

1 INTRODUCTION AND BACKGROUND

This chapter explains how near-term and long-term projects are evaluated in this environmental impact report (EIR) at the project level and program level pursuant to Section 15168 of the *California Environmental Quality Act Guidelines* (State CEQA Guidelines). Section 15168 of the State CEQA Guidelines states that a program EIR is an EIR that may be prepared on a series of actions that can be characterized as one large project and are related either (1) geographically; (2) as logical parts in the chain of contemplated actions; (3) in connection with issuance of rules, regulations, plans, or other general criteria to govern the conduct of a continuing program; or (4) as individual activities carried out under the same authorizing statutory or regulatory authority and having generally similar environmental effects that can be mitigated in similar ways. This chapter also identifies the purpose of the EIR, summarizes the environmental review process under CEQA, outlines the content of this EIR, and provides the project background.

1.1 PROJECT OVERVIEW

The California Pacific Medical Center (CPMC) *Long Range Development Plan* (LRDP) is CPMC's multiphased strategy to meet state seismic safety requirements for hospitals and create a 20-year framework and institutional master plan (IMP) for CPMC's four existing medical campuses and one proposed new medical campus in San Francisco. The four existing CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District.

Section 304.5 of the San Francisco Planning Code requires postsecondary institutions and medical institutions to prepare an IMP every 10 years, detailing current facilities and operations, and outlining development plans and other information.¹ Information from the *California Pacific Medical Center 2008 Institutional Master Plan* was presented at a public hearing before the Planning Commission on October 15, 2009; public comments were received at this hearing, enabling CPMC to consider the comments and modify its LRDP before seeking entitlements. IMPs are nonaction items before the Planning Commission, and as such do not require CEQA review. Rather, the IMPs are reviewed to determine whether Section 304.5 requirements are satisfied. Further details of the *California Pacific Medical Center 2008 Institutional Master Plan* are discussed below in Section 1.5.4, "CPMC Institutional Master Plan" (page 1-20).

Under the CPMC LRDP, CPMC would design, construct, and operate the proposed Cathedral Hill Campus, which would include a 555-bed hospital and a medical office building (MOB) at the intersection of Van Ness

¹ Section 304.5 of the San Francisco Planning Code: Institutional Master Plans. Available: http://search.municode.com/html/14139/level2/A3_s304.5.html. Accessed April 2010.

Avenue and Geary Boulevard/Street and a second MOB (conversion of an existing office building) at the intersection of Sutter and Franklin Streets.

Implementing the CPMC LRDP would also result in the development of a new ambulatory care center, underground parking, and renovation of existing buildings at the Pacific Campus. The Davies Campus would add a new neuroscience institute building, a new MOB, and related parking improvements. Development at the St. Luke's Campus would include the construction of a new 80-bed acute-care replacement hospital and an MOB/expansion building after the demolition of the existing hospital tower. CPMC would sell the California Campus by 2020 after relocating its inpatient services (i.e., care of all patients staying longer than 24 hours) to the proposed Cathedral Hill Hospital and other services to the Pacific Campus. A limited amount of existing on-site medical activities would continue at the California Campus, in space leased back by CPMC indefinitely from the new property owner.

Completion of the proposed Cathedral Hill Hospital in the near term would give CPMC the flexibility to consolidate currently duplicative services at its existing campuses within the new hospital. The existing acute-care and Women's and Children's Center services at CPMC's Pacific and California Campuses would be relocated to the proposed Cathedral Hill Hospital, allowing CPMC to:

- ▶ reenvision the focus of its existing Pacific, California, Davies, and St. Luke's Campuses;
- ▶ modernize, renovate, and construct new buildings at the existing campuses to meet the future medical needs of its patients;
- ▶ improve the patient experience; and
- ▶ provide adequate offices for doctors affiliated with CPMC.

CPMC's LRDP would be implemented in two phases: the project-level or near-term phase (i.e., Cathedral Hill Campus and St. Luke's Campus projects and the Neuroscience Institute at the Davies Campus) and the program-level or long-term phase (i.e., projects that would commence significantly after 2015 or are contingent on the completion of the near-term projects—projects at the Pacific and California Campuses and the Castro Street/14th Street MOB at the Davies Campus). Table 2-1, "CPMC Long Range Development Plan Schedule," on page 2-5 of Chapter 2, "Project Description," illustrates the proposed timeline for project components at each campus.

1.2 ENVIRONMENTAL REVIEW PROCESS

1.2.1 PURPOSE OF THIS ENVIRONMENTAL IMPACT REPORT

This EIR has been prepared in conformance with the provisions of CEQA and the State CEQA Guidelines (California Public Resources Code, Section 21000 et seq., and California Code of Regulations Title 14, Section 1500 et seq.), as amended. The project sponsor for the proposed CPMC LRDP is Sutter West Bay Hospitals, a California nonprofit public benefit corporation doing business as CPMC. Sutter West Bay Hospitals is a Sutter Health affiliate. Under Chapter 31 of the San Francisco Administrative Code, the San Francisco Planning Department is responsible for CEQA review for all City and County of San Francisco (City) projects and thus serves as the lead agency for environmental review of the proposed project. The lead agency is the public agency having the principal responsibility for carrying out or approving a project. As stated in the State CEQA Guidelines, an EIR is an “informational document” intended to inform public agency decision-makers and the public of the significant environmental effects of a project, identify possible ways to minimize the significant effects, and describe reasonable alternatives to the project.

As defined in Section 15382 of the State CEQA Guidelines, a “significant effect on the environment” is:

...a substantial, or potentially substantial, adverse change in any of the physical conditions within the area affected by the project including land, air, water, minerals, flora, fauna, ambient noise, and objects of historic or aesthetic significance. An economic or social change by itself shall not be considered a significant effect on the environment. A social or economic change related to a physical change may be considered in determining whether the physical change is significant.

