

Advisory Neighborhood Commission 3D
Findings of Fact and Conclusions of Law
Zoning Commission Case No. 05-42 Sibley Memorial Hospital
Consolidated PUD and Zoning Map Amendment
March 5, 2007

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 D.C. OFFICE OF THE ATTORNEY GENERAL
 RECEIVED

Subject Property

1. The subject property is located on a 20.48 acre parcel at 5255 Loughboro Road, N.W. known as Square N-1448, Lot 25.
2. Little Falls Road, until 2002 a public road, belongs to the subject property and serves as the driveway for the hospital. The U.S. Army Corps has an access easement for this road. This road provides the only access to the hospital's emergency room. The hospital has a helipad located in the middle of this road mostly for scheduled patient transport.
3. The subject lot is zoned R-5-A. The neighborhoods south of Loughboro Road, Palisades and Kent, are zoned R-1-B and primarily one-family residential in character. The areas east of Dalecarlia Parkway in Spring Valley are zoned R-1-A. The reservoir grounds to the north of Little Falls Road are federal property.
4. The subject property is currently extensively developed, with 70 percent coverage paved or built. The existing campus FAR is 0.76 and the permitted FAR is 0.9.
5. To the north of the subject property on Little Falls Road, the U.S. Army Corps will begin construction, in this calendar year, of a dewatering facility to be serviced by 20-ton trucks going in and out of Little Falls Road via the Dalecarlia entrance.
6. Since 1995 the Applicant has expanded or upgraded its facilities four times: 1) a skilled nursing facility in 1995; 2) a 124-bed assisted living facility, Grand Oaks, and a 96-bed Renaissance skilled nursing facility, in 1998; 3) a radiation oncology center in 2000; and 4) an additional 36 units in a second Grand Oaks building in 2004 which is now under construction. Each of these applications required some combination of Special Exceptions or Variances for height, density and setbacks.
7. In 2002 Applicant constructed a 250-space above-ground parking garage on then-federal land which required no local review.

The Proposed Zoning Map Amendment – Medical Office Building Use

1. The applicant proposes to re-zone a 2.86-acre portion of the site to SP-1 as a planned unit development to construct a) a 77-foot-high medical office building which it would lease to doctors that would not be on the hospital staff, and b) a 750-space above-ground parking garage.

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2. No other site in Ward 3 is zoned as either SP-1 or SP-2. The applicant offers as a comparison the Washington Hospital Center, a medical campus with three hospitals – Washington Hospital Center, National Rehabilitation Hospital, and Children's National Medical Center -- zoned SP-2. The subject site is not at all comparable to the WHC site in terms of intensity of use or surrounding residential zoning.
3. Per DCMR 11 Chapter 5 §500.3, "The SP District is designed to preserve and protect areas adjacent to Commercial Districts that contain a mix of row houses, apartments, offices, and institutions at a medium to high density, including buildings of historic and architectural merit."
4. The subject site is not appropriate for zoning as an SP District due to the surrounding R-1-A and R-1-B zoning. The nearest commercial zoning is for C-1 (Neighborhood Shopping District) a half a mile away.
5. A medical office building would constitute a much more intensive use of the site than any of the existing hospital activities. Institute of Transportation Engineers standard traffic models show traffic twice as heavy for a medical office building as for a hospital (ITE Trip Generation, 7th ed., Uses 610 and 720). A hospital generates about 18 trips per hour per 1,000 square feet, while a medical office building generates an average of 36 trips per hour per 1,000 square feet.
6. Chapter 5 also states that the SP designation is intended to serve as a transition or buffer. In this case it is the proposed new building that would require buffering and it cannot therefore be the buffer.
7. Applicant's current proposal is part of a 10-12-year plan to replace or rebuild large portions of its main hospital and patient housing.
8. With respect to building height, applicant points to the adjacent building, Hayes Hall, as comparable in height at 79 feet. However applicant also states Hayes Hall will be demolished in conjunction with construction of the new medical office building.
9. With respect to building height, applicant points to the main hospital building at 84 feet. However applicant's Master Plan (See document #3 of ANC 3D October 5, 2006 documents submission) indicates the main hospital building will be replaced as part of 10-12-year master plan.
10. The proposed medical office building is at the top-most portion of the site. The height of a medical office building at this location will set a strong precedent in terms of visual impact of the proposed facility and all future facilities.
11. The proposed plan would increase the built area of the site from 27 percent to 35 percent, continuing the trend of converting the extensive paved areas on campus – now 42 percent – to more intensive use.
12. With this proposal the remaining FAR would be 0.89 with a permitted FAR of 0.9. The hospital in 2002 maximized the size of its site and thereby technically reduced its FAR to 0.79. The hospital with this proposal would again reach its maximum FAR and require additional variances for any future expansion.

