

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF PLANNING



Office of the Director

2006 APR 10 PM 5:08

D.C. OFFICE OF ZONING

RECEIVED

MEMORANDUM

TO: District of Columbia Zoning Commission

FROM: *ELS*
Ellen McCarthy, Director
Office of Planning

DATE: April 10, 2006

SUBJECT: Zoning Commission Case No. 05-42; Setdown Report
Consolidated PUD and Map Amendment - Sibley Memorial Hospital.

APPLICATION

Pursuant to 11 DCMR § 3011.1, the applicant, Sibley Hospital, is requesting approval of a consolidated PUD and Map Amendment to rezone Lot 26 in Square N-1448 from R-5-A to SP-1.

RECOMMENDATION

The Office of Planning recommends that the proposed consolidated PUD and related map amendment be set down for public hearing. OP recommends the map amendment be to the SP-2 zone district to accommodate the proposed height only. The proposed height is compatible with other buildings on the site and is well separated from the neighborhood. This recommendation does not imply OP's approval of additional density beyond that requested for this proposal.

The applicant is continuing to work with the community to create an agreed upon amenities package prior to the public hearing. OP has requested the applicant provide prior to public hearing:

- A completed amenities package
- A completed Traffic Study with DDOT's analysis
- Calculation of the percentage of pervious to impervious areas of the campus
- Proposed stormwater management controls

