Planning Commission Motion No. 18880

CEQA FINDINGS

HEARING DATE: MAY 23, 2013

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Date:	May 9, 2013
Project Name:	**California Pacific Medical Center Long Range Development Plan**
Case Numbers:	**2005.0555E; 2009.0886MTZCBRKS; 2009.0885MTZCBRKS; 2004.0603C; 2012.0403W**
Initiated by:	Geoffrey Nelson, CPMC 633 Folsom Street, 5th Floor San Francisco, CA 94107 (415) 600-7206 NelsonGK@Sutterhealth.org
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Recommendation:	**Adopt CEQA Findings**

ADOPTING PROJECT APPROVAL FINDINGS UNDER THE CALIFORNIA ENVIRONMENTAL QUALITY ACT, INCLUDING FINDINGS REJECTING ALTERNATIVES AS INFEASIBLE, A STATEMENT OF OVERRIDING CONSIDERATIONS, AND A MITIGATION MONITORING, AND REPORTING PROGRAM, RELATING TO CALIFORNIA PACIFIC MEDICAL CENTER'S LONG RANGE DEVELOPMENT PLAN TO ALLOW THE IMPLEMENTATION OF THE NEAR-TERM PROJECTS ("PROJECT"), AT THE CATHEDRAL HILL CAMPUS (ASSESSOR'S BLOCKS-LOTS: 0690-016, 0694-005, 0694-006, 0694-007, 0694-008, 0694-009, 0694-009A, 0694-010, 0695-005, 0695-006); ST. LUKE'S CAMPUS (ASSESSOR'S BLOCKS-LOTS: 6575/001, 002; 6576/021 AND A PORTION OF SAN JOSE AVENUE BETWEEN CESAR CHAVEZ STREET AND 27TH STREET) AND THE DAVIES CAMPUS (ASSESSOR'S BLOCK-LOT 3539-001).

PREAMBLE

The California Pacific Medical Center ("CPMC") Long Range Development Plan ("LRDP") is a multi-phased development strategy to meet state seismic safety requirements for hospitals mandated originally in 1994 by Senate Bill ("SB") 1953, as modified through successor legislation, and to create a 20-year framework for CPMC's four existing medical campuses and for construction of a proposed new medical campus in San Francisco.

The four existing CPMC medical campuses are the St. Luke's Campus in the Mission District, Pacific Campus in the Pacific Heights area, the California Campus in the Presidio Heights area, and the Davies Campus in the Duboce Triangle area. The proposed new medical campus is the Cathedral Hill Campus located along Van Ness Avenue in the vicinity of the intersection of Van Ness Avenue and Geary Boulevard/Geary Street.

The LRDP includes Near-Term Projects, including actions at the St. Luke's, Cathedral Hill and Davies Campuses, that have been analyzed at a project-specific level for purposes of CEQA compliance, and

Long-Term Projects, including future actions at the Davies and Pacific Campuses, which would commence after 2019 and which are analyzed at a program level for purposes of CEQA compliance. There are no Near-Term Projects or Long-Term Projects proposed for the California Campus. The Near-Term Projects and Long-Term Projects are as defined and more particularly described in **Attachment A**. The approvals described in Section 1.C of **Attachment A** include a Development Agreement. That Agreement includes certain provisions that relate to the Long-Term Projects, but these do not authorize physical development of the Long-Term Projects. Therefore, these findings pertain only to the Near-Term Projects described in **Attachment A**.

CPMC applied for environmental review of the LRDP on June 10, 2005. Pursuant to and in accordance with the requirements of Section 21094 of CEQA and Sections 15063 and 15082 of the CEQA Guidelines, the San Francisco Planning Department, as lead agency, published and circulated a Notice of Preparation ("NOP") on July 1, 2006, that solicited comments regarding the scope of the environmental impact report ("EIR") for the proposed project. The NOP and its 30-day public review comment period were advertised in the San Francisco Examiner and mailed to public agencies, organizations and nearby property owners, and other individuals likely to be interested in the potential impacts of the proposed project. A public scoping meeting was held at the Cathedral Hill Hotel on July 18, 2006.

As planning for the LRDP continued, additional components were added to the LRDP, and revised Environmental Evaluation Applications were filed on February 28, 2008, and December 8, 2008. The NOP was revised and re-issued for a 30-day public review period on May 27, 2009. An additional public scoping meeting was held on June 9, 2009, to accept oral comments on the revised and refined LRDP proposal. In addition, the City extended the public review period an additional 30 days to July 26, 2009.

The NOP was distributed to the State Clearinghouse and mailed to: governmental agencies with potential interest, expertise, and/or authority over the project; interested members of the public; and occupants and owners of real property surrounding CPMC's four existing campuses and the proposed Cathedral Hill Campus location. The June 9, 2009, Public Scoping Meeting was held at the Grand Ballroom of the Cathedral Hill Hotel located at 1101 Van Ness Avenue, San Francisco, CA 94109. A total of 96 comment letters were received regarding the NOP, in addition to the verbal comments received at the scoping meeting. Commenters identified the following topics to be evaluated in the Draft EIR: Land Use and Planning; Aesthetics; Population and Housing; Cultural and Paleontological Resources; Transportation and Circulation Noise; Air Quality; Greenhouse Gas Emissions; Wind and Shadow; Recreation; Public Services; Utilities and Service Systems; Geology and Soils; Hazards and Hazardous Materials; Demolition and Construction Effects; and Project Alternatives.

The San Francisco Planning Department then prepared the Draft EIR, which describes the LRDP and the environmental setting, analyzes potential impacts, identifies mitigation measures for impacts found to be significant or potentially significant, and evaluates alternatives to the proposed LRDP. In assessing construction and operational impacts of the Project, the Draft EIR considers the potential impacts of the LRDP on the environment, and the potential cumulative impacts associated with the proposed LRDP in combination with other past, present, and future actions with potential for impacts on the same resources. The analysis of potential environmental impacts in the Draft EIR utilizes significance criteria that are based on the San Francisco Planning Department Environmental Planning (formerly Major Environmental Analysis) Division guidance regarding the environmental effects to be considered significant. The Environmental Planning Division's guidance is, in turn, based on CEQA Guidelines Appendix G, with some modifications.

The Planning Department published the Draft EIR on July 21, 2010. The Draft EIR was circulated to local, state, and federal agencies and to interested organizations and individuals for review and comment beginning July 21, 2010. The public review period was initially 60 days but was then extended to 90 days, ending on October 19, 2010. The Commission held a public hearing to solicit testimony on the Draft EIR during the public review period on September 23, 2010. A court reporter, present at the public hearing, transcribed the oral comments verbatim, and prepared written transcripts. The Planning Department also received written comments on the Draft EIR, which were sent through mail, fax, hand delivery, or email. The San Francisco Planning Department then prepared the Comments and Responses ("C&R"). The C&R document was published on March 29, 2012, and includes copies of all of the comments received on the Draft EIR and written responses to each comment.

The C&R provided additional, updated information, clarification and modifications on issues raised by commenters, as well as Planning Department staff-initiated text changes. The Final EIR, which includes the Draft EIR, the C&R document, the Errata Sheet dated April 25, 2012, regarding the CPMC LRDP EIR Certification Documents, the Appendices to the Draft EIR and C&R document, and all of the supporting information, has been reviewed and considered. The C&R documents and appendices and all supporting information, and the Errata Sheet, do not add significant new information to the Draft EIR that would individually or collectively constitute significant new information within the meaning of Public Resources Code Section 21092.1 or CEQA Guidelines Section 15088.5 so as to require recirculation of the Final EIR (or any portion thereof) under CEQA. The C&R documents and appendices and all supporting information, and the Errata Sheet, contain no information revealing (1) any new significant environmental impact that would result from the LRDP or from a new mitigation measure proposed to be implemented, (2) any substantial increase in the severity of a previously identified environmental impact, (3) any feasible project alternative or mitigation measure considerably different from others previously analyzed that would clearly lessen the environmental impacts of the Project, but that was rejected by CPMC, or (4) that the Draft EIR was so fundamentally and basically inadequate and conclusory in nature that meaningful public review and comment were precluded.

On April 26, 2012, the Planning Commission by Motion No. 18588, found that the Final EIR was adequate, accurate, and objective, reflected the independent judgment of the Planning Commission and that the C&R document contains no significant revisions to the DEIR, and adopted findings of significant impact associated with the Project and certified the completion of the Final EIR for the Project in compliance with CEQA, and the CEQA Guidelines and Chapter 31.

The Planning Department prepared proposed Findings, as required by CEQA, regarding the alternatives, mitigation measures and significant impacts analyzed in the Final EIR and overriding considerations for approving the Near-Term Projects and a proposed mitigation monitoring and reporting program ("MMRP"), which material was made available to the public and this Planning Commission for the Planning Commission's review, consideration and actions.

On April 26, 2012, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the various approvals necessary to implement the Near-Term Projects described in the LRDP, including, but not limited to, General Plan Amendments, Planning Code Text Amendments, Planning Code Map Amendments, Conditional Use Authorizations and approval of a Development Agreement. The Commission adopted Motion No. 18589 regarding the CEQA Findings described above and adopted the following Resolutions and Motions to implement the Near-Term Projects: 18590, 18591, 18592, 18593, 18594, 18595, 18596, 18597, 18598, 18599, 18600, 18601, and 18602.

On May 16, 2012, an appeal of Planning Commission Motion No. 18588 certifying the Final EIR was filed with the Board and the Board held a duly noticed public hearing on July 17, 2012, to consider the appeal of the Final EIR certification. The Planning Department submitted a detailed Appeal Response and Responses to Late Comments dated July 9, 2012, and the Planning Department submitted on July 30, 2012, a supplemental memorandum to the Board of Supervisors regarding the appeal of the Final EIR certification.

On March 12, 2013, by adoption of Motion No. M13-042, the Board rejected the appeal and affirmed the decision of the Planning Commission to certify the Final EIR and found the Final EIR to be complete, adequate, and objective, and reflecting the independent judgment of the City in compliance with CEQA, the State Guidelines and Chapter 31 of the Administrative Code.

On June 15, June 25, July 9, and July 16, 2012, having received the Planning Commission's recommendations, a Land Use Committee of the Board held public hearings on the LRDP, draft Development Agreement, and other draft approvals as recommended by the Planning Commission. Thereafter, CPMC proposed revisions to the Near-Term Projects at the Cathedral Hill and St. Luke's Campuses. The revised CPMC LRDP Project includes an increase in size of the new hospital at the St. Luke's Campus (from 80 to 120 beds), and a decrease in the size of the new hospital at the Cathedral Hill Campus (from 555 beds to 274-304 beds), as more particularly described in the plans and project information filed with the Planning Department on March 1, 2013, and on file with the Clerk of the Board (the "Revised Project"). The CPMC LRDP Project analyzed in the Final EIR and previously reviewed and approved by the Planning Commission on April 26, 2012, is referred to herein as the "Previous Project".

On March 5, 2013, the Planning Department submitted a memorandum to the Board of Supervisors regarding CEQA review of the Revised Project. On March 12, 2013, the Board adopted Resolution No. 77-13, endorsing a term sheet for the Revised Project. The Board's Resolution urged City staff to present to the Planning Commission the revised documents and approvals necessary for the Revised Project.

Planning Department staff subsequently worked with the project sponsor to identify revisions to the April 26, 2012, Planning Commission approvals to reflect the Revised Project.

On April 1, 2013, CPMC revised its EEA to reflect the revised CPMC LRDP Project, consistent with the term sheet endorsed by Board Resolution No. 77-13, including the revisions to the Cathedral Hill Campus Hospital site described above.

On April 9, 2013, CPMC submitted a letter asking the Planning Department to modify the CPMC LRDP Project applications as required to reflect the term sheet endorsed by the Board.

On April 11, 2013, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted Resolution No. 18844, initiating the requested General Plan Amendments for the Revised Project.

On May 9, 2013, Department staff made available documents related to the Revised Project, including the Addendum to the Final Environmental Impact Report for the California Pacific Medical Center Long Range Development Plan ("Addendum"), an updated MMRP, and the proposed approval documents for the Revised Project. The Planning Department, Jonas P. Ionin, is the custodian of records, located in the

File for Case Nos. 2004.0603C, 2009.0885MTZCBRKS, 2009.0886MTZCBRKS, 2012.0403W, at 1650 Mission Street, Fourth Floor, San Francisco, California.

The Planning Department prepared proposed Findings, as required by CEQA, regarding the alternatives, mitigation measures and significant impacts analyzed in the Final EIR and the Addendum, and a statement of overriding considerations for approving the Near-Term Projects under the Revised Project, including all of the actions listed in Attachment A hereto, and the updated MMRP, attached as Exhibit 1 to Attachment A, which material was made available to the public and this Planning Commission for the Planning Commission's review, consideration and actions.

On May 23, 2013, the Planning Commission conducted a duly noticed public hearing at a regularly scheduled meeting and adopted this Motion No. 18880, adopting CEQA findings, including a Statement of Overriding Considerations, and adopting an updated MMRP, and adopted other Motions and Resolutions with respect to the Revised Project.

On May 23, 2013, the Commission conducted a duly noticed public hearing at a regularly scheduled meeting on the various approvals necessary to implement the Near-Term Projects under the Revised Project, including, but not limited to, General Plan Amendments, Planning Code Text Amendments, Planning Code Map Amendments, Conditional Use Authorizations, Office Allocations, and approval of a Development Agreement. These approvals are more fully set forth in Attachment A, Section I.C.1. The Planning Commission adopted the following Resolutions and Motions to implement the Near-Term Projects under the Revised Project: 18881, 18882, 18883, 18884, 18885, 18886, 18887, 18888, 18889, 18890, 18891, 18892, and 18893.

MOVED, that the Planning Commission has reviewed and considered the Final EIR and Addendum and the record associated therewith, including the comments and submissions made to this Planning Commission and Board of Supervisors and the Planning Department's responses to those comments and submissions, and based thereon, hereby adopts the Project Findings required by CEQA attached hereto as **Attachment A** including a statement of overriding considerations, and including as **Exhibit 1** to Attachment A, the MMRP.

I hereby certify that the Planning Commission ADOPTED the foregoing Motion on Thursday, May 23, 2013.

Jonas P. Ionin
Acting Commission Secretary

AYES: Commisisoners Antonini, Borden, Fong, Hillis, Moore, Sugaya, Wu

NAYS:

ABSENT:

ADOPTED: May 23, 2013

ATTACHMENT A

CALIFORNIA PACIFIC MEDICAL CENTER
LONG-RANGE DEVELOPMENT PLAN PROJECT - NEAR-TERM PROJECTS

CALIFORNIA ENVIRONMENTAL QUALITY ACT FINDINGS:
FINDINGS OF FACT, EVALUATION OF MITIGATION MEASURES AND ALTERNATIVES, AND STATEMENT OF OVERRIDING CONSIDERATIONS

SAN FRANCISCO PLANNING COMMISSION

May 23, 2013

In determining to approve the Near-Term Projects proposed in the California Pacific Medical Center ("CPMC") Long Range Development Plan ("LRDP"), as described in Section I.A, LRDP Near-Term Project Description, below, the following findings of fact and decisions regarding mitigation measures and alternatives are made and adopted, and the statement of overriding considerations is made and adopted, based on substantial evidence in the whole record of this proceeding and under the California Environmental Quality Act, California Public Resources Code Sections 21000-21177 ("CEQA"), particularly Sections 21081 and 21081.5, the Guidelines for implementation of CEQA, California Code of Regulations, Title 14, Sections 15000-15387 ("CEQA Guidelines"), particularly Sections 15091 through 15093, and Chapter 31 of the San Francisco Administrative Code.

This document is organized as follows:

Section I provides a description of the project proposed for adoption, project objectives, the environmental review process for the project, the approval actions to be taken and the location of records;

Section II identifies the impacts found not to be significant that do not require mitigation;

Section III identifies potentially significant impacts that can be avoided or reduced to less-than-significant levels through mitigation and describes the disposition of the mitigation measures;

Section IV identifies significant impacts that cannot be avoided or reduced to less-than-significant levels and describes any applicable mitigation measures as well as the disposition of the mitigation measures;

Section V identifies mitigation measures considered but rejected as infeasible for economic, legal, social, technological, or other considerations;

Section VI evaluates the different project alternatives and the economic, legal, social, technological, and other considerations that support approval of the project and the rejection as infeasible of the alternatives, or elements thereof, analyzed; and

Section VII presents a statement of overriding considerations setting forth specific reasons in support of the actions for the project and the rejection as infeasible of the alternatives not incorporated into the project.

The Mitigation Monitoring and Reporting Program ("MMRP") for the mitigation measures that have been proposed for adoption is attached with these findings as **Exhibit 1** to Attachment A to Motion No. 18880. The MMRP is required by CEQA Section 21081.6 and CEQA Guidelines Section 15091. The

MMRP provides a table setting forth each mitigation measure listed in the Final Environmental Impact Report for the project ("Final EIR") and Addendum to the Final EIR that is required to reduce or avoid a significant adverse impact. The MMRP also specifies the agency responsible for implementation of each measure and establishes monitoring actions and a monitoring schedule. The full text of the mitigation measures is set forth in the MMRP**.** These findings are based upon substantial evidence in the entire record before the San Francisco Planning Commission (the "Commission"). The references set forth in these findings to certain pages or sections of the Draft Environmental Impact Report ("Draft EIR" or "DEIR"), the Comments and Responses document ("C&R") in the Final EIR, or the Addendum are for ease of reference and are not intended to provide an exhaustive list of the evidence relied upon for these findings.

I.
LONG RANGE DEVELOPMENT PLAN DESCRIPTION, OBJECTIVES, ENVIRONMENTAL REVIEW PROCESS, APPROVAL ACTIONS, AND RECORDS

The LRDP includes Near-Term Projects, including actions at CPMC's St. Luke's, Cathedral Hill and Davies Campuses, that have been analyzed at a project-specific level for purposes of CEQA compliance, and Long-Term Projects, including future actions at the Davies and Pacific Campuses, which would commence after 2019 and which are analyzed at a program level for purposes of CEQA compliance. There are no Near-Term Projects or Long-Term Projects proposed for CPMC's California Campus. The Near-Term Projects and Long-Term Projects are defined and more particularly described below in Sections I.A. and I.B., respectively. The approvals described in Section I.C below include a Development Agreement. That Agreement includes certain provisions that relate to the Long-Term Projects, but these do not authorize physical development of the Long-Term Projects. Therefore, these findings, and all references to the LRDP in these findings (except in Section VI), pertain only to the Near-Term Projects described in Section I.A. below.[1]

A. LRDP Near-Term Projects Description.

1. St. Luke's Campus.

The following describes project components proposed for the St. Luke's Campus under the LRDP. All activities described below would occur in the near term. Development at the St. Luke's Campus would involve: construction of the proposed St. Luke's Campus Hospital[2] and plaza pedestrian improvements, demolition of the existing St. Luke's Hospital tower, construction of a new St. Luke's Campus MOB at the site of the former hospital tower, renovation of the existing 1957 Building, removal of the existing MRI Trailer, and streetscape improvements. The LRDP, as proposed, also would require the City to vacate a section of San Jose Avenue (between 27th Street and Cesar Chavez Street) that bisects the St. Luke's Campus and relocate existing utilities located within the San Jose Avenue right of way. This portion of San Jose Avenue is frequently chained at its northern end, where it meets Cesar Chavez Street, and is not generally open to through traffic. It has been closed to public use and has been used for surface parking by CPMC and its predecessors pursuant to an encroachment permit since 1968.

a. St. Luke's Campus Hospital and Plaza Pedestrian Improvements.

The CPMC LRDP would result in the construction of the approximately 214,061 gross-square-foot ("gsf")[3] seismically compliant St. Luke's Campus Hospital, adjacent to and west of the existing St.

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[1] As used in this Attachment A to Motion No. 18880, the CPMC "Long Range Development Plan" or "LRDP" refers to CPMC's proposed Near-Term Projects at the Cathedral Hill, Davies, and St. Luke's Campus as described in the Final EIR for the CPMC LRDP, with the modifications to the proposed Cathedral Hill Campus Hospital and St. Luke's Campus Hospital described in the Addendum, unless explicitly stated otherwise herein.

[2] As used herein, the "Cathedral Hill Campus Hospital", "Cathedral Hill Campus MOB", "St. Luke's Campus Hospital", and "St. Luke's Campus MOB" have the same meanings as defined in the Addendum.

[3] The Near-Term Projects that are before the Planning Commission are consistent with the Project Description in the Addendum to the Final EIR. In some cases, the gsf numbers cited herein and in the other approval documents vary from, and are less than, those in the Addendum to the Final EIR. This is because, as part of the approval process, Planning Department staff reviewed the gsf

Luke's Hospital tower. Specifically, the St. Luke's Campus Hospital would occupy the site of the existing 3615 Cesar Chavez Street Surface Parking Lot. A portion of the new St. Luke's Campus Hospital improvements would also be constructed across the vacated section of San Jose Avenue, between the existing 1957 Building and the existing 3615 Cesar Chavez Street Surface Parking Lot, including an entry plaza, courtyard and pedestrian pathway. The new, seven-story St. Luke's Campus Hospital would be approximately 142 feet in height.[4] The existing Redwood Administration Building would be demolished before the start of hospital construction. The proposed St. Luke's Campus Hospital would be open for patient care by about the beginning of 2020.

The St. Luke's Campus Hospital would contain a total of 120 acute beds and an emergency department. It may include, but is not limited to, inpatient medical care, diagnostic and treatment space, surgical care, critical care, labor and delivery, post-partum care, cafeteria, loading area, and central utility plant space.

The proposed St. Luke's Campus Hospital would be designed to achieve a LEED® Certified rating, including plans for reduced energy use associated with heating, cooling, ventilation, hot water, and lighting.

Parking for the St. Luke's Campus Hospital would be accommodated through valet parking at the existing Duncan Street Parking Garage, increasing the garage's capacity by about 60 spaces. Additional parking for the St. Luke's Campus Hospital would be provided at the new parking garage to be located in the proposed medical office building ("MOB"), described below, which would provide 220 parking spaces. These two parking garages, plus 15 surface parking spaces (located throughout the campus), would provide a total of 450 parking spaces at the St. Luke's Campus. Loading (three spaces) for the St. Luke's Campus Hospital would be located within the hospital, at Cesar Chavez Street between Guerrero and Valencia Streets.

b. **Hospital Demolition.**

After the existing 12-story St. Luke's Hospital tower is vacated and services have been relocated to the St. Luke's Campus Hospital, the tower would be demolished.

c. **St. Luke's Campus Medical Office Building.**

After demolition of the existing St. Luke's Hospital tower, a new, approximately 98,959 gsf[5], five-story St. Luke's Campus MOB would be constructed at the site of the former hospital tower. The new five-story St. Luke's Campus MOB would be approximately 100 feet in height. The St. Luke's Campus MOB would include medical offices, diagnostic and treatment space, outpatient care, retail, hospital administration, cafeteria, education/conference space, and four below-ground parking levels that would provide approximately 220 parking spaces.

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numbers under the methodology set forth in Planning Code Section 102.9 and further refined the total square footage numbers to reflect Planning Code gross square footage. The figures used herein reflect the Department's refined analysis. The variation in gsf is a result of that process, and does not reflect actual changes in building square footage, envelope, program or otherwise.

[4] All heights are measured using Planning Code methodology for measurement, unless otherwise specified.

[5] The gsf of the St. Luke's Campus MOB has been reduced from 104,088 to 98,959 gsf not as a Planning Code calculation refinement, but because the building area serving to connect the St. Luke's Campus Hospital and St. Luke's Campus MOB, which was previously proposed to be constructed concurrently with the St. Luke's Campus MOB, is now proposed to be constructed at the same time as the St. Luke's Campus Hospital. Therefore, the gsf of the connector area is now included within the gsf of the St. Luke's Campus Hospital, rather than the St. Luke's Campus MOB.

The building would be required to conform to Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), which requires a LEED® Gold rating for the St. Luke's Campus MOB.

d. San Jose Avenue Street Vacation and Utilities Relocation.

As described above, a portion of the new St. Luke's Campus Hospital would be located on the portion of San Jose Avenue between 27th Street and Cesar Chavez Street that is currently used as surface parking by CPMC under an encroachment permit from the City. For the St. Luke's Campus Hospital to be constructed, the City would be required to approve a street vacation for this portion of San Jose Avenue, and existing utilities located within the San Jose Avenue right-of-way would be relocated.

The Final EIR analyzed a St. Luke's Campus Cesar Chavez Street Utility Line Alignment Variant, under which most of the existing utilities located within the San Jose Avenue right-of-way (other than water, which would remain the same) would be relocated to different alignments than under the proposed LRDP. This variant was included to provide flexibility in considering the appropriate routes for relocating utilities from vacated San Jose Avenue.

Under this variant, electrical lines would be rerouted south on San Jose Avenue, east on Duncan Street, north on Valencia Street, and west on 26th Street to a substation at the corner of San Jose Avenue and 26th Street. An additional electrical line would connect from the intersection of San Jose Avenue and Cesar Chavez Street and continue east on Cesar Chavez Street (connecting to the line described above). The utility relocation for the combined storm-sewer would follow a similar (but not identical) route as the electrical lines, as described above, and would be coordinated with the SFPUC, to be included in the SFPUC's Cesar Chavez Street Sewer System Improvement Project ("CCSSIP").

The variant is preferred over the alignment in the LRDP project description. It would not have any associated significant impacts, except as described in the Final EIR and the Addendum for the LRDP alignment, but would not substantially reduce nor eliminate any significant impacts of the St. Luke's Campus project. The electrical line is proposed to follow the alignment described in this Variant. The water line would follow the alignment as described, without changes, in both the LRDP and in this variant. The combined storm-sewer line relocation alignment has been superseded by and somewhat modified by the final CCSSIP. The combined storm-sewer has been incorporated into the SFPUC's CCSSIP and was subject to independent review by SFPUC, which confirmed there are no further associated significant impacts related to the CCSSIP alignment.

e. 1957 Building.

After the opening of the new St. Luke's Campus Hospital, the existing, approximately 31,700-sq.-ft. 1957 Building would be decommissioned from its status as a licensed hospital, and renovated and reused for administrative offices, storage, and conference space. The Emergency Department and surgical suites (operating rooms) currently within the 1957 Building would be replaced by new facilities in the new St. Luke's Campus Hospital. The exterior 1957 Building connector to the existing St. Luke's Hospital tower would be closed.

f. MRI Trailer.