Public Benefit versus Public Risk -- Need for Proposed Building

1. There are 4 existing medical office buildings within a 2.5-mile radius of Sibley Hospital, including two served by Metro. There are 3 diagnostic/outpatient surgery facilities within a 2.5 mile radius of Sibley Hospital, two served by Metro. (see ANC testimony of February 21, 2007).
2. There is no unmet demand for new medical office space in the northwest quadrant of the District. No nearby medical office buildings are expected to undergo a change of use or to close. One office building near Foxhall Square recently opted not to convert to medical office buildings due to a lack of demand. (Letter from Columbia Realty Venture, LLC, February 21, 2007.)
3. Three current reports by the D.C. Hospital Association, "DCHA Financial Indicators Winter 2006," "DCHA Utilization Indicators Calendar Year 2005," and "DCHA Financial Indicators Fiscal Year 2004" all show that Sibley has a) a consistently healthier operating margin than other area hospitals; b) a consistent mix of patient payment mechanisms including under 1% reliance on Medicaid; c) both modest and manageable levels of direct charity care to indigent patients. (See ANC 3D documents filing dated October 5, 2006).
4. A majority of medical office buildings in the Washington metro region are a) privately-owned; b) smaller; c) in high-growth areas; and d) near major highways. (See ANC 3D testimony and Report). Therefore 1) private entities are accepting the risk of the venture, not the community the hospital is intended to serve; 2) there is a growing market, not a shrinking market, and a demonstrated need for additional medical services; 3) there is little use of neighborhood streets for accessing the medical office building and impacts are therefore much less severe.
5. Doctors relocating from Montgomery County to Sibley would experience a huge increase in medical malpractice rates, which raises strong questions about how many of the doctors who have expressed initial interest about the Sibley medical office building would actually move there.
6. The model of having a medical office building on a hospital campus may not be optimal, either for doctors or for patient care (Testimony of doctors, February 21, 2007). Having offices located on-campus provides modest additional convenience for doctors, but doctors in practice want to refer patients to the leading hospital for the specific procedure for the maximum benefit of the patient. Therefore having doctors located at Sibley may not ensure the highest level of care for patients, or guarantee that all patient procedures will be conducted at Sibley. Doctors who currently have offices in Chevy Chase or Foxhall Square further testified that they do not view as an inconvenience having to take a ten-minute drive to Sibley.

ANC Decision to Support Significantly Reduced Building

1. Advisory Neighborhood Commission 3D approved the proposed medical office building use assuming a two-floor reduction based on a direct correlation between the number of doctors practicing in the building and the number of daily doctor, staff and patient vehicle trips that will be generated.

