

Office of the President

TO THE MEMBERS OF THE COMMITTEE ON GROUNDS AND BUILDINGS:

ACTION ITEM

For the Meeting of March 15, 2005

CERTIFICATION OF ENVIRONMENTAL IMPACT REPORT ON THE LONG RANGE DEVELOPMENT PLAN AMENDMENT #2 FOR THE HOSPITAL REPLACEMENT PROGRAM, AND AMENDMENT OF LONG RANGE DEVELOPMENT PLAN, SAN FRANCISCO CAMPUS

EXECUTIVE SUMMARY

- Campus: San Francisco
- Project: Long Range Development Plan Amendment #2
- Proposed Action: Certify Environmental Impact Report (EIR) and approve Long Range Development Plan (LRDP) Amendment
- Previous Actions: **January 1997:** 1996 Long Range Development Plan and Final EIR.
May 1997: Selection of Mission Bay as Major New Site.
November 1997: Regents execute agreement with Catellus and City and County of San Francisco for donation of 43 acres of property for the Mission Bay campus site.
January 2002: LRDP Amendment #1 to add Housing to the programmed uses at Mission Bay.
September 2004: Finance Committee approval of ground lease of property at Mission Bay.
January 2005: Finance Committee amendment of approval of ground lease of property at Mission Bay.
- Future Actions: A. If all or a portion of the Mission Bay South site is acquired, amend the LRDP to expand the boundary, space program, and functional zone map of the Mission Bay site accordingly.
- B. If Mission Bay South site is not acquired within FY2005-06, the campus will recommend to The Regents that an alternative site scenario, as evaluated in the EIR, be pursued. The space program and functional zone map of the selected alternative site will be revised accordingly.

- C. Design approvals for specific projects at Mt. Zion with LRDP amendments as necessary (along with necessary environmental evaluation).
- D. Budget approval for specific hospital project(s).
- E. Design approval for specific hospital project(s) along with necessary environmental evaluation.

Project Summary: The San Francisco Campus completed a comprehensive planning process to explore options for the seismic replacement of Mount Zion Hospital by December 31, 2012 and to identify a range of possible scenarios to solve seismic and functional obsolescence constraints for Moffitt/Long Hospital at Parnassus Heights by December 31, 2029. The campus has determined that 650 beds are needed to meet core hospital program needs and fiscal feasibility criteria. The resulting proposals contained in this LRDP Amendment call for two major integrated campus sites with clinical care co-located with basic and translational research programs. One site would house specialty hospitals, and the other site would house a tertiary-quaternary hospital. Both sites would contain ambulatory care facilities, and both would be populated with basic and translational disease oriented research programs. No development projects are requested for approval at this time.

RECOMMENDATION

The President recommends that, upon review and consideration of the environmental consequences of the proposed action as evaluated in the attached Final Environmental Impact Report, the Committee:

- A. Certify the Environmental Impact Report (EIR) for the Amendment #2 to the Long Range Development Plan (LRDP).
- B. Adopt the [attached Mitigation Monitoring Program for the Final EIR](#).
- C. Adopt the Statement of Overriding Considerations included in the Findings.
- D. Adopt the Findings pursuant to the California Environmental Quality Act.
- E. Adopt the initial phase (“LRDP Phase”) of the campus’ recommendations to meet requirements of SB 1953 and to overcome functional obsolescence as follows:
 - (1) develop three integrated specialty hospitals with a total of about 210 beds at Mission Bay by 2012, (2) maintain tertiary and quaternary care with about 600 beds at Parnassus Heights for a total of about 810 beds during the LRDP phase, (3) provide ambulatory care facilities at both Parnassus Heights and Mission Bay, and (4) populate both sites with basic and translational disease oriented research programs. Ultimately, in future approvals beyond the LRDP time horizon (“Future Phase”) the concept is to have two major integrated campus sites with clinical care, basic and translational research.
- F. Amend the Long Range Development Plan to:
 - (1) Update Chapter 3, Clinical Programs, of the LRDP to describe the hospital replacement planning process and the campus’ recommendations for future clinical uses at Parnassus Heights, Mission Bay and Mount Zion.
 - (2) Update Chapter 5, Plans for Existing Sites, to:
 - a. Expand the campus boundary of the Mount Zion site to include property at 1545 Divisadero Street, and add 30,900 gsf of “vacant/alteration” space to the space profile for Mount Zion to reflect the existing vacant building at that location.
 - b. Acknowledge ongoing discussions with the San Francisco Department of Public Health (DPH) regarding the potential co-location of UCSF’s and DPH’s inpatient facilities at Mission Bay.
 - c. Incorporate updated physical facilities information for the Veterans Administration Medical Center and the UCSF Fresno Medical Education Program into the LRDP.