The existing MRI Trailer and the enclosed passageway connecting the MRI Trailer to the existing 1912 Building are proposed to be removed on completion of the St. Luke's Campus MOB. Services offered at the MRI Trailer would be moved to the St. Luke's Campus MOB. Upon removal of the MRI Trailer and passageway, the resulting opening in the exterior wall of the 1912 Building would be closed, in accordance with the *Secretary of the Interior's Standards for the Treatment of Historic Properties*.

g. <u>Streetscape Design, Landscaping, Open Space and Infrastructure.</u>

Streetscape and landscape plans for the St. Luke's Campus have been developed as part of CPMC's community and neighborhood outreach program, and in conjunction with the City's proposed *Cesar Chavez Streetscape Improvement Project*. The improvements include various sidewalk replacements and widenings, pedestrian bulbouts, tree planting replacements, and other streetscape improvements, bus stop relocation, and installation of underground storage tanks adjacent to the St. Luke's Campus Hospital.

h. <u>Proposed St. Luke's Campus Site Access.</u>

i. <u>St. Luke's Campus Hospital.</u>

The main entrance to the St. Luke's Campus Hospital would be from a central plaza area. The plaza would provide access to the hospital at Level 1 from Cesar Chavez Street and at Level 2 from San Jose Avenue/27th Street. A staircase would be constructed along a portion of the San Jose Avenue right-of-way proposed for vacation between the St. Luke's Campus Hospital and the St. Luke's Campus MOB to maintain a pedestrian connection between Cesar Chavez Street and 27th Street. Passenger drop-off to the main entrance of the St. Luke's Campus Hospital would be from a white-zone drop-off area located along Cesar Chavez Street at midblock between Guerrero and Valencia Streets. Emergency vehicle ingress and egress to the Emergency Department's ambulance bay (emergency vehicle parking) would be from 27th Street near its intersection with San Jose Avenue. Service vehicles would enter and exit the loading area for the St. Luke's Campus Hospital from Cesar Chavez Street. The CPMC shuttle stop for the hospital (currently located at Cesar Chavez Street) would be relocated to the northeast corner of San Jose Avenue and 27th Street.

ii. <u>St. Luke's Campus MOB and Underground Parking Garage.</u>

The St. Luke's Campus MOB would have two entrances, at the building's northwest corner (near the current intersection of San Jose Avenue and Cesar Chavez Street) and the southwest corner. A separate access point for retail uses would be provided at the corner of Valencia and Cesar Chavez Streets. Vehicular access to the underground parking garage at the St. Luke's Campus MOB would be available from both Cesar Chavez Street and Valencia Street. The existing bus stop for the 36-Teresita line, located outside the existing St. Luke's Hospital on Valencia Street, would be relocated to a new location, just south on Valencia Street in front of the 1957 Building. Approximately 10 on-street parking spaces would be removed to accommodate both the relocation of the bus stop and the City's proposed Mission District Streetscape Plan.

2. <u>Cathedral Hill Campus.</u>

Development at the proposed new Cathedral Hill Campus would involve: the proposed Cathedral Hill Campus Hospital, Cathedral Hill Campus MOB, Van Ness Avenue pedestrian tunnel (connecting the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB), 1375 Sutter MOB conversion, streetscape improvements, and conversion of Cedar Street to a two-way street west of the MOB garage entrance.

a. <u>Cathedral Hill Campus Hospital.</u>

CPMC would demolish the existing 10-story, approximately 445,400-sq. ft. former Cathedral Hill Hotel building at the northwest corner of Geary Boulevard and Van Ness Avenue and the existing 11-story, approximately 209,700 sq. ft. office building located on the northwest corner of the same block at Post and Franklin Streets. CPMC would then construct a new, approximately 730,888 gsf, 304-bed acute care hospital on the hotel and office site that would fully comply with requirements of Senate Bill ("SB") 1953, as modified by successor legislation, concerning the seismic safety of acute care facilities. Most of the inpatient acute care services currently offered at CPMC's Pacific and California Campuses would be relocated to the proposed Cathedral Hill Campus Hospital.

The 12-story (plus two-story basement) hospital tower would be approximately 226 feet in height. The proposed hospital's building length and diagonal dimensions respectively would be approximately 385 and 405 feet for the tower floors and 385 and 466 feet for the podium floor (as measured 50 feet above grade). The proposed Cathedral Hill Campus Hospital would include three levels of at- or below-grade parking, which would contain 276 off-street parking spaces.[6] Under the LRDP, a proposed CPMC intercampus shuttle stop serving the hospital, the Cathedral Hill Campus MOB, and the 1375 Sutter Street MOB would be located on Post Street, adjacent to the hospital. The Cathedral Hill Campus Hospital would be designed to attain a LEED® Certified rating. Other building design elements would include implementation of green roof elements on portions of the Cathedral Hill Campus Hospital's podium roof area.

The hospital's emergency generators—which are required by the Office of Statewide Health Planning and Development ("OSHPD") to ensure that the hospital remains operational in the event of a disaster—would be located on the roof of the 12-story hospital tower. The generators would be served by fuel storage tanks that would be located beneath the sidewalk and street along Geary Boulevard.

The main pedestrian entrance would be from Van Ness Avenue. The vehicular entrance to the proposed Cathedral Hill Campus Hospital's Emergency Department would be from Franklin Street and would allow private vehicles to conveniently drop off patients inside the building. Ambulance access would be through a dedicated loading area containing three bays off of Post Street.

The main vehicular access to the hospital would be from the south side of the building along Geary Boulevard, with a one-way (south to north) drive-through lane that would connect Geary Boulevard to Post Street at midblock. Drivers would either turn off at the adjacent non-emergency passenger drop-off area or descend to the 276-space parking garage. Vehicular access would also be provided from Post Street via the mid-block access road. Egress from the hospital (other than egress onto Geary Boulevard for emergencies only) would be restricted to a right-turn exit (eastbound) onto Post Street. Access from Geary Boulevard would be allowed via a revocable curb cut permit, with the condition that the Geary Boulevard parking garage curb cut permit is revocable recorded as a Special Restriction on the deed of the hospital. Pursuant to the revocable curb cut permit, egress onto Geary Boulevard would be allowed only during emergency situations such as after an earthquake.

[6] The Cathedral Hill Campus Hospital parking garage was proposed to provide 513 parking spaces in the Previous Project. For the Revised Project, CPMC is studying the best way to achieve a total reduction of 237 spaces on the Cathedral Hill Campus and may ultimately propose to remove some or all of this parking from the proposed Cathedral Hill Campus MOB garage instead of or in addition to the hospital garage. Total parking at the Cathedral Hill Campus (including the 1375 Sutter MOB) would not exceed the lesser of 990 total spaces or 125 percent of the number of spaces otherwise required by the Planning Code.

The main service vehicle and loading entrance would be accessed from Franklin Street. Larger vehicle deliveries would use the enclosed loading area. Smaller vehicles would use a secondary loading area within the sub-grade parking garage (access described above).

The Cathedral Hill Campus Hospital may include, but would not be limited to, inpatient medical care; labor and delivery and post-partum care; specialized programs such as organ transplantation, interventional cardiology and newborn intensive care; and an emergency department. It would also include retail space, cafeteria, education and conference space, and a central utility plant.

b. Cathedral Hill Medical Office Building.

In conjunction with construction of the proposed hospital, CPMC proposes to demolish seven existing buildings directly across Van Ness Avenue from the Cathedral Hill Campus Hospital site, between Geary and Cedar Streets, and construct an approximately 261,691 gsf medical office building in their place. The proposed Cathedral Hill Campus MOB would provide offices for doctors affiliated with the Cathedral Hill Campus Hospital. Uses in the building would include but not be limited to medical office, retail, education and conference, diagnostic and treatment, and parking.

The nine-story Cathedral Hill Campus MOB would be approximately 130 feet tall to the top of the roof, as measured under the Planning Code's methodology for building height. The maximum horizontal length of the proposed MOB would be approximately 265 feet long, and the MOB would have a maximum diagonal dimension of 290 feet.

The proposed MOB would be required to conform to Chapter 13C of the City's Building Code (San Francisco Green Building Requirements), which requires that the building achieve a LEED® Silver rating. Other building design elements would include implementation of green roof elements on portions of the MOB's roof.

The main pedestrian entrance would be from Van Ness Avenue. The Cathedral Hill Campus MOB would contain seven below-grade parking levels that would provide a total of 542[7] parking spaces and reach approximately 75 feet below street grade. Vehicular ingress to the MOB parking structure would be from Geary Street (from the east) and Cedar Street (from the west). The Cathedral Hill Campus MOB would provide two loading spaces, both of which would accommodate trucks up to 25 feet long. Any delivery vehicle longer than 25 feet would be accommodated on-street or, if necessary, at the loading dock at the Cathedral Hill Campus Hospital. All loading dock entries on Cedar Street would be right turns (eastbound). Egress from the Cathedral Hill Campus MOB would be restricted to a right turn (eastbound) or left turn (westbound) onto Cedar Street. No egress would be provided onto Geary Street.

c. Van Ness Avenue Pedestrian Tunnel.

A pedestrian tunnel beneath Van Ness Avenue would connect the eastern portion of the proposed Cathedral Hill Campus Hospital to the western portion of the Cathedral Hill Campus MOB. The tunnel would be used by patients, visitors, physicians, and CPMC staff members, allowing them direct connection between the two buildings. It would also be used for the movement of records and materials.

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[7] See footnote 6 above regarding parking totals.

d. 1375 Sutter Medical Office Building.

CPMC purchased the approximately 85,356 gsf Pacific Plaza Office Building at 1375 Sutter Street (on the southeast corner of the intersection of Sutter and Franklin Streets) in 2008 to secure medical office space for CPMC physicians. The building would continue to undergo a phased interior renovation as existing tenants vacate and new physicians lease space in the building. Ultimately, all office space within the building would be converted from a mix of office and medical office use to exclusively medical office use. The physical improvements would be limited to interior renovation. The 1375 Sutter MOB site currently contains a partially below-grade self-park garage that provides 172 parking spaces, which would be retained with implementation of the proposed LRDP. The remainder (60) of the 232 parking spaces required by the Planning Code for the 1375 Sutter Street MOB would be provided at the Cathedral Hill Campus Hospital parking garage.

Pedestrian and vehicular access is currently available along Sutter Street and Franklin Street. This access would remain the same with implementation of the proposed LRDP.

e. Cedar Street Conversion to Two Way.

Cedar Street would become a two-way street west of the MOB garage ramp upon implementation of the LRDP.

f. Cathedral Hill Campus Streetscape Design, Landscaping, and Open Space.

CPMC proposes to upgrade the pedestrian environment by improving the street frontages of the area in the vicinity of the Cathedral Hill Campus. To achieve this objective, walkway widths would be expanded and substantial landscaped areas would be added to provide a buffer between pedestrians and traffic lanes. For the Cathedral Hill Campus Hospital, improvements include sidewalk widening on Van Ness Avenue (west side, between Post Street and Geary Boulevard), Geary Boulevard (north side, between Van Ness Avenue and Franklin Street), and Post Street (south side, between Franklin Street and the Level 2 ingress/egress at mid-block); a pedestrian bulbout at Van Ness Avenue on Post Street, south side; a paving program, tree planting, landscape, hardscape seating, lighting, and other streetscape improvements along Van Ness Avenue (west side, Post Street to Geary Boulevard), Franklin Street (east side, Geary Boulevard to Post Street), Post Street (south side, Franklin Street to Van Ness Avenue), and Geary Boulevard (north side, Van Ness Avenue to Franklin Street); a paved entry plaza at the Van Ness Avenue and Geary Boulevard entrance; replacement and modification of the existing Van Ness Avenue crosswalk at Geary Street north side; and relocation of existing 38/38L-Geary Line bus stop from west end of Geary Street, north side, between Van Ness Avenue and Polk Street to east end of Geary Boulevard, north side, between Franklin Street and Van Ness Avenue, and construction of new bus bulb-out and benches.

An outdoor courtyard for patients, visitors, and CPMC staff (approximately 6,600 sq. ft.) would be located on the podium section of the Cathedral Hill Campus Hospital, with access from Level 5.

For the Cathedral Hill Campus MOB, improvements including pedestrian bulbout modifications on Van Ness Avenue (east side, at Geary Street and Cedar Street); removal and improvement/replacement of north side Cedar Street sidewalk from Van Ness Avenue to Polk Street; pedestrian bulbout at Cedar Street on Polk Street, west side; removal and improvement of all other sidewalks abutting the Cathedral Hill Campus MOB site (all frontages, and extending to Polk Street on Cedar Street, south side); raised crosswalks across Cedar Street at Van Ness Avenue and Polk Street; paving replacement/upgrade, tree planting, landscape, hardscape, seating, lighting and other streetscape improvements along portions of Van Ness Avenue (east side, Geary Street to Cedar Street), Cedar Street (Van Ness Avenue to Polk Street) and Geary Street (north side, Van Ness Avenue to Polk Street); and a Cedar Street west end entry plaza, including a drop-off area.

g. Near-Term Project Implementation Activities

Upon opening of the Cathedral Hill Campus Hospital or shortly thereafter, many of the existing inpatient acute care and emergency department functions at the California Campus and the Pacific Campus's existing 2333 Buchanan Street Hospital would be decommissioned and transferred to the Cathedral Hill Campus Hospital. The 2333 Buchanan Street building will undergo renovation and reuse as an ambulatory care center ("ACC") as part of the Near-Term implementation activities.[8] Certain existing uses at the California and Pacific Campuses that are not transferred to the Cathedral Hill Campus Hospital would be transferred to the 2333 Buchanan Street building after its renovation. The ACC may include uses such as but not limited to outpatient care, diagnostic and treatment services, Alzheimer's residential care, medical support services such as pre- and post-ambulatory surgery, outpatient laboratory services, and physical and occupational therapy, hospital administration and/or cafeteria uses.

3. Davies Campus.

Under the CPMC LRDP, the Davies Campus would focus on neurosciences and the complementary areas of rehabilitation and skilled nursing. Existing medical uses in the North and South Towers would continue. The existing Emergency Department would remain in the North Tower, along with inpatient care, with the focus on neuroscience-related treatment, microsurgery, and acute rehabilitation. The inpatient care uses at the North Tower would include 63 acute care beds and 48 acute rehabilitation beds. The existing South Tower would continue to be used for skilled nursing (38 beds), outpatient care, and diagnostic and treatment space.

a. Neuroscience Institute.

The approximately 46,006 gsf Neuroscience Institute building is proposed for construction on the portion of the Davies Campus currently occupied by the 206-space surface parking lot at the corner of Noe Street and Duboce Avenue. Approximately 70 parking spaces in the surface parking lot would be eliminated. No new parking is proposed for the Davies Campus in the near term.

Completion of the Neuroscience Institute building would allow CPMC to consolidate complementary neuroscience departments (including neuroscience/neurosurgery, microsurgery, and acute rehabilitation) at the Davies Campus. The Neuroscience Institute may include, but is not limited to, medical office use, expanded care and services for patients with neurological conditions, enhanced rehabilitation services to allow patients to receive same-site treatment and follow-up care, ambulatory care, pre- and post-operative care, retail use, and a pedestrian drop-off area on Level 3.

The four-story Neuroscience Institute building would be approximately 40 feet in height, based on the Planning Code's methodology for measuring building heights. The fourth floor of the Neuroscience Institute building would extend over the proposed service drive and connect to the North Tower. The main entrance would be located on the south side of the building, toward 14th Street. The proposed building would have a secondary entrance across from Duboce Park.

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[8] The renovation and reuse of the 2333 Buchanan Street building as part of the Near-Term Project implementation activities does not include the new construction proposed as part of the ACC Addition, a Long-Term Project as described in Section I.B. below.

The design of the Davies Campus includes features that are intended to connect the campus to the surrounding neighborhood by providing a transition between the medical buildings on campus and the neighborhood's residential buildings. The fourth floor of the proposed Neuroscience Institute building would be set back from both Noe Street and Duboce Avenue. Along the west side of Noe Street, the building would appear to be three stories, similar to the existing two- and three-story buildings on the east side of Noe Street.

b. Near-Term Streetscape Design, Landscaping, and Open Space.

Landscape improvements on the eastern edge of the Davies Campus along Noe Street would include renovation and improvement of approximately 500 linear feet of campus frontage along Noe Street. A landscaped open space would also be located immediately south of the building (serving as an entry court) as well as a smaller, private open space just north of the proposed Neuroscience Institute.

The new publicly accessible entry plaza immediately south of the proposed Neuroscience Institute building would incorporate varying pavement surfaces, plantings, and trees. East of the campus, along Noe Street, the sidewalk would be widened and would also receive improved surfaces, plantings, and new trees.

c. Site Access.

With construction of the proposed Neuroscience Institute building in the near term, a new passenger drop-off area would be located on the service drive, under the proposed connection to the Davies Hospital North Tower. All existing site access, including vehicular access and parking and passenger drop-off areas, would remain as existing with one exception: the existing entrance to the surface parking lot at the corner of Noe and Duboce Streets would be removed. Truck loading for the Neuroscience Institute would occur in the campus's existing loading area southwest of the proposed Neuroscience Institute building, accessible via the existing service drive from Duboce Avenue at 14th Street.

Site access to the Davies Hospital South Tower, Parking Garage, and the Davies Hospital North Tower's Emergency Department would remain available from the main entrance off Castro Street and Duboce Avenue.

B. Long-Term Projects.

The Long-Term Projects are future components of the LRDP that would commence generally after 2019.[9] No approvals are being sought for physical development of the Long-Term Projects, and these findings do not address their development. This section B is provided for informational purposes only.

1. Davies Campus.

At the Davies Campus, the existing 283-space parking garage at 14th and Castro Streets would be demolished. In its place, an approximately 80,900 sq. ft., 45-foot-tall, three-story Castro Street/14th Street MOB is proposed to be constructed to meet the future need for medical space at this campus,

[9] It should be noted that despite being anticipated in the 2020-2024 timeframe, the demolition of the 1970 hospital tower and construction of the new MOB at the St. Luke's Campus are considered and have been analyzed in the Final EIR and the Addendum as Near-Term Projects.

including, but not limited to, retail, diagnostic and treatment uses, and approximately 184,000 square feet of parking use in four below grade levels totaling approximately 490 spaces (replacement of the existing 283 spaces in the 14th and Castro Streets garage plus construction of approximately 207 new parking spaces).

Vehicular access to the proposed Castro Street/14th Street MOB would be provided from the main entrance off Castro Street and the parking entrance from 14th Street. Pedestrian site access to this building would be from the entrance drive.

2. Pacific Campus.

Under the proposed CPMC LRDP, a new outpatient ACC Addition would be constructed along with parking and other facilities as follows:

a. Underground Parking and ACC Addition.

The Stanford Building (2351 Clay Street) and the 2324 Sacramento Clinic would be demolished to accommodate the proposed Webster Street/Sacramento Street Underground Parking Garage and ACC Addition (discussed below). The site of the former Stanford Building would be excavated to construct the "L"-shaped, two-level, 22-foot-deep, approximately 130,000 sf Webster Street/Sacramento Street Underground Parking Garage, which would provide about 248 parking spaces.

The 138-foot-tall, nine-story, approximately 205,000 gsf ACC Addition would be built above the Webster/Sacramento Streets Underground Parking Garage, on the site of the current Stanford Building and 2324 Sacramento Clinic, which would be demolished. The ACC Addition site is bounded by Clay Street to the north, the 2333 Buchanan Street Hospital (to be renovated and reused as an ACC, as described in Section I.A above) to the east, Sacramento Street to the south, and the 2100 Webster MOB to the west, on the central portion of the Pacific Campus.

The new ACC Addition would be located immediately west of the ACC. The ACC and ACC Addition buildings would both be nine stories and would be connected at three lower floors, with no connection on the upper floors. ACC Addition uses may include education and conference space, outpatient space, support space, diagnostic and treatment space, medical offices and outpatient care, and mechanical space.

b. North-of-Clay Aboveground Parking Garage.

CPMC would construct an approximately 172,500-sq.-ft. North-of-Clay Aboveground Parking Garage above the northern portion of the proposed Webster Street/Sacramento Street Underground Parking Garage, on the area currently occupied by the Annex MOB (2340-2360 Clay Street) and Gerbode Research Building (2200 Webster Street), which would be demolished, and part of the existing Buchanan Street surface parking lot (2315 Buchanan Street). This parking garage would be six stories (plus top deck) with a height of 70 feet.

A total of 715 new structured and surface parking spaces (Webster Street/Sacramento Street Underground Parking Garage and North-of-Clay Aboveground Parking Garage combined: 688 spaces; Buchanan Street surface parking lot: 27 spaces) would be provided at the Pacific Campus. This would bring the parking total at the Pacific Campus to 1,587 spaces.

c. Pacific Campus Proposed Site Access.

Several new or relocated access points are proposed for the Pacific Campus's existing and new buildings and parking garages via California, Buchanan, Sacramento, Webster, and Clay Streets. The main pedestrian entry to both the ACC and the ACC Addition would be located at the north end of the proposed Campus Drive near Clay Street. The main entry to the former 2333 Buchanan Street Hospital would be converted into a secondary entrance for the proposed ACC.

A new street, Campus Drive (located between the existing Pacific Professional Building and the ACC Addition), would be built to support existing vehicular access to the campus from Webster Street, provide vehicular access to and from Clay Street for the proposed Webster Street/Sacramento Street Underground Parking Garage, and allow egress from Sacramento Street for loading and unloading.

Vehicular traffic serving the ACC and ACC Addition would be routed to Clay Street east of Webster Street or Sacramento Street between Buchanan and Webster Streets. The entry/exit for the North-of-Clay Aboveground Parking Garage and for the Webster Street/Sacramento Street Underground Parking Garage would be located on Clay Street and Campus Drive, respectively. Vehicles dropping off passengers would utilize the drop-off area at the ground floor of the North-of-Clay Aboveground Parking Garage, and would exit onto Clay Street and turn right onto Webster Street. Vehicles exiting either garage would be directed onto Clay Street to exit. A secondary means of vehicular egress would be provided on Campus Drive, leading to Sacramento Street.

Other passenger drop-off areas would be located on Webster Street south of Clay Street near the Pacific Professional Building (existing), and on Buchanan Street near the north end of the ACC building (existing, renovated and reused). The ambulance entrance would remain on the north side of Sacramento Street (at the south end of the ACC building) near Buchanan Street. Four off-street loading spaces would be located on Campus Drive near the entrance/exit on Sacramento Street.

The CPMC shuttle stop, currently located on Buchanan Street, would be relocated to the drop-off area located within the proposed North-of-Clay Aboveground Parking Garage, which would be closer to the new main entry at the proposed Campus Drive near Clay Street.

3. California Campus.

The majority of CPMC uses and programs, other than acute care inpatient and emergency care uses, which would have been transferred to the Cathedral Hill Campus Hospital as part of the Near-Term project implementation activities described in Section I.A above, would continue at the California Campus until completion of the proposed ACC and ACC Addition at the Pacific Campus, at which time the Pacific Campus would absorb almost all remaining CPMC-related uses at the California Campus. No new construction is anticipated at the California Campus, although a limited amount of existing on-site medical activities would continue at the California Campus.

CPMC plans to sell the California Campus as early as possible after the transfer of acute care and non-acute care patients to the Cathedral Hill Campus Hospital and Pacific Campus ACC and ACC Addition, as described above. A small amount of CPMC-operated space (approximately 2,400 sq. ft.) at the existing 3838 California Street MOB (primarily outpatient imaging and blood drawing would be leased from the buyer of the California Campus indefinitely. It is expected that by about 2024, almost all CPMC-related use of the California Campus would cease.

C. **Approval Actions.**

1. **Planning Commission Approvals.**

a. **Project-wide Approvals.**

- Approval of and recommendation to the Board of Supervisors to approve an ordinance regarding a Development Agreement.

- Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1.

b. **Campus-Specific Approvals.**

i. **St Luke's Campus.**

- Recommendation to the Board of Supervisors to approve an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings, to increase the height limit to 145 feet for the portion of the St. Luke's Campus Hospital site where the hospital tower would be located and to 105 feet for the balance of the St. Luke's Campus, a substantial portion of which already is subject to a height limit of 105 feet, and (2) amending Urban Design Element Map 5 - Urban Design Guidelines for Bulk of Buildings, to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 229' and 285', respectively, for the St. Luke's Campus Hospital site and 204' and 228', respectively, for the St. Luke's Campus MOB site.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code by adding a new section (Section 249.68) to establish a new Cesar Chavez/Valencia Streets Medical Use Special Use District ("SUD") for the St. Luke's Campus, and adding a new subsection (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.6:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code Height/Bulk Map, Sheet HT07, to redesignate the portion of the St. Luke's Campus Hospital site where the hospital tower would be located to a 145-E Height/Bulk District and extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the remainder of the St. Luke's Campus, and amending Planning Code Land Use Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.

- Approval of a Conditional Use Authorization to modify and replace the existing Planned Unit Development for the St. Luke's Campus, to allow for construction of the St. Luke's Campus Hospital, demolition of the existing Hospital Tower, and construction of the new St. Luke's Campus MOB in the RH-2 District, and:

  - An exception to rear yard requirements under Planning Code Section 134;

  - Authorization for buildings higher than 40 feet and an exception to Planning Code bulk restrictions to allow the length and diagonal dimensions of the proposed St. Luke's Campus Hospital and St. Luke's Campus MOB;

  - An exemption from Planning Code requirements for on-site independently accessible off-street parking; and

  - Exceptions from restrictions on projections into streets and alleys under Planning Code Section 136.

- Approval of Office Allocation for the St. Luke's Campus MOB under Planning Code Sections 321 and 322.

- Approval of a General Plan referral for sale, Street Vacation, and change of use of a portion of San Jose Avenue between 27th Street and Cesar Chavez Street, and for changes to the sidewalk width along various streets adjacent to the St. Luke's Campus.

ii. **Cathedral Hill Campus.**

- Recommendation to the Board of Supervisors to approve an ordinance amending the General Plan by: (1) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Campus Hospital site and 265' and 290', respectively, for the Cathedral Hill Campus MOB site; (2) amending Van Ness Area Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7.1:1 to 7.5:1 for the Cathedral Hill Campus MOB site; and (3) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 230-V District coterminous with the Cathedral Hill Campus Hospital site.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Van Ness Area Plan text to facilitate the development of a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use.

