

1601-45<sup>th</sup> Street, N.W.  
Washington, D. C. 20007  
October 11, 2006

The Honorable Caron Mitten  
Chairman, Zoning Commission  
441 Fourth Street, N. W.  
Washington, D. C.

**Sibley Hospital's Proposal for a Planned Unit Development and Zoning Map Change, #05-42**

**Dear Chairman Mitten:**

As a member of Advisory Neighborhood Commission 3D, I would have voted to endorse the commission's resolution at a special meeting on September 20, 2006 to approve Sibley Hospital's proposal with conditions. Regrettably, I was unable to attend because of illness.

This proposal is of great interest to a community that is struggling with development pressures. Reducing the scale is the key to a plan that will enable a growing institution to enhance its financial well-being while retaining the residential character and livability of the neighborhood. The Sibley situation differs from other hospitals with medical office buildings in that it is adjacent to low-density residential neighborhoods.

Traffic, lot occupancy, building density, the resulting "heat-island effect," and water runoff are issues here. The 20,000 square-foot steeply-sloped property is likely to have almost 16,000 square feet of impervious surfaces. I applaud the Office of Planning for its concern for storm water management and its proposal for a green roof for the garage.

As an amenity, a Beacon Hill Village-type retirement-in-place program for residents of the Palisades, Spring Valley, and yes, Foxhall Village, sounds very logical to me.

Two miles away, Foxhall Road, a two-lane street on which 19,000 cars a day travel, is facing the imminent conversion of the 17-acre Phillips Estate and the 17-acre Brady Estate from rolling, wooded properties to 60 homes in addition to a high school and junior high school. I hope that the Zoning Commission will give a comprehensive look at the Sibley proposal in evaluating the cumulative effects for our area.

Sincerely,

Ann Haas  
ANC3D-09 (Foxhall Village, Palisades, and Colony Hill)

Cc: Jerry Price, Sibley Hospital  
Alma Gates, Chair, ANC3D  
Rachel Thompson, ANC3D SMD

# Inova Alexandria starts second part of \$78M expansion

By Vandana Sinha  
Staff Reporter

Alexandria's only hospital is paving the way for its largest expansion in more than three decades.

Working on the second phase of its three-phase project, Inova Alexandria Hospital is set to start construction on a 68,000-square-foot addition to its 516,000-square-foot campus. The entire project is expected to cost \$78 million when completed.

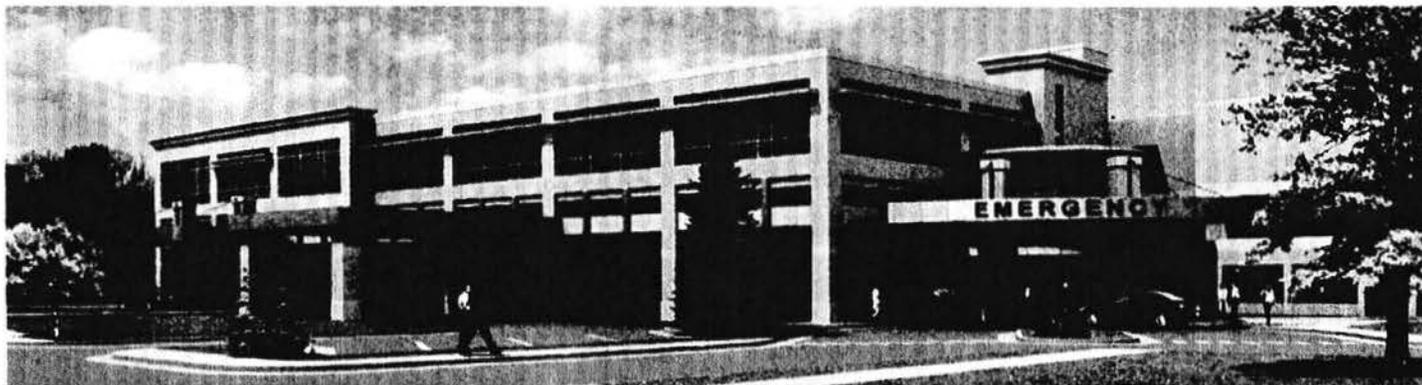
For the next year and a half, the hospital will significantly enlarge the emergency and outpatient surgery departments, while ramping up cardiovascular and radiology services to better prepare for an aging customer base.

"The population in Alexandria is aging at a little faster rate than the population in Fairfax County," says Ken Kozloff, CEO of the 339-bed hospital, which estimates that one in four city residents will be over 50 by 2010.

Inova Alexandria Hospital is adding 7,600 square feet for post-anesthesia care stations, a mobile unit and two more operating rooms to its same-day surgery space.

The cardiovascular and radiology areas will get more than 18,600 square feet of new space, including additional recovery beds and two new labs, one for electrophysiology and another for neurological procedures.

A key component of the expansion, however, is an improved emergency department.



COURTESY

**POPULATION DEMANDS:** Officials with Inova Alexandria Hospital are spending \$78 million on a massive expansion project, which includes an improved emergency department, to keep up with Alexandria's aging population.