- (3) Update Chapter 6, Major New Site at Mission Bay, to describe the potential acquisition of additional land there and possible change of use to include clinical uses.

BACKGROUND

All inpatient facilities in California, including those of the San Francisco campus Medical Center at Parnassus Heights and Mount Zion, are subject to the Alfred E. Alquist Hospital Facilities Seismic Safety Act (Senate Bill 1953), which imposes deadlines for new State-mandated seismic and life-safety standards. At the time of the San Francisco campus LRDP approval by The Regents in January 1997, no major improvements to or replacements of hospital facilities were considered. The Medical Center's activities, including those at Moffitt/Long Hospital, were assumed to remain generally in their then-current locations, configurations, and sizes. In addition, from November 1997 to April 2000, The Regents leased Moffitt/Long Hospital, Mount Zion Hospital, and other facilities of the Medical Center to the joint public corporation formed with Stanford University. The Board of Regents was not involved in physical planning or compliance with seismic requirements for these facilities under Senate Bill (SB) 1953 during this time. Since the return of Medical Center operations to The Regents in 2000, comprehensive future facility planning has been under way, leading to this proposed LRDP Amendment.

The San Francisco campus conducted an extensive, four-year planning process to determine how best to replace the Medical Center's aging and seismically deficient inpatient facilities at Parnassus Heights and Mount Zion in a manner that would be consistent with the long-term vision for the academic and clinical enterprise of the campus. This planning process was guided by a broad cross-section of faculty and staff in two sequential campus committees, and involved campus-wide participation including the Academic Senate, as well as external community participation through the campus' Community Advisory Group. The resulting LRDP Amendment explores options for the replacement of Mount Zion Hospital by December 31, 2012 and identifies a range of possible replacement scenarios for inpatient services currently in the Moffitt portion of Moffitt/Long Hospital at Parnassus Heights, which must be decommissioned by December 31, 2029. The campus determined that 650 beds are needed to meet core hospital program needs and fiscal feasibility criteria. The long-range scenario assumes that the campus will proceed with construction of a new hospital of 210 beds on property to be acquired, or on property already owned but designated for research at Mission Bay, while continuing to operate Moffitt/Long Hospital with up to approximately 600 beds until 2030 (for a total of 810 beds). Moffitt would be decommissioned by 2030. After 2030, about 400 beds would be assumed to operate at Parnassus Heights.

Need for Replacement of Hospital Facilities

The majority of the UCSF Medical Center's inpatient facilities are located at Parnassus Heights in the 526-bed Moffitt/Long Hospital, which is composed of two adjoining 15-story buildings which function as one structure: Moffitt, built in 1955, and Long, built in 1982. Langley Porter Psychiatric Institute has approximately 20 beds. Through internal modifications, 54 beds are planned to be added to Moffitt/Long, for a total of 600 beds. Moffitt/Long Hospital, like the rest

of UCSF's Parnassus Heights site, lacks adequate space and will not continue to meet the growing demand for highly specialized patient care. In addition, the buildings' space configuration and layouts are functionally obsolete, inefficient, and too inflexible to adapt to changing patient care needs. The buildings are costly to operate and maintain, and the utility systems are aging, making it difficult to meet growing demands for new technology.

The UCSF Medical Center also maintains a small inpatient presence in the "A" and "B" buildings built in 1948 at Mount Zion in San Francisco's Western Addition neighborhood consisting of 61 active cancer surgery beds, which also need to be replaced for the reasons articulated above. Because inpatient functions in the "A" and "B" buildings are physically and functionally integrated and cannot operate independently from one another, achieving SB 1953 compliance at Mount Zion would involve retrofitting the "A" building and replacing the functions in the "B" building in a new structure by 2013, followed by replacement of the functions in the "A" building in another new structure by 2030. Because of the expense associated with implementing such a plan relative to the small number of beds there, inpatient use at Mount Zion is not planned to continue beyond 2013. The decision to cease inpatient use at Mount Zion by 2013 is also due to the fact that the site lacks sufficient space to meet the growing demand for highly specialized patient care, and would not adequately provide for the expansion and integration of research and educational components there. After 2013, the Mount Zion site would continue to serve ambulatory care, outpatient surgery, and related clinical research and education uses.

