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MEMORANDUM



To: Ryan Westrom, P.E. District Department of Transportation
Haley Peckett, AICP, District Department of Transportation

From: Jami L. Milanovich, P.E.

Copy: Regina Woods, MedStar Health, Inc.
Eric Fisher, Trammell Crow
Joe Gaon, Holland & Knight
Sherry Rutherford, Georgetown University
Emily Emrick, Shalom Baranes Associates

Re: Medstar Georgetown University Hospital New Surgical Pavilion
Zoning Commission Case No: 16-18A

Date: May 18, 2017

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INTRODUCTION

On April 18, 2017, MedStar Georgetown University Hospital (MGUH or the Hospital), on behalf of Georgetown University (the University), filed an Application to the Zoning Commission for Further Processing of the 2017 – 2036 Georgetown University Campus Plan. The application seeks Special Exception approval to permit the construction of a new medical/surgical pavilion of up to 450,000 SF, which would provide 122 new beds. However, half of those beds would be used to accommodate patients who currently are boarded in hallways at the hospital, resulting in effectively 61 net, new beds. MGUH anticipates that 655 new employees would staff the new pavilion. An additional 50 employees could be realized by the end of the 20-year Campus Plan term (for a total of 705 employees).¹ Not all employees will be on campus at one time, as the shift patterns for the new employees is expected to be similar to the current shift patterns.

The transportation-related impacts associated with the new medical/surgical pavilion were evaluated extensively through the Comprehensive Transportation Review (CTR) conducted in conjunction with the Georgetown University Campus Plan application. This memorandum is based on and is consistent with the CTR conducted in conjunction with the Campus Plan. Highlights from the Georgetown University 2017

¹ Note that the CTR analyzed the impacts of 685 new employees since the Hospital employed 20 more employees at the time the counts for the CTR were conducted. Since the time the counts were conducted, 20 employees were moved to off-campus locations.



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Campus Plan CTR (dated October 2016) are provided in the subsequent sections, along with a discussion of conditions during construction.

PROPOSED SITE CIRCULATION IMPROVEMENTS

Post-Construction Conditions

Throughout the campus master planning effort, the Hospital and University worked extensively through the Georgetown Community Partnership (GCP) and members of the community to develop a plan that meets the needs of the Hospital and University while minimizing impacts to the surrounding residential neighborhoods. Several key transportation improvements were identified as a result of that process (the timing of the improvements is provided in parenthesis after each improvement):

- Relocation of loading functions currently at-grade and adjacent to the main hospital entrance below grade to ensure all backing maneuvers will take place below grade (in conjunction with construction of the new pavilion);
- Shifting of Gate 1 further to the west to allow for increased separation from 38th Street (in conjunction with construction of the new pavilion);
- Construction of an east-west road on campus allowing for better utilization of Gate 4, which will alleviate some traffic burden on Gate 1 (in conjunction with construction of the new pavilion);
- Signalization of Gate 4 (in conjunction with construction of the new pavilion, subject to DDOT approval);
- The creation of green space adjacent to the new medical/surgical pavilion and in the current Lot B, which will facilitate a new north-south pedestrian/bike spine through campus (in conjunction with construction of the new pavilion).

Interim Operations (During Construction)

MedStar has worked extensively with the University and the community, through the GCP, to develop a comprehensive construction management plan. The plan reflects the collaborative process, which incorporates input from all stakeholders. Successful construction management is of paramount importance to MedStar since the Hospital must continue full operations during the construction of the new medical/surgical pavilion. During construction, all access/egress will be maintained as is, with the following exceptions:

Gate 1 – Gate 1 will be closed during construction; however, access to Reservoir Road will be maintained in the vicinity of Gate 1 for limited traffic during construction. Specifically, one lane of inbound traffic will be provided during the AM peak period and one lane of outbound traffic will be provided during the PM peak period to



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accommodate traffic to/from Leavey Garage. Ingress and egress to/from Leavey Garage also will be provided via Canal Road (as under current conditions). Delivery vehicles also will be accommodated via Gate 1.