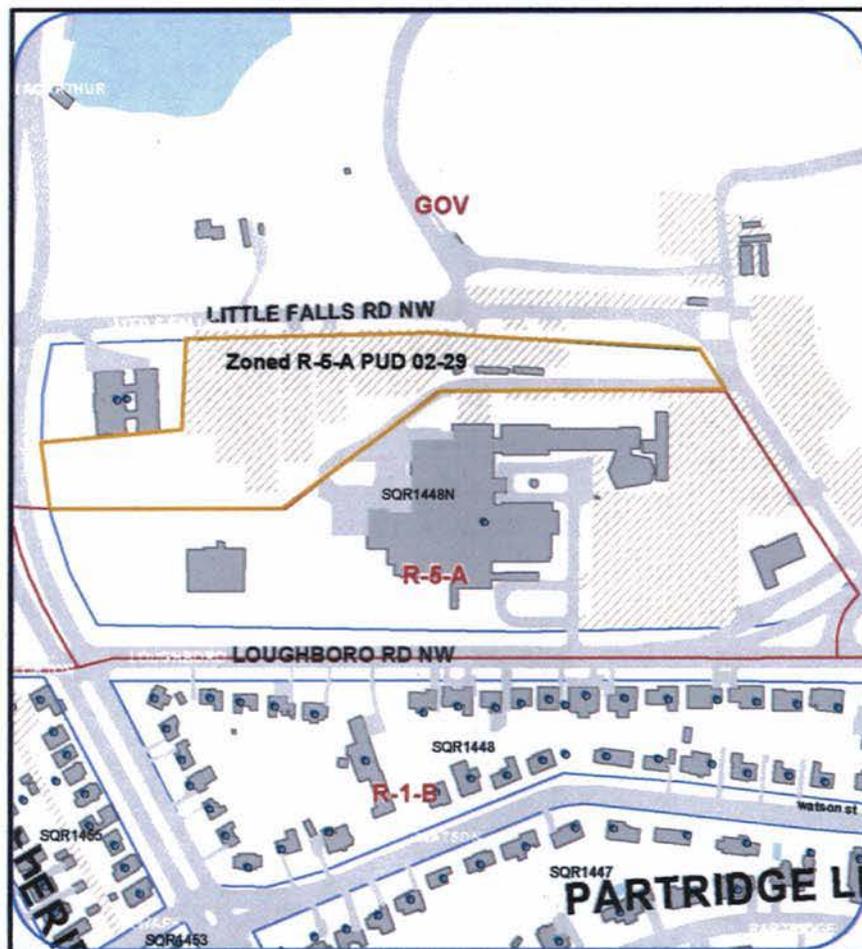
ZONING COMMISSION
District of Columbia

CASE NO. 05-42
ZONING COMMISSION
District of Columbia
EXHIBIT NO. 21
CASE NO. 05-42
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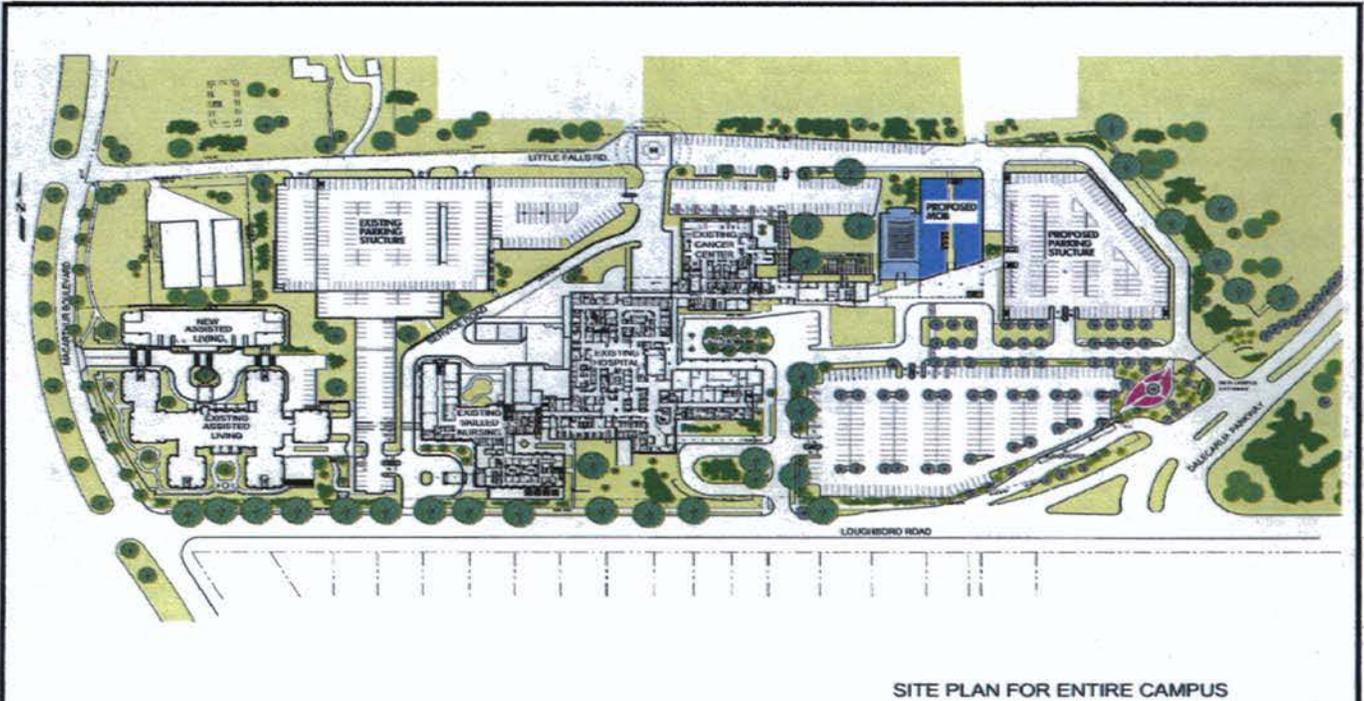
BACKGROUND and PROPOSAL

Sibley Memorial Hospital is located in the Kent Neighborhood of Upper Northwest in Ward 3. The campus of several facilities is bound by MacArthur Boulevard on the west, Loughboro Road on the south, Dalecarlia Parkway on the east and Little Falls Road and the Dalecarlia Reservoir on the north. The campus includes an assisted living facility (Grand Oaks) to the west, a skilled care nursing facility (Renaissance) and the hospital facility at the center of the site. The neighborhood south of Loughboro Road is zoned R-1-B and neighborhoods to the east of Dalecarlia Parkway are zoned R-1-A. The reservoir property is federal land.

The applicant filed a map amendment filed in 2000 which zoned Lot 803, in Square N-1448 to R-5-A. The 8.54-acre parcel of land was purchased by Sibley Memorial Hospital from the United States Government. This lot consists of Lot 801 and tract 117E, which is a perpetual road easement reserved in the fee disposal of the overall 8.54 acre lot. The 8.54 acres also include 2.09 acres that are deed restricted for parking purposes. The land adjoins the hospital property to the north and was formally a portion of the originally purchased lands for the Dalecarlia Reservoir of the Washington Aqueduct. **ZC 02-29** extended the existing zoning of the adjacent hospital property to this lot.