SB 1953 Compliance Status

SB 1953 requires hospitals to retrofit facilities to meet new seismic standards by 2008, and to retrofit or rebuild to meet even stricter standards by 2030. A five-year extension of the 2008 deadline, to 2013, is possible if a hospital elects to replace, rather than retrofit, a non-compliant facility. Two types of standards are reported: Nonstructural Performance Categories (NPC) and Structural Performance Categories (SPC). The current compliance status of hospital facilities at Parnassus Heights and Mount Zion is described below, and summarized in Attachment 1.

Moffitt/Long Hospital SB 1953 Compliance

Year 2008 Compliance. Both Moffitt and Long are rated NPC 2 and require retrofitting to meet NPC 3 standards by 2008. In addition, the Central Utility Plant at Parnassus Heights, which serves the hospital, is also rated NPC 2 and requires retrofitting to meet NPC 3 standards by 2008. The campus has also identified specific structural items in Moffitt that need upgrading by 2008 to meet an SPC 2 rating (Long is rated SPC 4 and meets all SPC requirements). In November 2000, The Regents approved an allocation of \$25 million of State Lease Revenue Bonds for the UCSF Medical Center to perform necessary nonstructural and structural seismic work through SB 1953 Year 2008 compliance.

Year 2030 Compliance. While Long is able to meet the more stringent Year 2030 seismic requirements with some nonstructural work, due to its age and its condition Moffitt would require extensive seismic upgrades and retrofitting in order to allow use as an inpatient facility beyond 2030. As noted above, Moffitt and Long are physically and functionally integrated and cannot function independently from each other. Because of this, the continued use of Long for inpatient activities beyond 2030 would require that inpatient functions currently housed in Moffitt be replaced in a seismically compliant structure by 2030.

Mount Zion Hospital SB 1953 Compliance

The “A” and “B” buildings at Mount Zion described above, as well as the “D” and “R” buildings which contain support functions, were retrofitted in 2002 to meet NPC 2 standards. Because inpatient functions at Mount Zion will cease in 2013 and be replaced elsewhere, an extension of the 2008 nonstructural and structural requirements to 2013 has been granted, and no further seismic upgrades to these buildings under SB 1953 are planned.

Academic and Clinical Planning

The evaluation of these seismic compliance scenarios for the replacement hospital also involved a parallel academic and physical planning process. To maintain the successful integration of clinical and academic programs, planning was guided by several clinical and academic imperatives. Among the academic drivers are:

- Foster the integration of research and clinical care;
- Provide opportunities to develop a major translational research initiative at campus sites;
- Develop vibrant education, research and clinical care at all major campus sites;
- Maximize the use of existing campus locations.

Central to the hospital replacement planning process is the recognition that planning for clinical facilities must occur together with planning for related research facilities in order to maintain the successful integration of clinical and academic programs. Due to physical capacity constraints, including the limitation on space that can be developed at Parnassus Heights negotiated between The Regents and the State Legislature in 1976 (the “space ceiling”), it was determined that the entire 650-bed planning target could not be accommodated solely at Parnassus Heights without seriously disrupting and displacing academic programs there and could not be achieved in time to replace beds at Mount Zion which must be taken out of service by the December 31, 2012, the legislative deadline in SB 1953. Furthermore, it was determined that the research campus at Mission Bay would benefit greatly from a clinical presence there, particularly through the collocation of clinical facilities with basic and translational disease oriented research programs. As a result, several split-site scenarios (whereby inpatient facilities would be split between two sites) were identified for consideration. The split-site approach also supports the need to implement the hospital replacement program over time, and in phases, due to financial and operational constraints.

In order to support the development of programmatic recommendations for replacement clinical facilities, extensive strategic planning has been conducted which addressed the sizing of inpatient and outpatient facilities, their programmatic composition, and their relationship to major related research programs. A variety of programmatic options were vetted within the planning goal of 650 total beds, and various aspects of each option were assessed, including clinical and research benefits, clinical coverage issues, phasing, capital affordability, and operational cost performance.

