	13,100 39,240	
Cafeteria	—	—	—	—	—	—	—	—	—	—	—	—	10,800 8,780	—	10,800 8,780	
Education/Conference	—	—	—	—	—	—	—	—	—	—	—	—	14,600 39,460	2,904	17,504 42,364	
Inpatient Care	—	—	—	—	—	—	—	—	—	—	—	—	288,100 199,570	—	288,100 199,570	
Skilled Nursing Care	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Outpatient Care	—	—	—	—	—	26,000	—	—	—	—	26,000	—	4,485 1,570	—	4,485 1,570	
Diagnostic and Treatment	—	—	—	—	—	—	—	—	—	—	—	3,000	130,025 164,910	7,502	140,527 175,412	
Emergency Department	—	—	—	—	—	—	—	—	—	—	—	—	10,000 24,530	—	10,000 24,530	
Support	—	—	—	—	—	—	—	—	—	—	—	—	20,000 24,530	—	20,000 24,530	
Research	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Other	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Lobby	7,500	7,904	—	—	—	—	—	—	—	200	15,604	600	9,300 17,290	3,500	13,300 21,390	
Building Infrastructure	—	—	—	—	—	—	—	—	—	700	700	1,200	207,280 180,460	28,600	237,080 210,260	
Central Plant	—	—	—	—	—	—	—	—	—	—	—	—	26,670 24,920	—	26,670 24,920	
Mechanical and Electrical Floors	11,438	9,258	—	—	—	—	—	—	—	500	21,196	500	— 45,370	5,500	6,000 51,370	
Loading	—	—	—	—	—	—	—	—	—	—	—	—	15,590 13,020	1,000	16,590 14,020	
Total sq. ft.	445,391	209,700	39,240	6,960	6,240	26,000	5,940	9,420	6,600	167,400	922,891	167,400	1,163,790 989,230	496,278	1,827,468 1,652,988	
Dwelling Units	—	—	—	—	4	—	1	—	—	—	5	—	—	—	—	
Residential Hotel Rooms	—	—	—	—	—	—	6	14	—	—	20	—	—	—	—	
Hotel Rooms	402	—	—	—	—	—	—	—	—	—	402	—	—	—	—	
Parking Spaces—Structured	275	130	—	—	—	—	—	—	—	172	405	172	619 276	542	1,227 990	
Parking Spaces—Surface	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Loading Spaces	2	—	—	—	—	—	—	—	—	—	2	—	6 + 14 vans	2	8 + 14 van	
Number of Buildings	1	1	1	1	1	1	1	1	1	1	10	1	1	1	3	
Height of Buildings	120 ¹	est. 180 ²	40	28	28	36	32	36	30	est. 65 ³	—	est. 65	366 226	130	—	
Number of Stories	10	11	3	2	2	3	2	3	2	5	—	5	45 12	9	—	
Stories Underground	1	—	—	—	—	—	—	—	—	—	—	—	2	7	—	

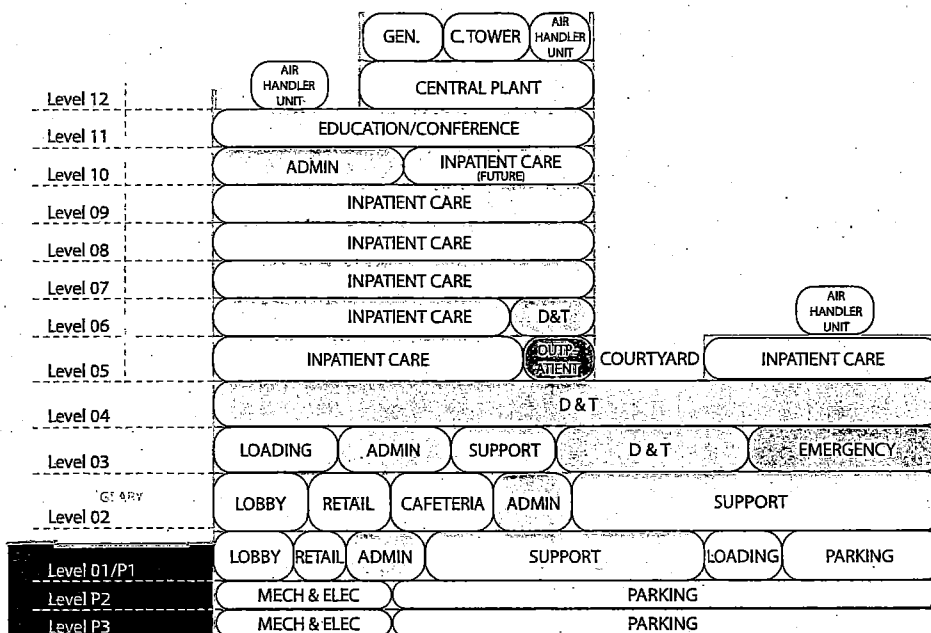
Notes: LDRP = Long Range Development Plan; MOB = Medical Office Building; sq. ft. = square feet.

¹ The existing Cathedral Hill Hotel is 120 feet tall, including an approximately 16-foot-tall mechanical penthouse.

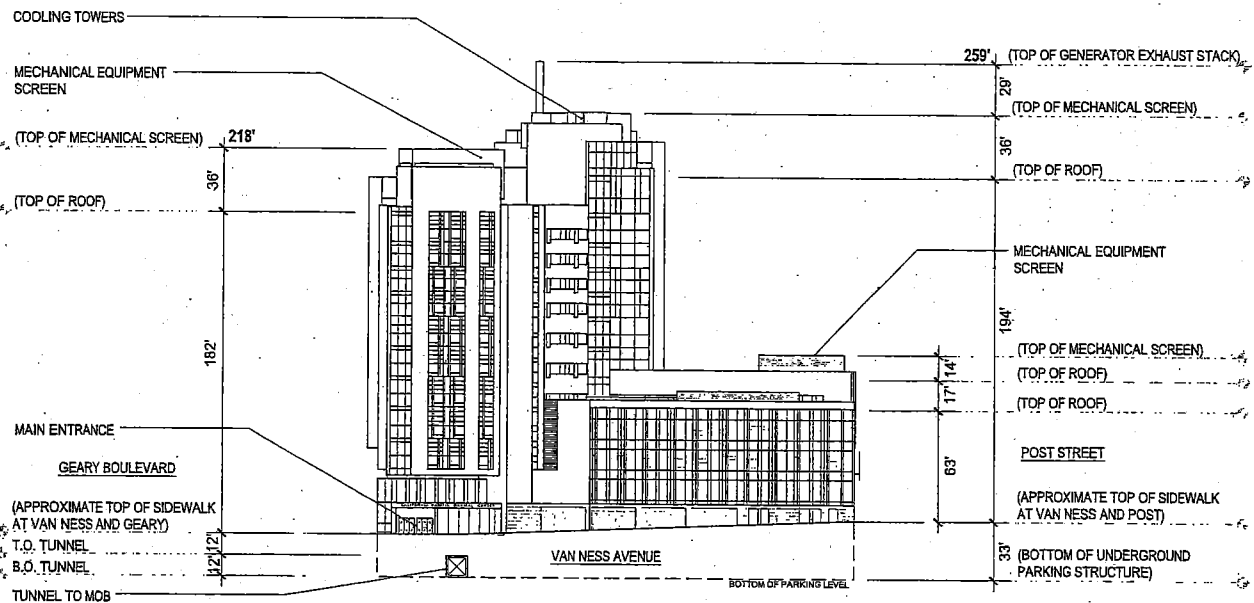
² The existing 1255 Post Street office building is approximately 180 feet tall, including an approximately 25-foot-tall mechanical penthouse.

³ The existing 1375 Sutter Street building is approximately 65 feet tall, not including an approximately 15-foot-tall mechanical penthouse.

Source: California Pacific Medical Center, 2008, California Pacific Medical Center 2008 Institutional Master Plan, San Francisco, CA. Prepared by the Marchese Company, Inc., San Francisco, CA. Available: http://www.rebuildcpmc.org/assets/08IMP_CPMC.pdf.



* NOTE: STACKING DIAGRAM IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT TO SCALE



NOTE: BUILDING HEIGHTS SHOWN ARE APPROXIMATE.
BUILDING HEIGHTS MEASURED FROM TOP OF SIDEWALK AT INTERSECTIONS INDICATED

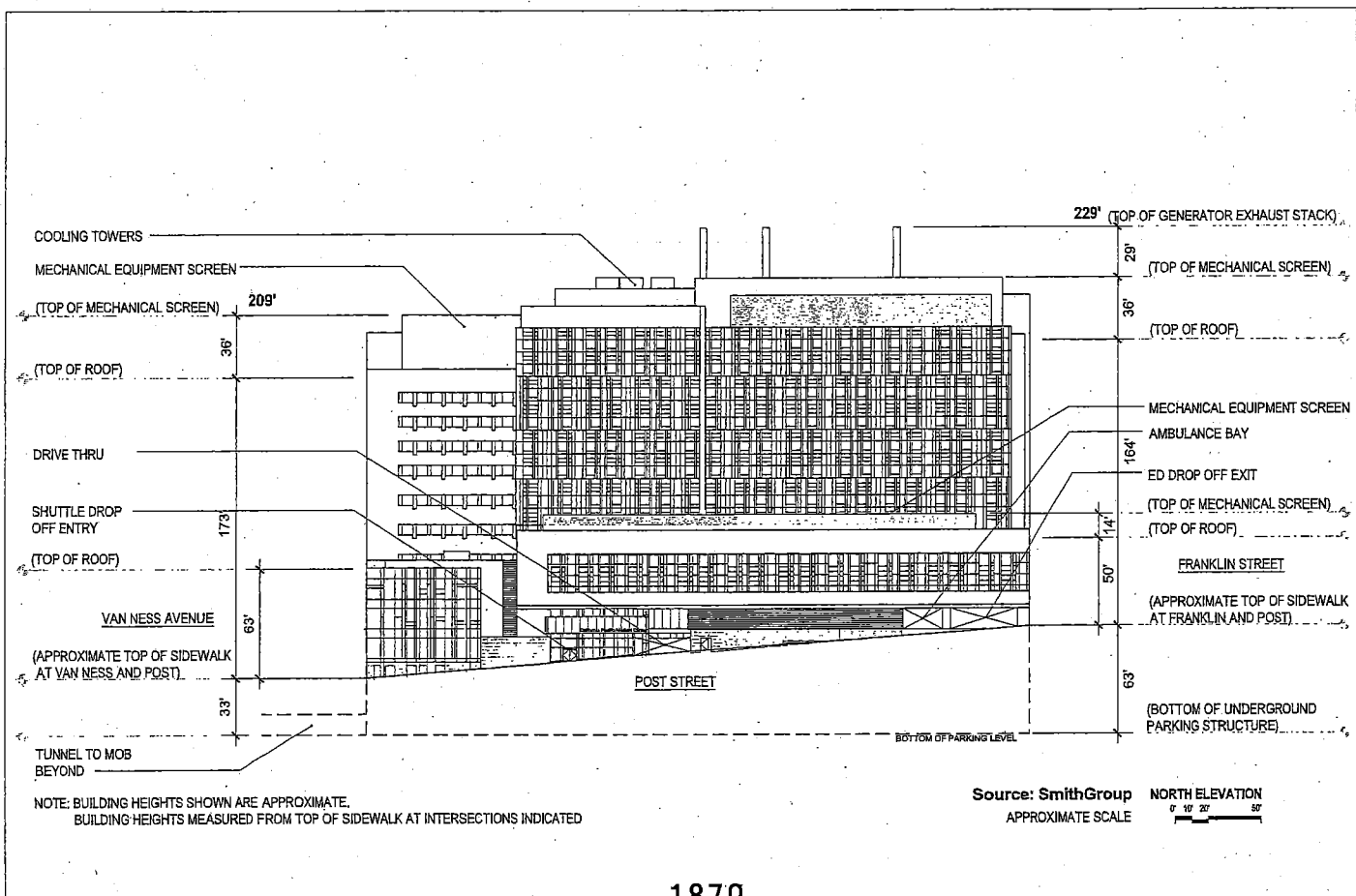
Source: SmithGroup
APPROXIMATE SCALE

EAST ELEVATION
0 10' 20' 30'