Zoning Map

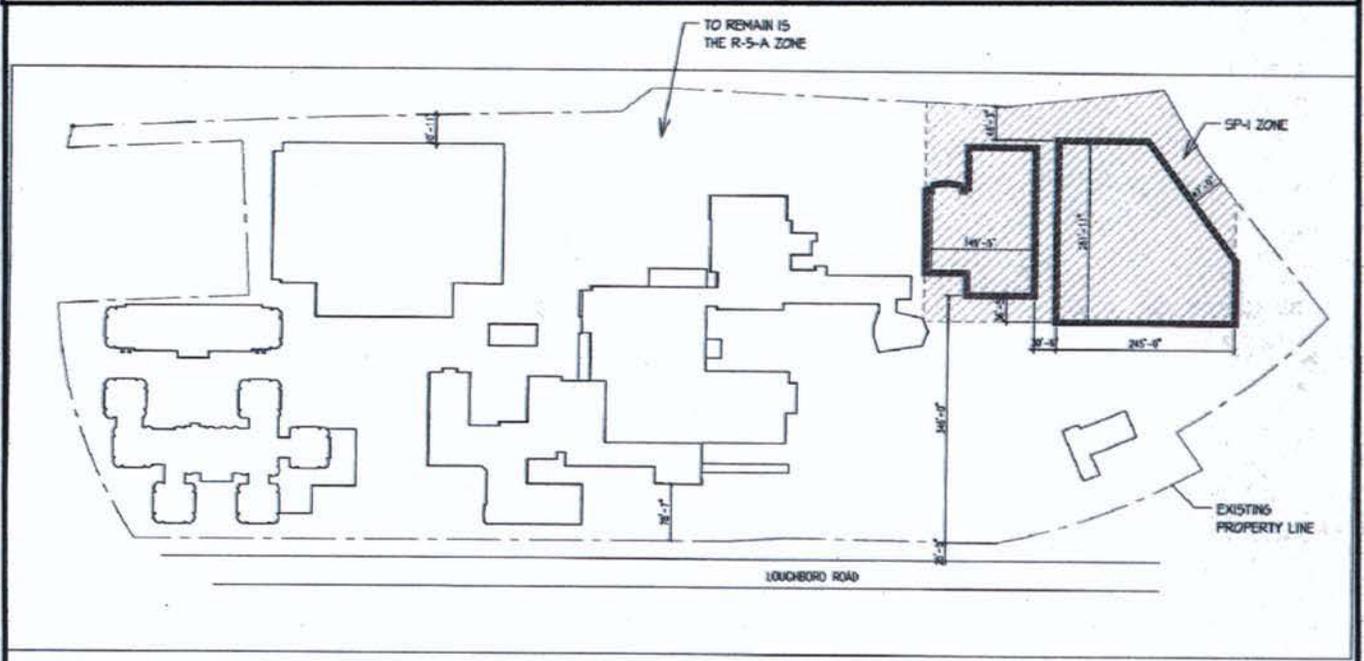


SITE PLAN FOR ENTIRE CAMPUS

SIBLEY MEMORIAL HOSPITAL

PAGE 1

WILMOT SANZ
ARCHITECTURE
PLANNING



PROPOSED SP-1 ZONE DISTRICT

SIBLEY MEMORIAL HOSPITAL

PAGE 14

WILMOT SANZ
ARCHITECTURE
PLANNING

The subject PUD application proposes expansion of its existing hospital facilities to include a medical office building (MOB) with a 5-story parking structure for 750 parking spaces, in an effort to modernize and meet current demands for its medical services and a new entrance off Dalecarlia Parkway. Previously, the hospital proposed to rezone the entire property to SP-1 based on an entire campus plan requested by the community. However, due to community concerns, the applicant amended the proposal to include only the proposed area of the property, including 124,434 square feet (2.86 acres) of land area located on the northeast fringe of the campus, currently used as a parking lot. As such, only the proposed location of the MOB and parking garage are included in the PUD with related SP-1 map amendment on the existing 20.48 acre campus.

Office Building:

The medical office building is proposed at 90 feet in height, comparable to the patient tower and Hayes Hall buildings at 83.4 feet and 79.5 feet respectively. Based on preliminary submissions, the buildings will be designed to complement the existing structures on the campus. Due to the proposed location, a large buffer area would exist between the buildings and the residential neighborhood to the south. OP understands that the existing auditorium will be demolished and reconstructed on the same site. No additional activity will be planned for the auditorium beyond what currently exists.

Parking Structure

The hospital's original submission included a garage structure of approximately 600 spaces at 4 levels. However, due to concerns expressed by the neighborhood group's consultant regarding potential problems with traffic and parking, it was suggested that the applicant abide by ITE recommendations for hospitals which require hospital designs accommodate 3-5 parking spaces for every 1,000 square foot of office space. Therefore, the applicant has amended the application to include an additional level to the garage structure, increasing the number of spaces to 750. The parking garage would occupy the space of the existing surface parking lot and would create a net gain of 421 spaces.

The parking structure will also be designed to complement the rest of the campus's structures. In an effort to address neighborhood concerns, the applicant has stated that special attention will be paid to development of a façade that would add architectural interest yet minimize the visual impact from the residential neighborhood.

New Entrance

A new entrance to the campus will be created on Dalecarlia Parkway in an effort to relieve traffic impacts to and from the campus. Improved landscaping at the original entrance and a park area at the proposed entrance is anticipated at the southeast corner of the property. In response to DDOT's and WMATA's objection to the relocation of WMATA's bus stop (currently on Loughboro Road) to Little Falls Road, the amended proposal will retain the bus stop location with a landscaped bus layover which utilizes a small area of the proposed park.

ZONING

The property is located in the R-5-A Zone District which permits matter-of-right development to 40% lot occupancy, 0.9 FAR and at a maximum height of 40 feet.

The R-5 Zone District is designed to permit “all types of urban residential development if they conform to the height, density and area requirements established for those districts...” (§350.1) The zone also permits “the construction of those institutional and semi-public buildings that would be compatible with adjoining residential uses and which are excluded from the more restrictive Residence Districts.” (§350.1)

A map amendment would permit development of the medical office building as a compatible use for the hospital, since such a structure is not permitted in the R-5-A Zone District. The physician’s office building would be designed to provide integrated outpatient services for patients, including lab and radiology clinics, a pharmacy and possibly an optometrist, as well as some deli-type service for patrons and staff of the facility. These uses are not listed as permitted uses of this Zone District.

The SP-1 Zone District’s (medium density) major purpose is to ensure that new development is compatible in use, scale and design with its transitional function. It is designed to stabilize areas adjacent to appropriate areas that contain existing institutions and permits any use in any R-5 District listed in §§ 350.4 and 350.5, except a hotel (§§ 500.1, 500.2, 501.1). The PUD regulations allow a maximum height of 75 feet, and FAR of 3.5 for non-residential uses in the SP-1 zone. The following table highlights the comparison between the area requirements of the SP-1 Zone District with the site plan’s design measurements. The garage and office building will have a total FAR of 2.7 and the remainder of the campus will be at 0.89 FAR.