In an 8,500-square-foot addition, the hospital will cordon off eight new private beds for patients too sick to be released from the ER but not sick enough for an inpatient bed. Doctors can run tests on patients while they're in that new area, freeing up both ER and inpatient beds — an appealing concept to some outside the hospital's halls as well.

"As we try to plan and prepare for a large-scale emergency that could happen, it is a concern of ours that their emergency department have capacity," says John Clizbe, an emergency planner with the Alexandria Department of Health. "It increases the capacity of the hospital if you can serve people more efficiently and quicker."

Inova Alexandria also is inserting space for two more rooms for mental health patients and an X-ray machine so doctors don't need to wheel patients out of the ER

for a deeper look.

"It will cut down on waiting time," says Stephen Fuoco, the hospital's director of engineering. "It's another tactic we're using to speed up the emergency department experience."

The hospital is shifting its lab to the basement to make way for the ground floor's growth. This will save top-floor space for 24 future staff-monitored beds, which will arrive after the hospital raises an additional \$3 million to \$5 million.

The hospital foundation has brought in \$10 million in donations for the three-phase project and hopes to double that amount in five years. Hospital leaders expect to pay the remaining \$50 million bill from municipal bonds.

Inova officials have been talking with people in the neighborhood for the past five

years to make sure the expansion fits in with the mostly residential area.

Kozloff says that during 2003 he visited 47 civic groups in three months, in some cases going door to door, to explain the project and solicit their backing. By last year's planning commission meeting, most residents who gave testimony also gave their support.

"We'll be able to handle more complex cases with the expansion," Kozloff says. "We'll be able to treat people faster, get diagnostics done quicker."

The expansion's third phase involves the renovation of roughly 50,000 square feet until 2010, when the project is expected to complete. Already, the hospital has closed its tab on an \$8 million, 697-space parking garage built in the first phase three years ago.

■ E-MAIL: VSINHA@BIZJOURNALS.COM PHONE: 703/258-0838

**Winter 2006**



# **Financial Indicators**

# **Fiscal Year 2005**

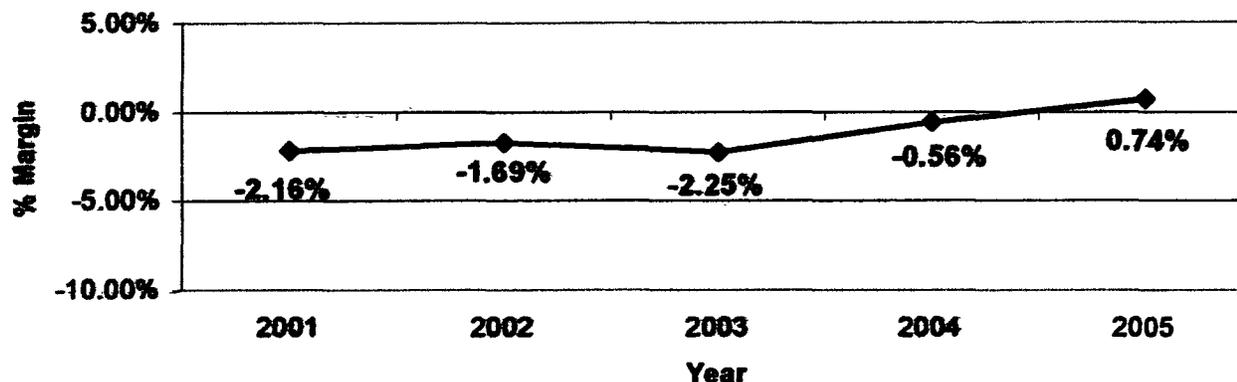
**Richard Becker, MD**  
**Chairman of The Board**

**Robert A. Malson**  
**President**

## Operating Margin Percent District of Columbia Hospitals

Beginning with the closure of D.C. General Hospital in 2001, massive changes to the District of Columbia health care system contributed to a significant downturn in the financial health of District hospitals as the responsibility of providing a safety net to the uninsured falls to members of the D.C. Healthcare Alliance and other private hospitals.

**Aggregate Operating Margin Percent, 2001-2005**



In 2005, one-third of the private hospitals in the District had an operating margin less than one percent. While there have been some improvements since the closure of D.C. General Hospital, hospitals still have a significant number of visits to the emergency department where many patients continue to seek primary care and the treatment of ambulatory sensitive conditions. Hospitals continue to be concerned about the access, delivery and cost of health care services for District of Columbia Medicaid patients, as well as the uninsured and under-insured populations.