ELEVATION

CATHEDRAL HILL HOSPITAL
SMITHGROUP

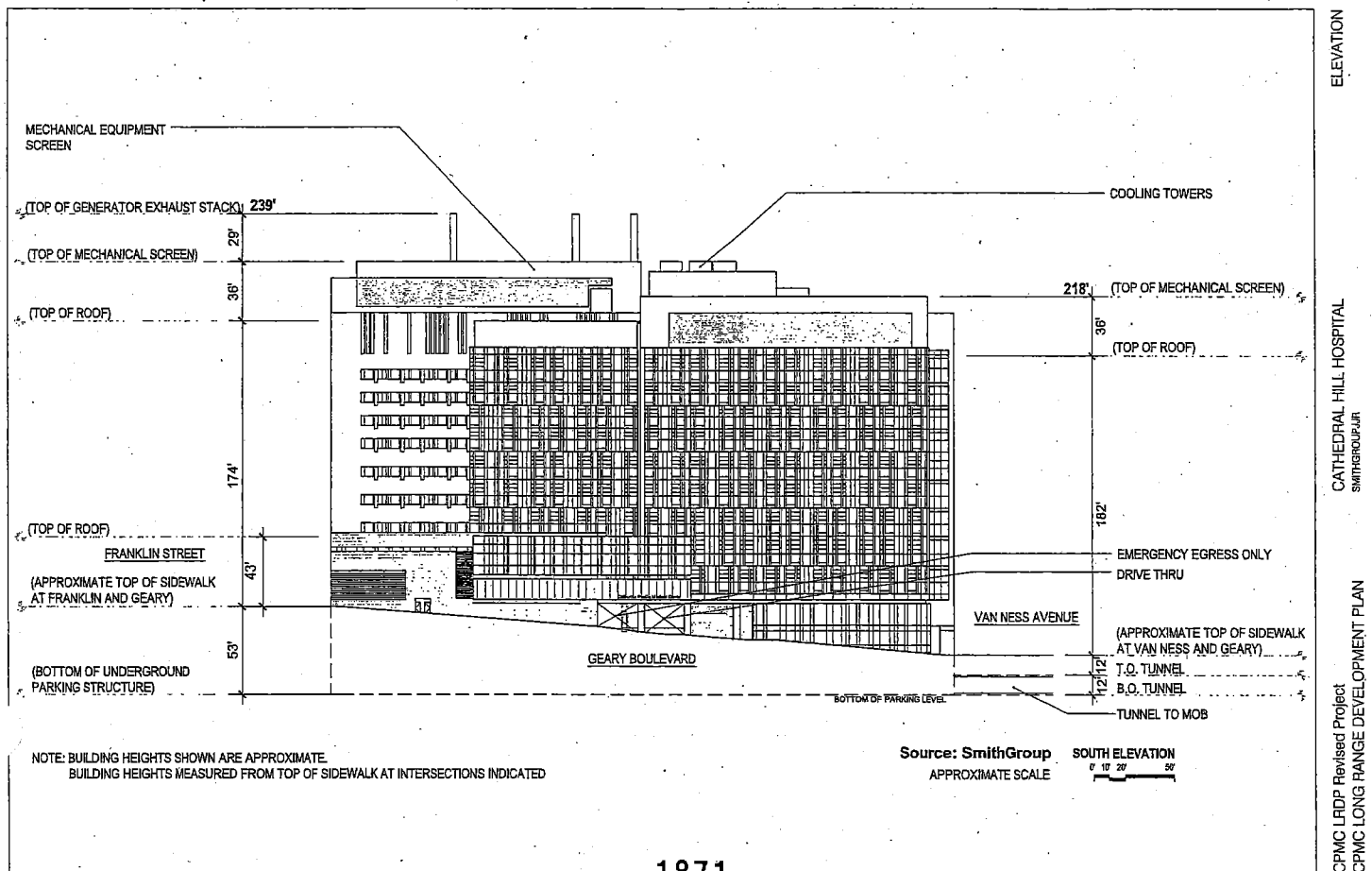
CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

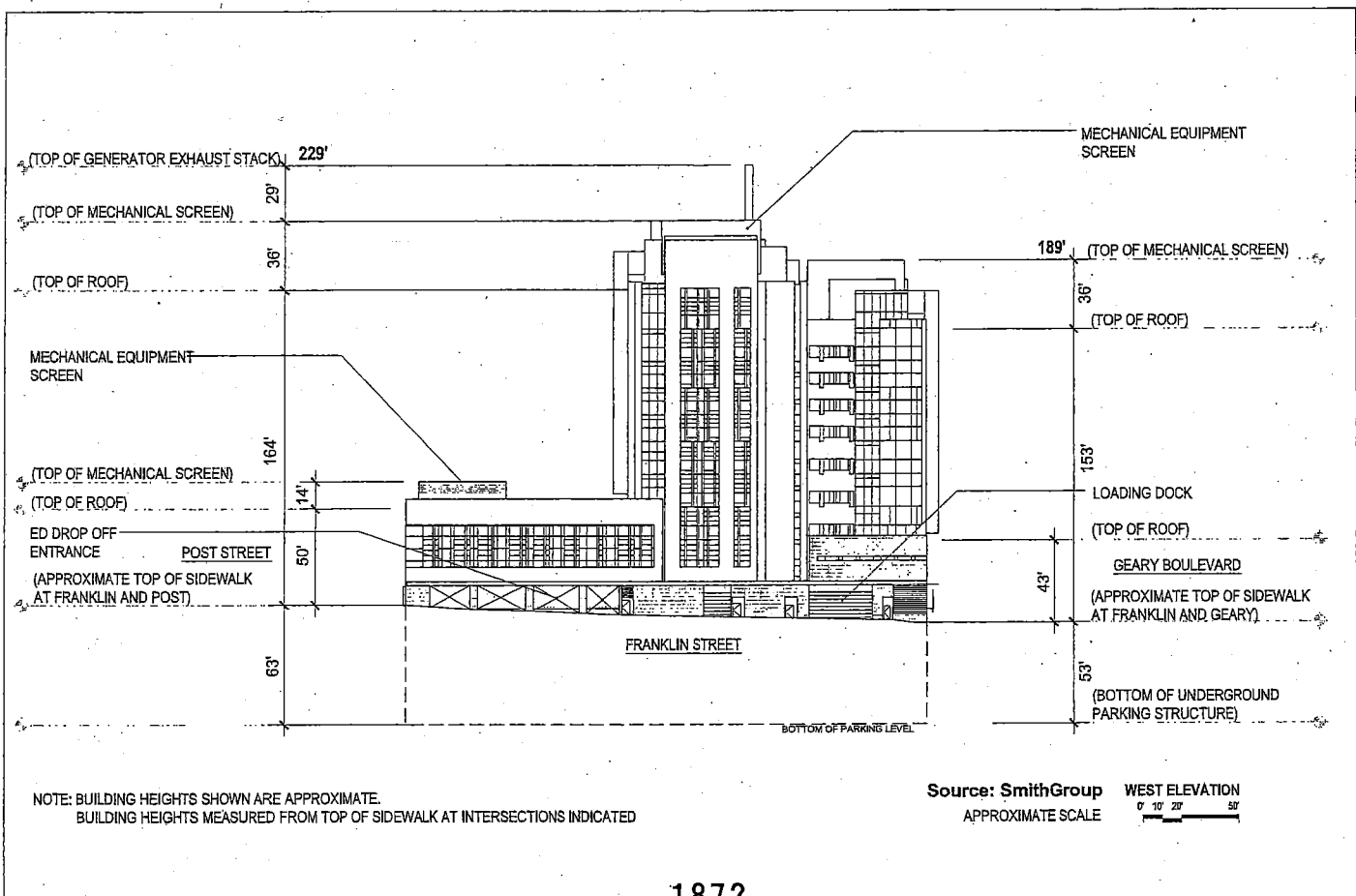


ELEVATION

CATHEDRAL HILL HOSPITAL
SMITHGROUP

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

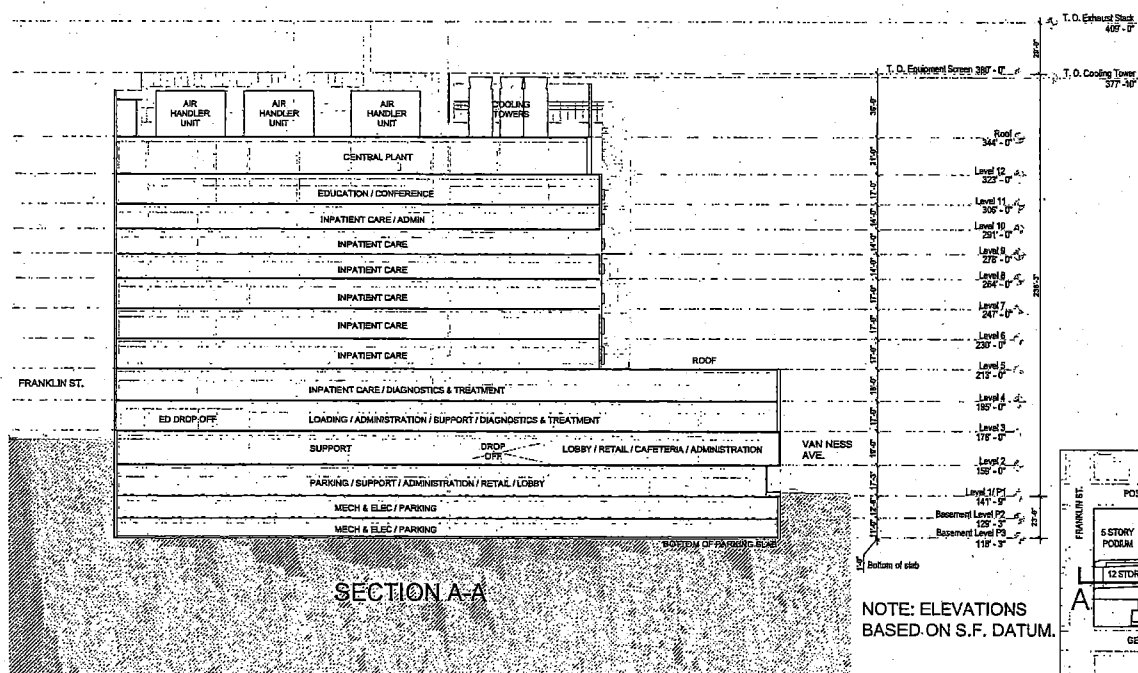




ELEVATION

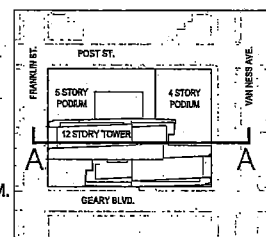
CATHEDRAL HILL HOSPITAL
SMITHGROUP

CPMC URDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN



SECTION A-A

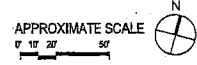
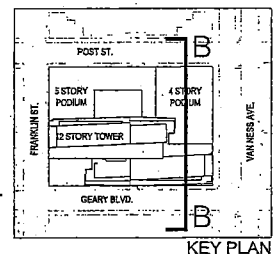
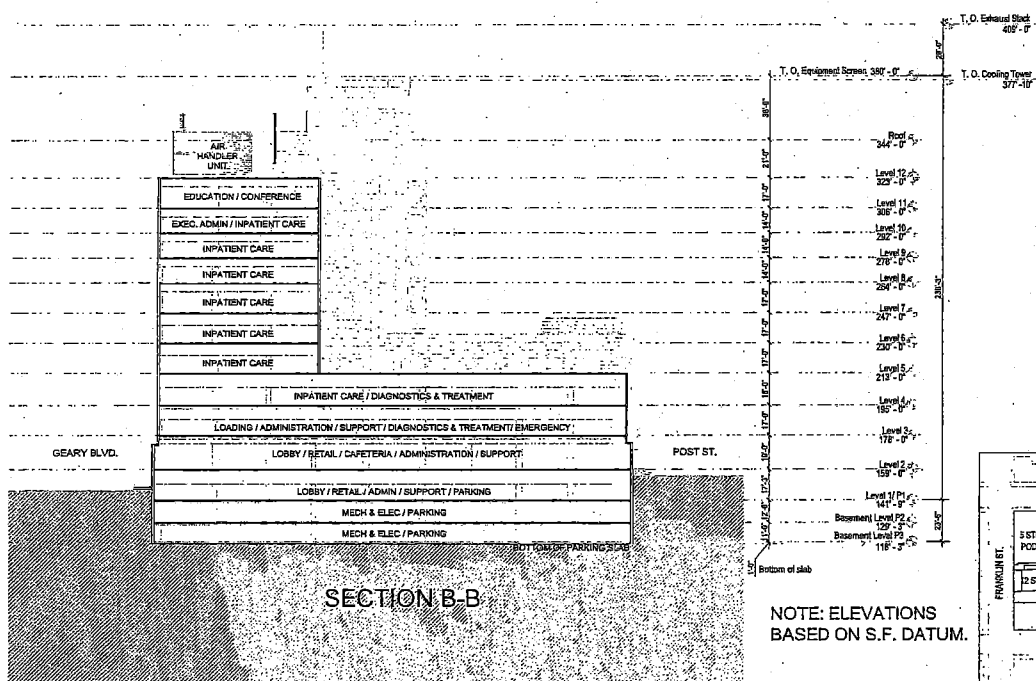
NOTE: ELEVATIONS
BASED ON S.F. DATUM.