Proposed Height and OP’s Recommendation

Section 400.9 of the Zoning Regulations allows institutional buildings to exceed the matter-of-right height up to 90 feet, subject to setbacks. While OP doesn’t have an objection to the proposed height, we are concerned about using Section 400.9 to supersede the height limits of the PUD regulations which did not include a similar provision. OP recommends that the related map amendment be SP-2 to accommodate the height, in this instance only, as it would limit the requested flexibility necessary for PUD approval. **This should not be interpreted as a recommendation for increased density beyond that proposed for the project or for any future proposed development on the campus.**

	SP-1 Standards	PUD/SP-1 Standards	Proposal
Area	15,000 sq. ft	1 acre (43,560 sq. ft.)	124,434 sq. ft.
Height	65 ft.	75 ft.	90 ft. ¹
FAR	2.5 non-residential	3.5 non residential	2.7
Lot Occupancy	80% (residential use)	61.63%	63%
Rear Yard	2 ½”/foot of vertical distance from the mean finished grade at the middle of the rear of the structure to the highest point of the main roof or parapet wall, but not less than 12 ft.	4”/foot of vertical distance from the mean at the middle of the rear of the structure to the highest point of the main roof or parapet wall, but not less than 12 ft.	53.5 ft. minimum
Side Yard	Not required for non-residential structures. If provided, 2” per ft. of height of bldg, but not less than 8 ft	Not required for non-residential structures. If provided, 2” per ft. of height of bldg, but not less than 8 ft.	53 feet minimum
Court	For residential- 4” per ft of height measured to that elevation, but not less than 15 feet	For residential- 4” per ft of height measured to that elevation, but not less than 15 feet	30.5 feet
Parking	2 x the #of spaces for general office use for that district for the portion of the structure devoted to medical use 1 space for every 1,800 sq. ft in excess of 2,000 sq. ft Auditorium 1 per 10 seats for 1 st 1,000 seats	167 spaces required 233 provided	750 spaces 1885 spaces to be provided on entire campus (421 additional)
Loading	1 Berth @ 30ft. deep 1 Platform @ 100 sq. ft. 1 Delivery Space @ 20 ft.	1 Berth @ 30ft. deep 1 Platform @ 100 sq. ft. 1 Delivery Space @ 20 ft.	1 Berth @ 30ft. deep 1 Platform @ 100 sq. ft. 1 Delivery Space @ 20 ft.

Table 1

FLEXIBILITY

Parking garages and construction of new office buildings shall be permitted as a **special exception in an SP District subject to the provisions of §§ 506, 508**. Further, multiple buildings on a single lot also require **special exception relief pursuant to § 2516.1**. The applicant is requesting flexibility from these requirements to permit the development of these structures.

The Office of Planning has reviewed the proposed map amendment and concluded that the SP Zone is an appropriate designation for consideration and public hearing. The proposed uses and restrictions on the property are consistent with the SP-1 Zone District and with the Comprehensive Plan. Similar uses and subsequent re-zoning to the SP-1 Zone District in prior applications have been deemed consistent with the Comprehensive Plan, as illustrated in the applicant’s statement.

¹ Institutional buildings erected to 90 ft. subject to a 1:1 setback (for each foot of height in excess of height requirement of the underlying zone) from all lot lines. (§ 400.9)

PURPOSE AND STANDARDS FOR PLANNED UNIT DEVELOPMENT

The purpose and standards for Planned Unit Developments are outlined in 11 DCMR, Chapter 24. A PUD is “designed to encourage high quality developments that provide public benefits” and is also intended to facilitate a site-specific project with the assurance of a quality development. This will allow the utilization of the flexibility stated in § 2400.2.

“The overall goal is to permit flexibility of development and other incentives, such as increased building height and density; provided, that the project offers a commendable number of quality public benefits and that it protects and advances the public health, safety, welfare, and convenience.”

The applicant has stated that the medical office building is an integral aspect of contemporary medical facilities. Such uses have become necessary to the economic survival of medical institutions throughout the metropolitan area, including those located in the District. Hospital related office buildings are a feature many area hospitals are now seeking to provide or already provide. According to the applicant, these uses provide convenience and efficiency of services to both patients and doctors of the hospital and the wider community. As an accessory building to the hospital, it will provide much needed services for in- and out-patients of the facility. The inclusion of such a facility is intended to improve the hospital’s efficiency as it would provide on-site office spaces for doctors who staff the hospital.

OP requested and the applicant provided documentation of similar medical office buildings/facilities in Washington D.C and surrounding suburban jurisdictions.

The District has 5 such facilities, including the Georgetown University Medical Center, The George Washington Medical Faculty Associates building, the Washington Hospital Center Physician’s Building, Howard University’s – the Tower Building and Providence Hospital. Georgetown’s, George Washington’s and Providence Hospital’s facilities are located in residence zone districts and Howard Hospital is located in a C-M-3 Zone District. The Washington Hospital Center features two office buildings which were the subject of re-zonings from R-5-A to SP-1 (Z.C Order 784 and 02-43). A list of the suburban facilities is attached for reference.