Gate 2 – During construction, all Garage 1 traffic will enter and exit via Gate 2. Currently, Gate 2 provides access to Garage 1, but two of the three egress lanes from Garage 1 exit to Gate 1, not Gate 2).

The east-west road will be completed prior to the opening of the new medical/surgical pavilion.

PARKING

Post-Construction

The 2017 – 2036 Campus Plan maintains the existing 4,080 space parking cap of which, 2,700 are designated for MedStar use. While the Campus Plan maintains the existing cap, it does call for the replacement of surface parking lots with below-grade parking as new buildings are constructed. For example, the new medical/surgical pavilion and adjacent green space would displace 297 surface parking spaces. The proposed below-grade parking associated with the new medical/surgical pavilion would provide approximately 644 additional parking spaces. In addition to replacing the lost surface parking, the new below-grade parking facility also would allow the Hospital to eliminate most stacked parking in its existing parking facilities, thereby creating more user-friendly and efficient parking. In no case would the number of hospital-designated parking spaces on campus exceed 2,700 spaces. This strategy was intentionally devised to address the community's concerns regarding parking in the neighborhood without increasing the parking cap on campus.

Also note, at the request of DDOT during the Campus Plan process, the Hospital has agreed to provide two electric vehicle car charging stations in the new garage.

Interim Operations (During Construction)

During construction, approximately 300 parking spaces will be lost to accommodate construction activities. In order to accommodate parking, to ensure parking does not spillover onto neighborhood streets, and to minimize congestion on and around campus, 500 off-site parking spaces will be provided for Medstar employees at 1101 Wilson Boulevard in Rosslyn. Employees who park in Rosslyn will then either walk or ride the Rosslyn GUTS bus to campus. Transit subsidies also will be provided for 180 employees who currently drive to campus.



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Hospital patients and visitors will continue to park on campus during construction.

GEORGETOWN UNIVERSITY TRANSPORTATION SYSTEM (GUTS)

The GUTS system is a key component of the transportation system serving the Georgetown University Campus and is key in effectively connecting the campus community to the Metrorail system and other key locations. As such, the University and Hospital are committed to maintaining the same level of service during construction and will enhance service post-construction. The proposed changes are outlined below:

Post-Construction

Within two years of completion of the new medical/surgical pavilion, a new bus turnaround will be completed at Lombardi Circle. The creation of this new bus turnaround will allow the Rosslyn and Dupont Circle routes to penetrate further into campus to better serve Hospital and University users. Completion of the Lombardi Circle bus turnaround, Rosslyn and Dupont Circle buses will allow for direct GUTS bus service to north campus destinations.

The location of the campus bus stop for the Wisconsin Avenue shuttle will be on the north side of campus, with the specific location to be determined. It is anticipated that the Wisconsin Avenue shuttle will run with the same headway as current conditions.

The Arlington and Law Center routes will continue to operate as they do today.

Interim Operations (During Construction)

During construction of the new medical/surgical pavilion, MedStar will secure 500 parking spaces off-site at 1101 Wilson Boulevard. In order to accommodate the increased demand for the Rosslyn GUTS shuttle, MedStar will supplement the existing Rosslyn GUTS service with three additional buses. The additional buses would be provided Monday through Friday from approximately 6:00 AM-9:30 AM and from 4:00 PM-8:00 PM. Note that these hours could change slightly as plans are refined, but the intent is to provide AM and PM service only, with a three- to four-hour window during each period.

During construction, it is anticipated that the Wisconsin Avenue shuttle will continue to run with the same headways as current conditions. The stop (currently in front of Darnall Hall) **will need** to be relocated during construction. While the exact location has not yet been determined, the stop will be located on the north side of campus or



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possibly on Reservoir Road. The ultimate location of the stop will be determined in consultation with the University, the GCP, and DDOT.

The Dupont Circle, Arlington, and Law Center routes will remain unchanged during construction.