Important clinical drivers include:

- Ensure that inpatient facilities meet stringent State-mandated earthquake safety standards;
- Address the functional obsolescence of existing inpatient facilities to ensure the continued delivery of high-quality, state-of-the-art care;
- Increase inpatient and outpatient capacity to meet objectives of the Medical Center Strategic Plan.

The Medical Center Strategic Plan was developed to determine how the Medical Center could best achieve the financial position necessary to support needed infrastructure investments in the short term and the replacement of Moffitt Hospital and Mount Zion Hospital over the long term. The Plan calls for an incremental increase in bed capacity in existing facilities in the short term, along with the growth of targeted services and a variety of operating performance and customer service initiatives. Based on the Medical Center Strategic Plan that considered multiple factors, including Bay Area demographics, current and projected demand, and market share of specific services, a hospital replacement bed planning target of 650 beds was used in the planning process.

The resulting proposals contained in this LRDP Amendment call for two major integrated campus sites with clinical care co-located with basic and translational research programs. One site would house specialty hospitals, and the other site would house a tertiary-quaternary hospital with an Emergency Department. Both sites would contain ambulatory care facilities, and both would be populated with basic and translational disease-oriented research programs.

Project Sites

The LRDP Amendment EIR evaluated alternative development to equal 650 beds in operation in the milestone year of 2012 and beyond the LRDP timeframe to 2029. As described below and in Attachment 2, five development locations were evaluated against detailed screening criteria to identify a range of possible replacement scenarios at Parnassus Heights, Mission Bay, and Mount Zion. Each scenario was systematically evaluated for site characteristics, costs, programmatic, market and logistical considerations, parking and traffic issues, environmental impacts, and community and governmental relations.

- (1) Parnassus East: The area adjoining and incorporating the current location of the Medical Center. Under the current LRDP, an additional 54 beds would be added to the existing 526-bed Moffitt/Long Hospital through internal modifications. Langley Porter Psychiatric

Institute has approximately 20 beds. In the future, about 400 beds would be operated at the Parnassus East site in a combination of new and renovated space. Associated outpatient and clinical research space would be accommodated in existing facilities on campus.

- (2) Parnassus West: The western edge of the main campus, at the opposite end of Parnassus Avenue from the current Medical Center. Under the current LRDP, demolition of the obsolete Laboratory of Radiobiology and the seismically poor UC Hall would be completed. In the future, up to 400 beds could be constructed at the site as an alternative to the Parnassus East site. Associated clinical space would be accommodated in existing facilities on campus.
- (3) Mission Bay South: An assemblage of blocks comprising approximately 14.5 acres adjacent to the southern edge of the current Mission Bay campus, on the south side of 16th Street. This location has a capacity for up to 650 beds and associated clinical space. As noted above, about 210 beds would be constructed by 2011/2012 but the site could accommodate a program of up to 650 beds in the future.
- (4) Mission Bay North: The northern most portion of the 43-acre Mission Bay campus site, bounded by Gene Friend Way on the south, Owens Street on the west, Mission Bay Boulevard on the north, and Third Street on the east. As an alternative to the Mission Bay South site, up to 400 beds and associated clinical space could be constructed on the northern (undeveloped) blocks of the campus site.
- (5) Mount Zion: Demolition and new construction on the existing “Main Block” at Mount Zion, bounded by Sutter, Divisadero, Post, and Scott Streets. This alternative has been set aside and, under the preferred plan, Mount Zion would provide for expanded ambulatory care, outpatient surgery, and related clinical research and education uses (and thus is not shown on Attachment 2).

Recommendations and Phasing

LRDP Phase

The first phase of the preferred plan, which would be implemented during the timeframe of the current LRDP (through 2011-2012), would develop three integrated specialty hospitals containing a total of approximately 210 beds for a Children’s Hospital, Women’s Hospital, and the first phase of Cancer Hospital services, along with adjacent ambulatory care combined with translational research facilities and parking. This first phase hospital would: 1) provide replacement space for inpatient services currently at Mount Zion hospital which must be decommissioned by the December 31, 2012 seismic deadline; 2) provide state-of-the art facilities and growth capacity for the Children’s Hospital and women’s and cancer surgery services; and 3) allow for the growth of targeted inpatient services in space released at Moffitt/Long Hospital by the Children’s Hospital and women’s programs there. As part of this first phase, major renovations to Moffitt/Long Hospital to provide up to 54 additional beds are planned. Parnassus Heights also includes approximately 20 beds at Langley Porter Psychiatric Institute, so Parnassus

Heights would provide up to 600 beds to ensure the continued delivery of quality care there until the second phase.