- Recommendation to the Board of Supervisors to approve an ordinance amending the Planning Code by (1) amending Section 124 to allow an FAR of 7.5:1 for the Cathedral Hill Campus MOB site; and (b) amending Section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located. The Van Ness Medical Use Subdistrict would:

  - Allow an FAR of up to 7.5:1 for the Cathedral Hill Campus MOB site;

  - Allow modification of otherwise applicable loading standards for medical centers per Planning Code Section 154(b), to allow for provision of appropriate loading facilities unique to medical facilities;

  - Allow modification of otherwise applicable standards for building projections per Planning Code Section 136.2 to allow for coverage of drop-off and entry areas required by medical facilities;

  - Allow modification through conditional use authorization of otherwise applicable parking standards for medical centers per Planning Code Sections 151 and 204.5, provided that the amount of parking provided at the Cathedral Hill Campus shall not exceed the lesser of 990 total spaces or 125 percent of the number of spaces otherwise required by the Planning Code;

  - Allow modification of otherwise applicable standards for obstructions over streets or alleys per Planning Code Section 136(c)(1)(B) for vertical dimension and horizontal projections to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents;

  - Allow modification through Conditional Use Authorization of otherwise applicable bulk standards per Planning Code Sections 270 and 271 to allow for the unique massing requirements of medical facilities; and

  - o Allow modification through Conditional Use Authorization of otherwise applicable standards for street frontage requirements per Planning Code Section 145.1 as necessary for large-plate medical facilities on sloping sites with multiple frontages.

- Recommendation to the Board of Supervisors to approve an ordinance amending Planning Code Height and Bulk Map HT02 to change the Cathedral Hill Campus Hospital site to a 230-V Height and Bulk District in order to allow a building height of up to 230 feet and amending Planning Code Land Use Map SU07 to show the boundaries of the Van Ness Medical Use Subdistrict.

- Approval of a Conditional Use Authorization for the Cathedral Hill Campus to:

  - o Authorize the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB as a Conditional Use medical center in an RC-4 Zoning District and pursuant to the provisions for the Van Ness SUD in Planning Code Sections 243, 209.3, and 209.8;

  - o Authorize the Cathedral Hill Campus Hospital height over 50 feet (226 feet) and the Cathedral Hill Campus MOB height over 50 feet (130 feet) in an RC-4 District pursuant to Planning Code Section 253;

  - o Authorize demolition of five residential units at the Cathedral Hill Campus MOB site pursuant to Planning Code Sections 243(c)(8)(E) and 317;

  - o Modify standards under Planning Code Section 145.1 for active ground floor uses and width of curb cuts, providing that, on balance, active uses and curb cuts around the perimeter of a site with multiple frontages meets the intent of Section 145.1;

  - o Authorize an exception to the requirements of Planning Code Section 243(c)(9) to allow wind speeds higher than 11 mph at certain sidewalk locations around the perimeter of the medical center, providing that, on balance, conditions are not worsened;

  - o Modify the bulk limits under Planning Code Section 270 for length and diagonal dimensions of 110 and 140 feet, respectively, applicable to the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB sites, to allow length and diagonal dimensions of approximately 385 and 466 feet, respectively, for the Cathedral Hill Campus

Hospital, and length and diagonal dimensions of approximately 265 and 290 feet, respectively, for the Cathedral Hill Campus MOB, in lieu of findings per Planning Code Section 271; and

- Modify the 3:1 residential to net new non-residential ratio requirement in the Van Ness SUD under Planning Code Section 243(c)(8)(B)(iv) to allow no residential housing to be built provided fees, balanced against community benefits of the project, are paid.

- Approval of Office Allocation for the Cathedral Hill Campus MOB under Planning Code Sections 321 and 322.

- Approval of a General Plan Referral for Major Encroachment Permits for construction of an underground tunnel, underground fuel tanks, and Cedar Street improvements, and for changes to the sidewalk width along various streets adjacent to the Cathedral Hill Campus.

iii. **Davies Campus.**

- Approval of a Conditional Use Authorization to amend a previously approved Conditional Use Authorization for a Planned Unit Development for the Davies Campus to allow development of the Neuroscience Institute building.

- Approval of a Planned Unit Development for the Davies Campus to allow for exceptions to otherwise applicable requirements for rear yards under Planning Code Section 134.

2. **Board of Supervisors Actions.**

a. **Project-wide Approvals.**

- Approval of an ordinance modifying Administrative Code Chapter 56 and adopting a Development Agreement.

- Adoption of Findings of Consistency with the General Plan and Planning Code Section 101.1.

b. **Campus-Specific Approvals.**

i. **St Luke's Campus.**

- Approval of an ordinance amending the General Plan by (1) amending Urban Design Element Map 4 - Urban Design Guidelines for Height of Buildings, to increase the height limit to 145 feet for the portion of the St. Luke's Campus where the St. Luke's Campus Hospital tower would be located and to 105 feet for the balance of the St. Luke's Campus, a substantial portion of which is already subject to a height limit of 105 feet, and (2) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings, to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 229' and 285', respectively, for the St. Luke's Campus Hospital site and 204' and 228', respectively, for the St. Luke's Campus MOB site.

- Approval of an ordinance amending the Planning Code by adding a new section (Section 249.68) to establish a new Cesar Chavez/Valencia Streets Medical Use SUD for the St. Luke's Campus, and adding a new subsection (k) to Section 124 to allow a floor area ratio ("FAR") of up to 2.6:1 in the Cesar Chavez/Valencia Streets Medical Use SUD.

- Approval of an ordinance amending the Planning Code Height/Bulk Map, Sheet HT07, to redesignate the portion of the St. Luke's Campus where the St. Luke's Campus hospital tower would be located to a 145-E Height/Bulk District and extend the 105-E Height/Bulk District currently applicable to the existing buildings on the St. Luke's Campus to the remainder of the St. Luke's Campus, and amending Planning Code Land Use Map SU07 to show the boundaries of the Cesar Chavez/Valencia Streets Medical Use SUD.

- Approval of an ordinance ordering the summary vacation of San Jose Avenue between 27th Street and Cesar Chavez Street.

- Adoption of a Resolution approving a San Jose Avenue Transfer Agreement for the to-be-vacated portion of San Jose Avenue between 27th Street and Cesar Chavez Street.

- Approval of an ordinance amending the sidewalk width along the southerly side of Cesar Chavez Street between Guerrero and Valencia Streets, the westerly side of Valencia Street between Cesar Chavez and Duncan Streets, and the northern portion of 27th Street starting at the intersection of San Jose Avenue and 27th Street continuing west for approximately 44.24 feet.

ii. <u>**Cathedral Hill Campus.**</u>

- Approval of an ordinance amending the General Plan by (1) amending Urban Design Element Map 5 – Urban Design Guidelines for Bulk of Buildings to reflect the proposed maximum plan dimensions and maximum diagonal plan dimensions of 385' and 466', respectively, for the Cathedral Hill Campus Hospital site and 265' and 290', respectively, for the Cathedral Hill Campus MOB site; (2) amending Van Ness Area

Plan Map 1 (Generalized Land Use and Density Plan) to designate the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB as "the Van Ness Medical Use Subdistrict" and increase the allowable FAR from 7.1:1 to 7.5:1 for the Cathedral Hill Campus MOB site; and (3) amending Van Ness Area Plan Map 2 (Height and Bulk Districts) to create a 230-V District coterminous with the Cathedral Hill Campus Hospital site.

- Approval of an ordinance amending the General Plan by amending the Van Ness Area Plan text to facilitate the development of a medical center at the transit nexus of Van Ness Avenue and Geary Boulevard and reflect various elements of this use.

- Approval of an ordinance amending the Planning Code by (1) amending Section 124 to allow an FAR of 7.5:1 for the Cathedral Hill Campus MOB site; and (b) amending Section 243 to establish a new Van Ness Medical Use Subdistrict within the Van Ness SUD encompassing the sites of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB and the area where the proposed Van Ness Avenue pedestrian tunnel would be located. The Van Ness Medical Use Subdistrict would:

  - Allow an FAR of up to 7.5:1 for the Cathedral Hill Campus MOB site;

  - Allow modification of otherwise applicable loading standards for medical centers per Planning Code Section 154(b), to allow for provision of appropriate loading facilities unique to medical facilities;

  - Allow modification of otherwise applicable standards for building projections per Planning Code Section 136.2 to allow for coverage of drop-off and entry areas required by medical facilities;

  - Allow modification through Conditional Use Authorization of otherwise applicable parking standards for medical centers per Planning Code Sections 151 and 204.5, provided that the amount of parking provided at the Cathedral Hill Campus shall not exceed the lesser of 990 total spaces or 125 percent of the number of spaces otherwise required by the Planning Code;

  - Allow modification of otherwise applicable standards for obstructions over streets or alleys per Planning Code Section 136(c)(1)(B) for vertical dimension and horizontal projections to allow architectural features to achieve appropriate articulation of building facades and to reduce pedestrian level wind currents;

- Allow modification through Conditional Use Authorization of otherwise applicable bulk standards per Planning Code Sections 270 and 271 to allow for the unique massing requirements of medical facilities; and

- Allow modification through Conditional Use Authorization of otherwise applicable standards for street frontage requirements per Planning Code Section 145.1 as necessary for large-plate medical facilities on sloping sites with multiple frontages.

- Approval of an ordinance amending Planning Code Height and Bulk Map HT02 to change the Cathedral Hill Campus Hospital site to a 230-V Height and Bulk District in order to allow a building height of up to 230 feet and amending Planning Code Land Use Map SU07 to show the boundaries of the Van Ness Medical Use Subdistrict.

- Approval of a Major Encroachment Permit for construction of underground pedestrian tunnel, underground fuel tanks, and Cedar Street improvements.

- Approval of an ordinance amending sidewalk width on Van Ness (west side, between Geary Boulevard and Post Street), Geary Boulevard (north side between Van Ness Avenue and Franklin Street), and Post Street (south side, between Franklin Street and the Level 2 ingress/egress) at mid-block, and a pedestrian bulbout (south side, Van Ness Avenue and Post Street).

3. Other – Federal, State and Local Agencies or Departments.

Implementation of the proposed LRDP will involve consultation with or require approvals by other local, state and federal regulatory agencies, including, but not limited to, the following:

a. San Francisco Department of Public Works.

i. St. Luke's Campus.

- Approval of findings and recommendation of Order of Street Vacation for a portion of San Jose Avenue between 27th Street and Cesar Chavez Street and endorsement and recommendation to the Board of Supervisors to approve sidewalk widening legislation.

- Approval of a Lot Line Adjustment merging the vacated segment of San Jose Avenue and existing St. Luke's Campus parcels.

- Approval of a tree removal permit.

- Various other permits and approvals related to streetscape improvement plans.

ii. **<u>Cathedral Hill Campus.</u>**

- Approval of a Lot Line Adjustment merging two parcels comprising the site of the Cathedral Hill Campus Hospital.

- Approval of a Parcel Map merging seven parcels comprising the site of the Cathedral Hill Campus MOB.

- Endorsement and recommendation to the Board of Supervisors to approve sidewalk widening legislation.

- Endorsement and recommendation to the Board of Supervisors to approve a Major Encroachment Permit (construction of underground pedestrian tunnel, underground fuel tanks, Cedar Street improvements).

- Special permit for construction work at night on Van Ness Avenue pedestrian tunnel.

- Approval of a tree removal permit.

- Various other permits and approvals related to streetscape improvement plans

b. **<u>San Francisco Department of Building Inspection,</u>**

i. **<u>Project-Wide Approvals</u>**

- Demolition and site permits.

ii. **<u>Cathedral Hill Campus</u>**

- Approval of Permit to Convert twenty residential hotel units at the proposed Cathedral Hill Campus MOB site.

c. **<u>San Francisco Municipal Transportation Agency.</u>**

- Approval and authorization of Executive Director to execute consent to Development Agreement.

- Approval of removal of street parking at St. Luke's Campus.

- Resolution approving conversion of Cedar Street west of the Cathedral Hill Campus MOB entrance from one-way to two-way. Relocation of existing bus stop, from west end of Geary Street, north side, to east end of Geary Boulevard, and relocation of existing bus stop along Valencia.

d. **State of California, Office of Statewide Health Planning and Development (OSHPD).**

- Plan review and permitting for new hospital facilities
- Seismic compliance certification

e. **California Department of Public Health (CDPH).**

- Licensing of new hospital facilities; and
- Overseeing compliance with the Medical Waste Management Program.

f. **State of California, Department of Transportation (Caltrans)**

- Approval of encroachment permit, lease and maintenance agreement for Van Ness Avenue pedestrian tunnel.

D. Findings About Significant Environmental Impacts and Mitigation Measures.

The following Sections II, III and IV set forth the findings about the determinations of the Final EIR and Addendum regarding significant environmental impacts and the mitigation measures proposed to address them. These findings provide written analysis and conclusions regarding the environmental impacts of the LRDP and the mitigation measures included as part of the Final EIR and Addendum and adopted as part of the LRDP.

In making these findings, the opinions of the Planning Department and other City staff and experts, other agencies and members of the public have been considered. These findings recognize that the determination of significance thresholds is a judgment within the discretion of the City and County of San Francisco; the significance thresholds used in the Final EIR and Addendum are supported by substantial evidence in the record, including the expert opinion of the Final EIR and Addendum preparers and City staff; and the significance thresholds used in the Final EIR and Addendum provide reasonable and appropriate means of assessing the significance of the adverse environmental effects of the LRDP.

These findings do not attempt to describe the full analysis of each environmental impact contained in the Final EIR and Addendum. Instead, a full explanation of these environmental findings and conclusions can be found in the Final EIR and Addendum and these findings hereby incorporate by reference the discussion and analysis in the Final EIR and Addendum supporting the determination regarding the LRDP impacts and mitigation measures designed to address those impacts. In making these findings, the determinations and conclusions of the Final EIR and Addendum relating to environmental impacts and mitigation measures, are hereby ratified, adopted and incorporated in these findings, except to the extent any such determinations and conclusions are specifically and expressly modified by these findings.

As set forth below, the mitigation measures set forth in the Final EIR and Addendum and the attached MMRP are hereby adopted and incorporated, except as to mitigation measures specifically rejected in Section V below, to substantially lessen or avoid the potentially significant and significant impacts of the LRDP. Accordingly, in the event a mitigation measure recommended in the Final EIR or Addendum has inadvertently been omitted in these findings or the MMRP, such mitigation measure is nevertheless hereby adopted and incorporated in the findings below by reference. In addition, in the event the language describing a mitigation measure set forth in these findings or the MMRP fails to accurately reflect the mitigation measure in the Final EIR or Addendum due to a clerical error, the language of the mitigation measure as set forth in the Final EIR or Addendum, as applicable, shall control. The impact numbers and mitigation measure numbers used in these findings reflect the numbers contained in the Final EIR and Addendum.

In Sections II, III and IV below, the same findings are made for a category of environmental impacts and mitigation measures. Rather than repeat the identical finding dozens of times to address each and every significant effect and mitigation measure, the initial finding obviates the need for such repetition because in no instance are the conclusions of the Final EIR and the Addendum, or the mitigation measures recommended in the Final EIR and Addendum for the LRDP, except as specifically set forth in Section V below, being rejected.

E. Location and Custodian of Records.

The public hearing transcripts and audio files, a copy of all letters regarding the Final EIR received during the public review period and during the pendency of the appeal regarding the certification of the EIR, the administrative record, and background documentation for the Final EIR and Addendum are located at the Planning Department, 1650 Mission Street, San Francisco. The Acting Planning Commission Secretary, Jonas P. Ionin, is the custodian of records for the Planning Department and the Planning Commission.

II.
IMPACTS FOUND NOT TO BE SIGNIFICANT AND THUS DO NOT REQUIRE MITIGATION

Under CEQA, no mitigation measures are required for impacts that are less than significant (Pub. Res. Code, § 21002; CEQA Guidelines, §§ 15126.4, subd. (a)(3), 15091). As more fully described in the Final EIR and Addendum and based on the evidence in the whole record of this proceeding, it is hereby found that implementation of the LRDP would not result in any significant impacts in the following areas and that these impact areas therefore do not require mitigation:

Land Use

Impact LU-1: Implementation of the LRDP would not physically divide an established community.

Impact LU-2: Implementation of the LRDP would not conflict with any applicable land use plan, policy or regulation of an agency with jurisdiction over the project adopted for the purpose of avoiding or mitigating an environmental effect.

Impact LU-3: Implementation of the LRDP would not have a substantial impact on the existing character of the vicinity.

Cumulative Impacts: Implementation of the LRDP, along with other foreseeable future developments in the areas surrounding the CPMC campuses, would not result in any cumulatively considerable land use impacts.

Aesthetics

Impact AE-1: Implementation of the LRDP would not have a significant effect on a scenic highway or scenic vista.

Impact AE-2: Implementation of the LRDP would not substantially damage scenic resources, including but not limited to trees, rock outcroppings, and other features of the built or natural environment that contribute to a scenic public setting.

Impact AE-3: Implementation of the LRDP would not substantially degrade the existing visual character or quality of the site and surroundings at the sites of the existing and proposed CPMC campuses.

Impact AE-4: Implementation of the LRDP would not create a new source of light or glare that would adversely affect day or nighttime views in the area or that would substantially affect other people or properties.

Cumulative Impacts: Cumulative impacts related to aesthetics associated with implementing the LRDP would be less than significant.

Population, Employment and Housing

Impact PH-1: Implementation of the LRDP would not induce substantial population growth in an area, either directly (for example, by proposing new homes and businesses) or indirectly (for example, through extension of roads or other infrastructure).

Impact PH-2: Implementation of the LRDP would not displace substantial numbers of existing housing units or create demand for additional housing, necessitating the construction of replacement housing.

Impact PH-3: Implementation of the LRDP would not displace substantial numbers of people, necessitating the construction of replacement housing elsewhere.

Cumulative Impacts: The cumulative population, employment, and housing impact associated with implementing the LRDP would be less than significant. The cumulative housing displacement impact of the LRDP would be less than significant.

Cultural and Paleontological Resources

Impact CP-1: Implementation of the LRDP would not result in the removal of existing structures that are eligible for listing in the California Register of Historical Resources, and thus would not cause a substantial adverse change in the significance of a historical resource as defined in Section 15064.5 of the State CEQA Guidelines.

Cumulative Impacts: The proposed LRDP would have a less-than-significant cumulative impact related to cultural resources. Development of the proposed LRDP, when considered in combination with development of related projects, is not considered to result in a cumulatively considerable contribution to a significant cumulative impact related to paleontological resources.

Transportation and Circulation

Impact TR-3: Implementation of the Cathedral Hill Campus project would have a less-than-significant impact at the following six study intersections, which would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions:[10]

- Gough/Geary
- Franklin/O'Farrell
- Franklin/Sutter
- Franklin/Bush
- 8th/Market
- Octavia/Market/U.S. 101

Impact TR-4: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at the following 18 study intersections, which would operate at LOS D or better under 2015 Modified Baseline plus Project conditions:

[10] A supplemental traffic and transit analysis was prepared for the Final EIR, and is presented in C&R Tables 3.7-1 through 3.7-6 and accompanying discussion at pages C&R 3.7-11 to 3.7-25. It shows that existing plus Project intersection and transit delay impact determinations associated with the LRDP would essentially be the same as or lower than under the 2015 or 2020 Modified Baselines plus Project conditions analyzed in the Draft EIR. The supplemental analysis is incorporated herein by this reference.

- Gough/Post
- Gough/Sutter
- Franklin/Geary
- Franklin/Post
- Franklin/Pine
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/O'Farrell
- Van Ness/Geary
- Van Ness/Post
- Van Ness/Sutter
- Van Ness/Bush
- Van Ness/Pine
- Van Ness/Broadway
- Polk/O'Farrell
- Polk/Cedar
- Polk/Post
- Polk/Sutter

Impact TR-5: Operation of the Cathedral Hill Campus parking garages would have a less-than-significant impact on traffic operations because inbound peak period queues would not spill back into adjacent travel lanes.

Although the impact of queuing (queue spillback) from the Cathedral Hill Campus parking garages would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by specifying actions that would be required should queues form on adjacent streets:

Improvement Measure I-TR-5: Off-Street Parking Queue Abatement.

Impact TR-18: If the proposed Van Ness Avenue Bus Rapid Transit ("BRT") and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects at the following five of the BRT study intersections would be less than significant:

- Gough/Geary
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/Geary
- Van Ness/Broadway

Impact TR-27: Implementation of the Cathedral Hill Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity.

Impact TR-28: Implementation of the Cathedral Hill Campus' shuttle operation would be accommodated within the proposed shuttle loading zone and would not impact adjacent transit service.

Impact TR-37: Implementation of the Cathedral Hill Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas.

Impact TR-40: Implementation of the Cathedral Hill Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site or adjoining areas.

While the impact on pedestrians would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact:

Improvement Measure I-TR-40 Install Pedestrian Countdown Signals.

Impact TR-43: Implementation of the Cathedral Hill Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones.

Impact TR-49: Implementation of the Cathedral Hill Campus project relevant to the passenger loading/unloading demand would be accommodated within the proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

Impact TR-52: Implementation of the Cathedral Hill Campus project would not result in a significant emergency vehicle access impact.

Impact TR-67: Implementation of the CPMC LRDP would not cause the level of service at California Campus study intersections to deteriorate from LOS D or better to LOS E or LOS F, or from LOS E to LOS F, and, therefore, the LRDP would not result in a significant traffic impact.

Impact TR-68: Implementation of the CPMC LRDP relevant to the California Campus would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of service.

Impact TR-69: Implementation of the CPMC LRDP relevant to the California Campus would not create potentially hazardous conditions for bicyclists or otherwise substantially impact bicycle accessibility on the campus and adjoining areas.

Impact TR-70: Implementation of the CPMC LRDP relevant to the California Campus would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the campus or adjoining areas.

Impact TR-71: Implementation of the CPMC LRDP relevant to the California Campus would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

Impact TR-72: Implementation of the CPMC LRDP relevant to the California Campus would not result in a significant emergency vehicle access impact.

Impact TR-73: Implementation of the CPMC LRDP relevant to the California Campus would not result in construction-related impacts.

Impact TR-74: Implementation of the Davies Campus projects would have a less-than-significant impact at five study intersections that would operate at LOS E or LOS F under 2020 Modified Baseline No Project conditions and 2020 Modified Baseline plus Project conditions:[11]

- Divisadero/Haight
- Castro/Duboce

[11] See footnote 10 above regarding the supplemental traffic and transit analysis prepared for the Final EIR, which showed that existing plus Project intersection and transit delay impact determinations associated with the LRDP would be essentially the same as or lower than under the 2015 or 2020 Modified Baselines plus Project conditions analyzed in the Draft EIR.

- Castro/14th
- Castro/Market/17th
- Sanchez/Market/15th

Impact TR-76: Implementation of the Davies Campus projects would have a less-than-significant impact at the following seven study intersections, which would operate at LOS D or better under 2020 Modified Baseline plus Project conditions:

- Scott/Duboce
- Noe/Duboce
- Noe/14th
- Sanchez/Duboce
- Fillmore/Duboce
- Church/Duboce
- Octavia/Market/U.S. 101

Impact TR-77: Implementation of the Davies Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in unacceptable levels of transit service.

Impact TR-78: Implementation of the Davies Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the project site and adjoining areas.

Impact TR-79: Implementation of the Davies Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise impact pedestrian accessibility to the project site or adjoining areas.

Impact TR-80: Implementation of the Davies Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

Impact TR-81: Implementation of the Davies Campus project would not result in a passenger loading/unloading demand that could not be accommodated within the existing and proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

While the loading impact would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than significant passenger loading/unloading impact and the potential for conflicts between vehicles entering and exiting the Davies Campus via Castro Street:

Improvement Measure I-TR-81 Provide Appropriate Signage.

Impact TR-82: Implementation of the Davies Campus project would not result in a significant emergency vehicle access impact.

Impact TR-83: Implementation of construction-related activities on the Davies Campus would not cause a significant impact because of their temporary and limited duration.

Impact TR-84: Implementation of the St. Luke's Campus projects would have less-than-significant impact at the following six study intersections, which would operate at LOS E or LOS F under 2015 Modified Baseline No Project conditions and 2015 Modified Baseline plus Project conditions:[12]

- Cesar Chavez/Valencia
- Cesar Chavez/Guerrero
- Guerrero/27th
- Guerrero/28th
- Cesar Chavez/South Van Ness
- Cesar Chavez/Dolores

Impact TR-85: Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following nine study intersections, which would operate at LOS D or better under 2015 Modified Baseline plus Project conditions:[13]

- Cesar Chavez/Bartlett
- Guerrero/Duncan
- Mission/Valencia/Fair
- Cesar Chavez/Mission
- Guerrero/26th
- San Jose/29th
- Valencia/26th
- Valencia/Duncan/Tiffany
- Mission/29th

Impact TR-86: Implementation of the St. Luke's Campus project would not cause a substantial increase in transit demand that could not be accommodated by adjacent transit capacity, resulting in inacceptable levels of transit service.

Impact TR-87: Implementation of the St. Luke's Campus project would not create potentially hazardous conditions for bicyclists or otherwise substantially interfere with bicycle accessibility to the St. Luke's Campus and adjoining areas.

Although bicycle impacts would be less than significant, implementation of the following Improvement Measure, as more fully described in the Final EIR, would further reduce less than significant impacts by requiring pedestrian and bicycle warning signals at the proposed garage exits:

Improvement Measure I-TR-87 Provide Pedestrian/Bicycle Improvements.

Impact TR-88: Implementation of the St. Luke's Campus project would not result in substantial overcrowding on public sidewalks, create hazardous conditions for pedestrians, or otherwise interfere with pedestrian accessibility to the project site or adjoining areas.

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[12] See footnote 10 above regarding the supplemental traffic and transit analysis prepared for the Final EIR.

[13] See footnote 10 above regarding the supplemental traffic and transit analysis prepared for the Final EIR.

Although pedestrian impacts would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce less-than-significant impacts by requiring pedestrian crosswalks at the unsignalized intersection of San Jose Avenue/27th Street:

Improvement Measure I-TR-88 – Install Pedestrian Crosswalks.

Impact TR-89: Implementation of the St. Luke's Campus project would not result in a loading demand during the peak hours of loading activities that could not be accommodated within the proposed loading supply, or within on-street loading zones, and would not create potentially hazardous conditions.

Impact TR-91: Implementation of the St. Luke's Campus project would not result in a passenger loading/unloading demand that could not be accommodated within the existing and proposed passenger loading/unloading zones, and would not create potentially hazardous conditions.

Impact TR-92: Implementation of the St. Luke's Campus project would not result in a significant emergency vehicle access impact.