2. ANC 3D's belief that proposed mitigation measures, specifically those concerning traffic, may be able to be successful is wholly and explicitly linked to the reduction in activity that will be brought about by the proposed reductions in building and garage size.
3. ANC 3D still has significant concerns about traffic safety at the hospital's proposed new entrance on Dalecarlia Road (See testimony of February 21, 2007). In addition, additional written testimony (Traffic control records) provided by PS205 Traffic Officer Anthony McElwee raises severe doubts about claims by the hospital's traffic consultants that existing traffic speeds on Dalecarlia Parkway are safe.
4. While the hospital has offered to institute a free shuttle service between Friendship Heights and the hospital campus, its estimates of the usefulness of this mitigation are very low at roughly 10 percent. The hospital has admitted that it expects no doctors and few patients to take advantage of the free shuttles. Further, a single shuttle bus may not be sufficiently reliable for employees of the medical office building, and will be of no use during later evening shift changes.
5. To grant the additional 15 doctors as suggested by the hospital would have a very significant impact on traffic volumes in an area with already failing levels of service.
6. Advisory Neighborhood Commission 3D approved the proposed medical office building use assuming a two-floor reduction specifically to comply with Comp Plan provision (§ 1409.1(f)) which specifically includes Sibley Hospital among noted institutions and states that "(t)he compatibility of these uses must be maintained, expansion carefully controlled, changes to neighborhood-related uses encouraged, and conversion to other nonconforming uses prevented."
7. To grant the additional 12.5 feet of height as suggested by the hospital would fail to address the goals of §1409.1 to encourage the hospital's expansion in the direction of greater conformity with neighborhood norms (e.g. height and mass, visual impacts and landscaping, height of recently-constructed campus buildings; potential future construction norms).
8. In conclusion, the applicant is absolutely incorrect when it states in its closing remarks that "(t)hese are not significant numbers." These numbers are critical to the ANC's willingness to compromise on the proposed use at all.

Community Consultation and Support, Amenities

1. Advisory Neighborhood Commission 3D formed an expert volunteer working group in August, 2005 to assist the ANC in analyzing and responding to the hospital's proposal. The working group met with the hospital on a monthly basis beginning in September 2006, regularly informing ANC 3D commissioners of its meetings with the hospital and other information it was collecting.
2. The Palisades Citizens Association (William Spencer, president, by e-mail) opted not to participate in the working group, which included a professional hospital architect, a Spring Valley attorney, a health care expert, and two ANC 3D advisory neighborhood commissioners (the chair and the single member representative for the hospital district).

3. The ANC regularly updated members of the community by mail and newsletter about meetings related to the hospital's proposal. (See documents #1-4, and 16, among ANC 3D documents submitted on August 18, 2006).
4. By memo dated January, 2006, the working group requested total daily traffic counts related to the proposed project. (See document #5 in ANC 3D documents submitted August 18, 2006). This information was not provided to the working group until April 7, 2006 (see document #10 in ANC 3D documents submitted August 18, 2006).
5. The working group came forth in February 2006 with an amenities proposal for the hospital to assist in formation of a new in-home retirement program geared toward the surrounding community needs. The hospital applauded the concept. (See documents #6-8 in ANC 3D documents submitted August 18, 2006).
6. Sibley Memorial Hospital president Robert Sloan by letter dated April 10 terminated all future meetings with the working group and forbade his staff from participating in any such meetings. (See documents #11-15 in ANC 3D documents submitted August 18, 2006). April 10 is also the date of the Office of Planning Report recommending set-down of the hospital's application.
7. The Zoning Commission and Advisory Neighborhood Commission 3D have received dozens of letters from long-time hospital supporters, and doctors, who oppose the medical office buildings from the standpoint of high impacts and a lack of observable or documented need.
8. Advisory Neighborhood Commission 3D held a half-dozen public meetings on the Sibley proposal. With the exception of the final special meeting of September 20th scheduled for the purposes of taking a vote, members of the public were invited to speak at length either in favor or in opposition to the project.
9. The Palisades Citizens Association, which has about a thousand individual and household members, voted 38-16 on June 6 to support the hospital's application – three days before the hospital filed its substantive pre-hearing statement. (Letter from Bill Snape, resident). The association's vote came despite opposing analysis and testimony by the association's traffic chair (see Attachment C of the ANC's October 5, 2006 Report).
10. The Spring Valley West Homes Corporation, which supports the proposal, is not a membership organization.
11. The Spring Valley – Wesley Heights Citizens Association, whose members live east of the hospital, received no briefing and took no position on the application.
12. The Foxhall Community Citizens Association, with 250 members, received no briefing and took no position on the application.
13. The Applicant failed to consult the nearby community regarding amenities and two out of three of its proposed amenities are opposed or viewed as mitigation by the community. (Testimony of Sibley Neighbors concerning park proposed for intersection of Dalecarlia and Loughboro, attached e-mail from DDOT bike trails coordinator Chris Holben canceling Dalecarlia bicycle trail). The value of the proposed amenities to the immediately-affected households will be minimal.