CEQA provides that public agencies should not approve projects until all feasible means available have been employed to substantially lessen the significant environmental effects of such projects.² City decision-makers will use the certified EIR, along with other information and public processes, to determine whether to approve, modify, or disapprove the proposed project, and to specify any applicable mitigation measures and conditions of approval as part of project approvals.

This EIR is both a project-level and program-level EIR, pursuant to State CEQA Guidelines Sections 15161 and 15168, respectively. It is a full-scope EIR and assesses potentially significant impacts in the areas of:

- ▶ Land Use and Planning
- ▶ Aesthetics
- ▶ Population and Housing

² “Feasible” means capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, social, and technological factors (Public Resources Code Section 21061.1).

- ▶ Cultural and Paleontological Resources
- ▶ Transportation and Circulation
- ▶ Noise
- ▶ Air Quality
- ▶ Greenhouse Gas Emissions
- ▶ Wind and Shadow
- ▶ Recreation
- ▶ Public Services
- ▶ Utilities and Service Systems
- ▶ Biological Resources
- ▶ Geology and Soils
- ▶ Hydrology and Water Quality
- ▶ Hazards and Hazardous Materials
- ▶ Mineral and Energy Resources
- ▶ Agricultural and Forest Resources

1.2.2 THE EIR PROCESS

The EIR process, as implemented by the San Francisco Planning Department, includes several steps: preparation and circulation of a notice of preparation (NOP) of a draft EIR (DEIR), a public scoping meeting to identify environmental issues to be addressed in the EIR, publication of a DEIR for public review and comment, preparation of responses to public comments on the DEIR, and certification of the final EIR (FEIR).

The Planning Department originally issued an NOP for the proposed LRDP on July 1, 2006, notifying responsible agencies and other interested parties that an EIR would be prepared for the LRDP and indicating the environmental topics anticipated to be addressed in the EIR. The NOP and its 30-day public comment period were advertised in the newspaper and the NOP was mailed to public agencies, organizations, nearby property owners, and other individuals likely to be interested in the potential impacts of the LRDP. A public scoping meeting was held on July 18, 2006, at the Cathedral Hill Hotel.

1.2.3 REVISIONS AND REFINEMENTS TO THE LRDP

Revisions and refinements to the proposed LRDP have occurred since the project was originally proposed in July 2006.³ Although the currently proposed LRDP is similar to the original project discussed in the July 2006 NOP, the current proposal also includes:

- ▶ future hospital and MOB development at CPMC's St. Luke's Campus, in accordance with the recommendations of the "Blue Ribbon" Panel;⁴
- ▶ reduction in size of the proposed Cathedral Hill Hospital and CPMC's acquisition of the Pacific Plaza Office Building (1375 Sutter Street) for use as an MOB at the proposed Cathedral Hill Campus;
- ▶ inclusion of the Neuroscience Institute (formerly Noe Street MOB⁵) at the Davies Campus within the CPMC LRDP; and
- ▶ cessation of operations at the California Campus by 2020.

1.2.4 2009 NOTICE OF PREPARATION AND SUMMARY OF PUBLIC COMMENTS

The Planning Department issued a revised NOP on May 27, 2009, and held a public scoping meeting for the revised and refined proposed LRDP on June 9, 2009. During the scoping meeting, members of the public identified issues of concern that they believed should be addressed in the EIR. They also identified issues related to the LRDP and other potential future projects proposed under the *California Pacific Medical Center 2008 Institutional Master Plan*. Written and oral comments were received during the NOP public comment period (May 27–June 26, 2009).⁶ The comment period was extended for an additional 30 days, closing on July 26, 2009. A total of 96 comment letters regarding the NOP were received in addition to the verbal comments made by individuals at the public scoping meeting. A copy of the NOP is included in Appendix A of this EIR.

³ Information related to the NOP published for the original project on July 1, 2006, is on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

⁴ The Blue Ribbon Panel was created under the guidance of San Francisco Supervisor Michela Alioto-Pier and Director of Department of Public Health Mitch Katz, M.D., to develop a viable plan under which CPMC's St. Luke's Campus could remain functional as an inpatient facility. The Blue Ribbon Panel's charter states its purpose as follows: "...an inclusive public-private planning process that will ensure that CPMC bears its appropriate share of responsibility for the health care needs of all San Franciscans. To that end, CPMC convened a 'Blue Ribbon' panel of leaders in health, business, community, and labor and developed a plan for acute care hospital and outpatient services at CPMC's St. Luke's campus which complements and is supported by CPMC's current institutional plan for its other campuses." The recommendations from the Blue Ribbon Panel were released in July 2008 and accepted by CPMC's Board of Directors in September 2008.

⁵ A previous mitigated negative declaration was prepared separate from the CPMC LRDP for the Noe Street MOB (Neuroscience Institute) and was not upheld by the Board of Supervisors. This document is available for public review at the Planning Department (Case No. 2004.0603E).

⁶ Comment letters in the NOP and a transcript of all oral testimony received at the public scoping meeting are available and on file with the Planning Department, 1650 Mission Street, Suite 400, San Francisco 94103, and is available for public review as part of the project file, in Case No. 2005.0555E.