Impact TR-94: Implementation of construction-related activities on the St. Luke's Campus would not cause a significant impact because of their temporary and limited duration.

Impact TR-95: Implementation of the Cathedral Hill, Davies and Pacific Campus projects would have less-than-significant combined impact at the study intersection of Octavia/Market/U.S. 101.

Impact TR-96: Implementation of the CPMC LRDP combined project transit demand would not exceed the proposed transit system capacity at the study area corridors.

Impact TR-97: Implementation of the CPMC LRDP would impact the ridership demand for CPMC shuttles, which would be accommodated within the proposed shuttle service.

Impact TR-98: Implementation of the CPMC LRDP with overlapping construction activities at the five campuses would not result in a significant construction impact.

Impact TR-103: Implementation of the Cathedral Hill Campus project would have less-than-significant impacts at the following 17 study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Gough/Post
- Gough/Sutter
- Franklin/Geary
- Franklin/Post
- Franklin/Pine
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/O'Farrell
- Van Ness/Geary
- Van Ness/Post
- Van Ness/Sutter
- Van Ness/Bush
- Van Ness/Broadway
- Polk/O'Farrell
- Polk/Cedar
- Polk/Post
- Polk/Sutter

Impact TR-116: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the following five intersections would be less than significant:

- Gough/Geary
- Franklin/O'Farrell
- Van Ness/Fell
- Van Ness/Hayes
- Van Ness/Broadway

Impact TR-128: Implementation of the Davies Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS E or LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions:

- Divisadero/Haight
- Castro/Duboce
- Castro/14th
- Castro/Market/17th
- Sanchez/Market/15th
- Octavia Boulevard/Market/U.S. 101

Although the impacts at the above intersections would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact at the intersection of Divisadero/Haight by improving the operation conditions from at that intersection LOS E or LOS F to LOS D:

Improvement Measure I-TR-128 Divisadero/Haight Intersection Improvement.

Impact TR-129: Implementation of the Davies Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Scott/Duboce
- Noe/Duboce
- Noe/14th
- Sanchez/Duboce
- Fillmore/Duboce
- Church/Duboce

Impact TR-130: Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following six study intersections, which would operate at LOS E or LOS F under 2030 Cumulative plus Project conditions:

- Cesar Chavez/Valencia
- Cesar Chavez/Guerrero
- Guerrero/27th
- Guerrero/28th
- Cesar Chavez/South Van Ness
- Cesar Chavez/Dolores

Impact TR-131: Implementation of the St. Luke's Campus project would have less-than-significant impacts at the following nine study intersections, which would operate at LOS D or better under 2030 Cumulative plus Project conditions:

- Cesar Chavez/Bartlett

- Guerrero/Duncan
- Mission/Valencia/Fair
- Cesar Chavez/Mission
- Guerrero/26th
- San Jose/29th
- Valencia/26th
- Valencia/Duncan/Tiffany
- Mission/29th

Impact TR-132: Implementation of the Cathedral Hill Campus project would not cause transit demand to exceed the proposed transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Impact TR-149: Implementation of the CPMC LRDP would not cause transit demand at the California Campus to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Impact TR-150: Implementation of the Davies Campus project would not cause transit demand to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Impact TR-151: Implementation of the St. Luke's Campus project would not cause transit demand to exceed the transit system capacity at the study area corridors under 2030 Cumulative plus Project conditions.

Parking: To the extent that shortfalls of parking supply versus demand resulting from operation of the Near-Term Projects at the Cathedral Hill, Davies, or St. Luke's Campus could be considered a physical impact on the environment, such impacts would be less than significant, because parking supply requirements implement City policies intended to reduce citywide traffic congestion and air quality effects by reducing the number of persons using single-occupancy vehicles, such as the City's "Transit First" policy. In addition, any impact would be considered less than significant because, as described in the parking discussions of those campuses in the FEIR and Addendum, CPMC's proposed enhanced Transportation Demand Management ("TDM") program would result in approximately 15-20 percent reductions of both vehicle trips and parking demand as compared to the projected trip and parking generation analyzed in the Final EIR, and it is anticipated that short-term visitors to the campuses unable to find on-campus parking would likely park in any available on-street parking space around the campus, although some may also choose to take transit, bicycle, or walk instead of drive, employees would have incentives under the enhanced TDM program to utilize alternative transportation modes and, therefore, employees unable to park at the campuses would take transit, bicycle, or walk to the campus, or park in one of CPMC's off-site parking facilities and utilize a CPMC shuttle to get to the site.

In addition, the transportation analysis in the Final EIR and Addendum accounted for potential secondary effects related to parking supply and demand, such as cars circling and looking for a parking space in areas of limited parking supply, assuming that all drivers would attempt to find parking at or near the CPMC campuses and then seek parking farther away if more convenient parking was unavailable. Moreover, the analysis took into account that the secondary effects of drivers searching for parking is typically offset by a reduction in vehicle trips due to others who are aware of constrained parking conditions in a given area. Any secondary environmental impacts that might result from a shortfall in parking in the vicinity of the CPMC campuses would be minor, and the traffic assignments used in the transportation analysis, as well as the associated air quality, noise, and pedestrian safety analyses, reasonably address potential secondary effects."

Noise

Impact NO-2: LRDP operation would not cause a substantial permanent increase in traffic noise levels at noise-sensitive residential receptors and/or expose noise-sensitive receptors to a substantial increase in noise levels.

Impact NO-4: Future traffic-related interior noise levels would not exceed applicable land use compatibility standards at the Davies Campus.

Cumulative Impacts: Cumulative impacts related to short-term exposure of sensitive receptors to increased construction noise and vibration, long-term exposure of sensitive receptors to increased traffic noise levels, long-term exposure of sensitive receptors to increased stationary-source noise, compatibility of sensitive land uses with the ambient noise environment, compatibility of sensitive land uses with the long-term groundborne noise and vibration environment, and short-term exposure of sensitive receptors to groundborne noise and vibration would be less than significant.

Air Quality

Impact AQ-2 (Davies and St. Luke's): Construction activities associated with the Near-Term projects at Davies and St. Luke's would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 Bay Area Air Quality Management District ("BAAQMD") Guidelines.[14] (*For the Cathedral Hill Campus, see Impact AQ-2, discussed in Section III, where this impact is regarded as a significant impact that can be reduced to a less-than-significant level through mitigation under the 1999 BAAQMD Guidelines.) (See also Impact AQ-10, in Section IV, where this impact is considered significant and unavoidable for the Cathedral Hill and St. Luke's Campuses under the 2010 BAAQMD Guidelines.*)

Although impacts related to toxic air contaminant exposure from near-term projects at the St. Luke's and Davies Campuses would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, and which has been incorporated into the construction management plans for the near-term projects at the St. Luke's and Davies Campuses, would reduce the carcinogenic risks and chronic noncarcinogenic health hazards posed by diesel particulate matter emissions during construction activities associated with development of the near-term projects at those campuses:

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[14].The analysis in the Draft EIR uses both the 1999 BAAQMD CEQA Air Quality Guidelines and the updated thresholds of significance and methodologies from the June 2010 BAAQMD CEQA Air Quality Guidelines to evaluate the potential air quality impacts of the proposed LRDP. This is because the adoption of the 2010 significance thresholds has been the subject of recent judicial actions, and it is uncertain whether or to what extent BAAQMD might revise its Guidelines as result of the litigation or its own subsequent review. However, the Planning Department has determined that Appendix D of the June 2010 BAAQMD CEQA Air Quality Guidelines continues to be appropriate for uses in the environmental analysis, for the reasons more fully set forth in the Final EIR. Therefore, in light of the timing of the EIR and Addendum, the use of both the 1999 and June 2010 BAAQMD Guidelines in the Draft EIR, the subsequent refined analysis of construction TAC emissions, and the Addendum continues to represent an appropriate and conservative approach that provides full disclosure regarding the potential impacts of (and appropriate mitigation for) the proposed LRDP. This document therefore makes findings of significance using both the 1999 and the 2010 BAAQMD Guidelines. At times, the findings of significance are different depending on which set of BAAQMD Guidelines is used. This document however, makes appropriate findings for each impact based on both sets of Guidelines.

Improvement Measure I-AQ-N2: This improvement measure is identical to Mitigation Measure M-AQ-N2[15] *for the Cathedral Hill Campus (Install Accelerated Emission Control Device on Construction Equipment).*

Impact AQ-4: Operation of the LRDP would not cause local concentrations of CO from motor vehicle exhaust to exceed state and federal ambient air quality standards under the 1999 BAAQMD Guidelines.

Impact AQ-5: Operations at the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 BAAQMD Guidelines.

Impact AQ-6: Construction and operation of the LRDP would not expose a substantial number of people to objectionable odors under the 1999 BAAQMD Guidelines.

Impact AQ-7: The LRDP's short-term construction emissions would not contribute to cumulatively considerable toxic air contaminant, criteria air pollutant or precursor emissions in the region. The LRDP's long-term operational toxic air contaminant emissions would not be cumulatively considerable under the 1999 BAAQMD Guidelines. (*See Impact AQ-7, in section IV, regarding contribution of the LRDP's long-term operational criteria air pollutant emissions to a cumulatively considerable significant and unavoidable impact, under the 1999 BAAQMD Guidelines.) (See also Impacts AQ-9 in Section IV, in which the near-term construction activities associated with the LRDP would exceed the 2010 BAAQMD CEQA significance threshold for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation; and AQ-14, in Section IV, in which the LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable significant and unavoidable impact on sensitive receptors using the 2010 BAAQMD Guidelines)*.

Impact AQ-12: Operation of CPMC campuses under the LRDP would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 2010 BAAQMD Guidelines.

Impact AQ-13: Construction and operation under the LRDP would not expose a substantial number of people to objectionable odors under the 2010 BAAQMD Guidelines.

Impact AQ-14: The proposed LRDP's operational emissions of toxic air contaminants would not contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

Greenhouse Gas Emissions

Impact GH-1: Direct and indirect CPMC LRDP-generated GHG emissions would not have a significant impact on the environment, nor would they conflict with an applicable plan, policy or regulation adopted for the purpose of reducing GHG emissions (*State CEQA Guidelines, Appendix G*).

Impact GH-2: CPMC LRDP construction-related GHG emissions would not have a significant impact on the environment, nor conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions (*2010 BAAQMD Guidelines*).

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[15] Mitigation Measure M-AQ-N2 is more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), and is also discussed under Impact AQ-2 in Section III below.

Wind and Shadow

Impact WS-1: The LRDP would not alter wind in a manner that substantially affects public areas.

Impact WS-2: The LRDP would not create net new shadow in a manner that would substantially affect the use of any park or open space under the jurisdiction of the San Francisco Recreation & Park Department, publicly accessible open space, outdoor recreation facility, or other public area or change the climate in either the community or the region.

Cumulative Impacts: Cumulative impacts of the proposed LRDP related to wind would be less than significant. The CPMC LRDP would also not result in a cumulatively considerable contribution to cumulative shadow impacts on open space.

Recreation

Impact RE-1: The LRDP would not increase the use of existing neighborhood and regional parks or other recreational facilities such that substantial physical deterioration of the facilities would occur or be accelerated. The LRDP also would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered park or recreational facilities, the construction of which could cause significant environmental impacts, in order to maintain acceptable service ratios, or other performance objectives.

Impact RE-2: The LRDP would not include recreational facilities or require the construction or expansion of recreational facilities which might have an adverse physical effect on the environment.

Impact RE-3: The LRDP would not adversely affect existing recreational opportunities.

Cumulative Impacts: Cumulative impacts of the proposed LRDP on recreation resources would be less than significant.

Public Services

Impact PS-1: The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered fire and emergency services facilities to maintain acceptable service ratios, response times, or other performance objectives.

Impact PS-2: The LRDP (except the Cathedral Hill Campus during the construction period, as discussed at Impact PS-2 in Section III below regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation) would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered police protection facilities to maintain acceptable service ratios, response times, or other performance objectives.

Impact PS-3: The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered schools to maintain acceptable service ratios or other performance objectives.

Impact PS-4: The LRDP would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered libraries to maintain acceptable service ratios or other performance objectives.

Cumulative Impacts: The cumulative impact on fire or police protection services related to the LRDP and foreseeable future developments in San Francisco would be less than significant. The cumulative impact on schools and library services related to the LRDP and foreseeable future developments in San Francisco would be less than significant.

Utilities and Service Systems

Impact UT-1: The LRDP would not exceed wastewater treatment requirements of the applicable regional water quality control board.

Impact UT-2: The LRDP would not require or result in the construction of new water treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

Impact UT-3: The LRDP would not require or result in the construction of new wastewater treatment facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

Impact UT-4: The LRDP would not require or result in the construction of new stormwater drainage facilities or expansion of existing facilities, the construction of which could cause significant environmental effects.

Impact UT-5: The San Francisco Public Utilities Commission ("SFPUC") would have sufficient water supplies to serve the LRDP from existing entitlements and resources. No new or expanded entitlements would be needed.

Impact UT-6: The LRDP would be served by a landfill with sufficient permitted capacity to accommodate the LRDP's solid waste disposal needs.

Impact UT-7: The LRDP would comply with federal, state, and local statutes and regulations related to solid waste.

Cumulative Impacts: The cumulative impact of development projects, including the proposed LRDP, within San Francisco on water supplies would be less than significant. The cumulative impact of development projects, including the proposed LRDP, on the capacity of existing and planned storm sewers would be less than significant. The cumulative impact of future development, including the proposed LRDP, on San Francisco's solid waste disposal capacity would be less than significant.

Biological Resources

Impact BI-2: The LRDP would require removal of protected trees at most of the CPMC campus sites during construction. However, protected trees would be removed in compliance with the City's Urban Forestry Ordinance and Section 143 of the San Francisco Planning Code, and thus the LRDP would not conflict with any local policies.

Although the landmark tree located at the St. Luke's Campus is not proposed for removal and, therefore, impacts on the landmark tree would be less than significant, the following Improvement Measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by further protecting the existing landmark tree from potential adverse construction impacts that could affect its health:

Improvement Measure I-BI-N2: Preparation and implementation of a Tree Protection Plan submitted to be submitted to DPW as part of the construction plans for the St. Luke's Campus.

Cumulative Impacts: The cumulative impacts of the LRDP related to biological resources would be less than significant.

Geology and Soils

Impact GE-1: The LRDP would not expose people or structures to the risk of loss, injury, or death involving rupture of a known earthquake fault or strong seismic ground shaking.

Impact GE-2: The LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including liquefaction, or be located on geologic unit or soil that is unstable, or that would become unstable as a result of the Project, and potentially result in liquefaction or lateral spreading.

Impact GE-3: The LRDP would not expose people or structures to the risk of loss, injury, or death involving landslides or be located on geologic unit or soil that is unstable, or that would become unstable as a result of the project, and potentially result in on- or off-site landslides.

Impact GE-5: The Near-Term Projects under the LRDP would not expose people or structures to the risk of loss, injury, or death involving ground failure, including densification or seismic settlement.

Impact GE-6: The LRDP would not be located on a geologic unit or soil that is unstable or that would become unstable as a result of the project, resulting in subsidence or collapse (except for potential ground subsidence from construction dewatering at the St. Luke's Campus, discussed below under Impact GE-6 in Section III regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation). Although the impact related to subsidence or soil collapse at the Cathedral Hill Campus would be less than significant, implementation of the following improvement measure, as more fully described in the Final EIR, would further reduce the less-than-significant impact by ensuring that unanticipated effects of dewatering activities are monitored.

Improvement Measure I-GE-N6: Excavation monitoring program.

Impact GE-7: The LRDP projects would not be located on expansive soil (as defined in Table 18-1-B of the Uniform Building Code), nor would it be substantially affected by corrosive soils, and therefore would not create substantial risks to life or property.

Impact GE-8: The CPMC campus sites do not have soils incapable of adequately supporting the use of septic tanks or alternative wastewater disposal systems where sewers are not available for the disposal of wastewater.[16]

Impact GE-9: The LRDP would not change substantially the topography or any unique geologic or physical features of the sites.

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[16] All of the CPMC campuses would be served by sewer systems.

Cumulative Impacts: The cumulative impacts of the LRDP with regard to fault rupture would not be considerable. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impacts arising out of strong seismic ground shaking. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impact arising from liquefaction, settlement, lateral spreading, corrosive soils, or landsliding. Cumulative impacts related to erosion or the loss of topsoil would not be considerable. The LRDP would not make a cumulatively considerable contribution to any potential cumulative impacts from development on soils subject to instability, subsidence, collapse, and/or expansive soil, and the cumulative impact of the LRDP would be less than significant. No cumulative impact related to topography and unique geographic features would occur. Cumulative impacts related to the off-site disposal of excavated materials would be less than significant.

Hydrology and Water Quality

Impact HY-1: Dewatering activities during LRDP construction could temporarily lower the local groundwater table, but the LRDP would not substantially deplete groundwater supplies or interfere with recharge such that there would be a net deficit in aquifer volume or a substantial lowering of the local groundwater table.

Impact HY-4: Changes in the intensity of land use and increases in impervious surfaces at the CPMC campuses would not result in significant degradation of the quality of stormwater discharged to the combined sewer.

Impact HY-5: LRDP construction would not place any buildings or structures within a designated 100-year flood hazard area.

Impact HY-6: LRDP construction would not expose people or structures to risks from inundation by seiche, tsunami, or mudflow.

Cumulative Impacts: The cumulative impact related to the placement of buildings or structures within the 100-year flood hazard area and exposure of people or structures to risks from inundation by seiche, tsunami, or mudflow would be less than significant. The LRDP and other foreseeable development projects would have a less-than-significant cumulative impact on groundwater supplies and recharge. The cumulative impact on the capacity of existing and planned storm sewers would be less than significant. Cumulative impacts on water quality associated with construction of the LRDP and other foreseeable development projects would be less than significant. Therefore, the proposed CPMC LRDP would not contribute considerably to cumulative impacts related to hydrology and water quality.

Hazards and Hazardous Materials

Impact HZ-1: LRDP construction would not create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment. (Except hazardous materials related to known soil and groundwater conditions, known underground structures, and unknown soil and groundwater conditions and USTs, as discussed below under Impact HZ-1 in Section III regarding potentially significant impacts that can be reduced to a less-than-significant level through mitigation).

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

Hazardous materials related to construction equipment would not create a significant hazard to the public or to the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment during construction activities.

Hazardous materials related to demolition of structures would not create a significant hazard to the public or to the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment.

Although the impact of hazardous materials related to demolition of structures would be less than significant, the less-than-significant impact related to potential exposure to PCBs and mercury during demolition of on-campus structures would be further reduced through the implementation of the following improvement measure, as more fully described in the Final EIR:

Improvement Measure I-HZ-N1: CPMC shall ensure that project contractors remove and properly dispose of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.

Impact HZ-2: LRDP operations would not create a significant hazard to the public or the environment through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment during project operation.

Impact HZ-3: The LRDP would not emit hazardous emissions or involve handling of hazardous or acutely hazardous materials, substances, or wastes within one-quarter mile of an existing or proposed school during construction or operation.

Although the impact related to hazardous emissions or handling of hazardous materials within one-quarter mile of an existing or proposed school would be less than significant, the impact related to potential hazardous air emissions from structures to be demolished on the Cathedral Hill, Davies, and St. Luke's Campuses would be further reduced through the implementation of the following improvement measure, as more fully described in the Final EIR:

Improvement Measure I-HZ-N3: This improvement measure is identical to I-HZ-N1, above, and requires the removal and proper disposal of PCB- and mercury-containing equipment prior to the start of project-related demolition or renovation.

Impact HZ-5: The near-term projects under the LRDP would not be located within an airport land use plan or within 2 miles of a public airport or private airstrip, and as a result, would not create a safety hazard for people residing or working in the area.

Impact HZ-6: The LRDP would not conflict with emergency response or evacuation plans during the project's construction and operational periods.

Impact HZ-7: The LRDP would not expose people or structures to a significant risk of loss, injury, or death involving fires.

Cumulative Impacts: Cumulative impacts from construction activities related to the routine transport, use, and disposal of hazardous materials would be less than significant. The LRDP's cumulative impact related to reasonably foreseeable risk of upset or accident would be less than significant. The LRDP's cumulative impact related to handling of acutely hazardous materials within one-quarter mile of a school would be less than significant. The LRDP's cumulative impact related to hazardous materials release sites would be less than significant. The LRDP's cumulative impact related to impairment of implementation of adopted emergency response plans would be less than significant.

Mineral and Energy Resources

Impact ME-1: The LRDP would not result in the loss of availability of a known mineral resource that would be of value to the region and the state, nor would it result in the loss of availability of a locally important mineral resource.

Impact ME-2: The LRDP would encourage activities that would result in the use of large amounts of fuel, water, and energy; however, these resources would not be used in a wasteful manner.

Cumulative Impacts: The energy demand associated with the proposed CPMC LRDP would not result in a cumulatively considerable contribution to the existing and ongoing significant cumulative impact on energy reliability.

Agricultural Resources

Impact AG-1: The LRDP would not convert Prime Farmland, Unique Farmland, or Farmland of Statewide Importance; would not conflict with existing zoning for agricultural use, or a Williamson Act contract; and would not involve other changes in the existing environment that, because of their location or nature, could result in conversion of Farmland of Statewide Importance to nonagricultural use.

Impact AG-2: The LRDP would not result in conflicts with existing zoning for, or cause rezoning of, forest land or timberland.

Impact AG-3: The LRDP would not result in the loss of or conversion of forest land to nonforest use.

Cumulative Impacts: The LRDP would not contribute to cumulative impacts on agricultural and forest resources.

Growth Inducement

Implementation of the proposed CPMC LRDP would not result in substantial additional development, population and employment growth at the CPMC campuses, in the surrounding neighborhoods, or citywide. Thus, the LRDP would not result in direct or indirect substantial growth inducement.

Urban Decay

The proposed LRDP would not result in conditions leading to urban decay.

III.
FINDINGS OF POTENTIALLY SIGNIFICANT IMPACTS THAT CAN BE AVOIDED OR REDUCED TO A LESS-THAN-SIGNIFICANT LEVEL THROUGH MITIGATION AND THE DISPOSITION OF THE MITIGATION MEASURES

CEQA requires agencies to adopt mitigation measures that would avoid or substantially lessen a project's identified significant impacts or potential significant impacts if such measures are feasible (unless mitigation to such levels is achieved through adoption of a project alternative). The findings in this Section III and in Section IV concern mitigation measures set forth in the Final EIR and Addendum. These findings discuss mitigation measures as identified in the Final EIR and Addendum for the Proposed Project. The full text of the mitigation measures is contained in the Final EIR and Addendum and in **Exhibit 1**, the Mitigation Monitoring and Reporting Program. The impacts identified in this Section III would be reduced to a less-than-significant level through implementation of the mitigation measures contained in the Final EIR and Addendum, included in the Project, or imposed as conditions of approval and set forth in **Exhibit 1**. The impacts identified in Section IV, below, for which feasible mitigation has been identified in the Final EIR and Addendum also would be reduced, although not to a less-than-significant level.

It is recognized that some of the mitigation measures are partially within the jurisdiction of other agencies. These agencies are urged to assist in implementing these mitigation measures, and it is hereby found that these agencies can and should participate in implementing these mitigation measures.

<u>**Cultural and Paleontological Resources**</u>

Impact CP-2: Construction under the proposed LRDP could potentially adversely affect the significance of subsurface archaeological resources pursuant to Section 15064.5 of the State CEQA Guidelines.

Cathedral Hill Campus

Subsurface excavation and construction activities at the site of the proposed Cathedral Hill Campus could adversely affect subsurface archaeological deposits beneath the site. The Cathedral Hill project site appears to have the potential to contain prehistoric archaeological deposits associated primarily with the Colma Formation, a soil layer initially developed before the earliest recorded human habitation in the region, which extends horizontally throughout the site at an approximate depth of 20–37 feet. Planned excavations at the Cathedral Hill Campus may go to a maximum of approximately 65.5 feet below surface along Van Ness Avenue, affecting the Colma Formation soils.

Development of the Cathedral Hill Campus Hospital block began in the 1860s when the Ladies' Protection and Relief Society Orphan Asylum was erected on the western half of the block. By 1869, buildings along Post Street and possibly along Geary Boulevard (probably residences) had been constructed. The former footprint of the Orphan Asylum and all of the individual dwellings within the Cathedral Hill Campus site on Geary Boulevard/Geary Street, Van Ness Avenue, and Cedar and Post Streets have the potential to yield significant archaeological resources, primarily along the back lot lines where residents would have located privies or trash pits. The streets within this project site represent a cross section of the neighborhood and of San Francisco in its earliest phases and could supply important information about this population.

Prehistoric or historic cultural resources related to the site's previous uses that are discovered during construction of the proposed Cathedral Hill Campus may represent historical resources or unique archaeological resources as defined by CEQA. Because of the potential for a substantial change to or destruction of these resources, if encountered, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP and will be implemented as provided therein.

> *Mitigation Measure M-CP-N2*: *Archaeological Testing Program, Archaeological Monitoring Program, Archaeological Data Recovery Program, procedures for treatment of Human Remains and Associated or Unassociated Funerary Objects, and Final Archaeological Resources Report.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is hereby found and determined that implementing Mitigation Measure M-CP-N2 at the proposed Cathedral Hill Campus would reduce Impact CP-2 to a less-than-significant level because it would ensure that any potentially affected archaeological deposit would be identified, evaluated, and, as appropriate, subject to data recovery and reporting by a qualified archaeologist under the oversight of the Environmental Review Officer.

St. Luke's Campus

LRDP construction activities at the St. Luke's Campus could adversely affect subsurface archaeological deposits beneath the site. The St. Luke's Campus Hospital would require excavation up to a depth of 19 feet below grade. The St. Luke's Campus MOB would require excavation up to approximately 45 feet below grade.

The St. Luke's Campus site has the potential to prehistoric or historic archaeological resources. Colma Formation and more recent soil deposits in the subsurface of the St. Luke's Campus site may contain prehistoric archaeological resources. Individual structures pictured within the St. Luke's Campus site on 19th-century maps have the potential to yield significant archaeological resources from the time period from the 1870s, when the first structure was built on the site, through the first decade of the 20th century. Refuse or structural features would be potentially eligible under Criterion 4 of the California Register of Historic Resources ("CRHR") for their ability to address research questions relating to late-19th-century medical practices in San Francisco, and to add to the existing body of comparable data recovered from similar San Francisco sites.