14. By contrast, an October 27, 2006 article in the Washington Business Journal, "Inova Alexandria starts second part of \$78M expansion" states: "Inova officials have been talking with people in the neighborhood for the past five years ... visited 47 civic groups in three months, in some cases going door to door... By last year's planning commission meeting, most residents who gave testimony also gave their support." (See copy of article attached to ANC Report-Testimony dated February 21, 2007).
15. In conclusion, the hospital's community consultation process cannot be said to have been successful.
16. In September 2006, following the ANC 3D vote, a group calling itself Sibley Neighbors for Responsible Growth was organized to oppose the hospital's application entirely. This group includes more than 100 households which are uniquely affected by the hospital's activities.
17. The ANC's vote was 4-2-0 in favor of approving a reduced-size building. By letter, ANC commissioner Ann Haas who was absent with illness on the night of the vote stated that had she been present she would have joined the majority. (Letter from Ann Haas dated October 11, 2006 in Zoning Commission file and also ANC 3D written testimony of February 21, 2007).
18. A last-minute "protest letter" submitted to the Zoning Commission by newly-seated ANC 3D Commissioner Thomas Smith states that had he been seated at the time of the vote he would have opposed the majority vote. Commissioner Smith's district was previously represented by Commissioner Sarah Shapley who already voted to oppose.

Future Reporting and Community Consultation

1. Reports promised by applicant concerning traffic volumes, number of practicing doctors, number of vehicles entering and exiting each hospital entrance must be required in such a way that their results are actionable at an enforcement level.
2. The hospital should be required to promote its free shuttle bus service not only in pamphlets in doctors' offices but also on its website and in the local newspaper. It should be required to set targets for use of shuttle bus and employee passes and report on these numbers along with other traffic figures.
3. The hospital must hold quarterly meetings with the surrounding community that are well-promoted including on the hospital's website, on local listservs and in the Northwest Current.
4. The hospital has failed to adhere to earlier commitments to make its best effort to work with the community to effect a re-routing of WMATA buses behind the hospital using Little Falls Road in such a way as to eliminate their uphill climb from MacArthur Boulevard along the south side of Loughboro Road. The hospital should be required to immediately relocate its helipad from Little Falls Road onto an adjacent parking lot indicated in the hospital's diagrams (see ANC testimony).

Rachel Thompson *New attachment - Amenities*

From: Holben, Chris (DDOT) [Chris.Holben@dc.gov]
Sent: Friday, February 08, 2007 2:38 PM
To: 'Sarah S. Shapley'; RachelWToo@aol.com; Wellsleone@aol.com; petekath@aol.com; Jack; Ellen Jones; Heather Deutsch; Libby3727@aol.com; benck@aol.com; bellymay1@mac.com; Eric Gilland
Cc: Berta, Susan (COUNCIL); Cheh, Mary (COUNCIL); Graham, Jim (COUNCIL); Moneme, Emeka (DDOT); Liden, Ken (DDOT); Sebastian, Jim (DDOT); Eustler, Earl (DDOT); Jennings, Jeffrey (DDOT); Linden, Erik (DDOT); Sweeney, James (DDOE); Albright, Richard (DDOE)
Subject: Dalecarlia Trail project

Dear All:

I want to give you an update on the proposed Dalecarlia Trail project:

In 2006, DDOT budgeted and started the initial planning for a new pedestrian/bicycle facility along the Dalecarlia Parkway, NW. DDOT has decided not to go forward with this project at this time. This decision is based on mounting community opposition, the extensive feasibility analysis that would be required, and more urgent trail priorities both in this area and throughout the city.