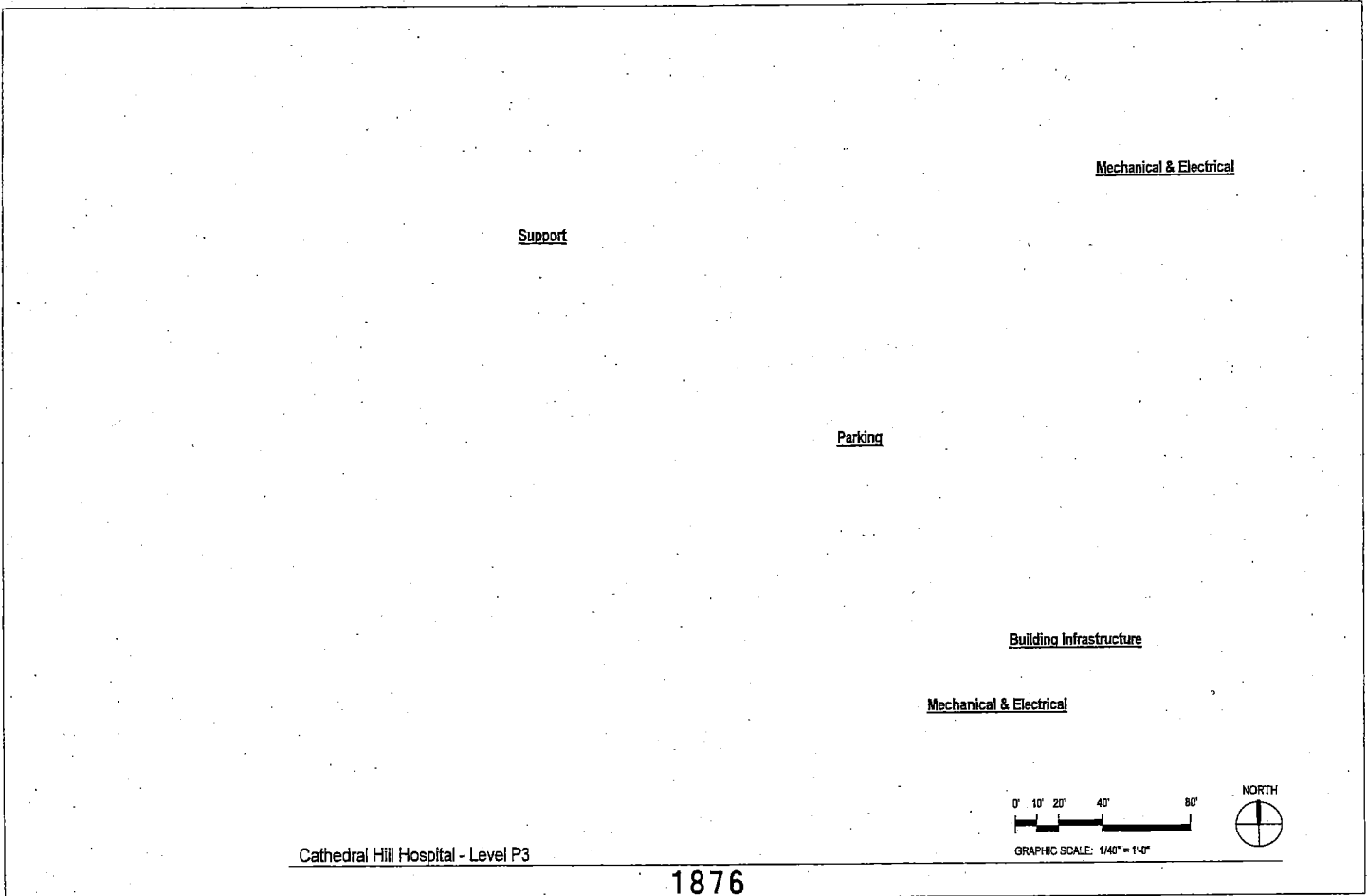
KEY PLAN

APPROXIMATE SCALE
0' 10' 20' 50'





BUILDING SECTION
CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR
CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN



1876

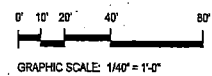
Support

Parking

Mechanical & Electrical

Building Infrastructure

Cathedral Hill Hospital - Level P2



Parking

Loading

Administration

Mechanical & Electrical

Support

Retail

Administration

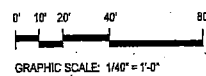
Building Infrastructure

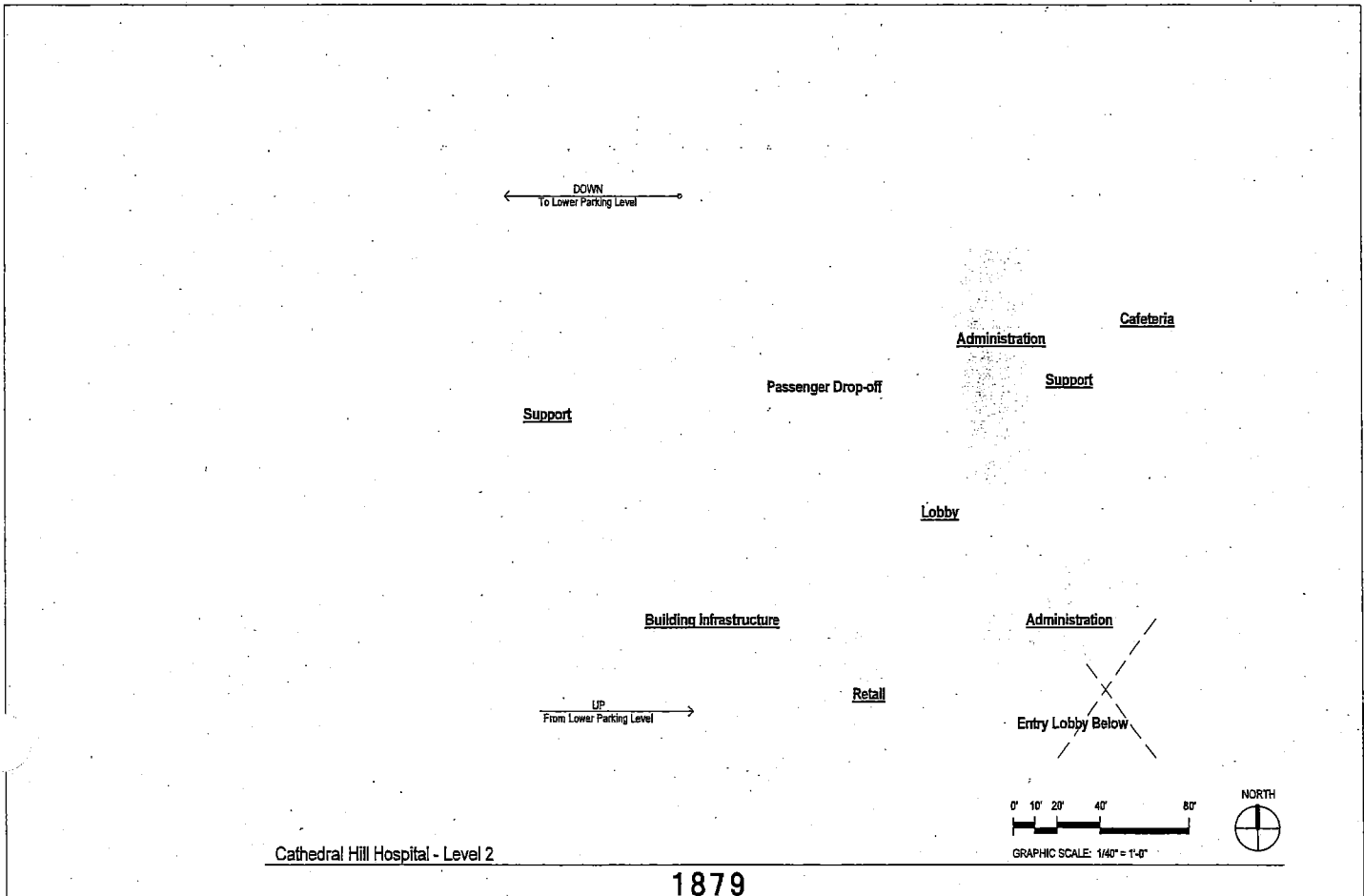
Support

Administration

Lobby

Cathedral Hill Hospital - Level 1/P1

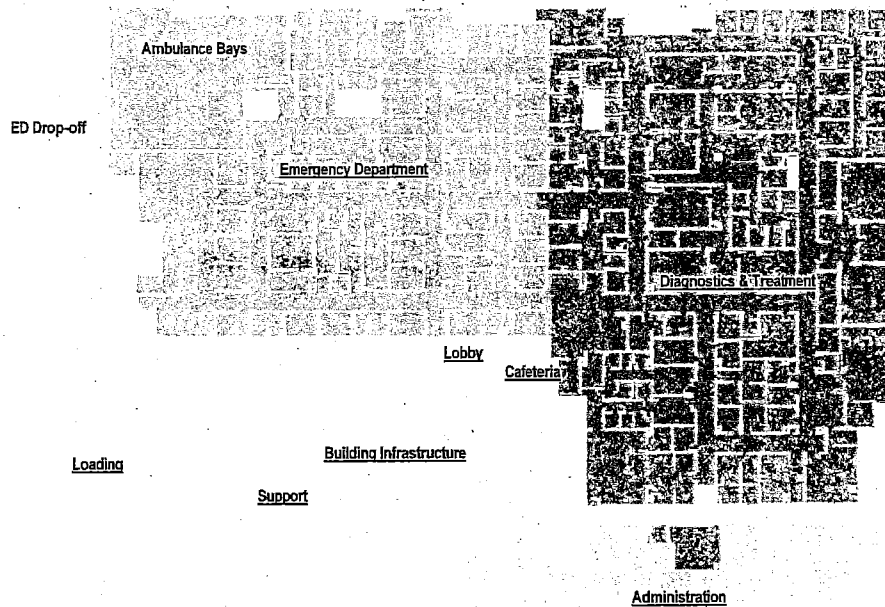




FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN



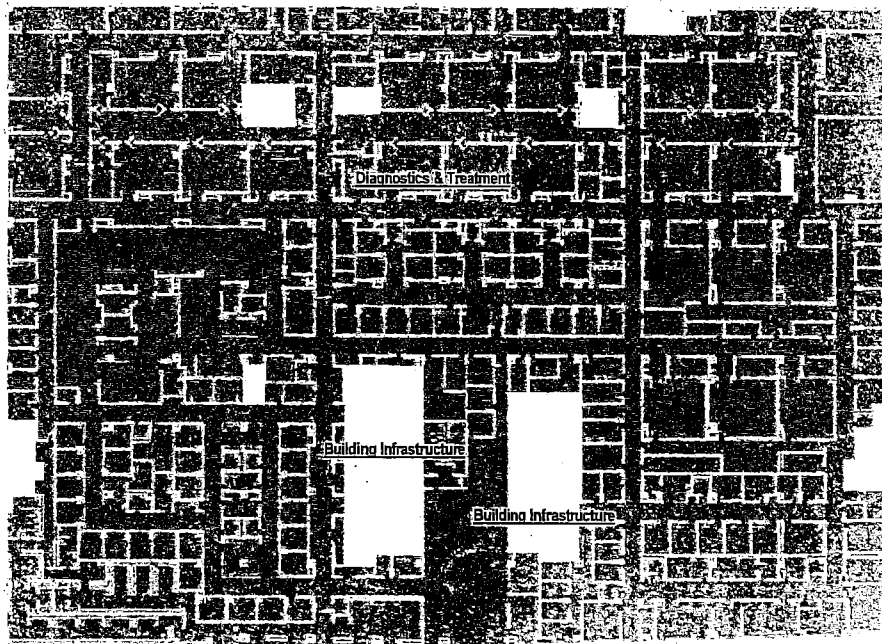
Cathedral Hill Hospital - Level 3

1880

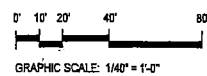
FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANG
DEVELOPMENT PLAN



Cathedral Hill Hospital - Level 4



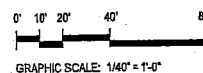
FLOOR PLAN

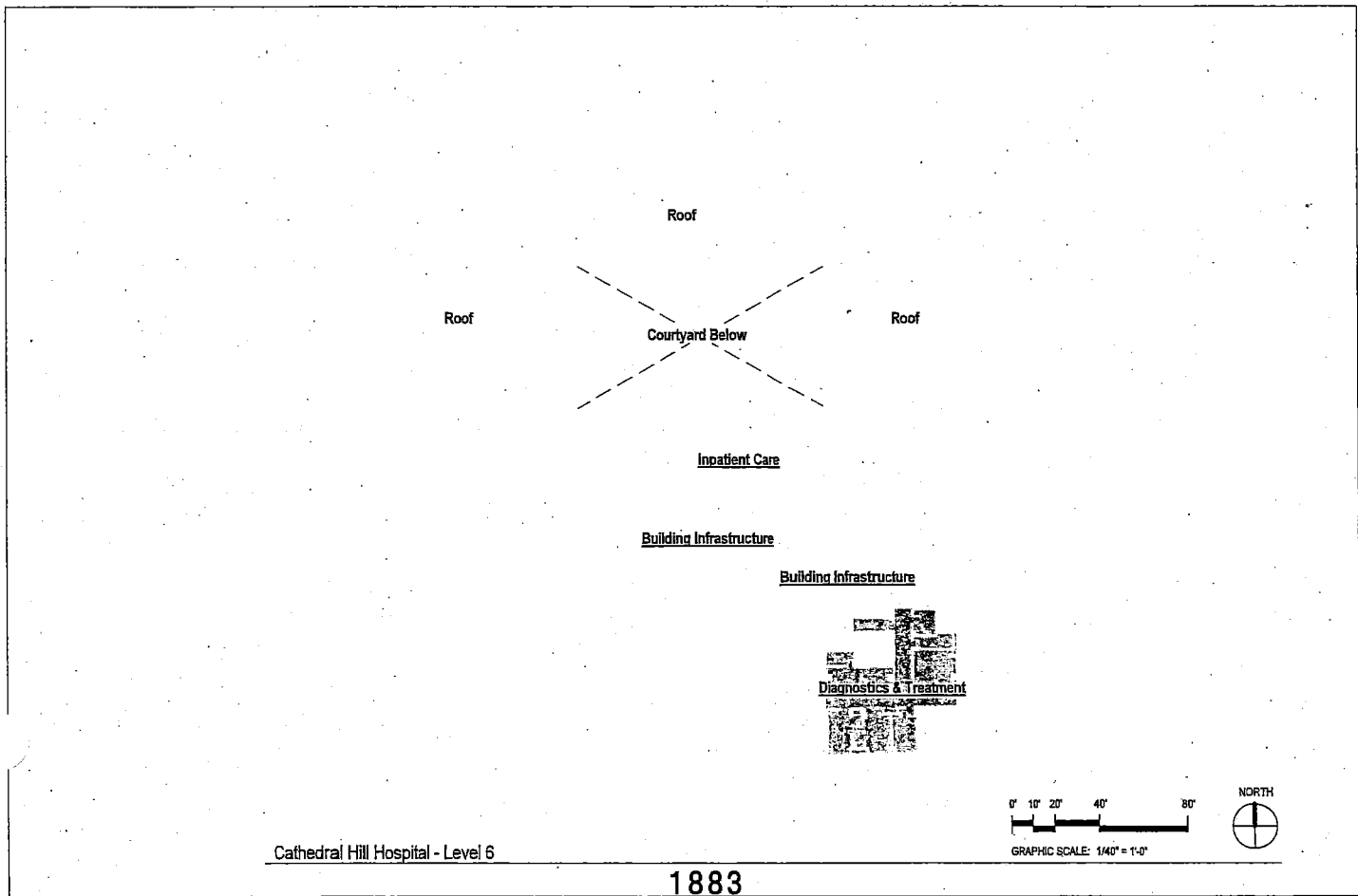
CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN



