

October 19, 2012

Ron Peluso, Program Manager
c/o Marin Healthcare District
100 B Drakes Landing Road, Ste 250
Greenbrae, CA 94904



Via email

Re: Marin General Hospital Draft EIR Completeness Comments

Dear Mr. Peluso,

Marin Conservation League has monitored land use and transportation issues in Marin County for more than 75 years. We are following the hospital's replacement and expansion planning because the hospital generates significant vehicular traffic and uses large amounts of parking in a densely developed and highly congested area.

Our comments on the draft EIR are largely focused on the following areas: 1) inconsistent, unclear or incomplete information regarding the number of acute-care patient beds in use, the number of employees and the amount of parking, which are related to each other and determine most of the community impacts; 2) traffic and parking mitigation; 3) visual effect of bulk and mass, and 4) on-site renewable energy production and use in line with state and county policies mandating or encouraging a reduction in green-house gas emissions.

Project Overview, Description, p. 2-1

The last paragraph should also include as part of the proposed project the 74,986 square feet of space in the old wings that will be renovated for ancillary uses.

Patient Beds

The EIR overview says (p. 2-2) that the project "would not result in a net increase in the existing number of licensed beds on the project site." This statement, through omission of clarifying detail, fails to correctly portray existing conditions and appears to be intentionally misleading. The existing situation, as we understand it from statements in Appendix B (p. B-9) is as follows:

Although the Marin General Hospital campus is licensed for 235 patient beds, due to state patient room requirements the hospital is currently limited to providing 148 beds for patient use, including a 17-bed psychiatric unit in the Marin Community Mental Health Building. An additional 59 beds will be in use by 2018 and 28 more beds added by project completion, about or before 2035. Thus, the number of beds in use on the campus will increase over existing conditions by about 59% at project completion. Of the 148 beds available, the average daily census, which is the number of beds occupied, is 126.

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It is important to correct this project description as the number of patient beds is a crucial factor on which the hospital's employee and parking needs and estimated vehicle trips are based. As is noted in Chapter 4, (p. 4.M-26), Institute of Transportation Engineers (ITE) trip generation estimates for hospitals are based on the number of beds in use. Table 4.M-6 in the EIR and Table 8, (p B-46) show vehicle trips for 2018 and 2035 according to the number of new beds, as well as those generated by the Ambulatory Services Building, coming online.

Patient beds are variously described in a number of places (e.g. EIR pages 3-8, 3-29, 3-40, 4.M-26; Appendix B pages B-9, B-43, B-45, B-46) and all these references should be consistent.

Table 3-1 (P. 3-37/38) is confusing in that it indicates (last column) that there are 235 total beds currently on the project site and this same number of beds throughout all the building phases. This table should be amended to indicate what the working number of beds is, currently and as the building phases proceed.

The EIR should also consistently include the 17 psychiatric beds licensed and in use in the various places where this subject appears so it is clear that the 17 are part of the 235 total.

Please also describe what constitutes a "nursing unit infill project" (p. 3.16, 3-40) and if or how it differs from other acute-care hospital beds.

Employees

The EIR states that the current 1,126 FTEs (full-time employees) will increase by 426 FTEs in 2035 for a full complement of 1,552 FTEs no later than 2035. This total, according to the EIR (Table 3-1), includes 286 FTEs in the Ambulatory Services Building and 140 that would be associated with the 28-bed "nursing infill unit" that is scheduled to be added in the south pavilion in the final phase of work which would end between 2025 and 2035.

There are two groups of employees that appear to have been omitted from this count: employees relocated from off-site, and any who will be added in association with the addition of the 59 new usable beds that occurs between 2012 and 2018.

Current Off-Site Employees. The EIR states (third bullet on p. 3-36) that 20,420 square feet of space in the central and east wings of the existing hospital would be re-used " by departments relocating from off-campus space at Drakes Landing currently leased by the Marin Healthcare District," but these employees do not appear in any of the FTE counts. The district also lists offices or labs off-site on South Eliseo, Bon Air Road and Mill Valley. Will any of these be relocated to the newly vacant space in the old wings?

FTEs Associated with New Beds. It is unrealistic to presume that the 59 new beds, to be added between 2012 and 2018, would not generate a need for additional medical personnel. The EIR estimate of 140 new employees to serve the 28-bed infill nursing unit represents about five employees per bed. Based on this the 59 beds added earlier would generate a need for almost 300 new employees.

ITE methodology (p. B-46) estimates vehicle trips using their standard of 11.81 vehicle trips per bed per day, presumably a combination of employees and visitors. How is this number derived, e.g. how many of the trips are due to employees, visitors, other medical specialists, etc?

Please explain this situation and modify as appropriate the estimates of new employees, and associated parking and vehicle trip numbers.

Table 3-1 (p. 3-37/38) also doesn't seem to fully include information on the central and east wings which remain on site. Please make sure the chart reports all the usable square footage and employee numbers for all phases, including full usage of all buildings on the campus.

Parking

Whether or not CEQA guidelines require that parking shortfalls should be considered a significant impact, provision of adequate on-site parking is important for the hospital's successful operation and should be conservatively calculated. As the EIR notes (p. 3-17) Marin General Hospital currently has substantial parking shortages. This has resulted in hospital employees and visitors using street parking that is intended for community use and the arrangement whereby the hospital also uses 90 spaces at nearby St. Sebastian's.