Through the flexibility of the PUD process, the design of the project should be able to achieve a development that improves or maintains open space or other environmental benefits on the campus, as well as pedestrian and vehicular access based on DDOT’s analysis of the traffic impacts to the neighborhood.

A. COMPREHENSIVE PLAN and GENERALIZED LAND USE MAP

In evaluating the application for consistency with the Comprehensive Plan, the Office of Planning considered consistency with themes, objectives and policies of the Comprehensive Plan, and the Generalized Land Use Map.

The Sibley Memorial Hospital site is designated as Institutional on the General Land Use Map. The prominent uses of the institutional designation are “[L]ands and facilities occupied by colleges, universities, hospitals, religious institutions and similar facilities.” The subject lot is adjacent to the hospital site and is identified as Parks, Recreation and Open Space. The surrounding residential areas are identified as low density residential.

The Ward 3 Plan identifies the reservoir property as a public facility and the hospital as an established institutional use (§1405.1 and 1401.2 c). No specific language is provided regarding expansion of the hospital within the Ward 3 Plan. However, there is general language regarding sensitive development and minimizing impacts on residential neighborhoods. OP believes this application does not contradict either of these objectives.

B. PUBLIC BENEFITS and AMENITIES

Section 2403.5 through 2403.13 discusses the definition and evaluation of public benefits and amenities. Section 2403.9 addresses the requirement for public benefits and amenities as follows:

“Public benefits and project amenities of the proposed PUD may be exhibited and documented in any of the following or additional categories:

- (a) Urban design, architecture, landscaping, or creation or preservation of open spaces;*
- (b) Site planning, and efficient and economical land utilization;*
- (c) Effective and safe vehicular and pedestrian access, transportation management measures, connections to public transit service, and other measures to mitigate adverse traffic impacts;*
- (f) Housing and affordable housing;*
- (h) Environmental benefits, such as stormwater runoff controls and preservation of open space or trees;*
- (i) Uses of special value to the neighborhood or the District of Columbia as a whole;*

OP believes that in concept the design, site planning and preservation of open space is sensitive to the overall’s campus design and existing structures. OP understands that the applicant has engaged a community working group in an effort to respond to resident’s concerns with respect to the design and layout of the proposed structures. OP supports the location of the proposed structures to the rear since this would preserve an area of open space thereby reducing the visual impact of the structures on residences to the south of the campus. Proposed improvements to the landscaping and the inclusion of a small park at the new entrance to the campus would also further neighborhood interests in preserving the residential character of the neighborhood.

The applicant provided a preliminary traffic study for review by the community and will submit their final report to the ANC in May and June and to DDOT for their analysis. However, the preliminary study concluded that while the STOP-controlled left-turn movement from Dalecarlia Parkway onto Loughboro Road presently operates at a LOS F during the AM peak hour, it suggested that the operation is acceptable, although some motorists may experience considerable delays in making left-turns onto Loughboro Road. It also concluded that the expansion will not have a negative impact on the surrounding roadway network as additional trips created by the new building could be accommodated by the current roadway configuration. **OP will incorporate DDOT's analysis of the applicant's completed traffic study in the final report prior to the public hearing.**

OP requested the applicant provide analysis on the percentage of imperviousness for the entire campus site. The applicant will review the stormwater controls for the parking lot at the front of the campus to determine if mitigation measures would be appropriate, including use of pervious pavement to reduce stormwater runoff. Green roof elements would also be researched by the applicant to mitigate the heat island effect of the exposed level of the parking structure.

The applicant will continue to work with ANC3D and a working group consisting of Commissioners and residents of the surrounding community, to devise a benefits package. OP understands that the community proposed that a major component of the community amenities package should be the contribution of a fixed percentage of the economic benefits of the MOB to a proposed in-home senior program, (Palisades Village), which would have a similar format to an established program in Boston (Beacon Village). However, OP understands that to date, no agreement has been reached with the applicant and Sibley concerning the amenities of the PUD. Sibley has proposed the following as more appropriate for the proposed PUD:

COMMUNITY AMENITIES

Retail Space

Based on early discussion with the community, the MOB will feature amenities such as a commercial pharmacy, deli-style eating facility, and optometrist that will provide convenient services to both visitors to the building and members of the surrounding community.

Realignment of Dalecarlia Parkway

Sibley is prepared to have its consultants prepare an engineering design of a realignment of the intersection of Dalecarlia Parkway with Loughboro Road, in order to improve the safety and efficiency of traffic flow at this intersection. The applicant will work with DDOT to finalize this proposal before the public hearing.

Neighborhood Park

A new landscaped park near the intersection of Dalecarlia Parkway and Loughboro Road is proposed for the use and enjoyment of all community members.

Improvement of Metrobus Layover:

At the request of residents of Loughboro Road, Sibley proposed to reroute bus traffic from Loughboro Road to Little Falls Road and replace the informal use of Loughboro Road and Dalecarlia Parkway as a turnaround and terminus for the D3 and D6 Metrobus lines. Sibley proposed the creation of a dedicated bus stop, layover and turnaround at the rear of Sibley's property adjacent to Little Falls Road. However, since the filing of the application, DDOT has reviewed this proposal and has objected to this relocation. The applicant has since rescinded this provision as an amenity and would discuss with WMATA and DDOT potential improvements to the layover area.