Cathedral Hill Hospital - Level 5





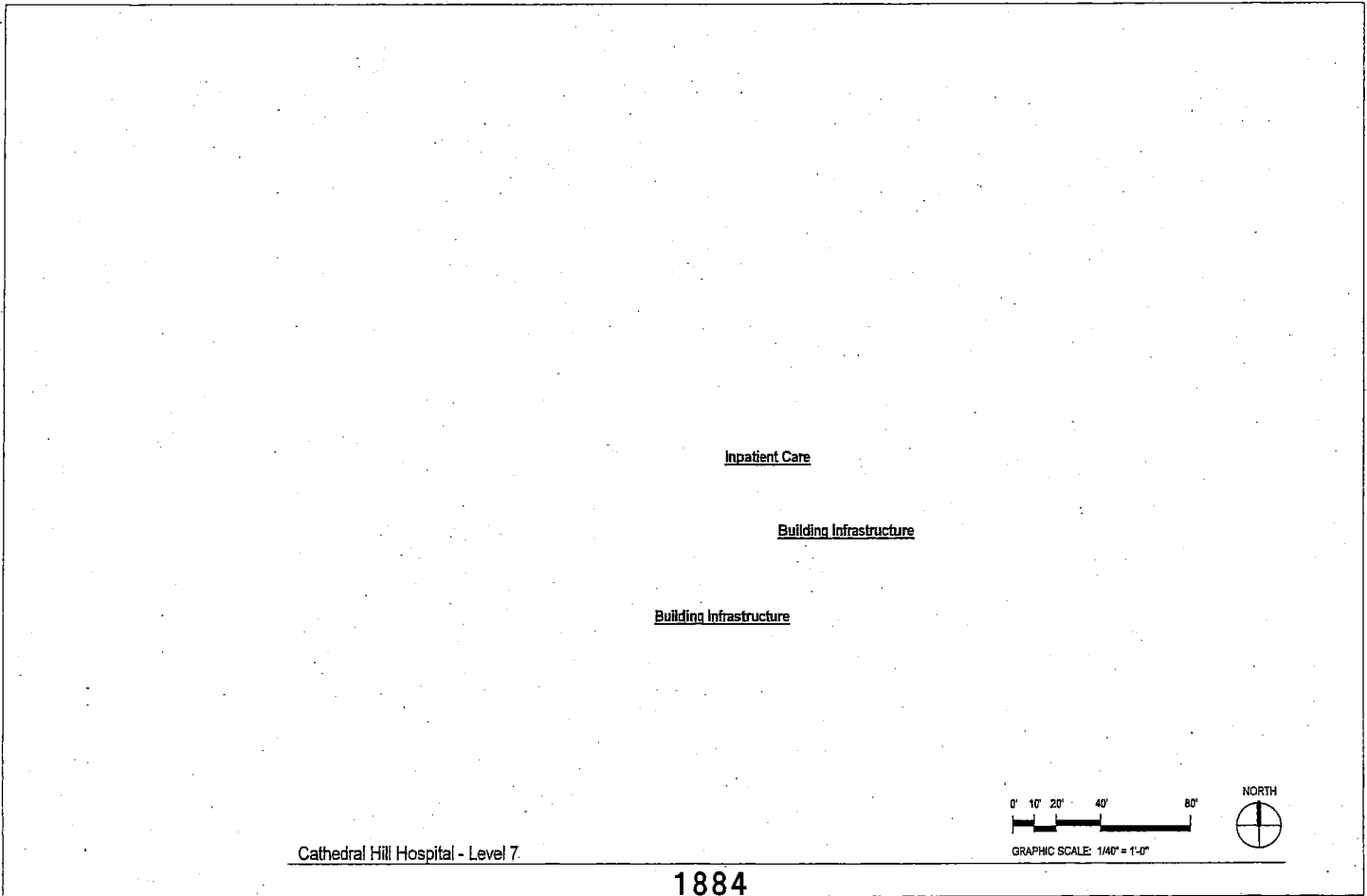
FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDV Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Cathedral Hill Hospital - Level 6

1883



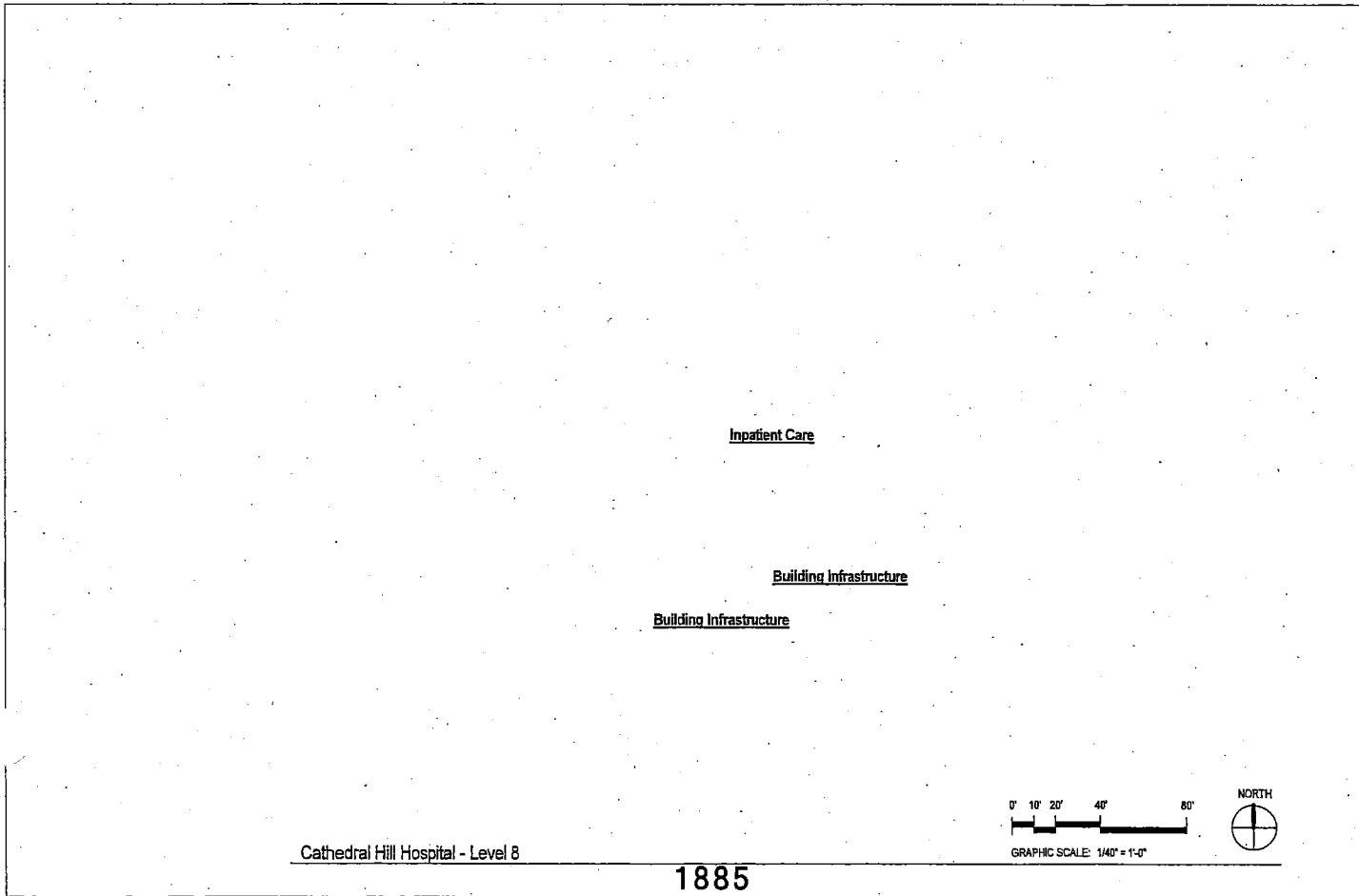
FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANG
"ELOPMENT PLAN"

Cathedral Hill Hospital - Level 7.

1884



FLOOR PLAN
CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR
CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Cathedral Hill Hospital - Level 8

1885

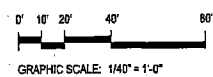
Inpatient Care

Building Infrastructure

Building Infrastructure

Cathedral Hill Hospital - Level 9

1886



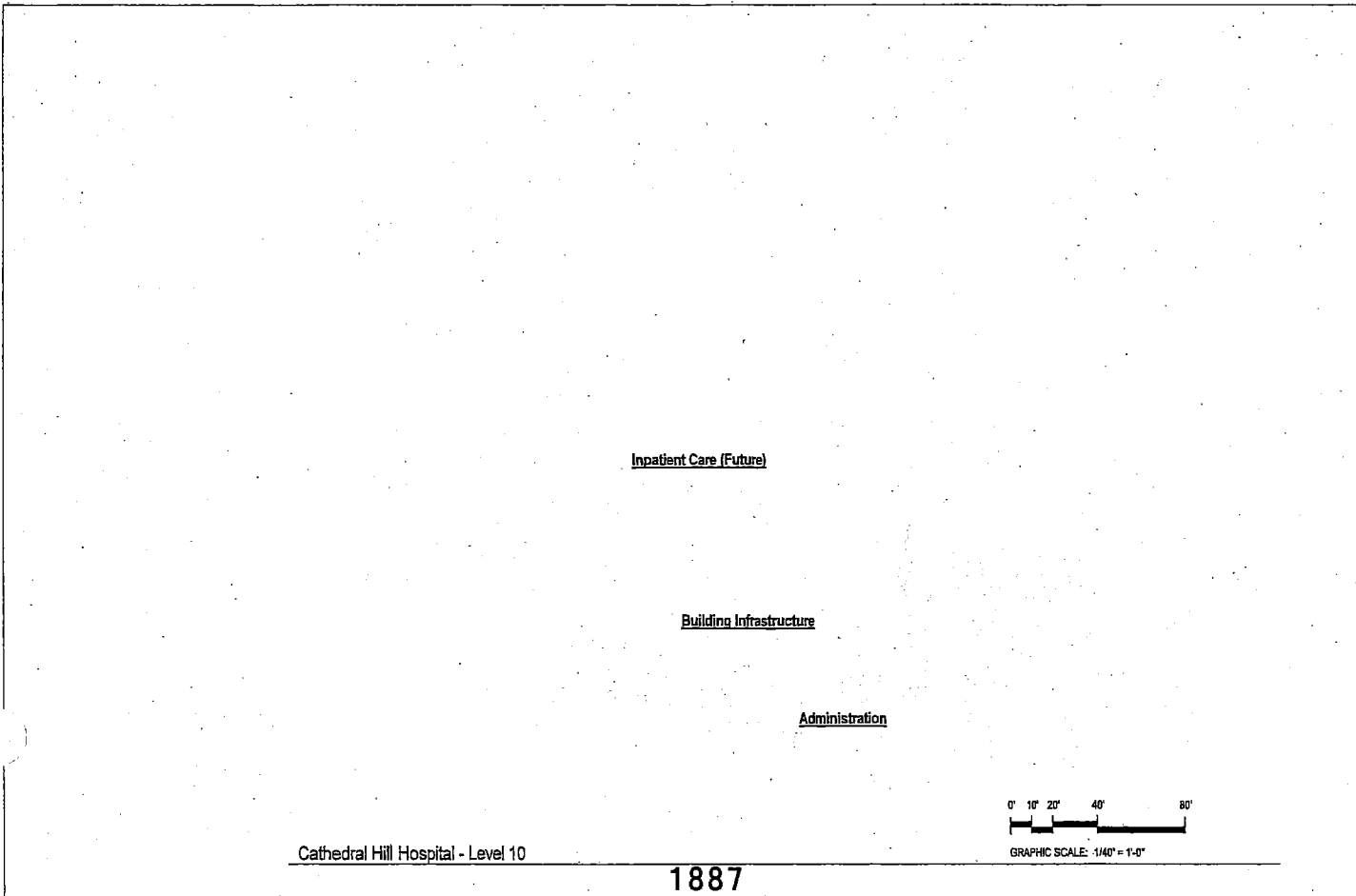
GRAPHIC SCALE: 1/40" = 1'-0"



FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRDP Revised Project
CPMC LONG RANG
"E"LOPMENT PLAN



FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

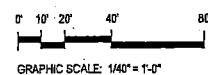
CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Education/Conference

Building Infrastructure

Building Infrastructure

Cathedral Hill Hospital - Level 11

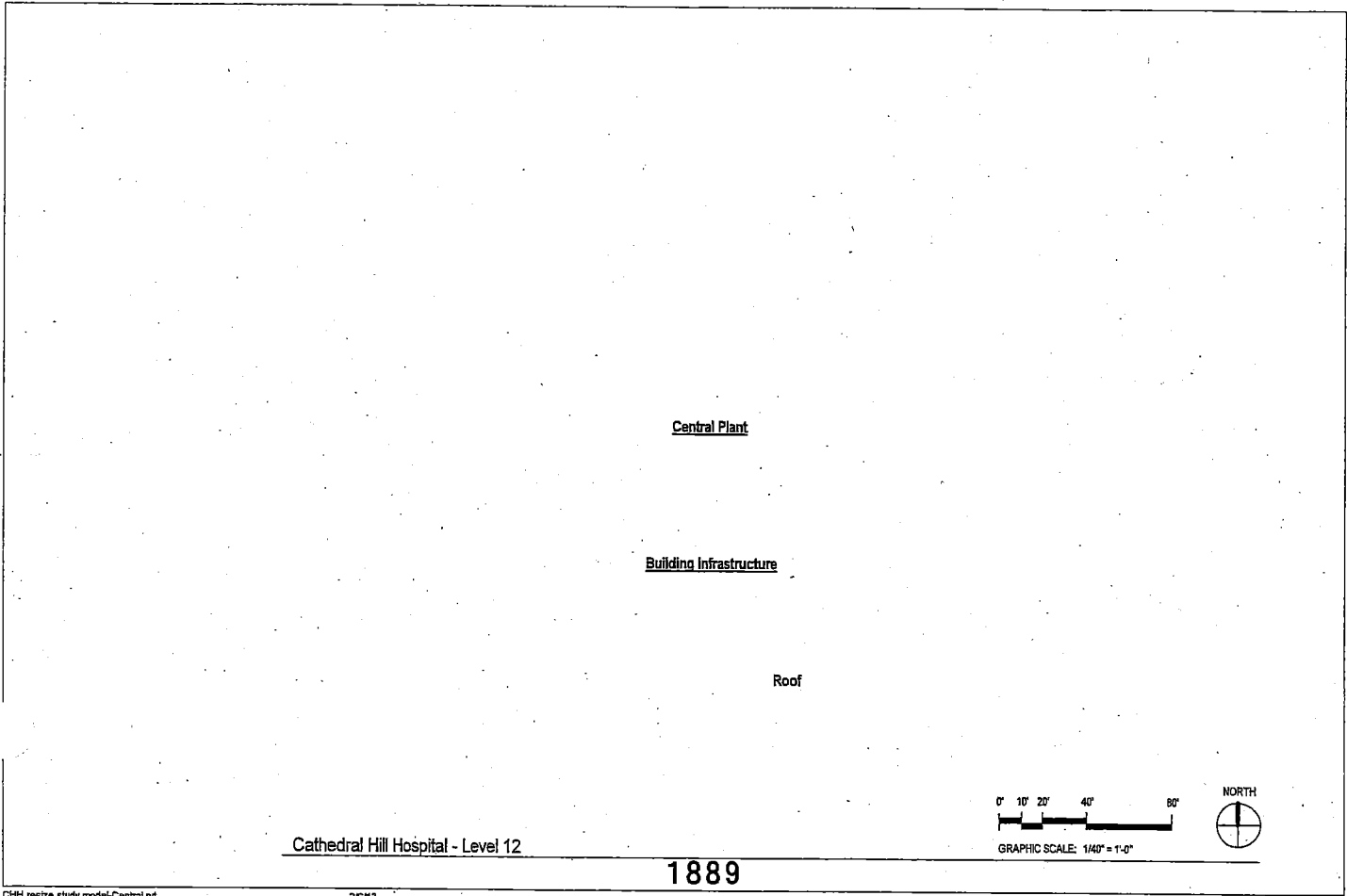


1888

FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC IRDP Revised Project
CPMC LONG RANG
DEVELOPMENT PLAN



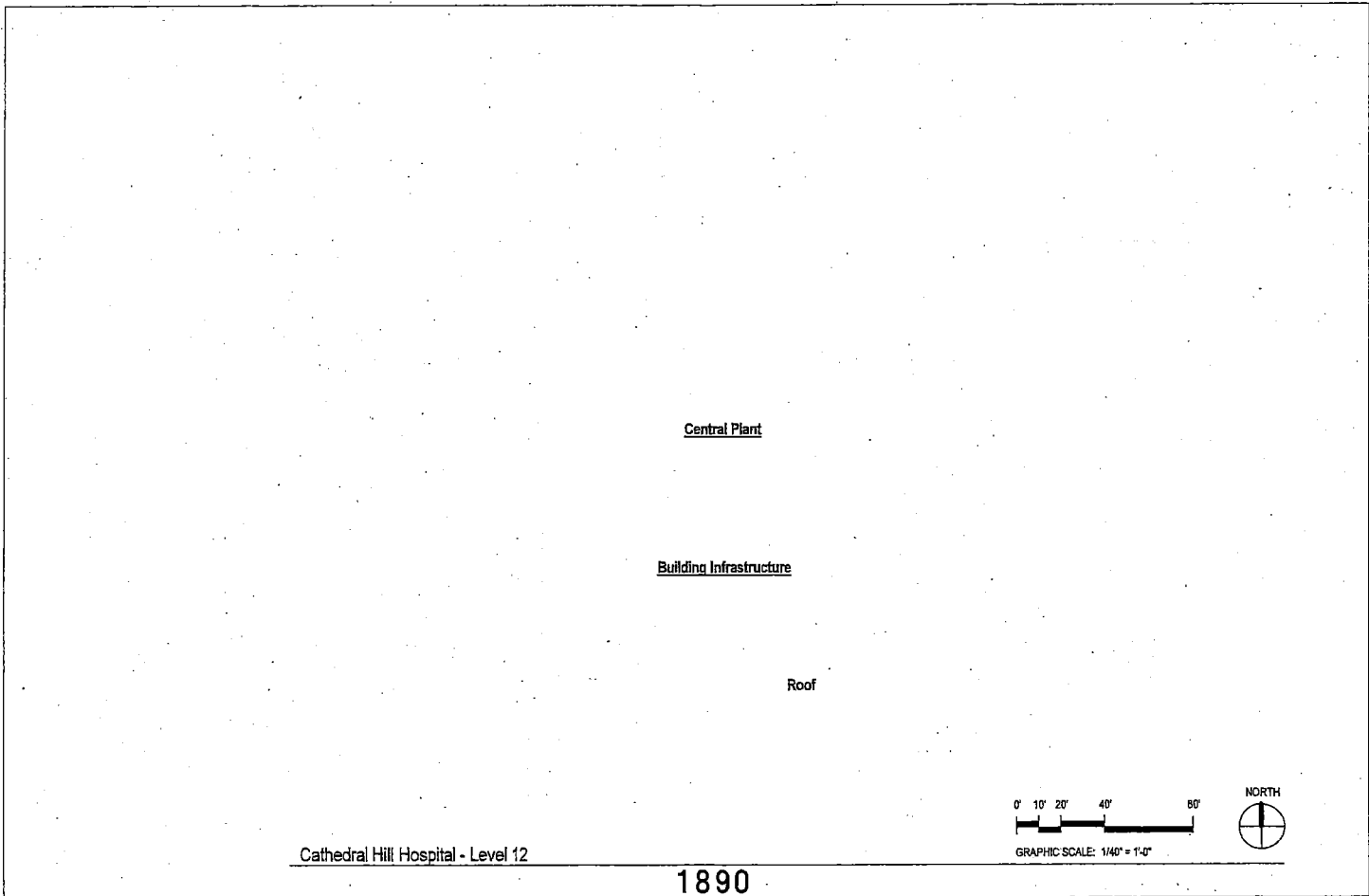
FLOOR PLAN

CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR

CPMC LRPD Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

Cathedral Hill Hospital - Level 12

1889



FLOOR PLAN
CATHEDRAL HILL HOSPITAL
SMITHGROUPJJR
DEVELOPMENT PLAN
CPMC LRDP Revised Project
CPMC LONG RANGE

St. Luke's campus Revised Project Description 2/25/2013

The CPMC LRDP project at St. Luke's campus would result in the construction of an approximately 235,690 square foot 120-bed replacement Hospital. This represents an increase in size of approximately 80,890gsf and 40 licensed beds over the project originally analyzed in the DEIR (154,800gsf and 80 beds, respectively).

Inpatient hospital beds would still be located primarily in upper level floors, and invasive services, Emergency Department, circulation, public entry, cafeteria and support services would remain in the lower floors/base. However, some modification of department types, sizes, and locations will occur within the overall envelope of the building.

The proposed 120 bed hospital would maintain the same above-grade footprint, bulk and overall design characteristics as the previously analyzed 80-bed hospital but would be approximately 43 feet taller as a result of the addition of two bed floors. The overall height of the building would be increased from 99 feet to approximately 142 feet. The proposed hospital's base levels would range in height from approximately 47 to 60 feet, representing a simplification of the roofline at the lower level and an approximately 7 foot increase in mechanical screen height along Cesar Chavez from what was analyzed in the DEIR. Above-grade horizontal dimensions and the bulk of the project, both of the base and tower, would remain as analyzed in the DEIR.

The hospital's exterior design would be as analyzed in the DEIR, primarily of concrete, metal and glass. Ingress and egress points would remain as originally analyzed, as would "public realm" improvements surrounding the entire hospital block.

In order to accommodate needed base space on the constrained site, up to approximately 5,500 square feet of below grade space would be added to the hospital, in the area directly beneath the emergency ambulance bays and extending along 27th Street to the south. In addition, as a result of programming changes internal to the hospital, the plaza/connector, originally proposed to be built separately from the hospital, would be built in the same phase as part of the hospital base. The area tables therefore reflect both the increase in area and the transfer of the plaza/connector area from the MOB project to the hospital project. The additional excavated area totals approximately 9,000 cubic yards beyond the 61,400 cubic yards estimated for the originally proposed hospital and MOB.

No changes from what was analyzed in the DEIR are proposed for the new MOB, 1912 Building, Monteagle Medical Center, Duncan Street Parking Garage, or Hartzell Building. The revised project does not propose changes to buildings older than 50 years other than those already analyzed in the EIR.

Table 2-13 (Partial) St. Luke's Campus: Project Summary Table		
Category under the LRDP (numbers for building uses below depict square footage)	New Construction	
	St. Luke's Replacement Hospital	MOB/ Expansion Building
Residential	—	—
Hotel	—	—
Retail	—	2,600
Office	—	—
Medical Office	—	31,820
Light Industrial	—	—
Parking—Structured	—	111,000
Hospital Administration	3,200	2,080
Cafeteria	1,970	1,560
Education/Conference	1,920	1,560
Inpatient Care	87,860	—
Skilled Nursing Care	—	—
Outpatient Care	—	8,680
Diagnostic and Treatment	43,910	22,460
Emergency Department	13,940	—
Support	26,570	3,640
Research	—	—
Other	—	—
Lobby	5,400	520
Building Infrastructure	35,180	10,081*
Central Plant	7,660	—
Mechanical and Electrical Floors	—	—
Loading	8,080	—
Total sq. ft.	235,690	196,001
Dwelling Units	—	—
Hotel Rooms	—	—
Parking Spaces—Structured	—	220
Parking Spaces—Surface	—	—
Loading Spaces	—	—
Number of Buildings	—	1
Height of Buildings	142	100
Number of Stories	7	5
Stories Underground	—	4