In the hospital's immediate vicinity there are several other institutions that require substantial parking, including Marin Catholic High School, the Bay Club and Hal Brown Park at Creekside. These are all valued community resources for which parking needs will, if anything, grow with time. The overall shortage of parking in this area underscores the need for Marin General to fully serve its own employees, patients and visitors on site. Parking needs at project completion should be based on the assumption that all the campus buildings, including the non-acute care services building, will be fully utilized. Moreover, parking estimates should include district employees, now located off-site, that will move to the expanded campus.

With regard to parking we are concerned about the EIR's statement that it would evaluate "if the project's estimated parking demand (both project-generated and project-displaced) would be met by the project's proposed parking supply or by the existing parking supply within a reasonable walking distance of the project site." Parking off site should be reserved for community uses such as the park, and all necessary hospital parking should be provided on-site.

Along with the analysis of hospital users and construction truck trips, please provide information on vehicle trips during construction due to workers not driving dump trucks and describe parking arrangements for these vehicles.

In summary it would be helpful if the EIR could include a chart itemizing, for 2012 and projected for 2018 and 2035, all locations used by the district, the number of employees at each location and the number of parking spaces currently used by the district at these locations. In addition it should include parking that is being used by the hospital employees and visitors on Bon Air Road (including the 2-hour parking on the west side of Bon Air which short-term visitors could use) on nearby residential streets such as Bayview, Tamalpais and Magnolia (where there is no time restriction on spaces between downtown and Bon Air Road); and at St. Sebastian's Church. It is not clear if the

parking survey considered if any hospital users park on the nearby residential streets in overflow situations.

If St. Sebastian's is included in the project parking, provide in the EIR the lease that guarantees usage of those spaces for the hospital as long as the hospital remains in operation.

The EIR should provide a plan for provision of all parking needs on the campus. If this means that the parking structures need to be enlarged it would be preferable if this is done without increasing the height due to community concerns about the buildings' bulk and mass.

Traffic Mitigation

The EIR recommends a number of transportation demand management (TDM) strategies which the hospital could implement toward mitigating traffic impacts. The following information on employee travel is provided by an employee survey conducted by 511 Rideshare (Appendix B, p. B-32), and in data from the Conley Consulting Group that is in the EIR (p. 4.K-13):

- MGH employees have a relatively high 89% "drive alone" rate, in contrast to Marin County commuters' overall drive alone ratio of 75-80%.
- MGH employees commute distances averaging a relatively long 19.2 miles, although about 40 % live within 10 miles of the hospital.
- Employees believe carpools and vanpools would be attractive alternatives for commuting.
- 46% of employees live in Marin and 54% thus live outside the county.
- Transit use is very low, and available transit schedules and routes are not well suited for MGH employee commuting.

Given that the project would ultimately have more than 1,500 FTEs commuting to and from work at one location, we believe the district can implement a more robust program than the EIR proposes to reduce employee vehicle trips and parking needs.

The long commute and high percentage living outside the county means that, based on an 89 % solo driving pattern, about 750 MGH or district employees travel, probably from Sonoma County or the East Bay, on Highway 101, Sir Francis Drake Blvd and nearby streets. Given the severe congestion on 101 and local arterials at peak hours the district should take every step possible to reduce this impact, even if it does still remain significant.

The EIR should provide information on how a program of dedicated vans, buses or other vehicles to transport employees to and from work could be implemented. This should include a summary of where current employees live – by extension future employees are likely to fall into a similar county of residence pattern – as well as shift times.

A local shuttle could serve employees who live within 10 miles of the hospital. There may also be a large enough number of employees from urban areas like Santa Rosa to justify buses or vans which have pick-up stops at regular locations and times coordinated with the hospital's shift times. Carpools may be a realistic solution for employees who live in less densely populated areas.

Table 4-1 does not seem to include the WinCup redevelopment on Tamal Vista Blvd. in Corte Madera for up to 180 apartment units and 3,000 square feet of commercial uses.

Visual Impact

The project would grow the campus from its existing 308, 152 square feet to an eventual size of 677, 086 square feet (Appendix A, pages A-8/9), more than doubling the building mass on the campus. The increased size will be highly visible from adjacent neighborhoods and the Hal Brown Park at Creekside and the district should make efforts to reduce the impact.


In addition to the environmentally preferable alternative described, it is possible that a modified building configuration would help reduce the perception of bulk and mass from Bon Air Road and the park. Please provide a CEQA alternative analysis of non-CEQA design alternative C (EIR p 5-42/44) as a possible mitigation to visual impacts. This could break up the long surface of the garage by bringing the Ambulatory Services Building (ASB), which could have a more interesting and articulated facade than the garage, to front on Bon Air Road.

Greenhouse Gas/Energy

The district has overlooked an opportunity to comply with state legislation and countywide plan policies seeking to reduce greenhouse gas emissions by not planning for solar panels on all rooftops. Please describe a plan for solar installations atop all the campus buildings, including calculations on how this would reduce energy needs for the hospital.

Thank you for this opportunity to comment. We look forward to a successful project.

Yours truly,


Susan Stompe, President

cc: Supervisor Katie Rice
County Planner Jeremy Tejriran