The Chancellor's Advisory Committee has identified the Mission Bay South site as the preferred location for the first phase hospital; however, because The Regents does not yet own this property, the Mission Bay North and Mount Zion sites were identified as backup locations for a first phase hospital.

Future Phase

Planning for hospital replacement considered not only the first seismic deadline, which occurs during the LRDP time horizon of 2012, but also the second seismic deadline of 2030. Thus, the EIR analyzes scenarios for potential future phase activities beyond the LRDP's 2012 time horizon to ensure that current activities are considered in the context of the overall long-term requirements of the seismic legislation. The campus is not recommending Regental action on this future phase at this point, and analysis in the EIR does not commit the University to any specific scenario or project funding.

Academic and Clinical Rationale

A Children's Hospital was selected for the first phase of the preferred plan because children's services are most separable from other services at Parnassus; children's is the largest single program that can be relocated from Parnassus, freeing two floors of space for expansion of high-end adult specialty services in Moffitt/Long Hospital, consistent with the campus' strategic clinical and academic goals; a separate children's facility would provide visibility and identity for the existing Children's Hospital that has been lacking as a "hospital within a hospital" at Moffitt/Long, thereby improving its competitive position; children's hospitals have demonstrated strong fundraising potential; and an analysis of operating costs for a free-standing children's hospital compares favorably relative to other options.

The national reputation of the campus in maternal-fetal and neonatal medicine is founded upon the close collaborative care between obstetrics-gynecology, neonatology, and pediatric surgery. The integration of a Women's Hospital with the Children's Hospital will ensure continued excellence in the clinical care of complex maternal conditions, the diagnosis and treatment of birth defects, and clinical investigation in maternal-fetal surgery.

A Cancer Hospital was selected as a specialty hospital to be built together with the Children's Hospital and a Women's Hospital because patients receiving care at Children's Hospital and a Women's Hospital would greatly benefit from the presence of cancer specialists. Co-locating a Women's Hospital with a Cancer Hospital will ensure that women with cancer diagnoses, including breast and gynecologic cancer, have immediate access to the appropriate specialists. In addition, a large majority of all children's hospitalizations at the Children's Hospital are attributable to cancer and cancer-related issues. Much of the leading research of the campus seeks to understand the cancer mechanism - beginning at birth - so that cancer can be detected and treated early in life, and the location of the Cancer Hospital adjacent to a planned new cancer

research building at Mission Bay will provide a synergistic opportunity for the discovery and development of new treatments. Cancer hospitals are also one of the two best options, along with Children's hospitals, for fund raising.

Finally, integrating multiple specialty hospitals will allow for collaboration between translational research and the delivery of patient care. "Bench to bedside" collaboration among basic scientists, clinical researchers and physicians (the translational care spectrum), and the collaboration of multidisciplinary medical specialists (e.g. perinatologists, fetal surgeons, cardiologists, cancer specialists, neurologists), will create a rich environment for new discoveries in the care of fetal, pediatric, maternal, women and cancer patients.

Potential Land Acquisition at Mission Bay

The terms of a ground lease for an approximately 9.7 acre portion of the Mission Bay South site are being negotiated with the owner, Catellus Development Corporation. Real estate due diligence is being finalized for the Mission Bay South site. Planning studies have indicated that the 9.7 acre portion of the Mission Bay South site could accommodate the LRDP phase of the replacement hospital facilities as described above. A request to enter into an option to ground lease with an option to purchase the 9.7 acres was approved by The Regents at the January 2005 meeting. Additional land contiguous to the 9.7 acre portion of the Mission Bay South site could provide up to an additional 4.6 acres but is not required to meet the current proposed hospital sizing. Any future acquisitions are subject to Regents approval.

Financial Planning

The San Francisco campus is in the process of preparing a detailed financial plan for the preferred hospital replacement option that has been identified. Anticipated sources of capital to fund hospital replacement include hospital revenue bonds to be paid out of operating revenue, philanthropy, and parking and auxiliary financing. Project budgets, financing plans, and building designs would come to The Regents for approval at a later date, after certification by The Regents of the Hospital Replacement Environmental Impact Report and approval of the LRDP Amendment #2.