*Connector area of 5,049 gsf moved from MOB to Hospital

Category under the LDRP (numbers for building uses below depict square footage)	Demo	Convert	Retain		Demo		Retain		Existing Uses—Total	Existing Uses to Be Retained or Converted ^a	New Construction		Project Totals
	St. Luke's Hospital Tower	1957 Building ^{1,2}	1912 Building	1580 Valencia (Monteagle)	MRI Trailer	Redwood Admin. Building	Duncan St. Parking Garage	555 San Jose (Hartzell)			St. Luke's Replacement Hospital	MOB/ Expansion Building	
Residential	—	—	—	—	—	—	—	—	—	—	—	—	—
Hotel	—	—	—	—	—	—	—	—	—	—	—	—	—
Retail	873	—	—	1,648	—	—	—	—	2,521	1,648	—	2,600	4,248
Office	—	—	—	—	—	2,400	—	8,974	11,374	8,974	—	—	8,974
Medical Office	—	—	—	49,717	—	—	—	—	49,717	49,717	—	31,820	81,537
Light Industrial	—	—	—	—	—	—	—	—	—	—	—	—	—
Parking—Structured	—	—	—	—	—	—	83,370	—	83,370	83,370	—	111,000	194,370
Hospital Administration	1,865	1,459	4,114	—	—	—	—	—	7,438	5,573	3,200	2,080	10,853
Cafeteria	3,471	—	—	—	—	—	—	—	3,471	—	1,800	1,970	3,260
Education/Conference	9,107	1,559	—	—	—	—	—	286	10,952	1,845	1,000	1,920	4,405
Inpatient Care	52,089	—	—	—	—	—	—	—	52,089	—	66,200	87,860	66,200
Skilled Nursing Care	25,637	—	—	—	—	—	—	—	25,637	—	—	—	87,860
Outpatient Care	1,315	—	4,201	1,549	—	—	—	—	7,065	5,750	—	8,680	14,430
Diagnostic and Treatment	17,234	14,124	7,081	15,815	1,600	—	—	—	55,854	22,890 ^a	18,700	43,910	64,056
Emergency Department	—	7,060	—	—	—	—	—	—	7,060	—	11,500	13,940	11,500
Support	51,540	3,516	9,421	5,781	—	—	—	2,927	73,185	42,829 ^a	15,900	26,570	62,369
Research	6,668	—	—	—	—	—	—	—	6,668	—	—	—	73,039
Other	—	—	—	—	—	—	—	—	—	—	—	—	—
Lobby	1,384	—	442	870	—	—	—	196	2,892	1,508	6,300	5,400	8,228
Building Infrastructure	26,053	3,579	1,021	10,257	—	—	—	892	41,802	15,749	19,800	35,180	50,629
Central Plant	—	—	—	—	—	—	—	—	—	—	9,900	7,660	2,900
Mechanical and Electrical Floors	—	427	—	4,368	—	—	—	5,111	9,906	9,906	—	—	9,906
Loading	747	—	—	—	—	—	—	120	867	120	8,500	8,080	8,630
Total sq. ft.	197,983	31,724	26,280	90,005	1,600	2,400	83,370	18,506	451,868	249,885	164,800	235,690	605,735
Dwelling Units	—	—	—	—	—	—	—	—	—	—	—	—	—
Hotel Rooms	—	—	—	—	—	—	—	—	—	—	—	—	—
Parking Spaces—Structured	—	—	—	—	—	—	215	—	215	215	—	220	435
Parking Spaces—Surface	8	106 ³	—	—	—	—	—	—	114	15	—	—	15
Loading Spaces	2	—	—	—	—	—	—	—	2	2	—	—	2
Number of Buildings	1	1	1	1	1	1	1	1	8	6	—	1	7
Height of Buildings	158 ⁴	53 ⁴	53	102 ⁵	12	12	34 ⁶	34	—	—	99	142	—
Number of Stories	12	4	4	8	1	1	2	2	—	—	6	2	5
Stories Underground	1	—	—	1	—	—	—	1	—	—	—	—	—

¹ LDRP = Long Range Development Plan; MOB = Medical Office Building; sq. ft. = square feet.
² Of surface parking spaces associated with the St. Luke's 1957 Building are located across San Jose Avenue and scattered throughout the campus. Project proposes to transfer existing Emergency Department (7,060 sq. ft.) and diagnostic and treatment uses (14,124 sq. ft.) in the 1957 Building and replace them with support uses. This 21,184-sq.-ft. total is accounted for in 42,829 sq. ft. of support use under existing uses to be retained.
³ Existing St. Luke's Hospital Tower is 158 feet tall, not including an 11-foot-tall mechanical penthouse.
⁴ Existing 1957 Building is 53 feet tall, not including an 14-foot-tall mechanical penthouse.
⁵ The existing 1580 Valencia Street (Monteagle Building) is 102 feet tall, not including an 11-foot-tall mechanical penthouse.
⁶ The existing Duncan Street Parking Garage height does not include an approximately 10-foot-tall stair enclosure on the top deck.
Source: Data compiled by AECOM in 2009/2011.

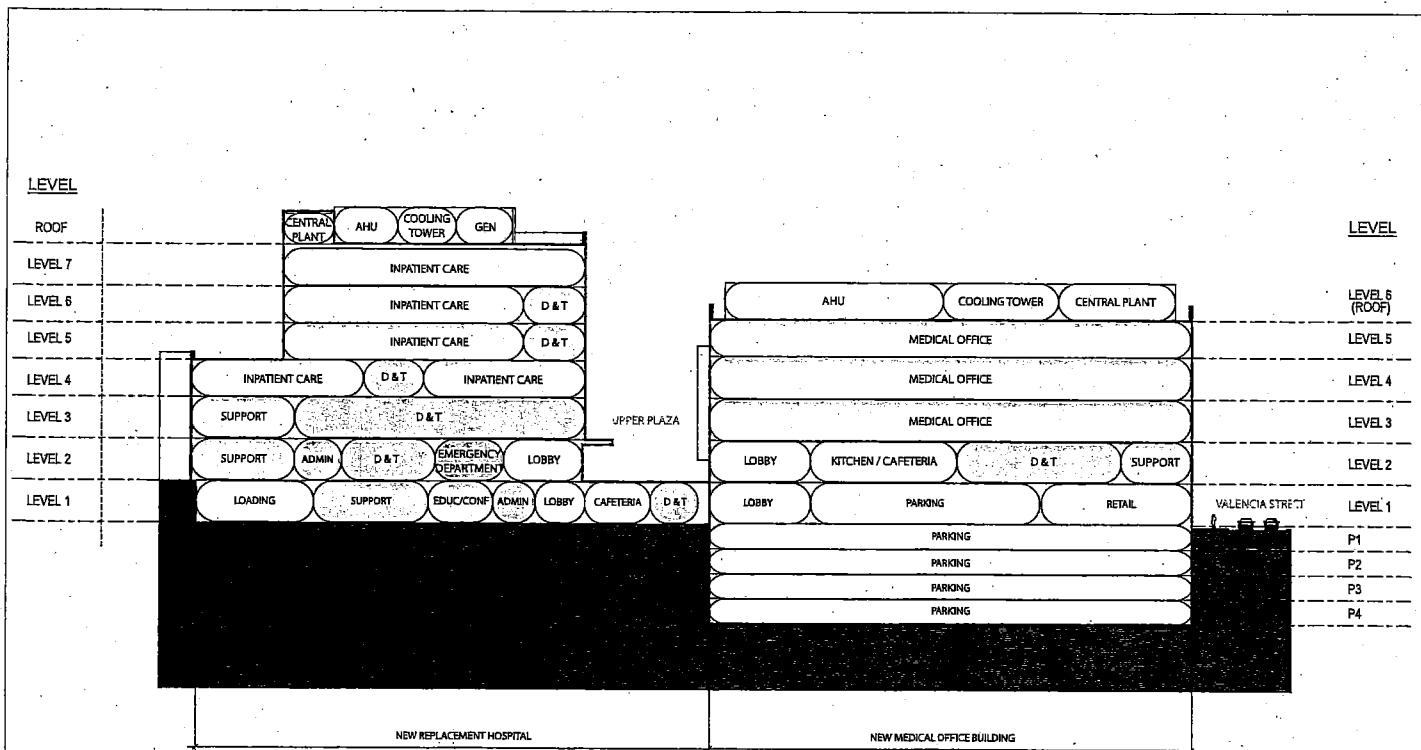
* Connector area of 5,049 sq. ft. moved from MOB to Hospital

Calculations for Additional Excavation Associated With the Revised Hospital Project at the St. Luke's Campus.

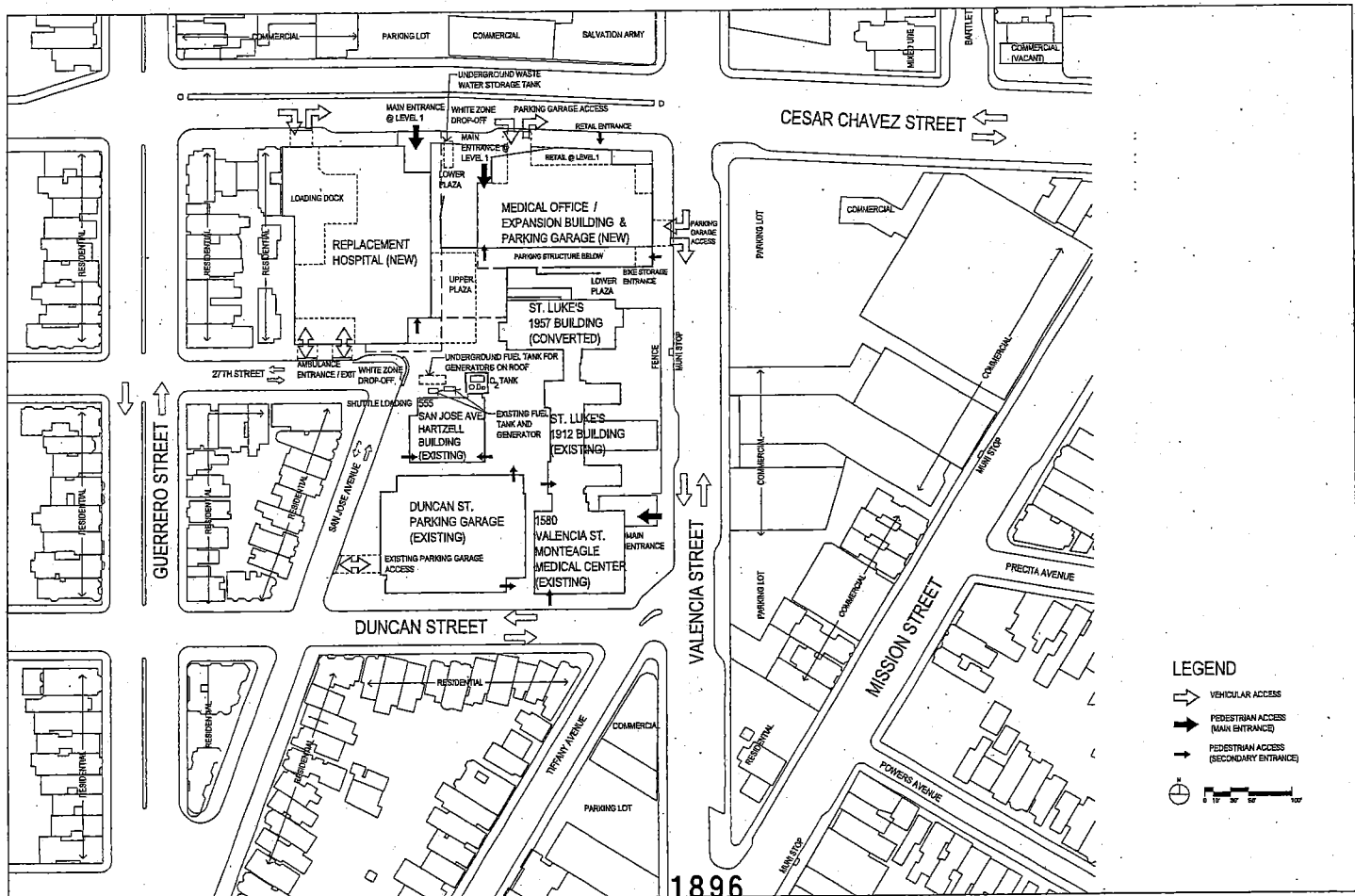
	original	Revised	Total	
Total Excavation (120 Bed)	19,400	9,000	28,400	CY

EIR p 2-190 19,400

- Q Would the revised project result in excavation or soil disturbance/modification on the various campuses that is different compared to the CPMC LRDP?
- A Yes
- Q If yes, how many feet below grade would be excavated approximately and what are the changes, if any, in previously proposed foundations? (For campuses with no changes from previous CPMC LRDP, please just say same as under the previous CPMC LRDP.)
- A The planned excavation depths of 19' below existing grade at the 27th Street site boundary and 3' below existing grade at the Cesar Chavez boundary for the St. Luke's Hospital foundations would not change.
The previously proposed foundation design of spread footings or drilled caissons would not change substantially. The footings may increase in size to accommodate additional floors but the increase would not be significant.