This EIR is a full-scope EIR; that is, all of the CEQA and City environmental resource areas of concern are evaluated—no resource areas were scoped out of this evaluation. The following is a summary of comments received on the NOP that were considered during the evaluation of this EIR. Environmental issues raised during the EIR public scoping meeting are addressed in Chapter 4, “Environmental Setting, Impacts, and Mitigation,” of this EIR. The following issues and topics brought up in the public scoping/NOP process are addressed in the EIR:

- ▶ **Land Use and Planning (Section 4.1, “Land Use and Planning”):** Potential effects of the proposed Cathedral Hill Campus and conversion of the area to medical uses, potential effects on local-serving businesses and neighborhood character, and proposed changes to height/bulk limits;
- ▶ **Aesthetics (Section 4.2, “Aesthetics”):** Potential visual effects of the proposed Cathedral Hill Campus;
- ▶ **Population and Housing (Section 4.3, “Population, Employment, and Housing”):** Potential effects of demolition of residential dwelling units, and potential effects of the change in on-site population and increase in housing demand related to increased employment on CPMC campuses;
- ▶ **Cultural and Paleontological Resources (Section 4.4, “Cultural and Paleontological Resources”):** Potential impacts on cultural resources associated with proposed demolition of historic buildings on CPMC campuses and development sites (demolition of any identified historic buildings is not a part of the project), and construction-related and operational effects on nearby historic buildings and historic districts;
- ▶ **Transportation and Circulation (Section 4.5, “Transportation and Circulation”):** Potential effects on Muni services; potential parking impacts; potential circulation impacts on Van Ness Avenue and Post, Geary, and Franklin Streets; potential circulation, pedestrian, and bicycle impacts for the St. Luke’s Campus vicinity; potential effects on pedestrian and bicycle access and walkability in the Cathedral Hill neighborhood; emergency room and loading dock access; potential changes in emergency vehicle access; accessibility during a catastrophic disaster; potential effects on parking and potential need for encroachment permits and other agreements, as well as a traffic management plan and mitigation implementation plan; and potential construction impacts on truck traffic;
- ▶ **Noise (Section 4.6, “Noise”):** Potential increase in noise on various existing and proposed campuses caused by emergency sirens, loading, traffic, deliveries, demolition, construction, and mechanical equipment; and potential vibration impacts from mechanical equipment and construction for the CPMC LRDP;

- ▶ **Air Quality (Section 4.7, “Air Quality”):** Potential air quality impacts, including potential construction-related impacts on air quality (dust);
- ▶ **Greenhouse Gas Emissions (Section 4.8, “Greenhouse Gas Emissions”):** Potential greenhouse gas emissions impacts related to the CPMC LRDP;
- ▶ **Wind and Shadow (Section 4.9, “Wind and Shadow”):** Potential wind and shadow impacts caused by proposed building heights and designs under the CPMC LRDP, and potential shadow impacts on residences, parks, and nearby buildings;
- ▶ **Recreation (Section 4.10, “Recreation”):** Potential impacts of the CPMC LRDP on public accessibility to open spaces;
- ▶ **Public Services (Section 4.11, “Public Services”):** Potential effects of changes with the CPMC LRDP in demand for police, fire, and other public services;
- ▶ **Utilities and Service Systems (Section 4.12, “Utilities and Service Systems”):** Potential effects of changes with the CPMC LRDP on demand for water supply and wastewater disposal, as well as for other utility services;
- ▶ **Geology and Soils (Section 4.14, “Geology and Soils”):** Potential seismic impacts of the CPMC LRDP;
- ▶ **Hazards and Hazardous Materials (Section 4.16, “Hazards and Hazardous Materials”):** Potential impacts from treatment of hazardous medical wastes, including possibly radioactive materials, on the existing and proposed CPMC campuses with the CPMC LRDP;
- ▶ **Demolition and Construction Effects (Section 4.5, “Transportation and Circulation”; Section 4.6, “Noise”; Section 4.7, “Air Quality”; and Section 4.14, “Geology and Soils”):** Potential construction impacts of the CPMC LRDP resulting in dust, noise, truck traffic, vibration, and excavation; and
- ▶ **Project Alternatives (Chapter 6, “Alternatives”):** A request to consider alternative sites that would be appropriate for a major medical center of this scope and scale (not limiting the search to the northern city neighborhoods, but also considering sites in areas of the city that still contain large parcels of land); a request to consider reconfiguration of buildings at the CPMC campuses to reduce construction impacts; a request to consider retaining the California Campus; and reduced development at the proposed Cathedral Hill Campus and increased development at the St. Luke’s Campus.

A summary of other comments received in the public scoping/NOP process of the CPMC LRDP that are not relevant to the project's environmental analysis is included in Section 5.7, "Unresolved Issues and Areas of Controversy," beginning on page 5-22 in Chapter 5, "Other CEQA Considerations."

1.2.5 CHANGES TO THE PROPOSED PROJECT SINCE PUBLICATION OF THE 2009 NOP

Changes to the proposed CPMC LRDP that have occurred since publication of the 2009 NOP on May 27, 2009, are described below by campus. No changes to the proposals for the California Campus have occurred since publication of the 2009 NOP; therefore, the California Campus is not included in the discussion below.

CATHEDRAL HILL CAMPUS

The proposed near-term projects at the Cathedral Hill Campus now include two additional variants: The Two-Way Post Street Variant and the MOB Access Variant. The Two-Way Post Street Variant would provide flexibility to allow vehicles exiting the Cathedral Hill Hospital onto Post Street the option of traveling westbound or eastbound. The Two-Way Post Street Variant would create two-way vehicular access on Post Street between Van Ness Avenue and Gough Street (Figure 2-5, "Cathedral Hill Hospital—Two-Way Post Street Variant," page 2-55). Entry points into the Cathedral Hill Hospital and Cathedral Hill MOB would be similar to the entry points under the proposed near-term project, with the exception of the Post Street entrance to the hospital. Because Post Street would become a two-way street under the Two-Way Post Street Variant, vehicular access to the hospital from Post Street would be available to both eastbound traffic (similar to the access under the proposed near-term projects) and westbound traffic (via a left-hand turn into the hospital). Under the MOB Access Variant, Cedar Street would maintain the existing one-way eastbound restriction. Vehicular entry points to the Cathedral Hill MOB would be located along Cedar Street (eastbound traffic) and Geary Street (westbound traffic) (Figure 2-6, "Cathedral Hill MOB—MOB Access Variant," page 2-57). Vehicular exit points for the MOB would be located at Cedar Street (eastbound exit) and Geary Street.