The following mitigation measure, as more further described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-CP-N2*: *This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.*

As more fully described in the Final EIR and Addendum, if encountered, the impact to prehistoric or historic resources would be significant and, based on the Final EIR, the Addendum, and the entire administrative record, it is hereby found and determined that, as more fully described therein and for the same reasons as discussed above for the proposed Cathedral Hill Campus, implementing Mitigation Measure M-CP-N2 at the St. Luke's Campus would reduce Impact CP-2 to a less-than-significant level.

Davies Campus

LRDP construction at the Davies Campus site could adversely affect archaeological deposits beneath the site. Excavation for the Neuroscience Institute building would reach approximately 50 feet below current street level and require the removal of approximately 63,000 cubic yards of soil. The Davies Campus appears to have the potential to contain prehistoric archaeological deposits, which would be associated primarily with the deeply buried Colma Formation. Sites uncovered in or on Colma Formation soils could be eligible for listing in the CRHR for their data potential (Criterion 4).

The site of the Davies Campus site was 0.15 mile from Mission Dolores and may have been affected by mission-related activities. The site was the location of various outbuildings associated with the German Hospital constructed in 1877. Architectural remains of these outbuildings, and institutional and residential refuse, and possibly architectural features, from the German Hospital may be found during LRDP construction. Temporary human burials, casualties of the 1906 earthquake, were placed in the corner of the yard, but the corner that housed the mortuary was not located within the Davies Campus site. It is possible, though unlikely, that burials from the earthquake could be found during LRDP construction. If pit refuse from the German Hospital is located within the site, a determination would be made about whether the features of this refuse have enough integrity to meet data requirements for CRHR eligibility. Any recovered archaeological evidence of a settlement from the Spanish period would be considered highly significant. Indications of the extent to which San Francisco's native population retained its cultural practices and adapted to or resisted the demands of life at the mission have the potential to add valuable data to, and possibly alter, the historical record. These or similar resources found during construction may represent historical resources or unique archaeological resources as defined by CEQA. Because of the potential for a substantial change to or destruction of these resources, if the resources are discovered, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-CP-N2*: *This mitigation measure is identical to Mitigation Measure M-CP-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is hereby found and determined that, as more fully described therein and for the same reasons as discussed for the proposed Cathedral Hill Campus, implementing Mitigation Measure M-CP-N2 at the Davies Campus would reduce Impact CP-2 to a less-than-significant level.

Impact CP-3: Construction-related earthmoving activities would take place in several paleontologically sensitive rock formations; therefore, earthmoving activities could damage or destroy previously unknown, unique paleontological resources at the project site.

Cathedral Hill, St. Luke's and Davies Campuses

The Colma Formation (all CPMC campuses), slope debris and ravine deposits (St. Luke's Campus), and older native sediments (Davies Campus) are considered paleontologically sensitive rock formations because of their potential to contain unique paleontological resources. Therefore, earthmoving activities in these deposits could damage unique paleontological resources, which would be a significant impact.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure M-CP-N3: Construction Personnel Training Program and Recovery Plan.

As more fully described in the Final EIR and Addendum, the potential impact to paleontological resources is significant. Based on the Final EIR, the Addendum, and the entire administrative record, it is hereby found and determined that implementing Mitigation Measure M-CP-N3 at the Cathedral Hill, St. Luke's, and Davies Campuses would reduce Impact CP-3 to a less-than-significant level because construction workers would be trained regarding the possibility of encountering paleontological resources, and in the event that resources were encountered, fossil specimens would be recovered and recorded and would undergo appropriate curation.

Impact CP-4: Project-related construction activities could disturb as-yet-undiscovered human remains.

Cathedral Hill, St. Luke's and Davies Campuses

Although no human remains have been listed or recorded at any of the proposed or existing CPMC campus sites, they are known to occur on the San Francisco peninsula in Middle and Late Holocene sites. Constructing new facilities at the CPMC campus sites would require excavation exposing the Colma Formation, a Late Pleistocene–Early Holocene landform that offered potential occupation surfaces for Native Americans for a period of several thousand years. As a result, as-yet-undiscovered human remains may be uncovered by excavations at these locations. Because of the potential for disturbance of human remains, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure M-CP-N4: This mitigation measure is identical to Mitigation Measure M-CP-N2, above.

Based on the Final EIR, the Addendum, and the entire administrative record, and because Mitigation Measure M-CP-N4 would ensure that the treatment of any human remains and associated or unassociated funerary objects discovered during any soil-disturbing activity shall comply with applicable federal and state laws, it is hereby found and determined that implementing Mitigation Measure M-CP-N4 at the Cathedral Hill, St. Luke's, and Davies Campuses would reduce Impact CP-4 to a less-than-significant level.

Cumulative Impacts: Archaeological resources and human remains.

CEQA requires the recovery of significant scientific data where otherwise a project would result in the loss of the archaeological resource. For those archaeological properties potentially eligible or eligible for listing in the CRHR under Evaluation Criterion 4, mitigation through data recovery is generally considered sufficient to reduce impacts to a less-than-significant level. Consequently, development in the recent past has not, and development in the present and reasonably foreseeable future would not, contribute to a significant adverse cumulative impact on archaeological resources. Similarly, with implementation of Mitigation Measures M-CP-N2 and M-CP-N3, as described above and more fully set forth in the Final EIR, the Addendum, and the attached MMRP, the proposed LRDP would have a less-than-significant impact on archaeological resources that are unique and nonrenewable members of finite classes, and the incremental contribution of the LRDP to these cumulative effects would not be cumulatively considerable because it would not contribute to a loss of valuable resources.

Transportation and Circulation

Impact TR-44: Implementation of the Cathedral Hill Campus project and subsequent operation of the Cathedral Hill Campus Hospital off-street loading facility could result in potentially hazardous conditions on Franklin Street.

The main entrance to the Cathedral Hill Campus Hospital loading dock would be from separate entrance and exit driveways on Franklin Street. Prior to entering the loading area, a large truck would need to come to a stop in the second travel lane, and an attendant would need to temporarily stop on-coming traffic on Franklin Street while the truck maneuvered into the dock. Because Franklin Street is a major arterial street with large platoons of vehicles during significant portions of the day, stopping these vehicles may cause vehicle queues to form and extend into upstream intersections (e.g., Franklin Street/Geary Street) and interrupt intersection operations. It may result in a safety issue if vehicles stuck at an intersection decide to maneuver around other vehicles to move out of oncoming cross traffic. Therefore, the project's impact related to loading operations at the off-street loading facility on Franklin Street would be a significant impact.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-44 Loading Dock Restrictions and Attendant.

Based on the Final EIR, the Addendum, and the entire administrative record, and because Mitigation Measure M-TR-44 would include time restrictions for larger truck deliveries, initial traffic impact monitoring and potential adjustments as warranted by such monitoring, and the provision of a delivery attendant during larger deliveries, it is hereby found and determined that implementation of Mitigation Measure M-TR-44 would reduce the impacts related to loading operations and, therefore, the impact related to the Cathedral Hill Campus Hospital's loading facility to create hazardous conditions on Franklin Street traffic operations would be less than significant with mitigation.

Noise

Impact NO-1: Short-term noise generated by project-related construction and/or demolition activities could temporarily expose existing nearby noise-sensitive receptors to substantial increases in ambient noise levels.

Cathedral Hill Campus

During the most intense phases of demolition and excavation activities, construction noise generated at the proposed Cathedral Hill Campus would be 81 dB L_{eq} at 100 feet and therefore, 1 dB above the San Francisco Noise Control Ordinance standard for daytime construction of 80 dB L_{eq} at 100 feet from powered construction equipment. Sensitive receptors at the following locations would experience noise levels exceeding 80 dB L_{eq}: Geary Boulevard residences across from the Cathedral Hill Campus Hospital site (81 dB L_{eq}), Hamilton Square Baptist Church (82 dB L_{eq}), 1 Daniel Burnham Court (82 dB L_{eq}), 1142 Van Ness Avenue (87 dB L_{eq}), 1001 Polk Street (83 dB L_{eq}), 1050 Van Ness Avenue (81 dB L_{eq}), and 1015 Geary Street (81 dB L_{eq}).[17] As a result, certain construction activities at the Cathedral Hill Campus would not comply with the standards of the San Francisco Noise Control Ordinance. Therefore, this potential impact from construction of the Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB would be significant.

Van Ness Avenue Pedestrian Tunnel

The Van Ness Avenue pedestrian tunnel would be constructed concurrently with (but take substantially less time than) the construction of the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB. Noise generated by tunnel construction work between 7 a.m. and 7 p.m. would be enclosed within the tunnel. Therefore, this noise would be less than 80 dB L_{eq} at 100 feet from powered construction equipment, and would not exceed the San Francisco Noise Control Ordinance's standard for daytime construction. Therefore, the impact from daytime construction of the Van Ness Avenue pedestrian tunnel would be less than significant.

Initial surface work would be conducted at night between 7 p.m. and 5 a.m., Monday-Friday, and would require approximately four months to complete. Nighttime work is proposed to avoid the need for extended lane closures during high-traffic periods and to minimize disruption of traffic, because the initial surface work for the pedestrian tunnel requires the closure of two traffic lanes at a time on Van Ness Avenue during each work shift. The Department of Public Works or the Director of Building Inspection would need to grant a special permit to authorize construction work after 8 p.m. and before 7 a.m., because construction noise could exceed ambient noise levels by more than 5 dBA as measured at the nearest property plane. It is found and determined, however, for the reasons stated in the Final EIR, the Addendum, and the entire administrative record and due to its temporary nature (approximately 4 months), that this nighttime noise impact would be less than significant with issuance of a special permit with conditions, including implementing Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c, as described below and more fully described in the Final EIR.

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[17] As explained on page 4.6-44 of the Draft EIR, during demolition, excavation, and foundation construction, it is expected that the construction noise would be shielded partially or completely by a portion of the shell of existing building facades being demolished, and eventually by the construction pit as work progresses. However, this shielding effect was not accounted for in the analysis of the potential noise levels at these sensitive receptors.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the MMRP and will be implemented as provided therein.

> *Mitigation Measure M-NO-N1a: CPMC shall minimize the impacts of construction noise where feasible by implementing the measures listed in the Final EIR and MMRP, including, construction equipment noise minimization and deflection techniques and noise suppression devices in accordance with the San Francisco Noise Control Ordinance. These measures shall be required in each contract agreed to between CPMC and a contractor under the LRDP and shall be applied to all projects and programs covered by the CPMC LRDP EIR.*
>
> *Mitigation Measure M-NO-N1b: Community Liaison*
>
> *Mitigation Measure M-NO-N1c: Construction Noise Management Plan, including data gathering and analysis, monitoring, and potential review and approval by a qualified acoustical consultant of additional mitigation measures meeting specified performance standards, if warranted under specified criteria.*

Based on the Final EIR, the Addendum, and the entire administrative record, and including the requirement to obtain a special permit authorizing initial surface construction work related to the Van Ness Avenue pedestrian tunnel construction during nighttime hours, and the recommended noise reduction techniques set forth in the mitigation measures described above, which involve implementing both physical (e.g., noise shielding) and operational (e.g., restrictions on idling of construction equipment, community liaison) impact reduction measures that are considered practical and feasible, it is hereby found and determined that implementing Mitigation Measures M-NO-N1a, M-NO-N1b, and M-NO-N1c would reduce construction noise impacts at the proposed Cathedral Hill Campus to a less-than-significant level.

St. Luke's Campus

During the most intense phases of demolition and excavation activities, construction noise generated at the St. Luke's Campus would be 80 dB L_{eq} at 100 feet. Sensitive receptors at the following locations would experience noise levels exceeding 80 dB L_{eq}: residences on the 1450-1600 blocks of Guerrero Street (84 dB L_{eq}) and the 578-643 blocks of San Jose Avenue (81 dB L_{eq}). During daytime hours, on-campus noise sensitive receptors (patients and staff occupying the existing St. Luke's Hospital tower) would experience elevated interior-noise levels exceeding those recommended for hospitals. As a conservative conclusion, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP and will be implemented as provided therein.

> *Mitigation Measure M-NO-N1: This mitigation is identical to Mitigation Measures M-NO-N1a, M-NO-N1b and M-NO-N1c, above, for the Cathedral Hill Campus.*

Based on the Final EIR, the Addendum, and the entire administrative record, including the recommended noise reduction techniques set forth in the mitigation measure described above, which involves implementing both physical (e.g., noise shielding) and operational (e.g., restrictions on idling of construction equipment, community liaison) impact reduction measures that are considered practical and feasible, it is hereby found and determined that implementing Mitigation Measure M-NO-N1 would reduce construction noise impacts at the St. Luke's Campus to a less-than-significant level.

Davies Campus

During the most intense phases of demolition and excavation activities, construction noise generated at the Davies Campus would be above 80 dB L_{eq} at 100 feet. On-campus sensitive receptors at the Davies Hospital North Tower would experience noise levels (81 dB L_{eq}) exceeding 80 dB L_{eq}. Also, during daytime hours, on-campus noise-sensitive receptors (patients and staff occupying the Davies Hospital North and South Towers) could experience elevated interior noise levels, including noise levels exceeding those recommended for hospitals. Therefore, as a conservative conclusion, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP and will be implemented as provided therein.

> *Mitigation Measure M-NO-N1: This mitigation measure is similar to Mitigation Measures M-NO-N1a, M-NO-N1b and M-NO-N1c, above, for the Cathedral Hill Campus but differs in that evaluation of interior construction-noise levels at on-site receptors by a qualified acoustical consultant shall be required if the number of complaints to the community liaison becomes excessive and warrants further action.*

Based on the Final EIR and the entire administrative record, and for the same reasons as described above for the St. Luke's Campus, it is hereby found and determined that implementing Mitigation Measure M-NO-N1 would reduce construction noise impacts at the Davies Campus to a less-than-significant level.

Impact NO-3: Operation of stationary noise sources associated with the CPMC LRDP could expose on-site and off-site noise-sensitive receptors to noise levels that would exceed applicable standards, and/or result in a substantial increase in ambient noise levels.

Cathedral Hill Campus

Noise levels attributable to the proposed Cathedral Hill Campus Hospital's Level 5 kitchen exhaust fans, to Aduromed (medical waste disposal) operations, and to oxygen truck deliveries could potentially exceed noise limits set forth in the San Francisco Noise Control Ordinance and could result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N3a: CPMC shall retain the services of a qualified acoustical consultant to measure the sound levels of operating exterior equipment within 30 days after installation. If exterior equipment meets sound-level standards, no further action is required. If exterior equipment does not meet sound-level standards, CPMC shall replace and/or redesign the exterior equipment to meet the City's noise standards. Results of the measurements shall be provided to Hospital Facilities Management/Engineering and the City to show compliance with standards.*

> *Mitigation Measure M-NO-N3b: Bay doors shall be required to be closed during Aduromed operations, to the extent feasible.*

> *Mitigation Measure M-NO-N3c: In the event that it is determined to be infeasible for bay doors to be closed during Aduromed operation, a noise-absorptive material shall be applied (prior to initiation of Aduromed operations with open doors) to the entire ceiling structure of the loading-dock area to reduce*

noise levels from Aduromed operations. The material shall have a minimum Noise Reduction Coefficient of 0.75.

Mitigation Measure M-NO-N3d: Noise attenuators shall be included on kitchen exhaust fans located on Level 5 of the Cathedral Hill Campus Hospital adjacent to patient rooms, or the sound power levels of the exhaust fans shall be limited. Hospital Facilities Management/Engineering shall review the effectiveness of attenuators.

Mitigation Measure M-NO-N3e: Delivery of oxygen to the proposed Cathedral Hill Campus shall not be scheduled during hours when church activities are typically taking place. Communication shall be established between the adjacent churches and CPMC, and a mutually acceptable time for delivery of oxygen shall be determined.

Mitigation Measures M-NO-N3a through M-NO-N3e include practical and feasible physical (e.g., equipment design) and operational (e.g., delivery schedule) impact reduction measures. Based on the Final EIR, the Addendum, and the entire administrative record,, implementing these mitigation measures would reduce the impact of the operation of stationary noise sources (i.e., mechanical HVAC equipment, emergency electrical generators, Aduromed), to a less-than-significant level at the proposed Cathedral Hill Campus.

Davies Campus

The operation of the proposed new emergency generator at the Davies Campus could potentially generate noise levels that exceed noise limits set forth in the San Francisco Noise Control Ordinance and result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure M-NO-N3: CPMC shall retain the services of a qualified acoustical consultant to conduct an additional site-specific noise study to evaluate and establish the appropriate ambient noise levels at the Davies Campus for purposes of a detailed HVAC and emergency-generator noise reduction analysis. The recommendations of the acoustical consultant shall include specific equipment design and operations measures to reduce HVAC and emergency-generator noise to acceptable levels for exterior and interior noise levels as specified in the San Francisco Noise Control Ordinance.

Based on the Final EIR and the entire administrative record, it is found and determined, that the above mitigation measure involves implementing physical (e.g., equipment design) impact reduction measures related to stationary equipment that are considered practical and feasible to achieve compliance with the San Francisco Noise Control Ordinance. Thus, implementing Mitigation Measure M-NO-N3 at the Davies Campus would reduce the impact of the operation of stationary noise sources (i.e., an emergency generator) to a less-than-significant level.

St. Luke's Campus

As more fully described in the Final EIR and Addendum, the operation of stationary sources (specifically, rooftop HVAC equipment) at the St. Luke's Campus could potentially generate noise levels that could exceed the City's noise limits set forth in the San Francisco Noise Control Ordinance and result in a substantial increase in ambient noise levels. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N3: This mitigation measure is identical to Mitigation Measure M-NO-N3, above, for the Davies Campus and Mitigation Measure M-NO-N3a, above, for the Cathedral Hill Campus.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined that the above mitigation measure involves implementing physical (e.g., equipment design) impact reduction measures related to stationary equipment that are considered practical and feasible to achieve compliance with the San Francisco Noise Control Ordinance standards. Thus, implementing Mitigation Measure M-NO-N3 at the St. Luke's Campus would reduce the impact of the operation of stationary noise sources (i.e., mechanical HVAC equipment, emergency electrical generators) to a less-than-significant level.

Impact NO-4: Future traffic-related interior noise levels could exceed applicable land use compatibility standards at the Cathedral Hill and St. Luke's Campuses.

Cathedral Hill Campus

As more fully described in the Final EIR and Addendum, future traffic noise levels could result in interior noise levels at the Cathedral Hill Campus Hospital that exceed an interior noise level of 45 dB L_{dn}. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N4: CPMC shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed Cathedral Hill Campus Hospital that would reduce the interior traffic-noise level inside the hospital to 45 dB L_{dn}. Interior spaces of the hospital shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L_{dn} or lower.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, that implementation of Mitigation Measures M-NO-N4 would require that the Cathedral Hill Campus Hospital be designed to achieve interior traffic noise levels of 45 dB L_{dn} or below by including noise-insulating features. Compliance with this performance standard is feasible with currently available, commonly used building technology. Therefore, implementing Mitigation Measure M-NO-N4 at the proposed Cathedral Hill Campus would reduce the impact of traffic-related interior noise levels to a less-than-significant level.

St. Luke's Campus

As more fully described in the Final EIR and Addendum, future traffic noise levels could result in interior noise levels at the St. Luke's Campus Hospital that exceed an interior noise level of 45 dB L_{dn}. As a result, this impact would be significant.

The following mitigation measure, as more fully described in the Addendum, is hereby adopted in the form set forth in the Addendum and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N4: CPMC shall obtain the services of a qualified acoustical consultant to perform a detailed interior-noise analysis and develop noise-insulating features for the habitable interior spaces of the proposed St. Luke's Campus Hospital that would reduce the interior traffic-noise level inside the hospital to 45 dB L_{dn}. Interior spaces of the hospital shall be designed to include insulating features (e.g., laminated glass, acoustical insulation, and/or acoustical sealant) that would reduce interior noise levels to 45 dB L_{dn} or lower.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, that implementation of Mitigation Measures M-NO-N4 would require that the St. Luke's Campus Hospital be designed to achieve interior traffic noise levels of 45 dB L_{dn} or below by including noise-insulating features. Compliance with this performance standard is feasible with currently available, commonly used building technology. Therefore, implementing Mitigation Measure M-NO-N4 at the St. Luke's Campus would reduce the impact of traffic-related interior noise levels to a less-than-significant level.

<u>Air Quality</u>

Impact AQ-1: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed 1999 BAAQMD CEQA significance criteria (1999 BAAQMD Guidelines).

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

Demolition, excavation, and construction activities for the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would require the use of heavy trucks, excavating and grading equipment, and other mobile and stationary construction equipment. Material handling, traffic on unpaved or unimproved surfaces, demolition of structures, use of paving materials and architectural coatings, exhaust from construction worker vehicle trips, and exhaust from diesel-powered construction equipment would cause emissions during construction. Furthermore, heavy construction activity on dry soil exposed during construction phases would cause dust. These activities could cause potentially significant effects on local air quality.

Under the 1999 BAAQMD Guidelines, the implementation of all feasible construction dust control measures would reduce construction emissions to less-than-significant levels. Under the San Francisco Dust Control Ordinance, a dust control plan must be prepared that describes all dust control measures to be implemented during demolition and construction activities. Preparation of such a dust control plan is proposed as part of the construction management plan for the LRDP. The construction management plan would include BAAQMD Basic and Optional Control Measures. To ensure that these measures would be legally binding, they have been included as Mitigation Measure M-AQ-N1a, discussed below.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure M-AQ-N1a: Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction.

Mitigation Measure M-AQ-N1b: Implement Equipment Exhaust Control Measures during Construction.

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measures M-AQ-N1a and M-AQ-N1b at the proposed Cathedral Hill, Davies, and St. Luke's Campuses would reduce Impact AQ-1 to a less-than-significant level, because (a) under the 1999 BAAQMD Guidelines, air pollutant emissions from construction activities would be considered a less than significant impact if all of BAAQMD's Basic and Optional Control Measures that are applicable are implemented, and Mitigation Measure M-AQ-N1a would require implementation of all applicable BAAQMD Basic and Optional Control Measures, together with Additional Construction Mitigation Measures, during construction ; (b) Mitigation Measure M-AQ-N1b would reduce exhaust emissions from construction equipment during project construction by implementing BAAQMD-recommended control measures requiring minimization of equipment idling times, and maintenance and proper tuning of construction equipment; and (c) all requirements of the Dust Control Ordinance would also be implemented as part of the proposed LRDP per CPMC's construction management plan to minimize fugitive dust emissions during construction activities. Therefore, construction emissions of fugitive dust associated with the LRDP would not violate or contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations.

Impact AQ-2: Construction activities associated with the LRDP (near-term projects at the Cathedral Hill Campus) would not expose sensitive receptors to substantial concentrations of toxic air contaminants under the 1999 BAAQMD Guidelines. (*But see Impact AQ-10, in Section IV, where this impact is considered significant and unavoidable for the Cathedral Hill and St. Luke's Campuses under the 2010 BAAQMD Guidelines.*)

As more fully described in the Final EIR and the Addendum, the LRDP's construction-related toxic air contaminant ("TAC") emissions at the proposed Cathedral Hill Campus would generate a cancer risk of approximately 8.3 in a million, or less, at the maximally exposed off-site individual, assuming the receptor is a resident child. This result reflects a conservative, screening-level estimate; additional, more refined modeling would better characterize risk associated with construction at Cathedral Hill Campus and would result in smaller impacts. This level is below the 1999 BAAQMD CEQA Guidelines significance threshold of 10 in a million.

The screening-level analysis assumed the implementation of the following Mitigation Measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), which is hereby adopted in the form set forth in the Final EIR and the attached MMRP:

Mitigation Measure M-AQ-N2: Install Accelerated Emission Control Device on Construction Equipment.

The proposed CPMC construction management plan includes measures consistent with Mitigation Measure M-AQ-N2, thereby incorporating this mitigation measure into the proposed LRDP. Implementation of Mitigation Measure M-AQ-N2 would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by diesel particulate matter ("DPM") emissions below the 1999 BAAQMD CEQA significance criteria, as demonstrated by the screening-level analysis described above and more fully described in the Final EIR and Addendum. Therefore, this impact would be reduced to a less-than-significant level with implementation of Mitigation Measure M-AQ-N2.

AQ-8: Construction activities associated with the LRDP would not result in short-term increases in fugitive dust that exceed the 2010 BAAQMD CEQA significance criteria.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

The impact related to generation of fugitive dust during construction activities for the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses under the proposed LRDP is identical to the near-term impact described above under Impact AQ-1. Therefore, these activities could cause potentially significant effects on local air quality.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N8a: Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction.* (This mitigation measure is identical to Mitigation Measure M-AQ-N1a for Impact AQ-1).
>
> *Mitigation Measure M-AQ-N8b: Implement Equipment Exhaust Control Measures during Construction.* (This mitigation measure is identical to Mitigation Measure M-AQ-N1b for Impact AQ-1).

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measures M-AQ-N8a and M-AQ-N8b at the Cathedral Hill, Davies, and St. Luke's Campuses would reduce the impact of fugitive dust emissions from construction of near-term projects to a less-than-significant level under the 2010 BAAQMD CEQA significance criteria because: (a) Mitigation Measure M-AQ-N8a would require, during construction, implementation of all applicable Basic and Optional Control Measures identified under the 1999 BAAQMD CEQA Guidelines, and all applicable Basic Construction Mitigation Measures identified under the 2010 BAAQMD CEQA Guidelines and Additional Construction Mitigation Measures during construction; (b) Mitigation Measure M-AQ-N8b would reduce exhaust emissions from construction equipment during project construction by implementing BAAQMD-recommended control measures requiring minimization of equipment idling times, and maintenance and proper tuning of construction equipment; and (c) all requirements of the San Francisco Dust Control Ordinance would also be implemented as part of the proposed LRDP per CPMC's construction management plan to minimize fugitive dust emissions during construction activities. Therefore, construction emissions of fugitive dust associated with the LRDP would not violate or contribute substantially to an existing or projected air quality violation, or expose sensitive receptors to substantial pollutant concentrations.

AQ-10: Construction activities associated with the near-term project at the Davies Campus would not result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$.

As more fully described in the Final EIR, a conservative, screening-level evaluation of construction-related TAC emissions from development of the proposed Neuroscience Institute at the Davies Campus indicates that the emissions would generate a cancer risk that would be below the 2010 BAAQMD CEQA Guidelines significance threshold of 10 in a million.