TRANSPORTATION DEMAND MANAGEMENT (TDM) PLAN

As part of its further processing application for the proposed medical/surgical pavilion, as described in the 2017 Campus Plan, the Hospital has established two performance targets: (1) a trip generation commitment and (2) an aspirational goal with respect to its impact on campus traffic volumes. The proposed reduction in peak hour trips was extensively analyzed, reviewed, and discussed with the members of the surrounding community through the GCP, and represents one of the key commitments associated with the medical/surgical pavilion project. The proposed reduction represents a decrease in projected AM peak hour trips of 15 percentage points overall and five percent below existing volumes. Similarly, the PM peak hour reduction represents a decrease of five percent below existing peak hour volumes. The proposed reduction was developed based on the community's desire for the Hospital to not only offset the projected increase in vehicle trips associated with the new medical/surgical pavilion but to also reduce trips to a level below existing volumes.

Due to the nature of Hospital operations, including the types of patients its serves, the shift work of its staff, and on-going staffing challenges, the Hospital developed a two-pronged approach to reducing its vehicle trips, specifically through 1) decanting certain departments or services off-site and 2) through traditional TDM measures. For purposes of discussing the performance targets for the Hospital, targets associated with both decanting and traditional TDM measures are provided below in Table 1. To evaluate the effectiveness of the TDM Plan, targets are provided separately for decanting and for TDM.



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Table 1
Hospital Performance Target Commitment

Trip Component	AM Peak ¹	PM Peak ¹
Existing Vehicle Volume ²	1,310	988
Projected Site Trips ³	+131	+58
Projected Future Trips with Campus Plan	1,441	1,046
Proposed TDM Reduction ^{4,5}	-101	-76
Proposed Decanting Reduction ^{4,5}	-95	-31
Projected Future Trips with Campus Plan and Reduction	1,245	939

¹ For simplicity, the combined inbound + outbound trips are presented
² From Table 17 of the CTR
³ From Table 21 of the CTR
⁴ TDM Reduction was derived as follows based on the AM peak hour (since the projected number of site trips is higher during the AM peak hour):
The Hospital is projected to increase AM peak hour trips by 10% ($131/1,310=0.10$)
The proposed overall reduction represents a reduction of 15 percentage points overall (and five percent below existing volumes), resulting in a reduction of 196 AM peak hour trips ($10-15=-5\%$ decrease from existing volumes; $1,310*(1-0.05) = 1,245$ trips or an overall reduction of 196 trips ($1,441-1,245=196$)
⁵ The PM peak hour reduction was calculated as follows: $988*(1-0.05) = 939$ or a reduction of 107 trips ($1,046-939 = 107$)

As part of CTR process during the Campus Plan, the Hospital worked with DDOT to develop an aggressive Annual Performance Monitoring Report that will include the following elements:

- Vehicle trip counts to measure against established performance targets;
- Hospital transportation survey to determine mode splits and ascertain other transportation-related information as appropriate;
- GUTS daily ridership counts (using automatic passenger counter technology);
- TDM performance report, including a list of TDM strategies in effect at the time the study was conducted and an itemized summary of TDM-related expenditures; and
- Parking occupancy counts to ensure parking cap is not exceeded.

The Performance Monitoring Report is required to be submitted annually, with additional reporting requirements if performance targets are not met.

Further details of the TDM plan can be found in the *Medstar Georgetown University Hospital Transportation Demand Management Plan (Revised November 2016)*.



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CONCLUSIONS AND RECOMMENDATIONS

As outlined herein, MGUH has taken a multi-pronged approach to mitigating transportation related impacts associated with the construction of the proposed 450,000 SF medical surgical pavilion. The comprehensive mitigation strategy includes: (1) transportation circulation and roadway improvements to better facilitate traffic on campus and entering/exiting campus; (2) operational improvements related to the proposed parking garages to improve efficiency and user experience while maintaining the current parking cap; and (3) an aggressive transportation demand management plan that includes a trip reduction commitment, aspirational goal, and a detailed performance monitoring plan.