PACIFIC CAMPUS

At the time of publication of the 2009 NOP, near-term projects at the Pacific Campus included renovation of a 12-unit residential structure (approximately 17,000 square feet [sq. ft.]) at 2329 Sacramento Street.⁷ Renovation of this existing residential structure has since occurred and is no longer part of CPMC's LRDP.

⁷ The San Francisco Department of Building Inspection issued a permit to application number 200712271417 for renovation of 2329 Sacramento Street in February 2009.

Long-term projects at the Pacific Campus in the 2009 NOP also included a proposed two-story addition (150 parking spaces) to the existing Clay Street/Webster Street Garage, which is no longer proposed under the LRDP. The total proposed parking supply at the Pacific Campus specified in the 2009 NOP was 1,853 spaces.

The long-term projects at the Pacific Campus now include a proposal to retain the Stern Building at 2330 Clay Street (approximately 10,100 sq. ft. of medical office space; 1,100 sq. ft. of support space; and 1,000 sq. ft. of building infrastructure), which was identified to be demolished in the 2009 NOP.

With the Stern Building retained, the North-of-Clay Aboveground Parking Garage would be reduced from approximately 323,000 sq. ft. and 623 parking spaces as proposed in the 2009 NOP to the currently proposed size of approximately 172,500 sq. ft. and 440 parking spaces. The North-of-Clay Aboveground Parking Garage would be located adjacent to the Stern Building under the current proposal, rather than replacing the building as originally proposed.

The proposed Webster Street/Sacramento Street Underground Parking Garage also would be reduced from the approximately 166,600 sq. ft. and 269 parking spaces cited in the 2009 NOP to approximately 130,300 sq. ft. and 248 spaces in the currently proposed long-term projects for the Pacific Campus. In total, under the long-term projects at the Pacific Campus, the current proposed parking supply would be 1,587 spaces at full buildout, or 266 fewer spaces than proposed in the NOP.

DAVIES CAMPUS

At the time of publication of the NOP, proposed long-term plans for the Davies Campus included providing a temporary parking garage during demolition of the existing Castro Street/14th Street Parking Garage and construction of the new Castro Street/14th Street MOB. The temporary parking garage would have been located on the southeast corner of the campus, providing up to 283 parking spaces, and would have been demolished upon completion of construction of the Castro Street/14th Street MOB. The temporary garage is no longer proposed. Under the long-term plans for the Davies Campus, a shuttle service to and from the Davies Campus would be provided to area parking garages to accommodate the parking demand during demolition of the Castro Street/14th Street Parking Garage and construction of the new Castro Street/14th Street MOB and related parking improvements.

ST. LUKE'S CAMPUS

Overview of Primary Changes

Since publication of the NOP in 2009 the design of the St. Luke's Campus has been further refined. Although the proposed total square footage of the hospital has remained the same as in the NOP, the

footprint, configuration, and height of the St. Luke's Replacement Hospital were revised. The height of the currently proposed replacement hospital is 99 feet, as opposed to 114 feet stated in the 2009 NOP. The current hospital design footprint would extend farther west than the design footprint described in the NOP, and would encompass a larger portion of the existing surface parking lot.

The locations of the replacement hospital's Emergency Department and main entry were also adjusted under the current proposal. The existing 1957 Building would not provide a direct connection to the replacement hospital, unlike what was stated in the NOP. The NOP also assumed that the proposed MOB/Expansion Building would be built as a long-term (program-level) project (i.e., commencing significantly after 2015). Under the LRDP, the proposed MOB/Expansion Building is anticipated to be built in the near term and therefore is analyzed at the project level. The MOB/Expansion Building would also be connected to the St. Luke's Replacement Hospital at Level 1. The proposed MOB/Expansion Building has been reduced from the approximately 220,000 sq. ft. and 300 parking spaces cited in the NOP to approximately 201,000 sq. ft. and 220 parking spaces under the current proposal. The height of the MOB/Expansion Building has been increased from 98 feet to 100 feet, under the Planning Code methodology for building height.

Utility Realignment

The current proposal for St. Luke's Campus includes a utility realignment project (San Jose Avenue Utility Relocation) that was not originally proposed in the 2009 NOP. The street vacation of San Jose Avenue, along with the revised footprint of the St. Luke's Replacement Hospital, would require the realignment of the aboveground and belowground utilities that currently are located along San Jose Avenue within the St. Luke's Campus vicinity. The current San Jose Avenue Utility Relocation proposal would reroute water, electrical, and sewer utilities underground. The utilities would be rerouted west from the existing location from San Jose Avenue to Guerrero Street along 27th Street, north from Guerrero Street to Cesar Chavez Street, east from Guerrero Street on Cesar Chavez Street, north from Cesar Chavez Street on Valencia Street, and west from Valencia Street on 26th Street to a substation at the corner of San Jose Avenue and 26th Street (see Figure 2-59, "St. Luke's Campus—Proposed Site Plan," page 2-197).

A project variant—the Cesar Chavez Street Utility Line Alignment—has also been proposed for the utility realignment (see Figure 2-61, "St. Luke's Campus Variant 2—Cesar Chavez Street Utility Line Alignment," page 2-201). The utility relocation for the sewer would follow a similar route as the electrical lines and would be coordinated with the San Francisco Public Utilities Commission (SFPUC) to be included in SFPUC's currently proposed Cesar Chavez Street Sewer System Improvement Project.⁸ The proposed realignment of the storm sewer would be routed from San Jose Avenue to Duncan Street, continuing east on

⁸ A preliminary mitigated negative declaration was completed for the Cesar Chavez Street Sewer System Improvement Project. This document is available to the public at the Planning Department (Case No. 2009.0276E).

Duncan Street to Valencia Street, where it would connect with the Cesar Chavez Street Sewer System Improvement Project, and continue north on Valencia Street. An additional sewer line would be added to 27th Street connecting to Guerrero Street to serve the residential area bounded by 27th Street, San Jose Avenue, Duncan Street, and Guerrero Street (in order to replace existing sewer lines serving that area, which would be relocated from San Jose Avenue).