Other LRDP Amendment Actions

Mount Zion. In 2001, the property at 1545 Divisadero Street, adjacent to the Mount Zion site, was donated to The Regents. The site includes a 30,900 gsf, two-story building which is vacant. LRDP Amendment #2 updates the campus boundaries of the Mount Zion site to include 1545 Divisadero Street.

San Francisco General Hospital (SFGH). The San Francisco campus has engaged in discussions with the San Francisco Department of Public Health (DPH) regarding the potential co-location of the campus and DPH's inpatient facilities at Mission Bay. In addition, the planning process

includes replacement options for about 100,000 asf of campus research programs in seismically poor buildings at SFGH. The location of such research space would depend on DPH's preferred location of SFGH inpatient facilities. LRDP Amendment #2 acknowledges these ongoing discussions.

Veterans Affairs Medical Center. LRDP Amendment #2 incorporates updated facilities information for the Veterans Affairs Medical Center into the LRDP. New projects since the 1996 LRDP include a new research building on the site of Building 12, a Magnetic Resonance Imaging Facility on the Building 13 site, a new research building funded by the Northern California Institute for Research and Education, and a new Animal Research Facility.

Fresno Medical Education Program. Construction of the Fresno Medical Education and Research Center has recently been completed, and building occupation in 2005 will allow for the consolidation and co-location of University education and research space in one new building. LRDP Amendment #2 incorporates this updated information into the LRDP.

Environmental Impact Summary

Pursuant to State law and University procedures for implementation of the California Environmental Quality Act, an Environmental Impact Report was prepared for the proposed LRDP Amendment #2 for Hospital Replacement (State Clearinghouse Number 2004072067). The Notice of Preparation and Initial Study was circulated from July 13 through August 11, 2004. A public scoping meeting was held on July 28, 2004.

The Draft EIR was prepared and circulated to the public, responsible agencies and to the State Clearinghouse for a 45-day review period between November 30, 2004 and January 14, 2005. Seven written letters and email comments were received. A public hearing was held on January 10, 2005. Four speakers testified at the hearing. A copy of the written and oral comments received during the public review period, and responses are included in the Final EIR. The comments mainly concern the potential site selection of the Mission Bay South parcel, representing an expansion of property under control by The Regents for the San Francisco campus.

The EIR evaluated the hospital replacement program of 650 beds at a program level. There were four site scenarios for meeting the 650-bed program alone or in combination which were evaluated at an equal level of detail (see Attachment 2). While the EIR was in preparation, the campus developed its recommendations for three integrated specialty hospitals of about 210 beds during the LRDP timeframe, while continuing to operate Moffitt/Long Hospital with about 600 beds. Project level approvals and additional CEQA analysis, if necessary, will be brought to The Regents at a future date.

Included in the project description is a feasibility analysis for providing a helipad for helicopter access to the Medical Center. Due to the location and topography at Mission Bay, it was concluded that a helipad is feasible were the Mission Bay South or Mission Bay North sites to be developed.

With regard to the Parnassus Heights options, the project description summarizes the space planning assumptions that were made in order to address the space ceiling – a commitment by The Regents to cap the gross square footage and boundaries of the Parnassus Heights site. Implementation of the 1996 LRDP projects would bring the campus site to the 3.615 million gsf space ceiling goal of the LRDP.

The EIR identifies significant impacts that remain significant and unavoidable even after mitigation in the areas of:

- (1) Construction, mobile and stationary source emissions, as well as cumulative source emissions, would remain significant and unavoidable after extending transportation demand management programs to new development.
- (2) Demolition of UC Hall, an historic resource, would remain significant and unavoidable, after measures to document, interpret and conserve historic elements of the structure.
- (3) Conflicts with City of San Francisco height and bulk limits would remain significant and unavoidable.
- (4) Operation of a helipad at Mission Bay would exceed nighttime noise standards over residential areas and would remain significant and unavoidable after implementing flight path recommendations.
- (5) Cumulative construction noise would be a temporary but significant and unavoidable impact.
- (6) Traffic impacts could be mitigated through street/roadway improvements; however, those mitigations would be under the jurisdiction of the City and County of San Francisco and would be significant and unavoidable if not implemented by that agency.

