

Kaiser Permanente Oakland Master Plan Project

RESPONSES TO QUESTIONS RECEIVED AT MAY 4, 2006 MEETING WITH COUNCILMEMBER JANE BRUNNER AND COMMUNITY MEMBERS

May 19, 2006

1. You mentioned you would look into moving the entrance to the ER off of Piedmont Avenue. When will this be done and when will a final decision be made? If the entrance is not moved, we would like a written explanation as to why no.

We believe that this is a design review issue. Our inclination is to move forward with locating the Emergency Department (ED) on Piedmont Avenue as proposed in the master plan. We believe that this location is operationally appropriate and will cause minimal disruption to the immediate neighbors. Currently, our Emergency Department is located on Howe Street adjacent to residential properties; and we receive very few noise complaints from neighbors related to our ED operations. The ambulance drivers' policy is to turn off the sirens near the Hospital. Standard hospital practices are to have separate entrances for the main hospital and the ED due to space constraints, traffic and patient confusion. This is why we are not recommending having the ED entrance on Broadway. Final configuration of the ED will be determined in approximately 2007. This will be after project entitlements have been obtained from the City.

2. You mentioned you would consider including the motels in the project area if the City would move forward towards obtaining them. Could you please provide a written explanation of your position and the circumstances under which you would or would not consider including them?

Kaiser has not included the costs of acquiring the Westwind Lodge at 336 West MacArthur Blvd. in its campus plan; and the motel is not included in the Kaiser project description. The motel owners have indicated an unwillingness to voluntarily sell the property at what Kaiser Permanente considers to be a reasonable market value.

Hence, it is likely that the City of Oakland would need to adopt a resolution of necessity and initiate a condemnation action. If the acquisition of the Westwind Lodge is determined to be important to the City and the neighborhood, we would need a formal request from the City Council in conjunction with our project approval. Kaiser's contribution towards the acquisition of the motel, the procedures for pursuing the condemnation and the use and ultimate disposition of the site would need to be negotiated with the City.

3. You mentioned in the meeting that you would not change the height of the main hospital tower. Would you please provide a written explanation as to why not?

The height of the hospital tower is determined by our functional need and the size of the MB Center lot. Typically, Kaiser hospitals are sited on 50 acre suburban sites, allowing us to spread the hospital footprint and lower the height of the tower. The MB center site is very small, dictating the height of the tower. The tower height is appropriate for a major urban hospital site and consistent with other major tower developments in Oakland. Following is a more detailed description of the planning issues provided by the project Architect, NBBJ

Introduction

As part of the City of Oakland entitlement process, an alternative hospital design was developed that suggested the height of the hospital nursing tower could be lowered by providing a “three-wing” nursing tower instead of a single rectangular shaped nursing tower. This memo describes Kaiser’s rationale for the use of the single rectangular nursing tower.

Description

Kaiser’s hospital design incorporates a rectangular nursing tower that has a 24-bed patient care unit on each side of the central elevator core for a total 48 beds on each floor. Kaiser has developed the acute care unit to conform to their operational standards of health care delivery and is the configuration used in many of Kaiser’s new facilities. The Kaiser nursing tower is planned to be 7 stories above a mechanical floor on a 4 story base. The overall building height of the hospital would be about 225 feet maximum.

Alternative 4 suggests the patient care nursing tower would be comprised of three wings connected at a single elevator core. Each wing would contain a rectangular shaped patient care unit with 24-26 beds. The Alternative 4 nursing tower is 4 stories above a mechanical floor on a 3 story base. The overall building height would be about 150 feet.

Urban Design

The size of the new hospital site has dictated a building configuration that has the nursing tower above a diagnostic and treatment base. The mid-range and distant views of the hospital would see a tower of similar proportions to the existing Oakland Medical Center hospital.

Extensive shadow studies have been performed on the hospital and tower. The tower is set back about 150 feet from Broadway to minimize shadow impact on Mosswood Park and surrounding neighbors. The tower is located in the middle of the four story podium so that much of the shadow will be cast directly on the building itself.

The overall design of the Oakland Medical Center campus has made an effort to minimize impacts on the neighborhood by placing the new hospital on the MB Center site, south of the existing hospital, shifting the largest campus building mass towards I-580 and away from residential areas.