1.2.6 EIR CERTIFICATION AND PROJECT APPROVAL PROCESS

This DEIR will be circulated for public review and comment for 60 days. During this period, written comments concerning the accuracy and adequacy of the DEIR will be accepted and a public hearing will be held before the Planning Commission to receive oral comments. After close of the public comment period, written responses will be prepared to address substantive comments received on the environmental analysis, and any revisions to the DEIR will be identified. The comments-and-responses document and the DEIR together will constitute the FEIR. The FEIR will be presented to the Planning Commission, at an advertised public hearing, for certification.

After FEIR certification, project decision-makers will use the information in the FEIR in their deliberations on the proposed LRDP. If the decision-makers decide to approve the LRDP, they will include in their approval action the following findings:

- ▶ identification of the significant impacts that would result from the proposed project,
- ▶ a discussion of mitigation measures or alternatives that have been adopted to reduce significant impacts to less-than-significant levels,
- ▶ determination whether mitigation measures or alternatives are within the jurisdiction of other public agencies and therefore must be rejected, and
- ▶ an explanation of reasons for rejecting mitigation measures or alternatives if any are infeasible.

1.2.7 CEQA FINDINGS FOR PROJECT APPROVAL

Where a certified FEIR identifies significant environmental effects, Sections 15091 and 15092 of the State CEQA Guidelines require the adoption of findings before approval of a project. According to Section 21081 of the California Public Resources Code, the lead agency must make specific findings of fact (Findings) before approving a project for which an FEIR has been certified. The Findings identify one or more significant effects on the environment that may result from that project. The purpose of the Findings is to establish the connection between the contents of the FEIR and the action of the lead agency with regard to

project approval, if the lead agency approved the project. As required by the State CEQA Guidelines (Public Resources Code, Sections 21081 and 15091), one of three findings must be made before approval of a project:

- ▶ Changes or alterations have been required in, or incorporated into, the project that avoid or substantially lessen the significant environmental effects as identified in the FEIR.
- ▶ Such changes or alterations are within the responsibility and jurisdiction of another public agency and not the agency making the finding. Such changes have been adopted by such other agency or can and should be adopted by such other agency.
- ▶ Specific economic, legal, social, technological, or other considerations, including provision of employment opportunities for highly trained workers, make infeasible the mitigation measures or project alternatives identified in the FEIR.

A mitigation monitoring and reporting plan (MMRP) must be adopted as part of the approval action if mitigation measures are made part of the project. The MMRP identifies the measures included in the project, the entities responsible for carrying out the measures, and timing of implementation. If the City were to approve the project despite significant impacts identified in the FEIR that cannot be mitigated (if any), the City must state in writing the reasons for its actions, under Section 15093 of the State CEQA Guidelines. Those findings, called a statement of overriding considerations, must be supported by substantial evidence in the administrative record, and are used to explain the specific reasons why the benefits of a project make its unavoidable environmental effects acceptable.

1.3 CEQA ANALYSIS OF CPMC LONG RANGE DEVELOPMENT PLAN: NEAR-TERM VERSUS LONG-TERM PROJECT COMPONENTS

CEQA allows different portions of a phased project to be analyzed at either a program level or a project level, depending on the extent of detail that is known about a particular portion or phase of a project at the time the environmental review is conducted. A program-level EIR is useful in certain cases, because it provides the opportunity to evaluate the overall impacts of a proposed project, program, or plan for an area larger than is generally practical or appropriate for an individual site-specific project. It allows an agency to consider policy implications of areawide mitigation measures earlier than with specific development proposals and provides an analysis of cumulative impacts on an areawide basis. Portions of a proposed project for which detailed development plans are available at the time the EIR is prepared are typically analyzed at the project level in the EIR, whereas portions of a project for which less detail is known at the

time the EIR is prepared may be analyzed at the program level. For program-level components, further environmental review would be required at a later time when more detailed plans become available.

This EIR for the proposed CPMC LRDP is a program-level EIR, pursuant to Section 15168 of the State CEQA Guidelines. It is also a project-level EIR; that is, it analyzes development of individual components within the LRDP, where the analysis is performed at a project-specific level. Specifically, the LRDP includes near-term projects that are analyzed in the EIR at the project level. Long-term projects (i.e., projects that will commence significantly after 2015 or are contingent on the completion of the near-term projects) are analyzed at a program level to the extent that impacts associated with those projects can be reasonably forecasted. CPMC's long-term projects would require additional or supplemental project-level environmental review at a later date.

1.3.1 NEAR-TERM PROJECTS

The following CPMC LRDP near-term projects are evaluated in this EIR at the project level:

- ▶ three projects at the proposed Cathedral Hill Campus:
 - construction of the Cathedral Hill Hospital, as well as an underground pedestrian tunnel across Van Ness Avenue;
 - construction of the Cathedral Hill MOB; and
 - conversion of the existing Pacific Plaza Office Building to become the 1375 Sutter MOB;
- ▶ construction of the proposed Neuroscience Institute at the Davies Campus; and
- ▶ four projects at the St. Luke's Campus:
 - construction of the St. Luke's Replacement Hospital;
 - relocation of San Jose Avenue utilities;
 - renovation of the existing 1957 Building; and
 - construction of the MOB/Expansion Building.

1.3.2 LONG-TERM PROJECTS

The following long-term projects are evaluated in this EIR at a programmatic level:

- ▶ five projects at the Pacific Campus:
 - conversion and renovation of the existing building located at 2018 Webster Street;
 - conversion and renovation of the existing 2333 Buchanan Street Hospital to become the Ambulatory Care Center;
 - construction of a new underground parking structure at the corner of Webster and Sacramento Streets;
 - construction of a new parking garage north of Clay Street; and
 - construction of an addition to the Ambulatory Care Center; and
- ▶ construction of a new MOB at the Davies Campus, at the corner of 14th and Castro Streets.