* NOTE: STACKING DIAGRAM IS FOR ILLUSTRATIVE PURPOSES ONLY AND IS NOT TO SCALE



LEGEND

- VEHICULAR ACCESS
- PEDESTRIAN ACCESS (MAIN ENTRANCE)
- PEDESTRIAN ACCESS (SECONDARY ENTRANCE)

0 10 20 30 40 50 60 70 80 90 100

SITE PLAN

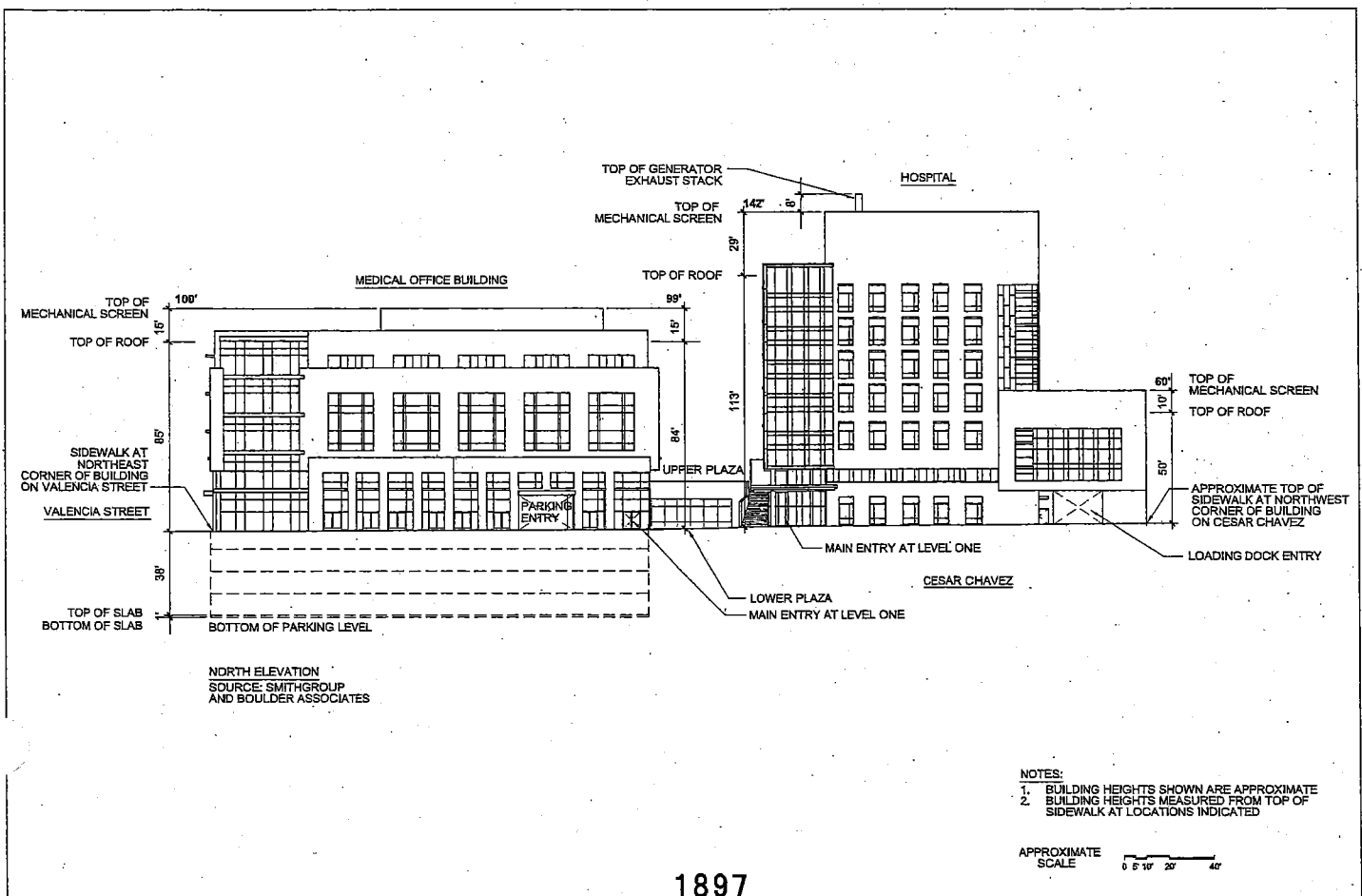
ST. LUKE'S CAMPUS - HOSPITAL

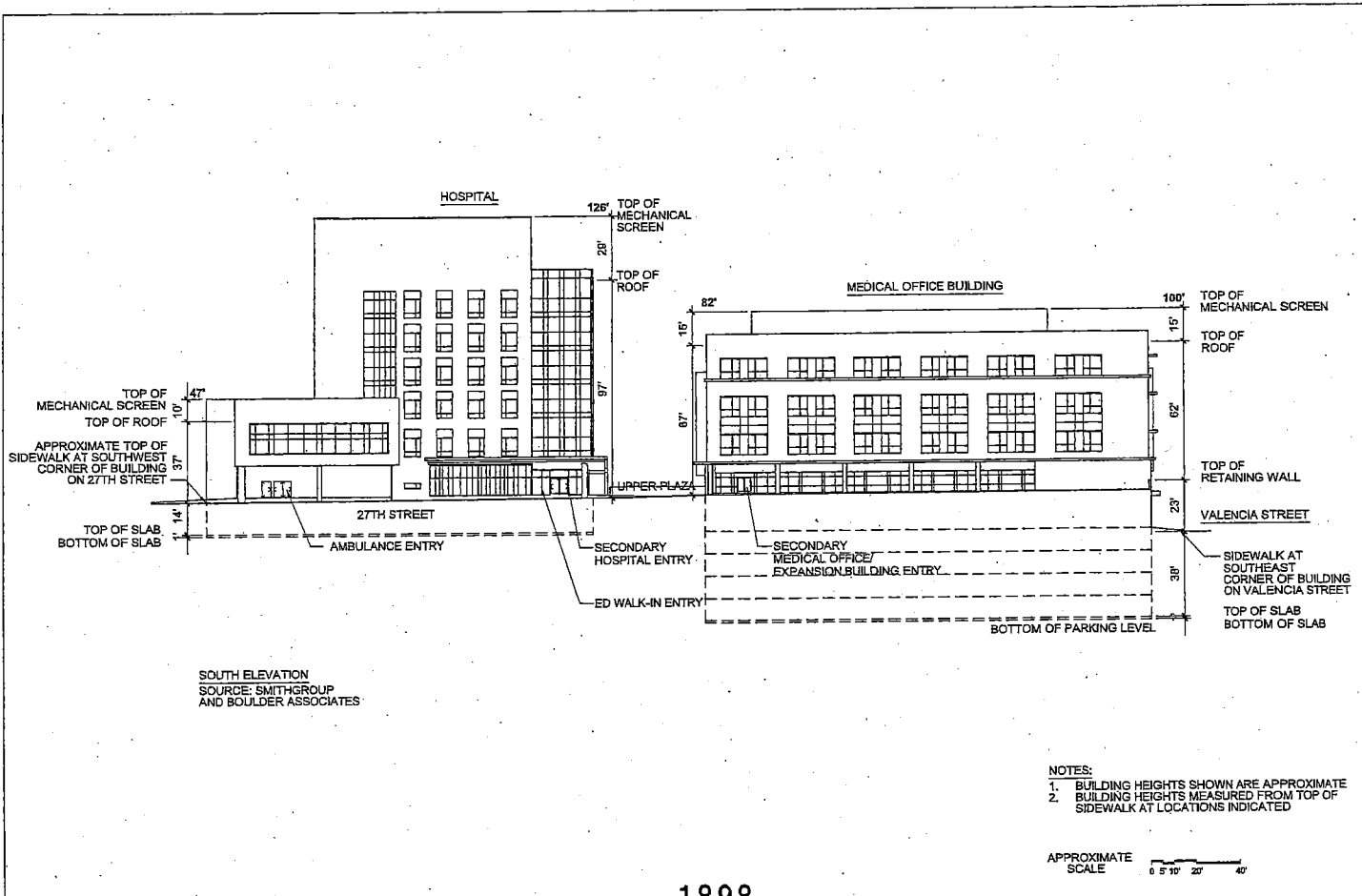
SMITHGROUPJJR / BOULDER ASSOCIATES

DEVELOPMENT PLAN

CPMC LRDP Revised Project

CPMC LONG RAN

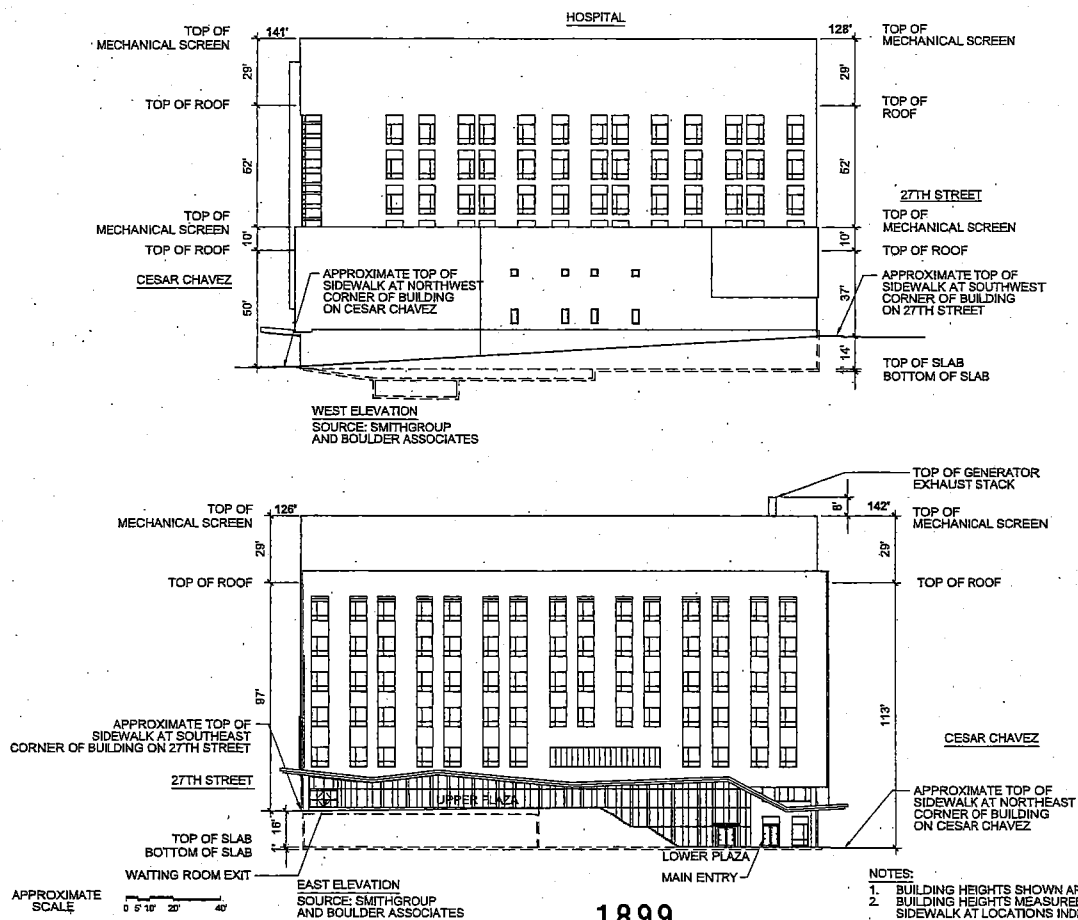




ELEVATION

ST. LUKE'S CAMPUS - HOSPITAL
SMITHGROUP / BOULDER ASSOCIATES

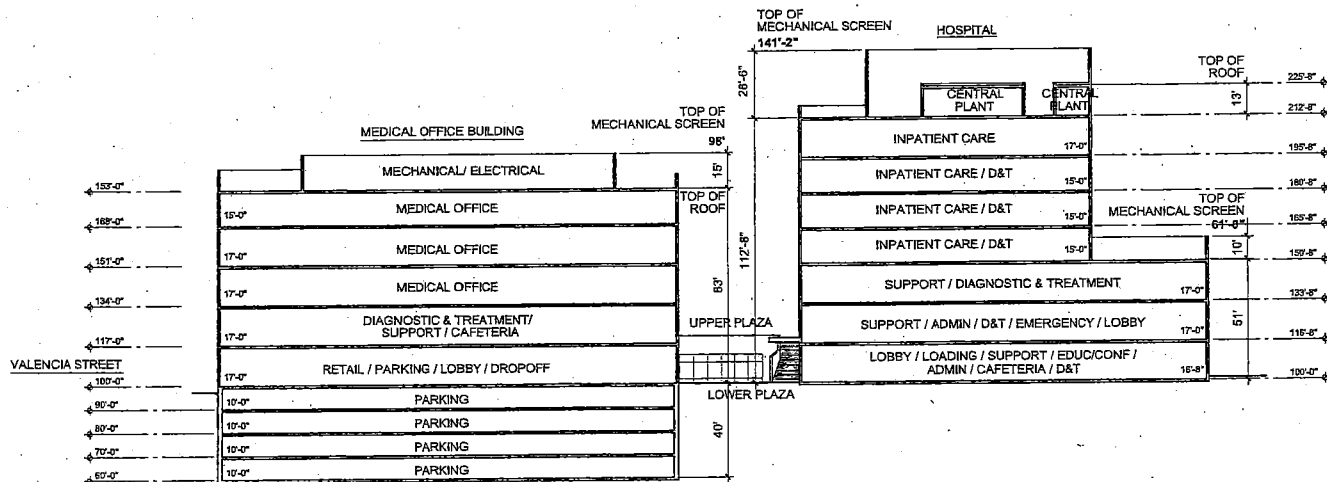
CPMC LRDP Revised Project
CPMC LONG RAN" DEVELOPMENT PLAN



ELEVATIONS

ST. LUKE'S CAMPUS - HOSPITAL
SMITHGROUP/JR / BOULDER ASSOCIATES

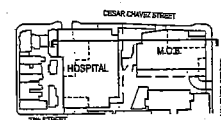
CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN



EAST / WEST SECTION
SOURCE: SMITHGROUP
AND BOULDER ASSOCIATES

- NOTES:
1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
 2. FOR PURPOSES OF THIS DIAGRAM, FIRST FLOOR ELEVATION SHOWN AT 100'-0"
 3. TOP OF BUILDING HEIGHTS SHOWN ARE FROM LEVEL 1

APPROXIMATE
SCALE 0 5' 10' 20' 40'