SMWM’s urban design evaluation dated March 16, 2006 spoke favorably about the new Kaiser hospital and stated that the Kaiser building should “...work as an ensemble to

enhance the visual skyline of the area, serving as an attractive landmark appropriate to a respected institution in the city”. The evaluation also stated that “The proposed new hospital, although accommodating a large program, fits well onto the old MOB site and places the tower so as to reduce shading on surrounding streets”.

Functional Relationships

The rectangular nursing tower supports established operational standards developed by Kaiser and typical in hospital planning.

Many different nursing tower configurations have been studied: rectangular, long rectangular, “L” shaped, “U-3 bay”, “U-4 bay” and “H” shaped. When the nursing tower configurations were evaluated with the criteria below, the rectangular 48 bed tower was proven to offer the best operational efficiency, most flexible building systems and most cost effective design.

Nursing tower evaluation criteria:

- *Distances*
 - Distance from elevator to patient care unit entry*
 - Distance from elevator to farthest nurse station*
 - Distance from elevator to farthest bed*
 - Distance from utility/meds to farthest bed*
- *Patient care unit core width*
- *Views from patient rooms and family waiting areas*
- *Structural considerations*
 - Flexible grid*
 - Impacts on diagnostic/treatment base*
 - Seismic bracing implications*
- *Swing capability, ability to utilize beds in an adjacent patient care unit if a patient care unit exceeds capacity*
- *Circulation clarity*
- *Massing/image/site circulation*
- *48 bed Kaiser design versus 96 bed Alternative 4 design*
 - Elevator core location*
 - Number of elevators*
 - Views*
 - Tower height*
 - Seismic considerations*
 - Mechanical*
 - Construction cost*
 - Massing image*
 - Neighborhood impact*
 - Site “fit”*
 - Heat/solar gain*

The rectangular tower location provides the best patient room views for the largest number of rooms from the hospital looking to Mosswood Park.

The location for the elevator core is important to the nursing tower and has a vertical relationship to the diagnostic and treatment programs in the base of the building. The best

location for the elevators is central to the hospital so that circulation from the elevators to medical services is minimized. The Community Alternative 4 requires the elevators to be located at the south side of the building which provides unicient mechanical and electrical distribution systems. The 3-wing nursing tower would require mechanical equipment at each wing and each wing would have independent mechanical, plumbing and electrical distribution systems.

4. You mentioned at the meeting that you would not construct the largest parking garage along 580 in the first phase, and that you would make the analysis upon which you based that conclusion available to the public? Can we please have a copy, electronically, preferably, that we could make available to the attendees?

Kaiser Permanente studied the idea of demolishing only the southwest portion of the M/B Center, in order to construct the new Hospital Parking Structure in Phase 1 (2006-2009 approximately). The remainder of the building would be torn down later, after the tenants move into the West Broadway MSB. While it appears to be possible to do, Kaiser Permanente decided not to do the early partial demolition for the reasons described below.

The structural system of the existing garage is post-tensioned concrete. This means that the reinforcing bars are tensioned and must be handled with extreme caution. Special measures are required to maintain the tensioning of the slabs. The partial demolition requires shoring, new concrete walls and X-braced framing. The existing south ramp would be partially removed and rebuilt with steel beams and columns, with deck and fill for the ramp. The nature of this work is difficult and expensive. Special safety measures would be necessary.

Several of the main utilities serving the building run right through the area that would be demolished. These include the main fire water service, domestic water service and gas service. The partial demolition would entail bringing all new services to the remaining building, all of which would be demolished within two to three years. This is not cost-effective.

There would be a loss of 330-360 parking spaces between the time that the demolition begins and the new Parking Structure is completed, a gap of about three years. It should be noted that this scheme is being discussed in the context of trying to provide an alternate solution to a parking deficit.

Since a portion of the building would still remain in use, we anticipate needing to make ADA upgrades to it, which would be costly and only would be in use for three years or less.

Code would also potentially require life safety and building system upgrades to the remaining building.

The cost of demolishing the building in two parts at two different times would be considerably more than demolishing the entire building all at once. The premium could be as high as \$5 million.

The disruption of demolishing the building over a larger time period would be much greater than if the building were demolished all at one time.

All of the new structural, utility and ADA work would need to be removed at the end of three years.

There would be an ongoing impact to operations.

There would be a lack of staging space for the contractors.

5. You mentioned that you would explore funding an additional Residential Permit Program in the impacted neighborhoods. Could you please provide a written explanation of the circumstances under which you would or would not be willing to pay for such a program and what you would be willing to fund?