The California Campus is not evaluated at the project level or program level because there are no plans for construction at the campus under the LRDP.

1.4 EIR ORGANIZATION

The following environmental topics are discussed in this EIR:

- 4.1 Land Use and Planning
- 4.2 Aesthetics
- 4.3 Population, Employment, and Housing
- 4.4 Cultural and Paleontological Resources
- 4.5 Transportation and Circulation
- 4.6 Noise
- 4.7 Air Quality
- 4.8 Greenhouse Gas Emissions
- 4.9 Wind and Shadow
- 4.10 Recreation
- 4.11 Public Services
- 4.12 Utilities and Service Systems
- 4.13 Biological Resources

- 4.14 Geology and Soils
- 4.15 Hydrology and Water Quality
- 4.16 Hazards and Hazardous Materials
- 4.17 Mineral and Energy Resources
- 4.18 Agricultural and Forest Resources

The specific technical studies prepared for the environmental analysis of the proposed LRDP are identified in the sections that evaluate the respective resource areas. These technical studies and detailed data reports are in the project case file (Case No. 2005.0555E) and available for review at the San Francisco Planning Department, 1650 Mission Street, Suite 400, San Francisco, CA 94103.

This EIR is organized into a summary, eight main chapters, and appendices. The EIR includes the following chapters:

- ▶ *Summary*: Provides a summary of the proposed LRDP; the environmental impacts that would result from implementing the LRDP; and mitigation measures that could avoid, eliminate, or reduce potentially significant impacts. A summary of alternatives to the proposed LRDP and areas of controversy is also provided.
- ▶ *Chapter 1, "Introduction and Background"*: Provides a project overview; summary of the NOP and environmental review processes, as well as a summary of comments; changes to the project since publication of the NOP; CEQA findings for project approval; EIR organization; and project background.
- ▶ *Chapter 2, "Project Description"*: Provides a detailed description of the project sites, the proposed projects at each campus, CPMC's objectives, and approvals required to implement the project.
- ▶ *Chapter 3, "Plans and Policies"*: Discusses consistency of the LRDP with City land use plans, policies, regulations, and zoning codes. This chapter considers the effects of the proposed LRDP-related amendments and exceptions on the existing land use designations, design objectives, and form-based planning policies and zones.
- ▶ *Chapter 4, "Environmental Setting, Impacts, and Mitigation"*: Addresses 18 environmental resource areas in separate sections (Sections 4.1 through 4.18). As described above, this is a full-scope EIR—no key environmental resource areas of concern were determined to be out of the scope of this EIR. For each environmental resource area, individual topic sections describe the following: existing conditions in the project area ("Environmental Setting"), resource-specific plans and policies ("Regulatory Framework"), projects contributing to potential cumulative impacts ("Cumulative Conditions"),

thresholds of significance (“Significance Criteria”), and potential environmental impacts of the LRDP (“Impact Evaluations”). For each of these environmental resource areas, existing conditions in the project area are described first and serve as the baseline for analysis of potential environmental impacts that would result from implementing the proposed LRDP. The environmental analyses account for construction and operational impacts, where relevant. Mitigation measures are identified to avoid, eliminate, or reduce potentially significant adverse impacts of the proposed LRDP; where appropriate, improvement measures are identified to further reduce less-than-significant impacts of the proposed LRDP. The significance of each impact after implementation of mitigation is identified. Cumulative impacts of the proposed LRDP are also analyzed for each environmental resource area, at an appropriate level of detail.

- ▶ *Chapter 5, “Other CEQA Considerations”*: Addresses other topics required by the State CEQA Guidelines, and summarizes potentially significant, unavoidable impacts; irreversible effects associated with the proposed LRDP; and growth inducement.
- ▶ *Chapter 6, “Alternatives”*: Provides an evaluation of three alternatives to the proposed LRDP. As required by Section 15126.6(e) of the State CEQA Guidelines, this chapter includes the “no project” alternative and identifies an “environmentally superior” alternative that could avoid or lessen identified significant adverse impacts for the proposed LRDP.
- ▶ *Chapter 7, “References and Persons Consulted”*: Identifies the references used and persons and organizations contacted during preparation of the DEIR.
- ▶ *Chapter 8, “Report Preparation”*: Identifies preparers of the EIR.
- ▶ *Appendices*:
 - Appendix A: Notice of Preparation
 - Appendix B: Construction Plans for Near-Term Projects
 - Appendix C: Requested Amendments to General Plan and Zoning Maps

1.5 PROJECT BACKGROUND

1.5.1 OVERVIEW

CPMC is one of the largest private, not-for-profit academic medical centers in northern California. It is a tertiary referral center providing access to leading-edge medicine and personalized care.⁹ CPMC provides a variety of services, including acute, postacute, and outpatient hospital care; home care and hospice services; preventive and complementary care; and health education.¹⁰

The four existing CPMC medical campuses are the Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, the Davies Campus in the Duboce Triangle area, and the St. Luke's Campus in the Mission District. The locations of the four existing campuses and the proposed Cathedral Hill Campus in the overall context of San Francisco are discussed further in Chapter 2, "Project Description."

1.5.2 SEISMIC REQUIREMENTS FOR HOSPITALS

CPMC proposes to alter its current citywide campus configuration to add a new medical campus in the Cathedral Hill area by the end of 2014 and to cease operations at the California Campus by 2020. The impetus for this citywide campus planning process is a California state law, commonly referred to as Senate Bill (SB) 1953. In response to the 1994 Northridge earthquake, the California Legislature enacted SB 1953 (Chapter 740, Statutes of 1994), which amended the Alfred E. Alquist Hospital Seismic Safety Act (Alquist Act). The Alquist Act itself was an amendment to the 1973 Hospital Facilities Seismic Safety Act, which was passed after the 1972 Sylmar earthquake.