The screening-level estimate assumed the implementation of the following mitigation measure, which has been incorporated into the project, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), and which is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein:

> *Mitigation Measure M-AQ-N10b: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As more fully described in the Final EIR, as demonstrated by the screening-level evaluation, implementation of Mitigation Measure M-AQ-N10b would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the 2010 BAAQMD CEQA significance criteria. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities associated with the near-term project at the Davies Campus would be reduced to a less-than-significant level with the implementation of Mitigation Measure M-AQ-N10b.

Public Services

Impact PS-2: Construction activities at the Cathedral Hill Campus would not result in substantial adverse physical impacts associated with the provision of, or the need for, new or physically altered police protection facilities to maintain acceptable service ratios, response times, or other performance objectives.

The San Francisco Police Department has indicated that construction activities at the Cathedral Hill Campus under the proposed LRDP could result in a temporary effect on police services during the construction period, if construction activities cause traffic conflicts that could delay police response times. Therefore, if this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-PS-N2: CPMC shall implement Mitigation Measure M-TR-55, the development of a Transportation Management Plan.*

Based on the Final EIR, the Addendum, and the entire administrative record, and as more fully described therein, it is found and determined, that with implementation of Mitigation Measure M-PS-N2, CPMC would develop a transportation management plan ("TMP") for construction to anticipate and minimize impacts of various construction activities associated with the Cathedral Hill Campus. Under the TMP, appropriate information would be distributed to contractors and affected agencies regarding coordination of construction activities to minimize overall disruptions and ensure that overall circulation is maintained to the extent possible. The TMP would include construction strategies, demand management activities, alternative route strategies, and public information strategies. In addition, the TMP would provide necessary information to various contractors and agencies as to how to maximize the opportunities for complementary construction management measures and to minimize the possibility of conflicting impacts on the roadway system, while safely accommodating the traveling public in the area. Therefore, implementing Mitigation Measure M-PS-N2 would reduce construction-period impacts related to police services at the Cathedral Hill Campus to a less-than-significant level.

Biological Resources

Impact BI-1: Tree and shrub removal and vegetation clearing required at most of the CPMC campus sites during project construction may potentially disturb nesting birds and could result in destruction of bird nests, a potential violation of the California Fish and Game Code or the Migratory Bird Treaty Act.

Cathedral Hill Campus

All perimeter trees—77 at the site of the proposed Cathedral Hill Campus Hospital and four at the site of the proposed Cathedral Hill Campus MOB—would be removed during demolition and replaced after construction in accordance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-BI-N1: Preconstruction surveys during nesting season; if active nests are located during survey, consultation with California Department of Fish and Game for guidance on obtaining and complying with Section 1081 agreement, which may include prohibiting construction activities within a buffer area, modifying construction activities, and/or removing or relocating active nests.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the proposed Cathedral Hill Campus would reduce the impact related to disturbance of bird nets to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

Davies Campus

Construction of the near-term project at the Davies Campus would necessitate the removal of approximately 35 trees of various native and nonnative species. Replacement trees would be planted after building construction as part of the landscape improvements along Noe Street and in the plaza south of the proposed Neuroscience Institute building, in compliance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-BI-N1: This mitigation measure is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the Davies Campus would reduce the impact related to disturbance of bird nests to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

St. Luke's Campus

Construction of the St. Luke's Campus Hospital would necessitate the removal of approximately 27 perimeter trees, which would be replaced afterward in accordance with the Urban Forestry Ordinance and Section 143 of the Planning Code. The only potential for adverse effects on biological resources is the loss or destruction of active bird nests, which is regulated under the federal Migratory Bird Treaty Act and the California Fish and Game Code. Construction-related activity and construction equipment moving around the site could temporarily disturb roosting birds on the campus site and within the immediate vicinity. If this disturbance occurred, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-BI-N1: This mitigation measures is identical to Mitigation Measure M-BI-N1 for the Cathedral Hill Campus.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-BI-N1 at the St. Luke's Campus would reduce the impact related to disturbance of bird nests to a less-than-significant level because preconstruction surveys would be conducted by a qualified wildlife biologist during the nesting season and, if active nests are discovered, protection measures to avoid construction-related disturbance and potential destruction of active bird nests would be implemented.

Geology and Soils

Impact GE-4: The LRDP would not result in substantial erosion or loss of topsoil.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

Exposed fill and native sand, including dune sand deposits, would be moderately to highly susceptible to erosion resulting from stormwater runoff when exposed during construction-related activities such as excavation. Topsoil and underlying soils at the construction sites would be disturbed during project-related excavation and grading activities. Without proper controls, these construction activities would expose loose soils to both wind and water erosion. If this occurred, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-GE-N4: CPMC shall implement Mitigation Measure M-HY-N3.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that as described below in the discussion of Impact HY-3, Mitigation Measure M-HY-N3 would reduce the potential for erosion by requiring implementation of a stormwater pollution prevention plan ("SWPPP"). Therefore, implementing Mitigation Measure M-GE-N4 at the proposed Cathedral Hill Campus and at the Davies Campus and St. Luke's Campus would reduce the impact related to erosion or loss of topsoil to a less-than-significant level.

Impact GE-6: The St. Luke's Campus project would not be located on a geologic unit or soil that is unstable or that would become unstable as a result of the project, resulting in subsidence or collapse.

St. Luke's Campus

Excavation activities during construction of the St. Luke's Campus Hospital and St. Luke's Campus MOB would likely encounter groundwater, which would require dewatering. Construction of the St. Luke's Campus Hospital would require only minor amounts of local dewatering. However, dewatering during excavation of the shoring system for the St. Luke's Campus MOB would require the removal of large amounts of groundwater. Excavation for the proposed utility route, as described in the Final EIR, the Addendum, and in Section VI.C. below, could also potentially encounter groundwater that would require dewatering. Removing large amounts of water from the water table during dewatering has the potential to result in ground subsidence at the St. Luke's Campus MOB and utility routes sites and at adjacent streets and properties as overlying soil loses support from the volume of the water. Accordingly, the potential impact related to ground subsidence from construction dewatering would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-GE-N6: Excavation and dewatering program shall be included in design-level geotechnical report for the St. Luke's Campus MOB, the proposed utility route, and the sewer variant at St. Luke's Campus. The program shall include measures to monitor settlement and groundwater levels while dewatering is in progress and, if deemed potentially damaging to surrounding improvements, the groundwater outside the excavation shall be recharged or the dewatering program altered to reduce drawdown to an acceptable level.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-GE-N6 at the St. Luke's Campus would reduce the impact related to subsidence from construction dewatering to a less-than-significant level because it would prevent significant subsidence impacts by monitoring settlement and groundwater levels during dewatering activities and by requiring groundwater recharge or alteration of the dewatering program to reduce drawdown to an acceptable level, should settlement or groundwater levels be deemed potentially damaging to surrounding improvements.

Hydrology and Water Quality

Impact HY-2: The proposed construction activities would result in net increases in impervious surfaces in areas that drain to the City's combined sewer system, and an increase in total or peak runoff volume from the site could contribute to the frequency or severity of combined sewer overflow events or flooding on- or off-site.

Cathedral Hill Campus

The building footprint for the proposed Cathedral Hill Campus Hospital would have a slightly greater amount of impervious surface than the footprint of the existing structures it would replace. The footprint of the Cathedral Hill Campus MOB would result in similar impervious coverage to that existing on the site. While the potential increase in stormwater runoff would be small, the proposed development would continue to contribute to flows in the combined sewer that experiences overflows in wet weather. Overall, the total or peak runoff volume from the Cathedral Hill Campus could increase without the implementation of Low-Impact Design ("LID") stormwater management controls. An increase in total or peak runoff volume from the Cathedral Hill Campus, compared to existing conditions, would contribute to the frequency or severity of combined sewer overflow ("CSO") events. If it did, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N2: Preparation and implementation of a Stormwater Control Plan in compliance with all policies and regulations adopted by the City, including SFPUC's Stormwater Design Guidelines, which require a 25% decrease in the rate and volume of stormwater runoff from the 2-year, 24-hour design storm as compared to existing conditions. This will be achieved by using LID stormwater Best Management Practices ("BMPs"). In addition, the design team for the project shall incorporate as many concepts as practicable from "Start at the Source: Design Guidance Manual for Stormwater Quality Protection" published by the Bay Area Storm Water Management Agencies Association.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the proposed Cathedral Hill Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level, because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

Davies Campus

Overall, the near-term project at the Davies Campus may result in a net increase in impervious surface at the campus. The total or peak runoff volume from the Davies Campus could increase without the implementation of LID stormwater management controls. An increase in total or peak runoff volume from the Davies Campus, compared to existing conditions, could contribute to the frequency or severity of CSO events. If it did, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N2: This mitigation measure is identical to Measure M-HY-N2 for the Cathedral Hill Campus.*

Based on the Final EIR and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the Davies Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

St. Luke's Campus

Proposed new development at the St. Luke's Campus under the LRDP would be located on areas that are currently highly developed and impervious. However, parking areas within which the St. Luke's Campus Hospital and St. Luke's Campus MOB would be located currently have vegetated medians and buffers, which would be removed, resulting in a net increase in impervious surface at the St. Luke's Campus. The total or peak runoff volume from the site could increase without implementation of LID stormwater management controls. An increase in total or peak runoff volume from the St. Luke's Campus, compared to existing conditions, could contribute to the frequency or severity of CSO events. If it did, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N2: This mitigation measure is identical to Measure M-HY-N2 for the Cathedral Hill Campus.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N2 at the St. Luke's Campus would reduce impacts related to combined sewer overflow events or flooding to a less-than-significant level because stormwater runoff from the site would be reduced by 25% as compared to existing conditions.

Impact HY-3: Excavation and other construction-related activities have the potential to degrade the quality of stormwater runoff from the CPMC campuses, but CPMC would implement a SWPPP to reduce pollution of surface water during construction.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

An estimated combined total of approximately 299,000 cubic yards of soil would be excavated during the near-term construction at the Cathedral Hill, Davies, and St. Luke's Campuses. Soil stockpiles and excavated portions of the near-term development sites on these campuses would be exposed to runoff. If not managed properly, the runoff could cause increased erosion and sedimentation to be carried into the combined sewer system. Mobilized sediment could accumulate in new locations as runoff occurs, which would block flows, potentially resulting in increased localized ponding or flooding. Without proper controls, these activities at the CPMC campuses would expose loose soils to both wind and water erosion and create sediment discharges in the combined sewer system. Because of the large number of vehicles that would enter and exit the construction sites, the potential exists for loose soil to adhere to vehicle tires. Upon exiting the construction site, the soil would be deposited on surface streets, where it would be discharged to storm drains. If these actions occurred, the impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-HY-N3: Submittal of a site-specific SWPPP to SFPUC; the SWPPP shall include an erosion and sediment control plan with appropriate BMPs, nonstormwater-management BMPs, waste management BMPs, and BMP inspection, maintenance and repair requirements; the SWPPP shall demonstrate how treatment control measures targeting the project-specific contaminants would be incorporated into the project.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementing Mitigation Measure M-HY-N3 would reduce the potential for contaminants, sediments, or pollutants in stormwater runoff to enter the combined sewer system during construction. In addition, any groundwater encountered during construction would be subject to requirements of the City's Industrial Waste Ordinance (Ordinance Number 199-77), requiring that groundwater meet specified water quality standards before it may be discharged into the sewer system. SFPUC's Bureau of Environmental Regulation and Management must be notified of projects requiring dewatering, and analysis of the water may be required before discharge. Water quality standards would not be exceeded, nor would construction of the near-term projects conflict with any applicable land use plan, policy, or regulation adopted by the City or the San Francisco Bay Regional Water Quality Control Board ("RWQCB"). Compliance with the City's and the RWQCB's requirements would reduce stormwater quality degradation during construction activities. Therefore, implementing Mitigation Measure M-HY-N3 at the Cathedral Hill Campus, Davies, and St. Luke's Campuses would reduce construction-related impacts related to the quality of stormwater runoff to a less-than-significant level.

Hazards and Hazardous Materials

Impact HZ-1: Project construction would not create a significant hazard to the public or the environment through the routine transport, use, or disposal of hazardous materials or create a significant hazard through reasonably foreseeable upset and accident conditions involving the release of hazardous materials into the environment.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

<u>Hazardous materials related to known soil and groundwater conditions</u>: Known Reported Environmental Conditions ("RECs") and other potential environmental conditions were identified at the sites of the near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses. Construction-related activities for the near-term projects at each campus involving movement of soil that contains hazardous materials could result in impacts from worker and public exposure to chemicals in the soils from dust, and impacts on water quality and the environment if hazardous constituents were to migrate off-site. In addition, if construction requires dewatering of groundwater, a release of hazardous materials could occur, potentially resulting in exposure to the public and the environment if contaminated groundwater is discharged to the sanitary sewer system. Such impacts would be minimized by

implementing legally required health and safety precautions and implementation of environmental contingency plans ("ECPs") that have been prepared for each campus. ECPs for the Project have not been reviewed by the San Francisco Department of Public Health ("SFDPH") for compliance with federal and state law. Additionally, SFDPH has recommended that subsurface sampling be conducted for any areas of excavation at the Davies Campus that occur in proximity to USTs. Should this exposure occur, the impact would be significant.

Hazardous materials related to known underground structures: Five previously closed-in-place underground storage tanks ("USTs") and a lubrication pit have been identified at the Cathedral Hill Campus Hospital site; one active, permitted UST and one closed-in-place UST has been identified at the Davies Campus Neuroscience Institute Site; one closed-in-place UST has been identified at the St. Luke's Campus Hospital site; and one active, permitted UST has been identified in the location of the St. Luke's Campus MOB. Known USTs at the development sites at the Cathedral Hill and Davies Campuses would remain in place under the management of SFDPH's underground tank program, unless required to be moved or deemed unstable. The USTs at the St. Luke's Campus would be required to be removed as part of excavation for the St. Luke's Campus Hospital and St. Luke's Campus MOB. Removal of USTs could expose workers to potentially hazardous materials from the contents and vapors in the tanks. Additionally, the public and the environment could be exposed to those materials if removal results in spills to the soil or groundwater adjacent to the tank.

To address potential hazards related to known USTs at the Cathedral Hill, Davies, and St. Luke's Campuses, the Environmental Site Assessments ("ESAs") for the development sites recommended the preparation of site-specific ECPs. The ECPs identify known and potential RECs at the campuses, including USTs, and provide instruction on their removal. The measures and recommendations contained in the ECPs need to be reviewed and approved by SFDPH for their compliance with federal and state law. Accordingly, if such exposure were to occur, the impact would be significant.

Hazardous materials related to unknown soil and groundwater conditions and USTs: There is a potential for construction activities at the campuses to encounter previously unidentified hazards, such as soil with obvious contamination, perched groundwater at levels higher than anticipated, or an abandoned UST located before permitting requirements were imposed. Additionally, because no ESAs were prepared for the location of the proposed pedestrian tunnel beneath Van Ness Avenue at the Cathedral Hill Campus or along the proposed utility realignment, as described in the Final EIR, the Addendum, and in Section VI.C. below, at the St. Luke's Campus, unknown contaminants could exist in the soil or groundwater at these locations. Exposure of construction workers, the public, or the environment to previously unidentified contaminated soil or groundwater could result in a significant impact. Utility trenches have the potential to create a horizontal conduit for chemical contaminants contained in soil vapors or shallow groundwater to migrate along permeable soils that would be places such as trench backfill. Should previously unidentified USTs be discovered during construction, they would have to be closed in place or removed. Removal activities could pose both health and safety risks, such as exposure of workers, tank handling personnel, and the public to tank contents or vapors. Similarly, the discovery of buried debris that could be hazardous could also present an increased risk of adverse health or environmental effects.

The likelihood of significant adverse effects from discovery of previously unidentified USTs is minimal, because there are multiple existing requirements in place to address such affects. Additionally, to address potential hazards related to unknown soil and groundwater conditions or USTs at the development sites, the ESAs for the Cathedral Hill, Davies, and St. Luke's Campuses recommended the preparation of site-specific ECPs for each campus. The ESAs recommended that the ECPs identify procedures and requirements to follow upon the discovery of previously unidentified contaminants in soil or groundwater or USTs. The measures and recommendations by the ESAs contained in the ECP need to be reviewed and approved by SFDPH for their compliance with federal and state law. Accordingly, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure HZ-1-N1a: Preparation of Site Mitigation Plans ("SMPs") for the Cathedral Hill, Davies, and St. Luke's Campuses; requirements for the handling, hauling, and disposal of contaminated soils; and preparation of a closure/certification report.*

> *Mitigation Measure HZ-1-N1b: Preparation of an Unknown Contingency Plan.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measure HZ-1-N1a would reduce the potential impacts related to known soil and groundwater conditions and USTs because (a) it would require the preparation and approval by SFDPH of SMPs that contain soil and groundwater management protocols based on the site-specific ECPs; (b) it would require air quality monitoring during tank removal activities and sampling of surrounding soils to ensure that leaks have not occurred; (c) the SMPs would limit the exposure of workers to known contaminated soil and groundwater and potentially hazardous materials in the contents and vapors of USTs and limit the off-site migration of contaminants in soil and groundwater, preventing their exposure to the public and environment. Therefore, adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1a would reduce impacts related to known soil and groundwater conditions and USTs at the Cathedral Hill, Davies, and St. Luke's Campuses to a less-than-significant level.

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined, as more fully described therein, that implementation of Mitigation Measure HZ-1-N1b would reduce the potential impacts related to unknown soil and groundwater conditions and USTs because it requires the preparation and approval by SFDPH of unknown contingency plans containing management protocols for the discovery of previously unidentified soil and groundwater contamination, USTs, or other subsurface facilities, which would limit the exposure of workers to unknown contaminated soil and groundwater and potentially hazardous materials in the contents and vapors of USTs and limit the off-site migration of contaminants in soil and groundwater, preventing their exposure to the public and environment. Therefore, adherence to the site-specific health and safety plans and implementation of Mitigation Measure M-HZ-N1b would reduce impacts related to unknown soil and groundwater conditions and USTs at the Cathedral Hill, Davies, and St. Luke's Campuses to a less-than-significant level.

Impact HZ-4: The project would not be located on a site that is included on a list of hazardous materials sites compiled in accordance with Government Code Section 65962.5 and, as a result, would not create a significant hazard to the public or the environment; in the long term, however, project construction could occur on such a site, and thus could create a significant hazard to the public or the environment.

Cathedral Hill Campus

Several USTs have been closed in place at the site of the proposed Cathedral Hill Campus Hospital, and one UST has been removed. Certificates of completion for its removal are on file with SFDPH and soil data from around the USTs indicate that the USTs did not affect the surrounding soil. However, given the potential for construction at the Cathedral Hill Campus to encounter USTs, if exposure were to occur, the impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *M-HZ-N4a This mitigation measure is identical to M-HZ-N1a, above, for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Cathedral Hill Campus.*

> *M-HZ-N4b This mitigation measure is identical to M-HZ-N1b, above, for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Cathedral Hill Campus.*

For the reasons discussed above under Impact HZ-1, implementation of Mitigation Measures M-HZ-N4a and M-HZ-N4b would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the Cathedral Hill Campus to a less-than-significant level.

Davies Campus

The records search for the site of the proposed Neuroscience Institute at the Davies Campus indicated the presence of five USTs recorded for the site. According to the ESA, however, two of the USTs have been abandoned in place with the oversight of SFDPH, two of the reported USTs are not located on the Davies Campus and are likely false records, and one is likely a duplicate record. Because of the potential for construction at the Davies Campus to encounter USTs, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *M-HZ-N4c This mitigation measure is identical to M-HZ-N1a, above, for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the Davies Campus.*

> *M-HZ-N4d This mitigation measure is identical to M-HZ-N1b, above, for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the Davies Campus.*

For the reasons discussed above under Impact HZ-1 , implementation of Mitigation Measures M-HZ-N4c and M-HZ-N4d would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the Davies Campus to a less-than-significant level.

St. Luke's Campus

The records search for the St. Luke's Campus indicated the presence of active, permitted USTs, with no record of leaks. In addition, one or more diesel fuel tanks at the St. Luke's Campus was removed or closed in place in 1999 and 2000 under the oversight of SFDPH, and the case is listed as closed with a "no further action" determination issued by SFDPH. Because of the potential for construction at the St. Luke's Campus to encounter USTs and contaminated soil or groundwater, this impact would be significant.

The following mitigation measures, as more fully described in the Final EIR, are hereby adopted in the form set forth in the Final EIR and the Addendum, and the attached MMRP, and will be implemented as provided therein.

M-HZ-N4e This mitigation measure is identical to M-HZ-N1a for near-term impacts and requires the preparation of site mitigation plan (SMPs) for the near-term projects at the St. Luke's Campus.

M-HZ-N4f This mitigation measure is identical to M-HZ-N1b for near-term impacts and requires the preparation of unknown contingency plans for the near-term projects at the St. Luke's Campus.

For the reasons discussed above under Impact HZ-1, implementation of Mitigation Measures M-HZ-N4c and M-HZ-N4d would reduce impacts related to known soil and groundwater conditions, USTs, or other subsurface facilities at the St. Luke's Campus to a less-than-significant level.

IV.
SIGNIFICANT IMPACTS THAT CANNOT BE AVOIDED OR MITIGATED TO A LESS-THAN-SIGNIFICANT LEVEL

Based on substantial evidence in the whole record of these proceedings, it is hereby found and determined that, where feasible, changes or alterations have been required, or incorporated into, the Proposed LRDP to reduce the significant environmental impacts as identified in the Final EIR and Addendum. It is further found, however, that certain mitigation measures in the Final EIR and Addendum, as described in this Section IV, or changes, have been required in, or incorporated into, the LRDP, pursuant to Public Resources Code Section 21002 and CEQA Guidelines Section 15091, which may lessen, but do not avoid (i.e., reduce to less-than-significant levels), the potentially significant environmental effects associated with implementation of the LRDP that are described below. Although all of the mitigation measures set forth in the Mitigation Monitoring and Reporting Plan (MMRP), attached as **Exhibit 1**, are adopted, for some of the impacts listed below, despite the implementation of feasible mitigation measures, the effects remain significant and unavoidable.

It is further found, as described in this Section IV below, based on the analysis contained within the Final EIR and Addendum, other considerations in the record, and the significance criteria identified in the Final EIR, that because some aspects of the LRDP could cause potentially significant impacts for which feasible mitigation measures are not available to reduce the impact to a less-than-significant level, those impacts remain significant and unavoidable. It is also recognized that although mitigation measures are identified in the Final EIR and Addendum that would reduce some significant impacts, certain measures, as described in this Section IV below, are uncertain or infeasible for reasons set forth below, and therefore those impacts remain significant and unavoidable or potentially significant and unavoidable.

Thus, the following significant impacts on the environment, as reflected in the Final EIR and Addendum, are unavoidable. As more fully explained in Section VIII, below, under Public Resources Code Section 21081(a)(3) and (b), and CEQA Guidelines 15091(a)(3), 15092(b)(2)(B), and 15093, it is found and determined that legal, environmental, economic, social, technological and other benefits of the LRDP override any remaining significant adverse impacts of the LRDP for each of the significant and unavoidable impacts described below. This finding is supported by substantial evidence in the record of this proceeding.

Transportation and Circulation

Impact TR-1: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Van Ness/Market.

As more fully described in the Final EIR and Addendum, the addition of the proposed LRDP project trips at the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Market from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions. This would be considered a significant traffic impact.

Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may somewhat improve intersection operations, but are infeasible due to traffic, transit or pedestrian signal timing policies and requirements. For example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this would reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. Therefore, the traffic impact at the intersection of Van Ness/Market would remain significant and unavoidable.

Impact TR-2: Implementation of the Cathedral Hill Campus project would result in a significant impact at the intersection of Polk/Geary.

As more fully described in the Final EIR and Addendum, the addition of the proposed LRDP project trips at the Cathedral Hill Campus would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2015 Modified Baseline No Project conditions, to LOS E under 2015 Modified Baseline plus Project conditions during the a.m. peak hour, and from LOS C under 2015 Modified Baseline No Project conditions to LOS E under 2015 Modified Baseline plus Project conditions during the p.m. peak hour. This would be considered a significant traffic impact.

Providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to substandard widths, and/or demolition of buildings adjacent to these streets. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible due to traffic, transit or pedestrian signal timing policies and requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this would reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. Therefore, the traffic impact at the intersection of Polk/Geary would remain significant and unavoidable.

Impact TR-19: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Polk/Geary.

The LRDP's contributions to the critical movements at the intersection of Polk/Geary, which would operate at LOS E under 2015 Modified Baseline plus Project conditions with the proposed BRT during both the a.m. and p.m. peak hours, were determined to be less than significant. However, as described more fully above and in the Final EIR and Addendum, this intersection was identified in Impact TR-2 as a significant and unavoidable impact, and this impact determination would similarly apply to the combined LRDP and BRT projects context.

For the same reasons as discussed above under Impact TR-2, no feasible mitigation measures have been identified for impacts at the intersection of Polk/Geary, and the extent to which the expanded TDM program would reduce this impact is uncertain. Therefore, the LRDP's contribution at the Cathedral Hill Campus to the traffic impact identified for the combined Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant and unavoidable.

Impact TR-20: If the proposed Van Ness Avenue BRT and Geary Corridor BRT projects are implemented, the Cathedral Hill Campus project's contribution to the combined impact of the Cathedral Hill Campus and BRT projects would be significant at the intersection of Van Ness/Market.

As determined under Impact TR-1, and as more fully described in the Final EIR, the Addendum, and above, the LRDP would result in a significant and unavoidable impact at the intersection of Van Ness/Market under 2015 Modified Baseline plus Project conditions. For the same reasons as discussed under Impact TR-1, no feasible mitigation measures have been identified for impacts at the intersection of Van Ness/Market, and the extent to which the expanded TDM program would reduce this impact is uncertain. The LRDP's contribution to the traffic impact identified for the combined impact of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would also be significant and unavoidable.

Impact TR-29: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Van Ness Avenue, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

As more fully described in the Final EIR and the Addendum, under 2015 Modified Baseline plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in an increase in travel time on the northbound 49-Van Ness-Mission by about four minutes during the a.m. peak hour, which would be more than half of the San Francisco Municipal Transportation Agency ("SFMTA") proposed headway of 7½ minutes. In addition, the results of SFMTA's cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, an additional bus would be needed on that route during the a.m. and p.m. peak hours. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on the operation of the 49-Van Ness-Mission bus route during the a.m. and p.m. peak hours would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-29 -- Transit Mitigation Agreement.