The applicant also recently informed OP that discussions with DDOT's Pedestrian Coordinator have recently developed regarding a potential bike/pedestrian access to the Potomac River trail from the neighborhood.

The applicant is also willing to submit to a First Source Employment Agreement with the Department of Employment Services (First Source Employment Program) to facilitate the hiring of District residents.

EXISTING AREA-WIDE AMENITIES

The applicant has stated that Sibley currently provides the following amenities on an on-going basis to serve a wider population than the immediate neighborhood:

Community Meeting Space:

Sibley currently provides meeting space for ANC 3D and various community organizations. The proposed PUD includes a **new auditorium** that will allow Sibley to continue to provide these organizations with comfortable space for meetings and gatherings.

Uncompensated Medical Care:

The proposed Medical Office Building is intended to increase the fiscal viability of the century old hospital. Sibley provides uncompensated inpatient care for many institutions in the District including to Catholic Charities' patients, Columbia Road Clinic, Community of Hope, Unity Healthcare and Mary's Center. According to the applicant, 2005, Sibley provided \$7,165,000 in uncompensated health care.

Community Hospital:

As a community hospital, Sibley also provides the following additional services: subsidized parking; a robust community education calendar of exercise programs; an on-site nutrition and diabetic counseling program; an annual breast cancer symposium; a measured walking course on the Sibley campus; and various support groups.

Sibley Senior Association:

The Sibley Senior Association consists of 8,000 senior residents from neighboring communities. The Sibley Senior Association provides educational seminars (topics

include health, fitness and financial planning) for its members. In addition, Senior Association members receive: an annual health exam; on demand blood pressure screenings; a free guest meal; and discounts on numerous other services provided by Sibley.

COMMUNITY COMMENTS

Sibley will present their application to the full ANC at their regularly scheduled meetings in May and June, 2006. However, the applicant has met several times to discuss the proposed plans with ANC3D 04 including September 2005 to date. The applicant will continue to work with the community to resolve any concerns, including the details of the site plan, the traffic impacts and the community benefits/amenities package prior to proposed action by the Commission.

The applicant also met with the Palisades Citizens Association on February 7, 2006 and adopted a "Sense of the Membership" resolution in support of the MOB and parking garage. Concerns were raised regarding the parking and traffic impacts. The Board of the Palisades Association will adopt a formal resolution indicating the Association's position on the PUD project.

AGENCY REFERRALS

This application will be referred to the following District government agencies for review and comment:

1. District Department of Transportation (DDOT);
2. D.C. Fire and Emergency Medical Services (DCFEMS); and
3. Department of Health (DOH)

RECOMMENDATION

The Office of Planning (OP) recommends the application with the SP-2 zone be set down for public hearing for reasons previously discussed. The applicant is continuing to work with the community to create an agreed upon amenities package prior to the public hearing. OP expects the applicant to provide prior to public hearing:

- A completed amenities package.
- A completed Traffic Study with DDOT's analysis.
- Calculation of the percentage of pervious to impervious areas of the campus.
- Proposed stormwater management controls.

Attachments

1. On-Campus Medical Office Facilities – Suburban Washington D.C.
2. DDOT's Report, March 2, 2006

ON CAMPUS MEDICAL OFFICE BUILDING FACILITIES:

SUBURBAN WASHINGTON D.C.

No.	Hospital	# of MOB	Size / # of Doctors / Notes
1.	Anne Arundel Medical Center Org ID: 6241 2001 Medical Parkway Annapolis, MD 21401 (443)481-1000 www.aahs.org	2	Sajak Pavilion Morgan Wayson Pavilion
2.	Carroll Hospital Center, Inc. Org ID: 6301 200 Memorial Avenue Westminster, MD 21157 (410)871-6523 www.carrollhospitalcenter.org	1	120,000 SF
3.	Holy Cross Hospital of Silver Spring, Inc. Org ID: 6300 1500 Forest Glen Road Silver Spring, MD 20910 (301)754-7515 holycrosshealth.org	1	60,000 SF
4.	Howard County General Hospital, Inc. Org ID: 6273 5755 Cedar Lane Columbia, MD 21044 (410)740-7710 www.hcgh.org	1	60,000 SF
5.	Inova Alexandria Hospital Org ID: 6319 4320 Seminary Road Alexandria, VA 22304 (703)504-3167 inova.org	1	
6.	Inova Fairfax Hospital Org ID: 6351 3300 Gallows Road Falls Church, VA 22046 (703)776-2706 inova.org	3	3289, 3299, 3301 Woodburn Medical Office Park