DDOT conducted a neighborhood tour of the trail area last year, and more recently had meetings with community members and ANC3D Commissioners. The project was also aired during the zoning approval process for Sibley Hospital expansion. The Spring Valley West Homes Corporation, the Spring Valley Residents Civic Association, and several individual neighbors raised some valid concerns about the project including environmental impact and trail safety. These are issues that DDOT, our sister agencies, and the community could likely resolve through the planning and design process. We may revisit the project in the future because of its potential benefits as a trail connection, neighborhood amenity and pedestrian safety feature.

Thank you and feel free to contact me with any questions regarding the proposed trail or the bicycle program. Also feel free to forward this message to any other community members.

Thank you, Chris

Christopher Holben, Bicycle Program Specialist
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2 additional
exhibits

The Northwest Current, 2/14/7 page 10

Wednesday, February 14, 2007

LETTERS TO THE EDITOR

Now Sibley traffic will bring impacts

I wish to set the record straight on three statements by Vince Treacy, secretary of Spring Valley West Homes Corp., in his viewpoint in support of Sibley Memorial Hospital's proposed medical office building last week.

First, a little under a third of the 4,000 new daily vehicle trips into Sibley's office building would be via Dalecarlia Parkway, not all of them, as he implies. Thus whether or not Dalecarlia is lined with homes is only a third of the picture (although residents of Rockwood Parkway are very concerned about an expected growth in cut-through traffic and their ability to safely enter and exit Dalecarlia Parkway with the new traffic volumes and enlarged hospital entrance).

Treacy neglects to mention that another 30 percent of traffic will come and go along

MacArthur Boulevard through the Palisades, and 10 percent via Loughboro Road. Both streets are lined with houses and have intersections with failing levels of service.

Second, Treacy mischaracterizes a Jan. 17 report in The Current when he states the paper "reported that [Advisory Neighborhood Commission 3D] refused at its January meeting to reconsider its stance." The story actually stated that the hospital's presentation of revised plans to the commission "hasn't led the Palisades-Spring Valley advisory neighborhood commissioners to reconsider their stance."

The chief reason the commission didn't take a new vote in January is that Sibley's decision to remove one floor of its eight-story building in no way alters the commission's decision to support the facility with two floors removed and a proportionate reduction in garage size. In addition, two new commissioners never heard any of Sibley's earlier presentations or the concerns of community members

expressed at our meetings.

Finally, Treacy is wrong to compare Sibley to hospitals in other parts of the city and Prince George's County that provide hefty amounts of direct uncompensated care to indigent patients. The relative absence of poverty in Sibley's core service area means it is relatively more free to control its level of charity care through a web of partnerships designed to reach underserved patients in other parts of D.C. (and in Maryland and Virginia). Sibley's patient mix has remained constant in recent years — less than 1 percent of its revenue came from Medicaid in 2005, in contrast to 9.5 percent for Georgetown and 14 percent for George Washington University Hospital.

Sibley's threats of insolvency throughout the course of this project — and the unsubstantiated rumors about other medical office buildings closing — have served neither the hospital nor the community well.

Rachel Thompson
Commissioner, ANC 3004

FAX COVER SHEET**Date:** March 5, 2007**From:** Rachel W Thompson
Phone: (202) 364-1384
Fax: Call first**To:** Sharon Schellin
For Zoning Commission case # 05-42 Sibley Hospital
Consolidated PUD and Zoning Map Amendment**Pages:** 7 plus cover

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(202) 727-6072 .