The payment of the fee identified in Mitigation Measure MM-TR-29 to provide for an additional bus on the 49-Van Ness bus route would reduce the LRDP's impact on the operation of the 49-Van Ness-Mission bus route to a less than significant level. The fee is provided for in the proposed Development Agreement between the City and CPMC. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed LRDP's impacts on the operation of the 49-Van Ness-Mission bus route would remain significant and unavoidable.

Impact TR-30: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Geary Street, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

As more fully described in the Final EIR and the Addendum, the SFMTA's cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, an additional bus would be required to maintain peak period headways on the 38/38L-Geary during the a.m. peak hour and two additional buses would be required on that route during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 38/38L-Geary during the a.m. and p.m. peak hours would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-30 -- Transit Mitigation Agreement.

The payment of the fee identified in Mitigation Measure MM-TR-30 to provide for two additional buses would reduce the LRDP's impact on the operation of the 38/38L-Geary bus route to a less than significant level. The fee is provided for in the proposed Development Agreement between the City and CPMC. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project for the life of the project is uncertain, the feasibility of the mitigation measure is unknown No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed Cathedral Hill Campus project's impacts on the operation of the 38/38L-Geary bus route would remain significant and unavoidable.

Impact TR-31: Implementation of the Cathedral Hill Campus project would increase congestion and ridership along Polk Street, which would increase travel times and impact operations of the 19-Polk bus route.

As more fully described in the Final EIR and the Addendum, under 2015 Modified Baseline plus Project conditions, the proposed Cathedral Hill Campus project would increase travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would be more than half of the proposed headway of 10 minutes. A new bus would be required to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 19-Polk bus route during the p.m. peak hour would result in a significant transit operational impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-31 -- Transit Mitigation Agreement.

The payment of this fee to provide for another bus on the 19 Polk would reduce the LRDP's impact on the operation of the 19-Polk bus route to a less than significant level. The fee is provided for in the proposed Development Agreement. However, because the ability of SFMTA to provide the additional service on this line needed to accommodate the Cathedral Hill Campus project is uncertain, the feasibility of the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the proposed Cathedral Hill Campus project's impacts on the operation of the 19-Polk bus route would remain significant and unavoidable.

Impact TR-55: Implementation of the Cathedral Hill Campus project would result in a transportation impact in the project vicinity resulting from construction vehicle traffic and construction activities that would affect the transportation network.

As more fully described in the Final EIR and the Addendum, the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB would be constructed over an approximately 54-month period. Construction activities would take place generally between 7 a.m. and 7 p.m. on weekdays and between 7 a.m. and 5 p.m. on Saturdays. Second shift work (between 4 p.m. and midnight) is only expected during the interior build out phase of the Cathedral Hill Campus Hospital. Additionally, to minimize impacts on traffic, transit, and pedestrians along Van Ness Avenue, surface construction activities related to the proposed Van Ness Avenue pedestrian tunnel would likely be limited to between 7 p.m. and 5 a.m., when Van Ness Avenue is less congested. In total, approximately 102 nights of surface work would be required for construction of the pedestrian tunnel.

As more fully described in the Final EIR and the Addendum, for a 4-month period when there is overlap in excavation between the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB, levels of service would be LOS E or LOS F at up to nine of the study intersections. Thus, the LRDP's construction impact on intersection operations at these nine study intersections would be significant.

As more fully described in the Final EIR and the Addendum, construction activities would necessitate temporary closure of sidewalks adjacent to the proposed Cathedral Hill Campus Hospital and Cathedral Hill Campus MOB sites. Because of the number of temporary closures of sidewalks adjacent to the project sites necessitating pedestrian detours, the proposed Cathedral Hill Campus project would result in a significant impact on pedestrians during construction.

As more fully described in the Final EIR and the Addendum, the bus-only lanes on eastbound Post Street between Franklin Street and Van Ness Avenue and on westbound Geary Boulevard/Street between Polk Street and Franklin Street would be closed during construction at the Cathedral Hill Campus. During these times, Muni buses would need to merge into the mixed-flow traffic lanes for the one-block segment on Post Street, and the two-block segment on Geary Street. Operation of buses in mixed-flow traffic at these locations would be considered a significant impact on Muni operations.

As more fully described in the Final EIR and the Addendum, construction of the proposed Van Ness tunnel would require sequential closures of two lanes of Van Ness Avenue at a time in approximately 100-foot long segments. During the period of construction affecting street operations, at least one travel lane in each direction would always be open during construction to minimize diversion of vehicles to other streets in the area. When the southbound traffic flow on Van Ness Avenue is restricted to one travel lane, the intersection of Van Ness/Geary would operate at LOS E or LOS F between 7 p.m. and midnight. Between 7 and 8 p.m., the upstream intersection of Van Ness/Post would operate at LOS E, and between 8 p.m. and midnight it would operate at LOS C or better. When the northbound traffic flow on Van Ness Avenue is restricted to one travel lane, the intersection of Van Ness/Geary would operate at LOS F between 7 and 9 p.m. Between 7 and 8 p.m., the upstream intersection of Van Ness/O'Farrell would also operate at LOS F, and between 8 and 9 p.m., it would operate at LOS D. The closure of lanes on Van Ness Avenue during tunnel construction would be considered a significant impact on the intersections of Van Ness/Geary, Van Ness/Post, and Van Ness/O'Farrell.

As more fully described in the Final EIR and the Addendum, construction of the pedestrian tunnel under Van Ness Avenue would require closure during the evening and overnight hours on Van Ness Avenue of temporary walkways provided within the parking lane to compensate for temporary sidewalk closures for construction activities. Since tunnel construction would only affect one side of Van Ness Avenue at any given time, detour routes would need to be established to direct pedestrians to the opposite side of the street. Closure of the Van Ness Avenue sidewalks during this time would be considered a significant impact on pedestrians.

Because of the extent and duration of construction activities at the proposed Cathedral Hill Campus, the construction-related impact on traffic, transit, and pedestrians would be considered significant. The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure TR-55 -- Construction Transportation Management Plan.

Implementation of Mitigation Measure MM-TR-55 would help reduce the Cathedral Hill Campus project's contribution to construction-related traffic, transit, and pedestrian impacts. However, given the magnitude of the proposed project and the duration of the construction period, the project's construction impact would not be reduced to a less-than-significant level, and no other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, this impact would remain significant and unavoidable.

Impact TR-75: Implementation of the Davies Campus project would have a significant impact at the intersection of Church/Market/14th Street that would operate at LOS F under 2020 Modified Baseline No Project conditions.

As further described in the Final EIR, the intersection of Church/Market/14th Street would operate at LOS F under 2020 Modified Baseline No Project conditions. The increase in vehicle trips that would occur as a result of full buildout of the Davies Campus (near-term and long-term projects) under the LRDP would contribute considerably to critical movements operating at LOS E or LOS F at this intersection and, therefore, would result in a significant impact. As discussed in more detail in the Final EIR, no feasible mitigation measures have been identified and, therefore, the impact would, in this condition, remain significant and unavoidable.

However, as further discussed in the Final EIR and the transportation analysis performed for the LRDP (Davies Campus Transportation Impact Study, Fehr & Peers, June, 2010) ("Davies TIS"), the implementation of the near-term project at the Davies Campus would not have a significant impact at the intersection of Church/Market/14th Street. As further described in the Davies TIS, although the intersection would operate unacceptably in 2015, the contribution of the near-term Neuroscience Institute project to critical movements would not be significant. Therefore, construction of only the Neuroscience Institute would have a less than significant impact.

Impact TR-99: Implementation of the Cathedral Hill Campus project LRDP would result in significant project and cumulative impacts at the intersection of Van Ness/Market.

As discussed in more detail in the Final EIR and the Addendum, the Cathedral Hill Campus project would result in a significant impact under 2015 Modified Baseline plus Project Conditions at the Van Ness/Market intersection during the p.m. peak hour. This would be considered a significant cumulative traffic impact.

As discussed above under Impact TR-1 and in more detail in the Final EIR and the Addendum, no feasible mitigation measures have been identified to reduce cumulative project impacts to less-than-significant levels at the Van Ness/Market intersection. Under the LRDP, CPMC would expand its current

TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. The traffic impact at the intersection of Van Ness/Market would, therefore, remain significant and unavoidable.

Impact TR-100: Implementation of the Cathedral Hill Campus project would result in a significant cumulative impact at the intersection of Van Ness/Pine.

As described in more detail in the Final EIR and the Addendum, the addition of trips generated by the Cathedral Hill Campus during the p.m. peak hour would degrade operations at the signalized intersection of Van Ness/Pine from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. This would be considered a significant traffic impact.

As discussed in more detail in the Final EIR and the Addendum, providing additional traffic lanes or otherwise increasing vehicular capacity at this intersection is not feasible because it would require narrowing of sidewalks to deficient widths and/or demolition of adjacent buildings. Signal timing adjustments may somewhat improve intersection operations, but would be infeasible because of traffic, transit, or pedestrian signal timing policies and requirements. This is because, for example, such adjustments at an intersection within a major transportation corridor, such as Van Ness Avenue or Geary Boulevard/Street, would affect the signal timing settings and traffic and transit operations at other signalized intersections throughout the rest of the corridor, and would have secondary effects on pedestrian crossing times. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. The cumulative traffic impact at the intersection of Van Ness/Pine would, therefore, remain significant and unavoidable.

Impact TR-101: Implementation of the Cathedral Hill Campus project would result in significant project and cumulative impacts at the intersection of Polk/Geary.

As described in more detail in the Final EIR and the Addendum, the addition of trips generated by the Cathedral Hill Campus project during the p.m. peak hour would degrade operations at the signalized intersection of Polk/Geary from LOS D under 2030 Cumulative No Project conditions to LOS E under 2030 Cumulative plus Project conditions. In addition, the proposed project would result in a significant impact under 2015 Modified Baseline plus Project conditions. This would be considered a significant traffic impact.

For reasons discussed above under Impact TR-2 and in more detail in the Final EIR and the Addendum, no feasible mitigation measures have been identified to reduce cumulative project impacts to less-than-significant levels at the Polk/Geary intersection. Under the LRDP, CPMC would expand its current TDM program to further discourage use of private automobiles. Although this may reduce the number of trips through this intersection, the extent of the reduction to this impact is not certain. Consequently, no feasible mitigation measures have been identified to reduce this impact to a less-than-significant level. The cumulative traffic impact at the intersection of Polk/Geary would, therefore, remain significant and unavoidable.

Impact TR-117: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Polk/Geary would be significant.

As determined and more fully discussed under Impact TR-19 above and in the Final EIR and the Addendum, the Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Polk/Geary would be significant and unavoidable under 2015 Modified Baseline conditions. As discussed above under Impact TR-2 and more fully in the Final EIR and the Addendum, no feasible mitigation measures have been identified for impacts at the intersection of Polk/Geary. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Polk/Geary would also be significant and unavoidable.

Impact TR-118: If the proposed Van Ness Avenue and Geary Corridor Bus Rapid Transit projects are implemented, the Cathedral Hill Campus project's contribution to the combined cumulative impacts of the Cathedral Hill Campus and BRT projects at the intersection of Van Ness/Market would be significant.

As determined and more fully discussed under Impact TR-20 above and in the Final EIR and the Addendum, the Cathedral Hill Campus project's contribution to the impacts identified for the combined effect of the Cathedral Hill Campus project and the BRT projects at the intersection of Van Ness/Market would be significant and unavoidable under 2015 Modified Baseline conditions. As discussed above under Impact TR-1 and more fully in the Final EIR and the Addendum, no feasible mitigation measures have been identified for impacts at the intersection of Van Ness/Market. Therefore, the contribution of the Cathedral Hill Campus project to the combined cumulative impacts at the intersection of Van Ness/Market would also be significant and unavoidable.

Impact TR-127: Implementation of the Davies Campus project would have significant impacts at the intersection of Church/Market/14th Street, which would operate at LOS F under 2030 Cumulative No Project conditions and 2030 Cumulative plus Project conditions.

As more fully described in the Final EIR, under 2030 Cumulative plus Project conditions, the increase in vehicle trips generated by the Davies Campus project would contribute considerably to critical movements operating at LOS E or F, and therefore would be significant.

As discussed in the Final EIR, the roadway capacity at this intersection has been maximized and potential improvements are limited by the right-of-way constraints and competing traffic volume demands on the north/south and east/west approaches. Providing additional travel lanes at this intersection would require substantial reduction in sidewalk widths, which would be inconsistent with the pedestrian environment encouraged by the City through various plans and policies. For those reasons, no feasible mitigation measures have been identified for impacts at the intersection of Church/Market/14th Street. Therefore, this impact would remain significant and unavoidable.

Impact TR-133: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 49-Van Ness-Mission bus route.

As more fully described in the Final EIR and the Addendum, under 2030 Cumulative plus Project conditions, implementation of the proposed Cathedral Hill Campus project would result in increases in travel time on the northbound 49-Van Ness-Mission by about five minutes during the a.m. peak hour of five minutes, which would be more than half of the SFMTA proposed headway of 7½ minutes. In addition, to the results of SFMTA's cost/scheduling model indicated that an additional bus would be needed on that route during the a.m. and p.m. peak hours. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 49-Van Ness-Mission bus route during the a.m. and p.m. peak hours would be a significant impact. Implementation of Mitigation Measure MM-TR-29 would serve to reduce delays along the Van Ness Avenue corridor and reduce transit delay impacts to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 49-Van Ness-Mission bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-134: Implementation of the Cathedral Hill Campus project would increase congestion along Van Ness Avenue under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 47-Van Ness bus route.

As more fully described in the Final EIR and the Addendum, the SFMTA's cost/scheduling model indicated that, as a result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 47-Van Ness to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 47-Van Ness bus route during the p.m. peak hour would be a significant impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

Mitigation Measure MM-TR-134. Transit Mitigation Agreement.

As more fully discussed in the Final EIR and the Addendum, implementation of Mitigation Measure MM-TR-134 would reduce transit delay impacts to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 47-Van Ness bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-135: Implementation of the Cathedral Hill Campus project would increase congestion along Geary Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 38/38L-Geary bus routes.

As more fully described in the Final EIR and the Addendum, SFMTA's cost/scheduling model indicated that, as the result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 38/38L-Geary to maintain peak period headways during the a.m. peak hour, and two additional buses would be required on that route during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 38/38L-Geary during the a.m. and p.m. peak hours would be a significant impact.

As discussed above, implementation of Mitigation Measure MM-TR-30 would reduce transit delay impacts on the 38/38L-Geary bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 38/38L-Geary bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-136: Implementation of the Cathedral Hill Campus project would increase congestion along Polk Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 19-Polk bus route.

As more fully described in the Final EIR and the Addendum, under 2030 Cumulative plus Project conditions, the Cathedral Hill Campus project would result in increases in travel time on the southbound 19-Polk bus route by about 8 minutes during the p.m. peak hour, which would be more than half of the SFMTA proposed headway of 10 minutes. In addition, SFMTA's cost/scheduling model indicated that an additional bus would be required during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 19-Polk bus route during the p.m. peak hour would be a significant impact.

As discussed above, implementation of Mitigation Measure MM-TR-31 would reduce transit delay impacts on the 19-Polk bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this route is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 19-Polk bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-137: Implementation of the Cathedral Hill Campus project would increase congestion along Post Street under 2030 Cumulative plus Project conditions, which would increase travel times and impact operations of the 3-Jackson bus route.

As more fully described in the Final EIR and the Addendum, SFMTA's cost/scheduling model indicated that, as the result of the proposed Cathedral Hill Campus project, under 2030 Cumulative plus Project conditions an additional bus would be required on the 3-Jackson bus route to maintain peak period headways during the p.m. peak hour. Therefore, project-related transit delays resulting from congestion on study area roadways and passenger loading delays associated with increased ridership on operation of the 3-Jackson bus route during the p.m. peak hour would be a significant impact.

The following mitigation measure is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein:

Mitigation Measure MM-TR-137. Transit Mitigation Agreement.

As more fully discussed in the Final EIR and the Addendum, implementation of Mitigation Measure MM-TR-137 would reduce transit delay impacts to the 3-Jackson bus route to a less-than-significant level. However, because SFMTA's ability to provide additional service on this line is uncertain, the feasibility of implementing the mitigation measure is unknown. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, cumulative impacts on the 3-Jackson bus route resulting from implementation of the Cathedral Hill Campus project would remain significant and unavoidable.

Impact TR-152: Implementation of CPMC LRDP construction of the Cathedral Hill Campus would contribute to cumulative construction impacts in the Cathedral Hill Campus vicinity.

As more fully described in the Final EIR and the Addendum, the construction of the Cathedral Hill Campus may overlap with the proposed Van Ness Avenue BRT and Geary Corridor BRT projects, should they be approved and funded. While both of these projects are still undergoing environmental review, based on current information the Van Ness Avenue BRT is proposed to be in service by 2016, and the Geary Corridor BRT also potentially could be in service by 2016. The potential for overlapping construction activities would increase the number of construction worker vehicles and trucks traveling to and from the vicinity of the Cathedral Hill Campus. In addition, implementation of the BRT improvements on Van Ness Avenue would require travel lane closures that would temporarily and permanently affect roadway capacity. These impacts are being and will be further evaluated as part of the ongoing environmental and project reviews for the BRT projects. The San Francisco County Transportation Authority published the Draft Environmental Impact Statement/Environmental Impact Statement for the Van Ness BRT project on November 7, 2011, and the comment period closed on December 23, 2011.

Impact TR-55, discussed above, identified significant and unavoidable impacts on the transportation network related to the construction activities at the Cathedral Hill Campus. Implementation of Mitigation Measure MM-TR-55 (Construction Transportation Management Plan) would minimize impacts associated with the Cathedral Hill Campus project and reduce the project's contributions to cumulative impacts in overlapping areas. However, given the magnitude of these impacts, and the proximity of the Cathedral Hill Campus to the Van Ness Avenue BRT and Geary Corridor BRT projects, some disruption and increased delays would still occur even with implementation of this measure, and it is possible that significant construction-related transportation impacts on local roadways in the vicinity of the Cathedral Hill Campus would still occur. No other feasible mitigation measures that would reduce this impact to a less-than-significant level have been identified. Therefore, the Cathedral Hill Campus cumulative construction impacts would be significant and unavoidable.

Noise

Impact NO-5: Groundborne vibration levels attributable to construction activities could exceed the threshold of significance for exposing noise- and vibration-sensitive land uses to vibration levels that exceed applicable thresholds.

Near-Term Projects at Cathedral Hill, Davies and St. Luke's Campuses

As more fully described in the Final EIR and the Addendum, attenuated vibration-inducing construction activities at off-site locations in the vicinity of the Cathedral Hill, Davies, and St. Luke's Campuses would not exceed Caltrans's threshold for building damage of 0.25 in/sec PPV. However, depending on the individual land use type of sensitive receptors in the vicinity of construction at each of these campuses, predicted levels of groundborne noise and vibration may exceed the Federal Transit Administration's ("FTA") standard for human response at nearby off-site vibration-sensitive uses. Therefore, this impact would be significant.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-NO-N5: Construction contract requirements for: operational restrictions on vibratory rollers; community liaison; evaluation of recurring complaints by qualified acoustical consultant; construction vibration management plan.*

Based on the Final EIR, the Addendum, and the entire administrative record, it is found and determined that the above mitigation measure involves implementing operational (e.g., distance and daytime restrictions) impact reduction measures that are considered practical and feasible, and requires a construction vibration management plan that would require repair of vibration-damaged buildings to their pre-existing conditions. Construction-related groundborne vibration would be reduced by implementation of Mitigation Measure M-NO-N5 at the Cathedral Hill, Davies, and St. Luke's Campuses, but not to a less than significant level because excessive vibration may still occur at certain sensitive receptors. Therefore, this impact would remain significant and unavoidable.

Air Quality

Impact AQ-3: Operation of the LRDP would exceed BAAQMD CEQA significance thresholds for mass emissions of criteria pollutants and would contribute to an existing or projected air quality violation at full buildout under the 1999 BAAQMD Guidelines.

Cathedral Hill, Davies, and St. Luke's Campuses

The net change in operational PM_{10} emissions from implementation of the LRDP would exceed applicable daily and annual emission significance criteria under the 1999 BAAQMD CEQA Guidelines (80 pounds/day, 15 tons/year). Thus, under the applicable (1999) BAAQMD CEQA significance criteria, operation of the proposed LRDP would result in or contribute to a violation of air quality standards. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced transportation demand management ("TDM") program (described at DEIR pages 4.5-74 to 4.5-75 and 5-14 to 5-15, C&R pages 3.9-28 to 3.9-33, and Addendum pages 48 and 53). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

Impact AQ-7: The LRDP's long-term operational criteria air pollutant emissions would contribute to a cumulatively considerable impact under the 1999 BAAQMD guidelines.

Long-term operations at the Cathedral Hill, Davies, and St. Luke's Campuses after completion of the near-term projects would cause a permanent net increase in criteria air pollutant and precursor emissions. The 1999 BAAQMD CEQA Guidelines consider a project to result in a cumulatively considerable impact if operational criteria air pollutant and precursor emissions would exceed the project-level emissions thresholds of significance. As described above under Impact AQ-3, the near-term projects under the LRDP would exceed the project-level thresholds of significance for operational PM_{10} emissions. Thus, the project would contribute to a cumulatively considerable impact and would, therefore, result in a significant cumulative impact.

All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-74 to 4.5-75 and 5-14 to 5-15, and C&R pages 3.9-28 to 3.9-33, and Addendum pages 48 and 53). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

Impact AQ-9: Near-term construction activities associated with the LRDP would exceed 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation.

As more fully described in the Final EIR and the Addendum, emissions of reactive organic gases, PM_{10} and $PM_{2.5}$ associated with the near-term projects under the proposed LRDP would not exceed the 2010 BAAQMD CEQA Guidelines significance thresholds. However, emissions of oxides of nitrogen ("NO_x") associated with near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses under the proposed LRDP would exceed the 2010 BAAQMD CEQA Guidelines significance criterion of 54 lb/day for construction-related NO_x emissions. As a result, this impact would be significant under the 2010 BAAQMD CEQA Guidelines significance criterion.

The following mitigation measure, as more fully described in the Final EIR, is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

M-AQ-N9: Implement Construction Mitigation under Recently Adopted Thresholds of Significance.

As more fully described in the Final EIR and the Addendum, even with implementation of the mitigation described above which includes implementing Mitigation Measure M-AQ-N1a, "Implement BAAQMD Basic and Optional Control Measures and Additional Construction Mitigation Measures during Construction", discussed above under Impacts AQ-1 and AQ-8, and Mitigation Measure M-AQ-N2, "Install Accelerated Emission Control Device on Construction Equipment", discussed under Impact AQ-2, which would reduce emissions of criteria pollutants from construction equipment exhaust, NO_x emissions from construction equipment sources are predicted to remain above the 2010 BAAQMD CEQA Guidelines significance threshold. No additional feasible mitigation is available to reduce this impact to a less–than-significant level. Therefore, impacts associated with mass criteria pollutant emissions from near-term construction activities would remain significant and unavoidable.

Impact AQ-10: Construction activities associated with the near-term projects at the Cathedral Hill and St. Luke's Campuses would result in short-term increases in emissions of diesel particulate matter that exceed the 2010 BAAQMD CEQA significance criteria and expose sensitive receptors to substantial concentrations of toxic air contaminants and $PM_{2.5}$.

Cathedral Hill Campus

As more fully described in the Final EIR and the Addendum, TAC emissions from construction at the Cathedral Hill Campus under the proposed LRDP would generate a cancer risk at the maximally exposed off-site individual, assuming the receptor is a resident child, that exceeds the 2010 BAAQMD CEQA Guidelines significance threshold (i.e., a cancer risk of 10 in a million for a resident child), and an incremental increase in annual $PM_{2.5}$ equivalent to the 2010 BAAQMD CEQA Guidelines significance threshold (i.e., an annual $PM_{2.5}$ increase of 0.3 ug/m3). These results represent a screening-level estimate that is conservative because, among other reasons, cancer risks are adjusted using population-specific age sensitivity factors ("ASFs") recommended by BAAQMD, and it assumes for purposes of the amount of exposure, that the receptor would always be home, breathing outside air at the location within the residence nearest to the construction activity. Based on the conservative screening-level evaluation, and because of the scale of the construction activities and proximity to adjacent sensitive receptors, the impacts would be significant under the 2010 BAAQMD CEQA Guidelines significance criteria.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10a: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR and the Addendum, while implementation of Mitigation Measure M-AQ-N10a would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact would remain above the 2010 BAAQMD CEQA significance criteria. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the Cathedral Hill Campus under the proposed LRDP would remain significant and unavoidable.

St. Luke's Campus

A conservative screening-level evaluation of overall risk from near-term construction TAC emissions at the St. Luke's Campus indicates that the emissions would generate a cancer risk at the maximally exposed off-site individual, assuming the receptor is a resident child, that exceeds the 2010 BAAQMD CEQA Guidelines significance threshold, which would be a significant impact. This result represents a screening-level estimate that is conservative because, among other reasons, cancer risks are adjusted using population-specific age sensitivity factors ("ASFs") recommended by BAAQMD, and it assumes for purposes of the amount of exposure, that the receptor would always be home, breathing outside air at the portion of the residence nearest to the construction activity, and that no reduction of particulate matter would occur as it transits from the outside air to the indoors environment.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10c: Install Accelerated Emission Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR and the Addendum, while implementation of Mitigation Measure M-AQ-N10c would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact would remain above the 2010 BAAQMD CEQA significance criteria. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, impacts related to the exposure of sensitive receptors to substantial amounts of TACs and $PM_{2.5}$ from construction activities at the St. Luke's Campus under the proposed LRDP would remain significant and unavoidable.

Impact AQ-11: Operation of the LRDP would exceed the 2010 BAAQMD CEQA significance thresholds for mass criteria pollutant emissions and would contribute to an existing or projected air quality violation at full build out.

Near-Term Projects at Cathedral Hill, Davies, and St. Luke's Campuses

As more fully described in the Final EIR and the Addendum, the net change in operational emissions resulting from implementation of the LRDP's near-term projects at the Cathedral Hill, Davies, and St. Luke's Campuses would exceed the 2010 BAAQMD CEQA Guidelines daily and annual emission significance criteria for PM_{10}. Therefore, operation of these campuses under the proposed LRDP would result in or contribute to a violation of PM_{10} air quality standards. All feasible measures to reduce operational impacts related to PM_{10} emissions, which are primarily attributable to mobile sources (vehicles), have been incorporated into the proposed LRDP as part of CPMC's proposed enhanced TDM program (described at DEIR pages 4.5-74 to 4.5-75 and 5-14 to 5-15, C&R pages 3.9-28 to 3.9-33, and Addendum pages 48 and 53). No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would be significant and unavoidable.