7.	Inova Fair Oaks Hospital Org ID: 6337 3600 Joseph Siewick Drive Fairfax, VA 22033 (703)391-3601 inova.org	2	Additional 107,000 SF proposed Includes 24,000 separate Ambulatory Surgery Center Above ground parking w/980 spaces
8.	Inova Mount Vernon Hospital Org ID: 6321 2501 Parker's Lane Alexandria, VA 22306 (703)664-7000 inova.org	None	Hospital on county land
9.	Montgomery General Hospital, Inc. Org ID: 6290 18101 Prince Philip Drive Olney, MD 20832 (301)774-8603 www.montgomerygeneral.com	2	Adding new 60,000 SF MOB w/ CON that will be filed around April '06.
10.	Shady Grove Adventist Hospital Org ID: 6297 9901 Medical Center Drive Rockville, MD 20850 (301)279-6000 www.shadygroveadventisthospital.com	3	On adjacent property
11.	Suburban Hospital Org ID: 6267 8600 Old Georgetown Road Bethesda, MD 20814 (301)896-3107 suburbanhospital.org	1	Existing; Master-planned for additional
12.	Virginia Hospital Center Org ID: 6323 1701 North George Mason Drive Arlington, VA 22205 (703)558-5000 www.virginiahospitalcenter.com	2	1715 George Mason Dr. 1635 George Mason Dr.
13.	Washington Adventist Hospital Org ID: 6302 7600 Carroll Avenue Takoma Park, MD 20912 (301)891-6608 adventisthealthcare.com	1	Existing; Master planned for additional 42,000 sf

HEALTH CARE

Inova Fair Oaks Hospital plans third office building

By Nell Adler
Staff Reporter

Inova Fair Oaks Hospital wants to add more medical offices and care facilities to its \$70 million expansion.

The 160-bed Fairfax hospital, operated by Falls Church-based Inova Health System (www.inova.org), plans to build a four-story, 107,000-square-foot medical office building that includes a 24,000-square-foot ambulatory care center as well as an above-ground parking garage with up to 980 spaces.

Inova officials declined to say how much the project would cost.

The health care provider needs approval from Fairfax County's health care advisory board, its planning commission and the county Board of Supervisors before construction can begin. Inova hopes to break ground by July, says Todd McGovern, senior director of operations and business development at Inova Fair Oaks Hospital.

The entire project, if it all runs according to schedule, will be finished sometime in the fall of 2007.

Two existing medical office buildings at the hospital, totaling about 200,000 square feet, are fully occupied. That's a problem since Inova Fair Oaks wants to recruit doctors to its newly renovated campus and provide the docs already there with room to expand as demand for health care continues to grow with Northern Virginia's swelling population.

"We have no place to put them," McGovern says. "And the campus is a pretty nice place to be."

Inova is planning an ambulatory care center, with four operating rooms and four procedure rooms, on the new building's second floor. The health system already has a certificate of need for this facility but still needs one for the parking garage. McGovern says that CON should come this summer.

■ E-MAIL: NADLER@BIZJOURNALS.COM PHONE: 703/816-0332



RENDERING

MORE EXPANSION: Inova Fair Oaks Hospital plans to add more medical offices and care facilities to its \$70 million expansion in Fairfax County. Plans include a new 24,000-square-foot care center.

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HEALTH CARE

Montgomery General readies for \$101M expansion

By Nell Adler
Staff Reporter

The smallest hospital in Montgomery County is planning a big expansion.

Montgomery General Hospital is seeking approval to build a new patient tower and medical office building, add dozens of beds and renovate about 90,000 square feet.

The Olney hospital has filed a letter of intent with state health regulators, saying it expects to submit a certificate of need application by April 14.

The expansion and renovation will cost about \$101 million, says Lynne Myers, Montgomery General's vice president of corporate strategy and professional services.

The hospital hopes to finance the project by issuing bonds, using cash from operations and raising additional money.

Montgomery General is smack in the middle of a building boom for local hospitals, many of which recently finished, started or plan to begin construction on massive projects.

"It's a very competitive area," Myers says.

In the first phase of its project, likely to cost at least \$25 million, Montgomery General will convert all its rooms to private ones and construct a 25,000-square-foot emergency department in the new patient tower.

The new ER space would be 8,000 square feet larger than the ER facility the depart-



JOANNE S. LAWTON

HEALTHY GROWTH: Lynne Myers, vice president of corporate strategy and professional services at Montgomery General Hospital, says the hospital plans to spend \$101 million in a major new expansion and renovation project.

ment now occupies.

Montgomery General (www.montgomerygeneral.com) should break ground in about a year, assuming it obtains the required certificate from the Maryland Health Care Commission, Myers says.

Building a new emergency department and converting to private rooms will take two to three years. The patient tower will have the enlarged ER on the first floor and the new private rooms and other services,

such as outpatient care, on the remaining floors.

Montgomery General, which was the first acute-care hospital in the county when it was founded in 1920, plans to add 42 beds for a total of 186.

Other aspects of the expansion include an upgrade of the hospital's medical imaging services and its clinical information system. Also, 450 parking spaces will be added.

The 60,000-square-foot medical office

building, which Montgomery General plans to develop in partnership with a private company, will go across the street from the main campus on land owned by the hospital.

Montgomery General's expansion, as large as it will be, is a relatively small portion of what Maryland hospitals are planning.

The state's hospitals will have to invest \$1 billion over the next five years to meet the capital requirements, says a new report from Baltimore-based Sage Policy Group, an economic consulting firm.

"The reality is that this is a short-term need [for hospitals] to reinvest over the next few years," says Nancy Fiedler, a senior vice president with the Maryland Hospital Association, which commissioned the report.