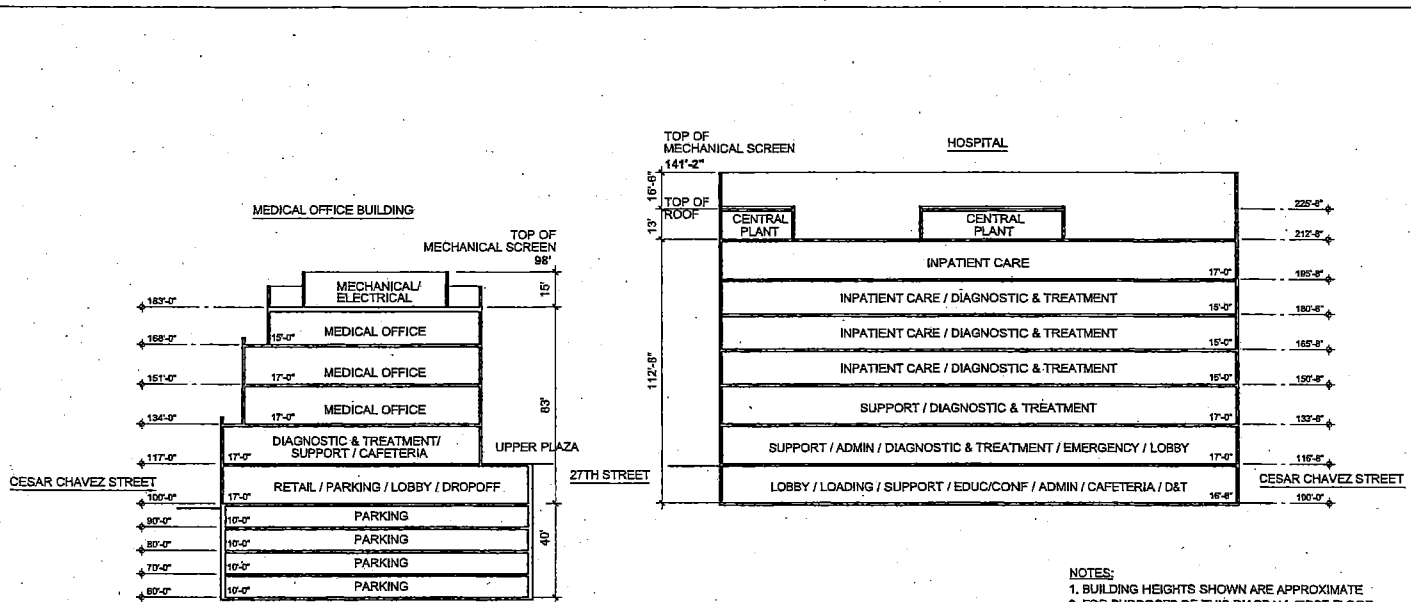
1900

BUILDING SECTIONS

ST. LUKE'S CAMPUS - HOSPITAL
SMITHGROUP/UR/BOULDER ASSOCIATES

DEVELOPMENT PLAN

CPMC LRDP Revised Project
CPMC LONG RAY

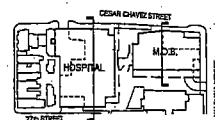


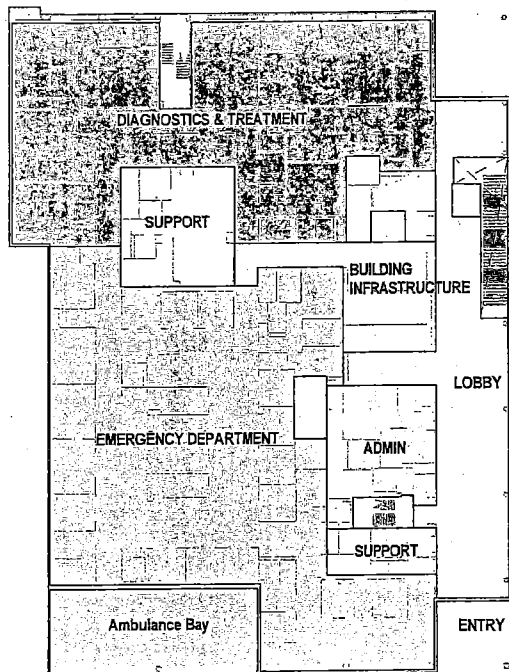
NORTH / SOUTH SECTION
SOURCE: SMITHGROUP
AND BOULDER ASSOCIATES

NORTH/SOUTH SECTION
SOURCE: SMITHGROUP
AND BOULDER ASSOCIATES

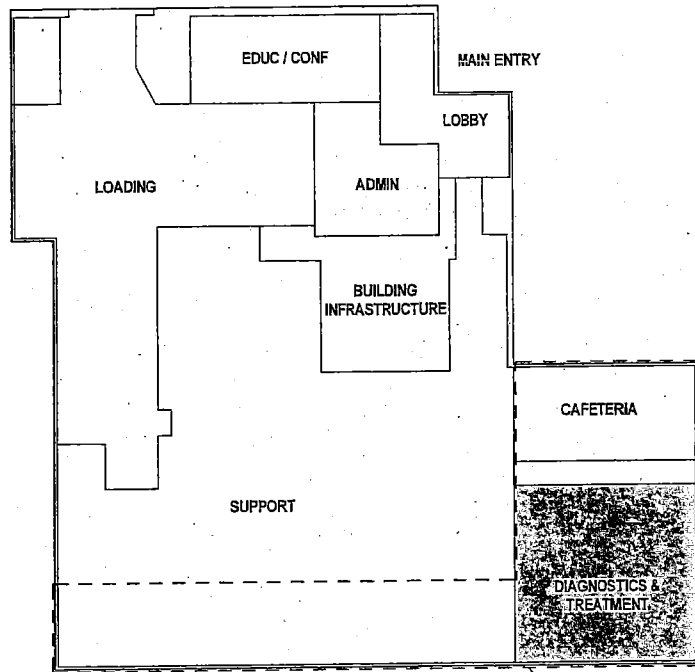
- NOTES:
1. BUILDING HEIGHTS SHOWN ARE APPROXIMATE
 2. FOR PURPOSES OF THIS DIAGRAM, FIRST FLOOR ELEVATION IS SET AT 100'-0"
 3. TOP OF BUILDING HEIGHTS SHOWN ARE FROM LEVEL 1

APPROXIMATE SCALE 0 5' 10' 20' 40'

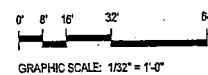




St Luke's Hospital - Level 2



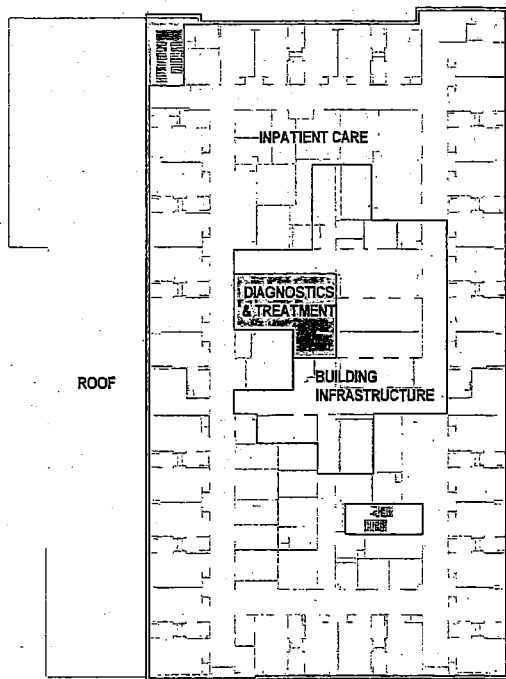
St Luke's Hospital - Level 1



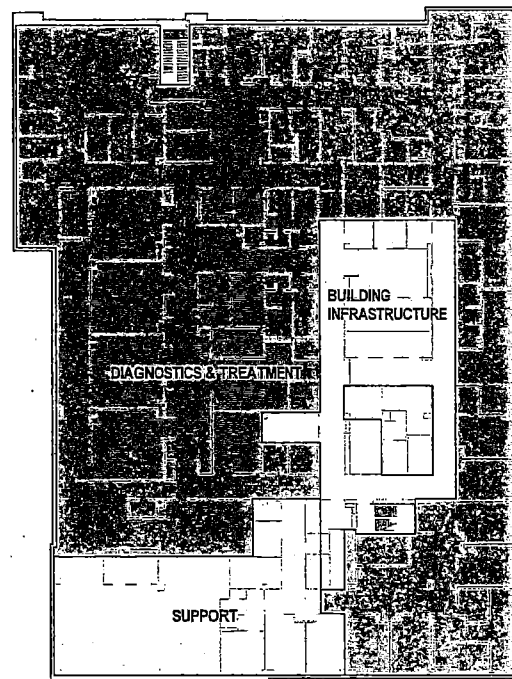
FLOOR PLAN

ST LUKE'S CAMPUS - HOSPITAL
SMITHGROUP/JR/BOULDER ASSOCIATES

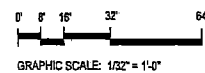
CPMC LRDP Revised Project
CPMC LONG RAN' DEVELOPMENT PLAN



St Luke's Hospital - Level 4



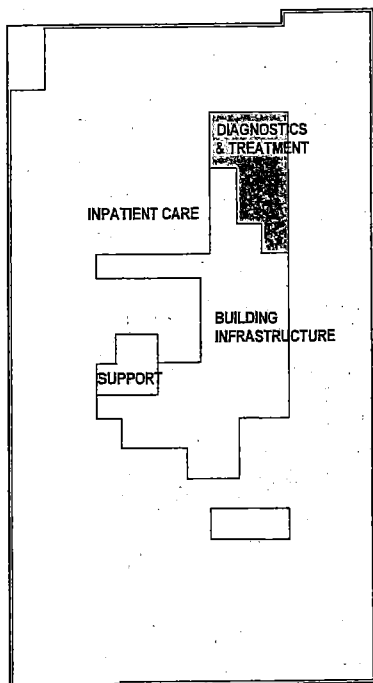
St Luke's Hospital - Level 3



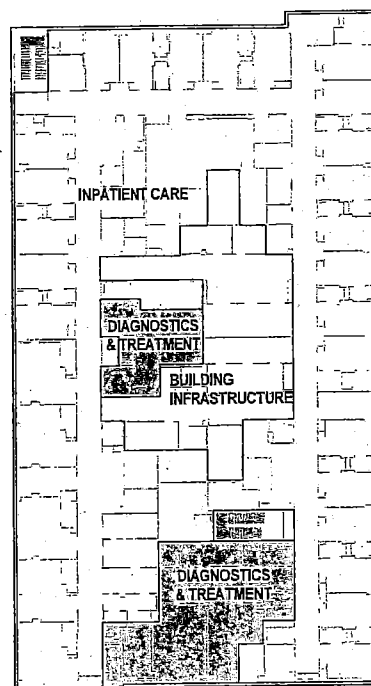
FLOOR PLAN

ST LUKE'S CAMPUS - HOSPITAL
SMITHGROUPJJR / BOULDER ASSOCIATES

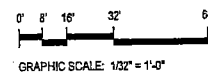
CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN



St Luke's Hospital - Level 6



St Luke's Hospital - Level 5

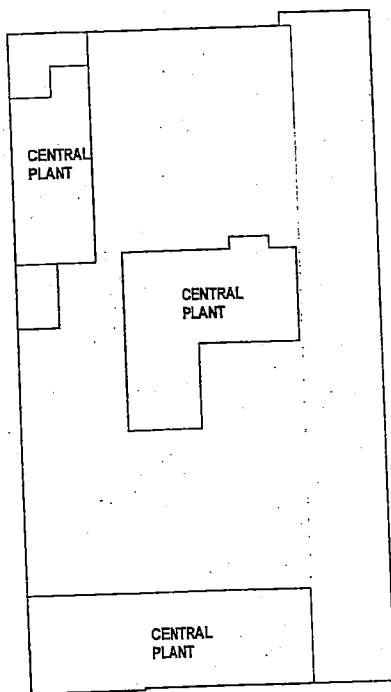


FLOOR PLAN

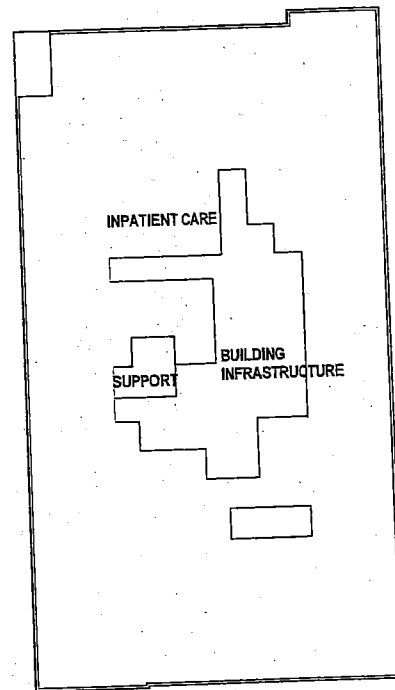
ST LUKE'S CAMPUS - HOSPITAL
SMITHGROUP/JR / BOULDER ASSOCIATES

DEVELOPMENT PLAN

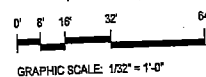
CPMC LRDP Revised Project
CPMC LONG RAMP



St Luke's Hospital - Roof Level



St Luke's Hospital - Level 7



FLOOR PLAN

ST LUKE'S CAMPUS - HOSPITAL
SMITHGROUP/JR / BOULDER ASSOCIATES

CPMC LRDP Revised Project
CPMC LONG RANGE DEVELOPMENT PLAN