The EIR identifies potential significant environmental impacts that can be mitigated to less than significant in the areas of:

- (1) Increased nighttime light and glare, mitigated by design standards.
- (2) Nighttime construction lighting, mitigated by construction contract requirements.
- (3) Visual impacts of new hospital construction, mitigated by design standards.
- (4) Hazardous wind speeds at pedestrian level, mitigated by wind modeling and design modifications, as needed.
- (5) Construction air quality degradation (e.g. dust), mitigated by construction contract specifications.
- (6) Disturbance of archaeological resources during excavation, mitigated by steps described in mitigation measures.

- (7) Ground failure or liquefaction due to major earthquake, mitigated by site-specific engineering and design.
- (8) Increased load on hazardous waste management facilities, mitigated by comprehensive environmental health and safety program.
- (9) Water quality impacts on combined sewer system, mitigated by implementation of the City and County of San Francisco Water Pollution Prevention Program.
- (10) Conflict with The Regents' space ceiling policy at Parnassus Heights, mitigated by commitment to a demolition and relocation plan that achieves space ceiling goals.
- (11) Construction and operational noise impacts, mitigated by construction contract requirements and stationary equipment controls.
- (12) Construction traffic impacts, mitigated by commitment to a construction traffic and parking management plan.

The Final EIR is accompanied by a Mitigation Monitoring Program to assure that all mitigation measures are implemented in accordance with CEQA.

Findings

The [attached Findings](#) discuss the project's impacts, mitigation measures, and findings of overriding consideration regarding significant effects on the environment.

[\(Attachments\)](#)

**ATTACHMENT 1
SB1953 COMPLIANCE PROJECT MATRIX**

	2002	2008	2030
	Compliance	Compliance	Compliance
	NPC 2	NPC 3 & SPC 2	NPC 4/5 & SPC 4/5
Moffitt Hospital	Moffitt 2002 Project	Moffitt/Long 2008 Project	Moffitt/Long 2030 Project *
Long Hospital	In compliance	Moffitt/Long 2008 Project	Moffitt/Long 2030 Project *
Parnassus Heights Central Utility Plant	In compliance	Moffitt/Long 2008 Project	Moffitt/Long 2030 Project
Mount Zion Main Hospital Buildings (A,B,D&R)	Mt. Zion 2002 Project	**	**

NPC = Nonstructural Performance Categories
 SPC = Structural Performance Categories

* Moffitt Hospital to be decommissioned by 2030. Continued use of Long Hospital and related structures for inpatient activities assumes Moffitt functions are replaced in a seismically compliant structure by 2030.

** Inpatient use in these buildings to be replaced in new construction by December 31, 2012; thus, 2008 SB 1953 compliance renovation work is not required.

**ATTACHMENT 2
POTENTIAL COMBINATIONS OF LRDP PHASE PROJECTS AND
FUTURE PHASE OPTIONS**

Site of LRDP Hospital Project	New Hospital in LRDP Phase	Hospital Options to Complete 650-bed Program in Future Phase
Mission Bay South ^{1,2}	250 Beds and →	add 400 beds at Mission Bay South OR build 400 beds at Parnassus East or West
Mission Bay South ^{1,2}	400 Beds and →	add 250 beds at Mission Bay South OR build 250 beds at Parnassus East or West
Mission Bay North ^{2,3}	250 Beds and →	add 150 beds at Mission Bay North and build 250 beds at Parnassus East or West OR build 400 beds at Parnassus East or West
Mission Bay North ^{2,3}	400 Beds and →	build 250 beds at Parnassus East or West

1 Hospital development at the Mission Bay South site allows full LRDP development (2,650,000 gsf) at the 43-acre Mission Bay campus site.

2 With interior modifications adding 54 beds, Moffitt/Long Hospital and LPPI would operate up to 600 beds through the *LRDP Phase*. Long Hospital would operate beyond 2030 under all scenarios.

3 Hospital development of 400 beds at the Mission Bay North site would displace 900,000 gsf of approved LRDP development from the 43-acre Mission Bay campus site. That displaced development could be relocated to the Mission Bay South site, if UCSF obtains site control, or could be relocated to another UCSF site, such as Mount Zion.

SOURCE: Campus Planning