The ability of hospitals to pay for the expansions could become more difficult, however, if the state goes through with a proposal that would reduce hospital rates.

Maryland hospitals currently are forced to charge rates 2 percent below the national average, but the state agency responsible for setting hospital rates might lower that to 3 percent below the national average for fiscal years 2007-2009.

Doing so, according to the Sage Policy report, "would undo much of the financial progress that has been made in the past three years and would poorly position Maryland's acute-hospital community for the future."

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
DISTRICT DEPARTMENT OF TRANSPORTATION



Transportation Policy and Planning Administration

MEMORANDUM

TO: Sherry S. Schellin,
Acting Director
Office of Zoning

FROM: Kenneth G. Laden
Associate Director

DATE: March 2, 2006

RE: Consolidated PUD & Zoning Map Amendment
ZC Case No. 05-42 - Sibley Memorial Hospital

The District of Columbia, Department of Transportation (DDOT) has reviewed the application and other materials for the subject site. DDOT supports the project in concept, but has some concerns regarding the transportation recommendations included in this Planned Unit Development proposal. Our specific concerns relate to the preliminary nature of the existing traffic study, and the proposed relocation of the bus stop behind the hospital on Little Falls Road. We are concerned that this proposed bus stop location may be in conflict with a proposed future use this same portion of Little Falls Road as a truck route for disposal of residual solids from the Dalecarlia Water Treatment Facility.

The applicant, Sibley Memorial Hospital (Sibley) seeks approval of a consolidated PUD to allow for the construction of a medical office building and above-grade parking garage on the site, an expansion of medical services on the campus that currently includes the existing hospital and Grand Oaks, an assisted living facility occupying the southwestern portion of the site. The site is located in the Kent Neighborhood of Northwest Washington, near the border with Maryland. The site is bordered by Loughboro Road, NW to the south, MacArthur Boulevard, NW to the west, Dalecarlia Parkway, NW to the east, and Dalecarlia Reservoir to the north. The applicant also seeks a zoning map amendment from the current R-5-A District to a SP District.

Sibley Hospital PUD/ZC 05-42

March 2, 2006

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The proposed medical office building will include approximately 152,000 square feet of space and the adjacent parking garage will contain 600 parking spaces. An existing surface parking lot with 367 parking spaces will be replaced by the new facilities, providing a net increase of 233 parking spaces, which exceeds zoning requirements regardless of the zoning district applied to the site. The new office is required to provide a total of 167 parking spaces, or one parking space per 1,800 square feet of floor area, after subtracting 2,000 square feet. Garage access will be provided via a new campus road that will link Little Falls Road and Dalecarlia Parkway, NW.

Sibley retained a traffic consultant to conduct a preliminary study of the adjacent traffic network who determined the proposed future impacts of the development. DDOT agrees with the analysis that showed signalized intersections in the study are operating at Level-of-Service D or better. The application indicates that the traffic consultants will prepare a full traffic study at a later date and provide more detail on possible improvements to traffic circulation. We would request that final approval of this PUD and Related Map Amendment be delayed until this final traffic study is completed and the bus stop relocation issue has been resolved.

DDOT has concerns regarding the proposed move of bus facilities to the redesigned Little Falls Road. Sibley is served by the Ride-On commuter bus operating from Maryland and several Metrobus lines, and serves as the western terminus of the D-1 and D-6 routes. In 2005, DDOT retained a traffic consultant to prepare the *Little Falls Road Transportation Study (April 2005)*, to assess the feasibility, costs and impacts of rerouting existing bus facilities from Loughboro Road, NW to Little Falls Road. A copy of the draft final report is provided in Attachment # 1. The study recommended against rerouting buses to Little Falls Road due to high construction costs and the potential for delays incurred by helicopter landings at the helicopter pad placed adjacent to the roadway. The report included with several modifications to improve current bus operating conditions, including eliminating the bus stop on the south side of Loughboro Road, NW and shifting the bus stop on the north side of Loughboro Road, NW to the east, closer to the access road.

In addition, the US Army Corps of Engineers, Washington Aqueduct Division manages water treatment facilities at the Dalecarlia Water Treatment Plant, adjacent to the hospital and Little Falls Road. The Washington Aqueduct previously disposed of water treatment residuals by discharging them back to the Potomac River, but has been required by the US Environmental Protection Agency to develop alternative residuals handling procedures that minimize or eliminate the discharge of residuals to the Potomac River. DDOT supports the selected alternative, which uses trucks to haul residuals away from the Dalecarlia facility to a separate disposal site, using Little Falls Road and the Dalecarlia Parkway. The proposal by the Washington Aqueduct Division estimated that approximately eight truckloads per day would be using this route (See attachment #2).

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Therefore we also have concerns that the relocation of the bus stop to a new location on Little Falls Road could be in conflict with truck traffic from the Dalecarlia Water Treatment Facility.

Since the final traffic study has not been completed by the applicant, and we are not clear that WMATA has approved the relocation of the bus stop to Little Falls Road, we recommend that these issues be addressed before approval of this application. We also recommend that if Little Falls Road is reconstructed as a part of this application, that DDOT review and approve the designs to ensure that the roadway will support the intended truck traffic.

KL:lb