Kaiser Permanente anticipates that we will be asked by the City to fund an expansion of the RPP as a condition of approval. This is mentioned in the EIR in Section IV on page IV.B-72. It recommends that Kaiser Permanente “work with the City of Oakland to implement a Residential Parking Permit (RPP) program in the residential neighborhoods west of Broadway, north of MacArthur Boulevard, east of Telegraph Avenue and south of 42nd Street. The RPP restrict on-street parking by non-residents to less than two hours during the weekdays. The RPPs shall be implemented before the completion of the West Broadway MSB.” Kaiser Permanente is in agreement with this requirement, in satisfaction of a condition of approval or specific mitigation monitoring plan.

6. What is planned to be located on the old hospital site once the new hospital is constructed?

The Low Rise and Tower will be demolished as part of Phase 3. The plan is to construct an Administrative / Medical Services Building ranging in size from 60,000 to 223,000 square feet. We are currently evaluating the functional needs for the medical center. Any plans to build on this site will have to go before design review.

7. We would also appreciate a written response to the question we received below from John Jay, an attendee of last week's meeting:

See item 4 above for the answers to some of these questions. Other responses are below.

8. Why doesn't Kaiser begin the project by demolishing MB Mall and building the new hospital and primary parking structure first?

Because we need to relocate the occupants of the M/B Center first.

- 9 Kaiser asserts it would be too expensive to relocate the offices currently located at MB Mall twice and that Kaiser must replace the MB Mall parking and offices with a major office building and parking structure on the west side of Broadway, north of West MacArthur, before demolishing MB Mall, but isn't it true a strategy in which the new hospital and primary parking structure is built first would save Kaiser millions of dollars by accelerating the largest portion of the project by several years, e.g. \$200,000,000 (theoretical construction cost - probably more) x 1.035 (assumed annual inflation rate- current construction cost inflation rates are much higher than the overall inflation rate for three years) = \$21.74 million!?!?

Kaiser Permanente does factor construction escalation into our planning.

However, Hospital construction cannot begin immediately:

- **Design of the Hospital will begin after the entitlement process is complete.**
- **Design will take two years.**
- **The first Hospital building permits will not be issued for another year after that.**
- **Therefore, no work on the Hospital will begin for about three years.**

10. During construction on the existing MB Mall site, what is Kaiser's objection to relocating the mostly administrative functions currently located at MB Mall into existing available downtown Oakland office space? (Attached are just a few properties currently available in the downtown area which are available for Kaiser's use. For example, just the 306 12th Street property and 638 Webster Street property contain 47,000 s.f. of available space, and the owners of these buildings would gladly build to suit for Kaiser on 5 to 10 year leases. There are, most assuredly, also more space options available.)

The space in M/B Center is not mostly administrative. Kaiser Permanente has identified 34,700 square feet of space that could potentially be moved offsite to a location within a short shuttle trip from the main campus – a mile or so. Some of these departments, about 21,000 s.f., have been planned for the AAA building. We are no longer negotiating with AAA and are looking for alternate sites.

11. Wouldn't such phasing allow the existing, hospital, Fabiola Medical Offices, and other Howe Ave and Piedmont Ave facilities to remain fully operational during construction?

The plan is that all these buildings will remain operational throughout construction, except that the existing hospital will be demolished in Phase 3.

12. Couldn't existing MB Mall parking be replicated in a surface valet parking lot along the westside of Broadway between West MacArthur and 40th?

No, because we have acquired that site to put the West Broadway MSB on it, because of its close proximity to the existing campus. (We assume you meant between West MacArthur and 38th.) The M/B Center contains 1,176 parking spaces. The City has estimated that the Broadway site could fit 450-500 spaces.

13. Wouldn't a valet parking operation on the westside of Broadway from West MacArthur produce significant income for Kaiser during construction on the MB Mall parcel?

No, valet parking does not produce income for Kaiser Permanente. It is an expense.

14. Wouldn't such an alternate construction phasing plan ultimately allow Kaiser to build along the westside of Broadway in a less intense manner than now proposed?

No.

15. Wouldn't such planning/development approach result in the logical "scaling down" as the redevelopment transitions westerly?

Kaiser Permanente's proposed plan scales down as it moves westerly. The existing hospital is about 200 feet tall and the West Broadway MSB is 86 feet tall.

16. Wouldn't such an alternate redevelopment approach eliminate the single most pressing community concern relative to the proposed project?

It would not meet Kaiser Permanente's development needs. We have responded in writing and in presentations to the Planning Commission regarding our objections to Alternative 4.