SB 1953 requires hospitals to evaluate and rate their hospital buildings for seismic performance and to submit these ratings to the Office of Statewide Health Planning and Development (OSHPD).¹¹ SB 1953 extended the seismic safety mandates of the Hospital Facilities Seismic Safety Act by establishing certain seismic safety standards that all acute-care facilities in California must meet before specified deadlines: by 2002, major nonstructural systems, such as backup generators and exit lighting, were to be braced; by 2008, general acute-care facilities at risk of collapsing during a strong earthquake were to be rebuilt, retrofitted, or closed; and by 2030, all general acute-care facilities are required to be classified at a high seismic rating and be operational after a major earthquake. Specifically, SB 1953 required that by January 1, 2008, all

⁹ A "tertiary referral center" is a major hospital that usually has a full complement of specific specialty care services (e.g., pediatrics, general medicine, various branches of surgery, psychiatry). Patients will often be referred from smaller hospitals to a tertiary hospital for major operations and consultations with subspecialists, and when sophisticated intensive care facilities are required.

¹⁰ "Acute care" is treatment necessary for only a short period of time, when a patient is treated for a brief but severe episode of illness. Many hospitals are acute-care facilities. The term is generally associated with care rendered in an emergency department, ambulatory care clinic, or other short-term stay facility.

¹¹ Ratings are provided in two categories: structural performance category (SPC) ratings and nonstructural performance category (NPC) ratings. The latter category rates a building's systems (communications, emergency power supplies, bulk medical gas, fire alarms, and emergency lighting). SPC/NPC ratings range from SPC-1/NPC-1, the worst seismic rating, to SPC-5/NPC-5, the best seismic rating.

California hospitals be able to continue meeting the “life-safety” standard after a major seismic event. Life-safety is the minimum structural performance of a facility during a seismic event that protects the safety of the patients and staff and allows them to exit the building after the seismic event. SB 1953 further defines in detail the engineering specifics to meet the life safety standard.

Specific regulations of SB 1953 were issued in 1997 and subsequent legislation has provided a series of extensions to the compliance deadline established by SB 1953. A provision in the bill permits a 5-year extension (diminished-capacity extension)¹² up to January 1, 2013, when the basic acute-care services of a hospital building are to be relocated to a building that would remain operational after an earthquake. The “operational” standard is more stringent than the “life-safety” standard. The operational standard of a facility during a seismic event means that backup utility services maintain functionality and very little structural or nonstructural damage occurs. A diminished-capacity extension for seismic compliance may be granted if it is evident that compliance would result in an interruption of health care services provided by general acute-care hospitals within the area.

Because of market factors (such as economic feasibility) and delays facing hospitals statewide, SB 1661 (Chapter 679, Statutes of 2006) was enacted to extend the state’s seismic-safety compliance deadlines by another 2 years past the January 1, 2013, deadline, up to January 1, 2015, provided that certain interim planning and implementation milestones for acute-care hospitals are achieved. Specifically, SB 1661 enables OSHPD to grant an extension to January 1, 2015, if the hospital meets all of the following prescribed requirements:

- ▶ The hospital is under construction at the time of the extension request.
- ▶ Reasonable progress has been made toward meeting the seismic compliance deadline.
- ▶ For reasons beyond its control, the hospital has found it impossible to meet the deadline without the extension.

Acute-care hospitals that fail to meet the requirements of either SB 1953 (state seismic-safety compliance by January 1, 2013) or SB 1661 (state seismic-safety compliance by January 1, 2015, if a hospital meets certain requirements) must stop providing acute-care services.

¹² Extensions may be requested in 1-year increments for up to 5 years beyond the mandated date of compliance (January 1, 2008). If OSHPD grants the maximum number of extensions, the deadline for compliance would be January 1, 2013. Office of Statewide Health Planning and Development. 2009. Summary of Requests for Extensions to Seismic Safety Deadlines. Facilities Development Division. Sacramento, CA. Available: www.oshpd.ca.gov/FDD/seismic_compliance/SB1953/seismicext.pdf. Last updated January 28, 2009. Accessed November 4, 2009.

At the beginning of the planning process, none of the four existing CPMC hospitals fully met the expanded requirements of SB 1953. CPMC elected to undertake seismic upgrades of the Davies Hospital North Tower in 2007 to meet the SB 1953 requirements. The building at Davies now meets current seismic requirements through 2030.

1.5.3 REVIEW PROCESS FOR COMPLIANCE WITH SEISMIC REQUIREMENTS

Under the latest amendments to the Alquist Act, as described above regarding seismic compliance, California's general acute-care hospitals were required by law to evaluate and rate their hospital buildings for seismic performance and to submit these ratings to OHSPD no later than January 1, 2001. Hospitals evaluated and rated their buildings according to how they would perform in a strong earthquake.

Structural ratings are ratings of the actual building's structure (Structural Performance Category [SPC]). The ratings are defined as follows:

- ▶ **SPC-1:** These buildings pose a significant risk of collapse and a danger to the public after a strong earthquake. These buildings must be retrofitted, replaced or removed from acute care service by January 1, 2008 (or 2013, if the hospital meets certain requirements).
- ▶ **SPC-2:** These buildings are in compliance with the pre-1973 California Building Standards Code or other applicable standards, but are not in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act. These buildings do not significantly jeopardize life, but may not be repairable or functional following strong ground motion. These buildings must be brought into compliance with the Alquist Act by January 1, 2030, or be removed from acute-care service.
- ▶ **SPC-3:** These buildings are in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act. In a strong earthquake, they may experience structural damage that does not significantly jeopardize life, but may not be repairable or functional following strong ground motion. Buildings in this category will have been constructed or reconstructed under a building permit obtained through OSHPD. They can be used to 2030 and beyond.
- ▶ **SPC-4:** These buildings are in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act that may experience structural damage which could inhibit the building's availability following a strong earthquake. Buildings in this category will have been constructed or reconstructed under a building permit obtained through OSHPD. They may be used to 2030 and beyond.
- ▶ **SPC-5:** These buildings are in compliance with the structural provisions of the Alquist Hospital Facilities Seismic Safety Act, and are reasonably capable of providing services to the public following strong

ground motion. Buildings in this category will have been constructed or reconstructed under a building permit obtained through OSHPD. They may be used without restriction to 2030 and beyond.