Operating Margin Percent	2003	2004	2005
Children's National Medical Center	-3.28%	1.07%	4.70%
George Washington University Hospital	1.73%	0.80%	2.06%
Georgetown University Hospital	-7.62%	-3.34%	1.23%
Greater Southeast Community Hospital	-8.95%	-20.6%	-11.98%
Howard University Hospital	1.20%	-0.14%	-7.01%
National Rehabilitation Hospital	1.16%	1.25%	2.27%
Providence Hospital	0.33%	-6.01%	-0.87%
Sibley Memorial Hospital	2.79%	5.60%	3.16%
Washington Hospital Center	-2.73%	1.42%	1.6%
<b>Aggregate Percentage</b>	<b>-2.25%</b>	<b>-0.56%</b>	<b>0.74%</b>

**Note:** New financial figures became available for National Rehabilitation Hospital, and operating margin percents were recalculated. Thus, the aggregate operating margin percents differ from previous DCHA Financial Indicators Reports.

**Note:** Aggregate Operating Margin Percent is computed by calculating the percentage difference between aggregate operating expenses and aggregate operating revenues.

**Note:** Calculations exclude SHW-Hadley Memorial Hospital, Specialty Hospital of Washington, psychiatric and federal hospitals.

**Source:** 2005 DCHA Financial Indicators Survey.

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October 5, 2006

Ms. Carol Mitten  
Chairman, Zoning Commission  
Office of Zoning  
Government of the District of Columbia  
One Judiciary Square  
441 4th Street NW  
Suite 210S  
Washington, DC 20001

Dear Chairman Mitten,

I wish to submit the following documents (attached) into the record for Zoning Commission Case #05-42 – PUD and Zoning Map Amendment (Sibley Hospital).

1. D.C. Hospital Association Financial Indicators Fiscal Year 2004 (Report).
2. D.C. Hospital Association Utilization Indicators Calendar Year 2005 (Report)
3. Sibley Memorial Medical Center Master Plan (~~October 5, 2005~~ <sup>UNDATED</sup> Presentation)
4. Location and design of Washington Aqueduct Dewatering Facility (computer mock-ups)

Please do not hesitate to contact me if there are any questions concerning these items.

Sincerely,



Rachel W. Thompson  
ANC 3D 04 (Palisades)  
5835 Sherier Place, N.W.  
Washington, D.C. 20016  
(202) 364-1384  
E-mail: RachelWT@aol.com

Cc: ANC 3D chairman Alma Gates, ANC 3D commissioners

August 18, 2006

Ms. Carol Mitten  
Chairman, Zoning Commission  
Office of Zoning  
Government of the District of Columbia  
One Judiciary Square  
441 4th Street NW  
Suite 210S  
Washington, DC 20001

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Dear Chairman Mitten,

I wish to submit the following documents (attached) into the record for Zoning Commission Case #05-42 – PUD and Zoning Map Amendment (Sibley Hospital).

1. Diary of Meetings for Sibley Project
2. Sibley Hospital Plans Major Expansion – September 2005 mailing to 250 residents including reprint of August 2005 Washington Business Journal article, “Sibley to open up expansion plans to community.” *by Rachel Thompson*
3. Sibley Expansion Includes Office Tower – October 2005 article in Palisades Citizens Association newsletter
4. Postcard mailing to 250 residents concerning Sibley presentations set for meetings of the Palisades Citizens Association and ANC 3D *by Rachel Thompson*
5. ANC 3D Working Group Comments and Questions Regarding Initial Traffic and Parking Study, January 15, 2006 (meeting with Sibley)
6. E-Mail from Sibley COO Jerry Price to Rachel Thompson following initial verbal presentation by ANC 3D Working Group concerning “Palisades Village” concept for community benefits *(February 16, 2006)*.
7. Letter / proposal to Mr. Price dated February 22, 2006, “Proposed Community Benefits re: Sibley PUD Application, First Discussion Draft from ANC Working Group.”
8. E-mail from Mr. Price dated March 10, 2006, response to Palisades Village proposal.
9. “Sibley moves forward on \$300M expansion plans,” Washington Business Journal article dated March 24-30, 2006.

10. Memorandum from Gorove Slade dated April 7, 2006, "ADT of Proposed Sibley Hospital MOB."
11. Letter from Sibley president Robert Sloan to ANC 3D chair Jill Stern dated April 10, 2006 terminating future meetings with ANC 3D Working Group.
12. Letter response from ANC 3D chair Jill Stern to Sibley president Robert Sloan dated April 18, 2006 expressing regret and addressing next steps.
13. Letter response from Sibley president Robert Sloan to ANC 3D chair Jill Stern dated April 20, 2006 regarding next steps.
14. Article in Northwest Current dated April 26, 2006, "Sibley plan advances despite new friction."
15. Letter to the editor of the Northwest Current from Rachel Thompson dated May 10, 2006, "Sibley project merits attention."
16. Flyer distributed to neighborhood concerning upcoming Sibley presentation at May 3 meeting of ANC 3D.
17. Article in Northwest Current dated June 14, 2006, "Neighbors air worries about Sibley."

Please do not hesitate to contact me if there are any questions concerning these items.

Sincerely,



Rachel W. Thompson  
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(202) 364-1384  
E-mail: RachelWT@aol.com

Cc: ANC 3D chairman Alma Gates, ANC 3D commissioners