CPMC currently has 20 buildings licensed for acute-care across its four existing campuses (Pacific, California, Davies, and St. Luke's), of which 15 were considered SPC-1, the lowest structural rating, posing a significant risk of collapse.¹³ Buildings rated SPC-1 had to be brought into compliance by 2008 (or 2013, if the hospital meets certain requirements) in order to operate until 2030, at which point they will again be evaluated. Many hospitals, including CPMC hospitals, are eligible for an extension on the 2008 deadline to December 31, 2014. The Pacific, California, Davies, and St. Luke's Campuses all contain acute-care hospital facilities that are seismically inadequate and require retrofitting or replacement to comply with SB 1953. All acute-care facilities at existing CPMC campuses have a structural rating of SPC-1, with the exception of the Davies Hospital North Tower Hospital, which has a structural rating of SPC-2, which allows it to remain as an acute-care facility until December 31, 2029.

CPMC plans to construct both the proposed Cathedral Hill Hospital and St. Luke's Replacement Hospital to a structural rating of SPC-5, which would allow use of these acute-care facilities beyond 2030, without restriction.

1.5.4 CPMC INSTITUTIONAL MASTER PLAN¹⁴

Section 304.5 of the San Francisco Planning Code requires postsecondary institutions and medical institutions to prepare an IMP every 10 years, detailing current facilities and operations, and outlining development plans and other information. The purpose of the IMP is to provide this information to the Planning Commission and the public and receive comments at a public hearing. This enables the institution to modify its master plan before seeking entitlements. IMPs are nonaction items, and as such do not require CEQA review. Rather, the IMPs are reviewed to determine whether Section 304.5 requirements are satisfied. In December 2007, the Board of Supervisors amended Section 304.5 of the Planning Code (through Ordinance 279-07) to require that IMPs for medical institutions be reviewed by a health planner overseen by the San Francisco Department of Public Health. The health planner's role is to comment on the institution's long-range development goals and their relationship to citywide health care needs.

In 2002, CPMC filed an IMP update with the Planning Department. This update supplemented the institutional master plans previously filed by each of the formerly independent medical campuses (Pacific, California, and Davies). In 2002, CPMC outlined a plan to retrofit its existing three campuses, and to provide

¹³ Information compiled by CPMC and AECOM in 2010.

¹⁴ Information about the IMP process, CPMC IMP history, 2008 revision to the CPMC IMP, and subsequent environmental review requirements is taken from the San Francisco Planning Department's executive summary on the IMP dated October 1, 2009, and presented to the Planning Commission on October 15, 2009.

a new acute-care hospital at the California Campus, with a new ambulatory care center and research facilities at the Pacific Campus.

In 2004, CPMC submitted a second IMP update. The update introduced the plan to build a new hospital on a new site: the Cathedral Hill Hotel site at Van Ness Avenue and Geary Boulevard. This decision was based on CPMC's determination that there was no practical solution to the service disruptions that would have resulted from its plans as specified in the 2002 IMP update.

Under the 2008 revision to the 2004 CPMC IMP, CPMC would go from its existing four-campus hospital system—four acute-care hospitals (Pacific, California, Davies, and St. Luke's) totaling 1,253 licensed beds (875 staffed beds), 45 emergency room bays, and two triage areas—to a four-campus hospital system with three acute-care hospitals (Cathedral Hill, Davies, and St. Luke's) totaling 952 licensed beds (831 staffed beds), 65 emergency room bays, and three triage areas.

The 2008 revision to the CPMC IMP details all growth projected over the next 10 years, which includes:

- ▶ construction of a 555-bed acute-care hospital at the Cathedral Hill Hotel site;
- ▶ construction of a proposed MOB on the east side of Van Ness Avenue at Geary Street;
- ▶ conversion of the Pacific Campus into an ambulatory-care center with new parking structures and a new urgent-care center;
- ▶ the eventual sale of the California Campus;
- ▶ construction of a new neuroscience institute building and one medical office building at the Davies Campus; and
- ▶ construction of a new 80-bed acute-care replacement hospital on the St. Luke's Campus and the subsequent demolition of the existing St. Luke's Hospital tower, followed by construction of a new MOB/expansion building on the site of the existing tower.

Within a 5-month period, seven public hearings (two before the Planning Commission, four before the Health Commission, and one before a joint meeting of the Planning and Health Commissions) were convened to discuss the 2008 revision of the *California Pacific Medical Center 2008 Institutional Master Plan*. The Health Commission passed a resolution on July 21, 2009, which found the 2008 revision of CPMC's IMP to be adequate. On October 15, 2009, CPMC formally presented its IMP to the Planning Commission. Public comments were made; however, approval of the *California Pacific Medical Center 2008*

Institutional Master Plan was delayed until November 19, 2009, when the Planning Commission closed public hearing, thereby accepting CPMC's IMP.¹⁵

The CPMC LRDP would implement the projects associated with the *California Pacific Medical Center 2008 Institutional Master Plan*, with the modifications discussed above. Potential environmental impacts that could result from project entitlements and subsequent near-term construction are evaluated in this EIR. Projects that may be implemented in the near term are evaluated at the project level, and projects that would be implemented over the long term are evaluated at the program level. Project-level environmental evaluations would be conducted for program-level projects when CPMC requests permits for construction in the future.

¹⁵ A final addendum to the *California Pacific Medical Center 2008 Institutional Master Plan* was transmitted to the Planning Department on January 14, 2010. The final addendum included an errata sheet of corrections to the IMP, clarifications, and replacement pages for the IMP. It is available at <http://sf-planning.org/ftp/files/citywide/cpmc2008impwithfinaladdendum.pdf>.