Impact AQ-14: The proposed LRDP's construction emissions of toxic air contaminants would potentially contribute to a cumulatively considerable impact on sensitive receptors under the 2010 BAAQMD Guidelines.

Cathedral Hill Campus

As more fully described in the Final EIR and the Addendum, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR and Addendum analysis of Impact AQ-10, the proposed construction at the Cathedral Hill Campus would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, the Cathedral Hill Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR, and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10a: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR and the Addendum, while implementation of Mitigation Measure M-AQ-N10a would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

Davies Campus

As more fully described in the Final EIR, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR analysis of Impact AQ-10, construction of the near-term project at the Davies Campus under the proposed LRDP would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, construction emissions from the near-term project at the Davies Campus would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10b: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR, while implementation of Mitigation Measure M-AQ-N10b would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the single-source thresholds, this impact would remain above the 2010 BAAQMD CEQA Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

St. Luke's Campus

As more fully described in the Final EIR and the Addendum, based on the modeling and risk evaluation for construction $PM_{2.5}$ emissions described in the Final EIR and Addendum analysis of Impact AQ-10, the proposed construction at the St. Luke's Campus would have a significant impact on off-site receptors, even after all feasible mitigation is incorporated. Thus, the St. Luke's Campus construction emissions would also have a potentially cumulatively considerable impact on off-site receptors.

The following mitigation measure, as more fully described in the Final EIR (including additional clarifications to the mitigation measure set forth in Section 4.1.11 of the C&R document), is hereby adopted in the form set forth in the Final EIR and the attached MMRP, and will be implemented as provided therein.

> *Mitigation Measure M-AQ-N10c: Install Accelerated Emissions Control Device on Construction Equipment.* (This mitigation measure is identical to Mitigation Measure M-AQ-N2 for Impact AQ-2).

As explained in the Final EIR and the Addendum, while implementation of Mitigation Measure M-AQ-N10c would reduce the carcinogenic risk and chronic noncarcinogenic health hazards posed by DPM emissions below the single-source thresholds, this impact would remain above the 2010 BAAQMD CEQA

Guidelines significance thresholds. No additional feasible mitigation is available to reduce this impact to a less-than-significant level. Therefore, this impact would remain significant and unavoidable.

Greenhouse Gas Emissions

Impact GH-3: Direct and indirect CPMC LRDP–generated GHG emissions would have a significant impact on the environment or conflict with an applicable plan, policy, or regulation adopted for the purpose of reducing GHG emissions under the 2010 BAAQMD Guidelines.

Cathedral Hill, Davies and St. Luke's Campuses

As more fully described in the Final EIR and the Addendum, the proposed LRDP would be required to comply with San Francisco's greenhouse gas ("GHG") reduction strategy, which would reduce operational GHG emissions. Given that the City's GHG reduction strategy adopts numerous GHG reduction strategies recommended in the *Climate Change Scoping Plan*; that it includes binding, enforceable measures to be applied to development projects; and that the strategy has produced measurable reductions in GHG emissions, the proposed LRDP would be consistent with state and local GHG reduction strategies. In addition, the proposed LRDP would not conflict with any plans, policies, or regulations adopted for the purpose of reducing GHG emissions. Further, because all proposed construction at the CPMC campuses under the proposed LRDP would constitute infill development in close proximity to public transportation and would locate employment centers near residential neighborhoods, the proposed LRDP is consistent with the goals of SB 375 and other state, regional, and local laws, regulations, and policies intended to reduce GHG emissions by prioritizing and facilitating infill and transit-oriented development.

The 2010 BAAQMD CEQA Guidelines identified the following three alternative thresholds for determining whether a project's GHG emissions are significant:

1) Compliance with a Qualified Greenhouse Gas Reduction Strategy; or

2) Whether a project's GHG emissions exceed 1,100 metric tons of carbon dioxide equivalent per year ("$MTCO_2e/yr$"); or

3) Whether a project's GHG emissions exceed 4.6 $MTCO_2e/yr$ per service population.

A lead agency may choose the threshold against which to analyze a project in order to determine the significance of a project's GHG emission impacts; however, BAAQMD encourages lead agencies to prepare a Qualified GHG Reduction Strategy and then to use the first threshold set forth above as the standard of significance for GHG emissions. Thus, on August 12, 2010, the San Francisco Planning Department submitted a draft of the City and County of San Francisco's Strategies to Address Greenhouse Gas Emissions document to BAAQMD. This document presents a comprehensive assessment of policies, programs, and ordinances that collectively represent San Francisco's Qualified GHG Reduction Strategy. BAAQMD reviewed San Francisco's GHG reduction strategy and concluded that the strategy meets the criteria for a Qualified GHG Reduction Strategy as outlined in BAAQMD's 2010 CEQA Guidelines. Therefore, projects that are determined to be consistent with San Francisco's GHG reduction strategy would result in a less-than-significant GHG emissions impact.

The proposed LRDP's net operational GHG emissions would exceed the 2010 BAAQMD CEQA Guidelines' second alternative GHG emissions threshold of 1,100 $MTCO_2e/yr$. In addition, the proposed

LRDP would exceed BAAQMD's third alternative GHG emission threshold of 4.6 $MTCO_2e$/year per service population for project-level analysis.

As more fully explained in the Final EIR and the Addendum, several sustainability attributes that are proposed as part of the proposed LRDP and that would serve to reduce GHGs were not accounted for in the calculation of operational GHG emissions, because of the unavailability of sufficient methodologies to accurately account for associated GHG emission reductions. In order to facilitate a determination of project compliance with San Francisco's GHG reduction strategy, in November 2010, the San Francisco Planning Department Environmental Planning Division released a Greenhouse Gas Analysis Compliance Checklist that is to be completed for each proposed project. Thus, subsequent to the publication of the Draft EIR, a checklist breaking down LRDP compliance by building for Near-Term Projects under the LRDP has been completed (see CPMC LRDP GHG Compliance Checklist included as C&R Appendix D). Based on the CPMC LRDP GHG Compliance Checklist, on December 14, 2010, the Environmental Planning Division determined that the proposed CPMC LRDP would be in compliance with the City's Qualified GHG Reduction Strategy. Because it has been determined to be consistent with the BAAQMD-approved GHG Reduction Strategy, the proposed LRDP has been shown to satisfy BAAQMD's mitigation guidance and to have identified all applicable, feasible mitigation measures. However, the Planning Department has determined that because the significance conclusion in the Draft EIR regarding operational GHG emissions was made prior to a determination of equivalency with a Qualified GHG Reduction Strategy, and the LRDP would exceed the 2010 BAAQMD GHG quantitative threshold of significance (which the Planning Department had previously determined applied), the proposed LRDP should conservatively be considered to result in a significant and unavoidable impact, despite the implementation of all feasible GHG reduction measures. Therefore, this impact would remain significant and unavoidable.

V.
MITIGATION MEASURES REJECTED AS INFEASIBLE

No mitigation measures identified in the Final EIR or the Addendum are rejected as infeasible.

VI.
EVALUATION OF PROJECT ALTERNATIVES

This Section describes the reasons for approving the proposed LRDP and the reasons for rejecting the alternatives as infeasible. CEQA requires that an EIR evaluate a reasonable range of alternatives to the proposed project or the project location that substantially reduce or avoid significant impacts of the proposed project. CEQA requires that every EIR also evaluate a "No Project" alternative. Alternatives provide the decision maker with a basis of comparison to the proposed project in terms of their significant impacts and their ability to meet project objectives. This comparative analysis is used to consider reasonable, potentially feasible options for minimizing environmental consequences of the proposed project.

A. Alternatives Considered, Rejected and Reasons for Rejection

The Alternatives set forth in the Final EIR and listed below are hereby rejected as infeasible based upon substantial evidence in the record, including evidence of economic, legal, social, technological, and other considerations described in this Section, in addition to those described in Section VII below, which are hereby incorporated by reference, that make these alternatives infeasible. These determinations are made with the awareness that CEQA defines "feasibility" to mean "capable of being accomplished in a successful manner within a reasonable period of time, taking into account economic, environmental, legal, social, and technological factors." (CEQA Guidelines § 15364.) Under CEQA case law, the concept of "feasibility" encompasses (i) the question of whether a particular alternative promotes the underlying goals and objectives of a project; and (ii) the question of whether an alternative is "desirable" from a policy standpoint to the extent that desirability is based on a reasonable balancing of the relevant economic, environmental, social, legal, and technological factors.

1. Alternative 1: No Project.

Consistent with Section 15126.6(e)(1) of the CEQA Guidelines, this alternative assumes the continuation of existing conditions, taking into account what would reasonably be expected to occur on the CPMC campuses if the LRDP were not to proceed.

The No Project Alternative assumes that, except as described below for the Davies Campus, buildings on the existing CPMC campuses could not be used for acute care after the applicable SB 1953 (as amended) deadline. This alternative also assumes that most existing acute care uses at the CPMC campuses would be converted to non-acute care uses. CPMC would phase out the admission of acute care inpatients at the Pacific, California, and St. Luke's Campuses before the relevant SB 1953 deadline and would no longer provide any inpatient acute care, other than at the Davies Hospital North Tower, which would (because of previously completed retrofits) continue to provide acute care services until 2030. The EIR analyzed two subalternatives for the No Project Alternative at St. Luke's Campus: Alternative 1A and Alternative 1B. Under Alternative 1A, no existing buildings would be demolished or new buildings constructed at the St. Luke's Campus. Alternative 1B would involve demolishing the existing St. Luke's Hospital and constructing a new outpatient facility in its place. All inpatient care would cease after 2030 at the CPMC campuses in San Francisco under the No Project Alternative (with either St. Luke's No Project Alternative 1A or 1B), after 2030, when acute care bed licenses expire at the Davies Hospital North Tower.

The No Project Alternative would reduce the impacts of the proposed LRDP[18] because no or relatively limited new development would occur. CPMC would continue to operate its existing campuses (with the exception of the California Campus), which, as under the proposed LRDP, would cease operations by 2020. The only new development that would occur under the No Project Alternative would be the construction of a new St. Luke's Outpatient Facility under St. Luke's No Project Alternative 1B. Because of the limited amount of new development that would occur, the No Project Alternative would reduce the significant and unavoidable construction and operational air quality impacts and the operational GHG impacts of the proposed LRDP to a less-than-significant level, and the significant and unavoidable transportation and circulation impacts of the proposed LRDP would not occur. The significant and unavoidable impacts of the proposed LRDP related to groundborne vibration would not occur at any of the CPMC campuses under the No Project Alternative, except at the St. Luke's Campus under No Project Alternative 1B, where this impact would remain significant and unavoidable, although reduced in comparison to the proposed LRDP.

The No Project Alternative (with either St. Luke's No Project Alternative 1A or 1B) is hereby rejected as infeasible because, although it would reduce the significance of the transportation and circulation, air quality, GHG emissions, and groundborne vibration impacts of the proposed LRDP, it would fail to meet most of the basic objectives of the project. It would not meet the overarching objective of the project to construct modern, efficient, seismically safe hospital facilities that would remain operational in the event of a major disaster, both to serve CPMC's patients and to play an important role in San Francisco's disaster response preparedness system. The proposed Cathedral Hill Campus Hospital and St. Luke's Campus Hospital would not be constructed, and CPMC's existing acute care hospitals at the Pacific and California Campuses would be prohibited from continuing to provide acute care inpatient services after the deadline for complying with state seismic safety laws. Therefore, CPMC facilities at these campuses would not include acute care facilities that could remain operational in the event of a major disaster, and CPMC facilities would have a greatly diminished role in San Francisco's disaster response and preparedness system.

The No Project Alternative would not meet the project's core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC to the same extent as under the proposed LRDP, because most acute care services would no longer be provided. The No Project Alternative would not meet the core medical services objectives of meeting the existing and future projected acute care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay Area, and of providing a modern, efficient, and clinically safe patient environment in facilities that are based on contemporary best practices in hospital design and rational hospital space and facility guidelines. This is because, after 2013, unless extended by SB 90 (potentially out to 2020) or successor legislation, all of the inpatient facilities at CPMC campuses, except for the Davies Campus North Tower Hospital, would be closed to acute care patients, and the Cathedral Hill Campus Hospital with community services and extensive specialized tertiary services would not be constructed. In addition, the Davies Campus Neurosciences Institute, with specialized neuroscience services, the St. Luke's Campus Hospital, and the St. Luke's Campus MOB would not be constructed.

The No Project Alternative would not meet the core medical services of rebuilding and revitalizing the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and

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[18] For purposes of this Alternatives section, "LRDP" encompasses both Long-Term and Near-Term projects, as described in Section IA and IB.

that provides services such as medical/surgical care, critical care, emergency/urgent care, and gynecologic and low-intervention obstetric care. This is because the St. Luke's Campus Hospital would not be constructed and the existing St. Luke's Hospital Tower would cease providing acute care services after the deadline for compliance with state seismic safety requirements.

In addition, elimination of acute care facilities and services at the Pacific, California, and St. Luke's Campuses without replacement would occur under the No Project Alternative. Consequently, this alternative would not meet the project's core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care. It would not meet the core medical services objective of distributing inpatient capacity among CPMC campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future medical service demands. It would also not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services, providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments, limiting patient transfers, and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment.

The No Project Alternative would not meet the project objective of retaining and enhancing CPMC's role as a provider of high-quality medical and administrative jobs, and contributor of community benefits in San Francisco. It also would not meet the project objective of maintaining CPMCs prominent role as an education, training and research institution for medical professionals in San Francisco and the greater Bay Area.

For these reasons, it is hereby found that the No Project Alternative is rejected because it would not meet the basic objectives of the project and, therefore, is not a feasible alternative.

2. Alternative 2: Four-Campus Rebuilding/Retrofit/Redevelopment Alternative.

Under Alternative 2, CPMC would rebuild, renovate, retrofit, or develop new buildings on its four existing campuses (Pacific, California, Davies, and St. Luke's) to meet the seismic safety requirements of SB 1953 (as amended). The proposed Cathedral Hill Campus would not be developed. The existing buildings at the site of the proposed Cathedral Hill Campus would remain in their existing condition (except for likely renovation of interiors of the existing buildings at the proposed Cathedral Hill Campus Hospital site).

A larger amount of development would occur at the Pacific Campus than under the proposed LRDP. As under the LRDP, some outpatient services from the California Campus would permanently move to the Pacific Campus. The existing 2333 Buchanan Street Hospital would be converted to an ambulatory care center ("ACC") and become part of the new ACC complex at the Pacific Campus. A new ACC building with two towers (north and south) would be constructed. The existing Gerbode Research Building (2200 Webster Street), Annex MOB (2340-2360 Clay Street), and Stern Building (2330 Clay Street) on the northern portion of the Pacific Campus would be demolished and replaced by the new ACC North Tower. The existing Stanford Building (2351 Clay Street) adjacent to the 2333 Buchanan Street Hospital would be demolished and replaced by the new ACC South Tower. The existing parking garage at 2405 Clay Street on the western portion of the campus would be demolished and replaced by a new Clay Street/Webster Street MOB/parking garage. The vacant building at 2018 Webster Street would be renovated for use as administrative offices for the Institute of Health and Healing. Alternative 2 would retain the 18 licensed beds currently housed in the Mental Health Center, as under the proposed CPMC LRDP, and the remaining existing buildings at the Pacific Campus would remain as they are.

Alternative 2 would increase the space of various uses on the Pacific Campus by approximately 621,100 sq. ft. relative to existing conditions, and there would be approximately 392,800 sq. ft. more development at the Pacific Campus than under the proposed LRDP. Under this alternative, as under the proposed LRDP, 18 licensed psychiatric beds would be retained, and the rest of the 295 existing licensed beds would be eliminated from the Pacific Campus.

The California Campus would continue to operate as a medical campus under Alternative 2. The existing on-campus 3700 California Street Hospital, 3801 Sacramento Street Outpatient/Research Building, 3905 Sacramento Street MOB, 3901 Sacramento Street residential building, 460 Cherry Street parking garage, 3698 California Street building, and 3773 Sacramento Street parking garage would be demolished. A new Cherry Street MOB/parking garage, acute care hospital, and Women's and Children's hospital would be constructed. The existing 3848-3850 California Street office building and 3838 California Street MOB would remain as they are on the California Campus. Redevelopment of the California Campus under Alternative 2 would occur over a period of approximately six years.

Under Alternative 2, a new Acute Care Hospital at the California Campus would provide a total of 343 acute care beds, whereas no acute care beds would be provided at the California Campus under the proposed CPMC LRDP. A new Women's and Children's Hospital at the California Campus would have 105 beds. The overall space on the California Campus would increase by approximately 903,900 sq. ft. relative to the existing conditions, and the California Campus would provide approximately 1,846,000 sq. ft. more space for CPMC use under Alternative 2 than under the proposed LRDP.

The SB 1953 (as amended) deadlines potentially would require CPMC to terminate acute care services at the Pacific Campus before construction of the acute care hospital at the California Campus would be complete (accounting for extended time to allow for design of a new hospital at the California Campus, permitting, and construction), resulting in an interim period under Alternative 2 during which CPMC would not be able to provide acute care services at any campus other than the Davies and St. Luke's Campuses.

No new exterior construction would occur at the Davies Campus under Alternative 2. Acute care uses in the Davies Hospital North Tower would be converted to non-acute care uses after 2030. Under Alternative 2, the St. Luke's Campus would be identical to the proposed LRDP, except that the St. Luke's Campus Hospital would have 80 (rather than 120) beds and would be two stories, 43 feet, and approximately 77,790 sq. ft. smaller than under the proposed LRDP. As under the proposed LRDP, the St. Luke's Campus under Alternative 2 would include development of the new St. Luke's Campus MOB.

Alternative 2 would avoid the proposed LRDP's significant and unavoidable construction-period and operational impacts identified for the Cathedral Hill Campus related to transportation and circulation and air quality, and its significant and unavoidable construction-period groundborne vibration impacts at the Cathedral Hill Campus. However, as discussed in Draft EIR Section 6.7.1, the increased development at the Pacific and California Campuses under Alternative 2 would result in several new significant and unavoidable impacts, including: cultural resources impacts related to the demolition of the Stern Building at the Pacific Campus and the 3698 California Street building at the California Campus, which are eligible for listing as historic resources; project and cumulative operational transportation impacts on intersections in the vicinity of the California Campus and at the Market Street/Octavia Boulevard/U.S. 101 intersection; construction-period impacts on traffic, pedestrians, transit, and intersection operations at the

California Campus; construction-period impacts related to groundborne vibration at the California Campus; and construction-period air quality impacts related to emissions of TACs at the Pacific and California Campuses. Alternative 2 would also result in increases to the following significant and unavoidable impacts, which would also remain significant and unavoidable under the proposed LRDP (although reduced in comparison to Alternative 2): multi-campus construction and operation air quality impacts related to criteria air pollutant emissions; multi-campus impacts from GHG emissions; and construction impacts related to groundborne vibration at the Pacific Campus.

Alternative 2 is rejected as infeasible because, although it would eliminate significant and unavoidable impacts identified for the Cathedral Hill Campus, it would result in the additional new and increased significant and unavoidable impacts described above, and because it would not meet several of the project objectives. For a period between the deadline for acute care hospitals to comply with state seismic safety requirements and redevelopment of the California Campus, when construction of new acute care hospital facilities at the Pacific and California Campuses would be completed, Alternative 2 potentially would result in the inability of CPMC to provide acute care services at these campuses (or replacement facilities). Therefore, Alternative 2 would not meet the core medical services objective of ensuring ongoing medical services and an uninterrupted continuum of care for CPMC patients during construction through a carefully planned, appropriately phased project to minimize disruption. Even if construction of the new acute care hospital facilities at the Pacific and California Campuses could be completed before the deadline for compliance with State seismic safety requirements, Alternative 2 would result in a lengthier period than would occur under the LRDP before CPMC's acute care facilities would be fully compliant with the seismic safety requirements, creating an increased risk that CPMC patients could be injured and that CPMC's acute care facilities would not be operational following a major earthquake during the period before construction of fully compliant facilities is completed.

The Cathedral Hill Campus Hospital would not be constructed under this alternative, CPMC would continue to utilize its four existing campuses. Women's and children's acute care services would be re-located at the California Campus and in a separate building than the replacement acute care hospital at that campus. Moreover, the new Acute Care Hospital and women's and children's hospital constructed at the California Campus under Alternative 2 would not be as centrally located as the Cathedral Hill Campus Hospital proposed under the LRDP. Therefore, Alternative 2 would not meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner, to the same extent as the proposed LRDP. It would not meet the core medical services objectives of efficiently reorganizing CPMC's campuses by consolidating most specialized services into one acute care hospital, and of distributing inpatient capacity among CPMC campuses to create a rational program-wide system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future medical service demands.

Alternative 2 would not meet the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment. Alternative 2 would also not meet the site selection and site planning objective of ensuring that a new centralized acute care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns and San Francisco's population concentration, on a site that is easily accessible by multiple transportation and transit modes, because the California Campus is not as centrally located or as well-served by major transit routes as the Cathedral Hill Campus under the proposed LRDP.

Alternative 2 would provide less total space for inpatient care across existing CPMC campuses, and would not include construction of the Neuroscience Institute and Castro Street/14th Street MOB at the Davies Campus. Therefore, Alternative 2 would not achieve the project's core medical services objective of meeting the existing and future projected acute care and outpatient needs of CPMC's patients, with appropriate physician specialties, including specialized services that are provided by a limited number of service providers in the Bay Area, to the same extent as the proposed LRDP.

For these reasons, it is hereby found that Alternative 2 is rejected because, although it would eliminate significant and unavoidable impacts identified for the Cathedral Hill Campus, it would result in several additional new and increased significant and unavoidable impacts, and because it would not meet several of the project objectives. It is, therefore, not a feasible alternative.

3. Alternative 3: Reduced Development at Cathedral Hill Alternative

Under Alternative 3, the size of the proposed new development of the Cathedral Hill Campus Hospital would be reduced compared to the hospital proposed in the LRDP, in that the Cathedral Hill Campus Hospital would comply with the basic height requirements under the existing applicable height district (130-V Height and Bulk District). The Cathedral Hill Campus Hospital would provide 400 licensed beds under Alternative 3 (96 more than under the LRDP), and would be approximately 166,437 sq. ft. smaller than under the proposed LRDP. The EIR analyzed two subalternatives (Alternative 3A and Alternative 3B) of Alternative 3. Women and Children's service lines that would be provided at the Cathedral Hill Campus under the LRDP, instead would be developed at either the St. Luke's Campus (under Alternative 3A) or the California Campus (under Alternative 3B). Development at the Pacific and Davies Campuses would be the same under Alternative 3 as under the proposed LRDP.

a. Alternative 3A (Reduced Development at Cathedral Hill; Women's and Children's Center at St. Luke's)

Under Alternative 3A, Women's and Children's services that are currently provided at the California Campus would be relocated to a new, 160-bed, 116-foot-tall, approximately 289,900 sq. ft. Women's and Children's Center at the St. Luke's Campus constructed as a second-phase addition to the St. Luke's Campus Hospital on the location of the existing 1970 hospital tower. The 1970 hospital tower, the 1957 Building, the Redwood Administration Building, and the driveway immediately south of the Redwood Administration Building would be demolished to accommodate construction of the Women's and Children's Center. The St. Luke's Campus MOB proposed under the LRDP would not be constructed under Alternative 3A. The first-phase St. Luke's Campus Hospital proposed under Alternative 3A would have 80 beds and be approximately 77,790 sq. ft. smaller than the St. Luke's Campus Hospital under the LRDP and would be 27 feet and one story lower in height. The existing Hartzell Building, MRI Trailer, Monteagle Medical Center, and Duncan Street Parking Garage would be demolished to accommodate a new, approximately 427,700 sq. ft. MOB with a seven-level underground parking garage, which would be constructed in the southeast portion of the St. Luke's Campus. The MOB under Alternative 3A would be larger than the St. Luke's Campus MOB proposed under the LRDP, in order to support the outpatient/MOB demand associated with the 240 beds at the St. Luke's Campus under Alternative 3A. Development at the California Campus would be the same under Alternative 3A as under the proposed LRDP.

Alternative 3A was determined to be the environmentally superior alternative, other than the No Project Alternative. Alternative 3A would reduce the proposed LRDP's significant and unavoidable transportation and circulation project and cumulative impacts resulting from development at the Cathedral Hill Campus at one intersection (Van Ness Avenue/Market Street) to a less-than-significant level. The other significant and unavoidable transportation and circulation impacts and the construction-period air quality impacts related to toxic air contaminant emissions identified for the Cathedral Hill Campus under the proposed LRDP would remain significant and unavoidable under Alternative 3A. Alternative 3A would result in similar significant and unavoidable impacts related to construction-period groundborne vibration at the Cathedral Hill Campus as under the proposed LRDP. Alternative 3A would also result in similar regional construction-period and operational air quality impacts related to criteria air pollutant emissions as under the proposed LRDP. Alternative 3A would increase the significant and unavoidable operational multi-campus impact of the proposed LRDP related to GHG emissions although not substantially..

Alternative 3A is, however, rejected as infeasible because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other significant and unavoidable impacts (but not to a less-than significant-level), it would somewhat increase the proposed LRDP's significant and unavoidable GHG emissions impact, it would not meet some of the project objectives, and it does not meet other objectives to the same extent as the proposed LRDP. Under Alternative 3A, instead of being relocated to the Cathedral Hill Campus, Women's and Children's Center services would be relocated to the St. Luke's Campus, which would not include many of the specialized tertiary services that would be provided at, and would not be as centrally located as, the Cathedral Hill Campus. As a result, Alternative 3A would not meet the core medical services objective of efficiently consolidating CPMC's campuses by reorganizing most specialized services and women's and children's services into one acute-care hospital. Because Women's and Children's Center services would be separated from most specialized services, Alternative 3A would not meet, to the same extent as the proposed LRDP, the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment. Alternative 3A would not meet the core medical services objective of ensuring that program-wide medical care consolidation and distribution minimizes redundancies to avoid inefficiency and unnecessary costs to the health care system and patients to the same extent as the proposed LRDP. For example, additional or redundant support space, including space for diagnostic and treatment services, would need to be built at the St. Luke's Campus under Alternative 3A that would not be necessary if the Women's and Children's Center were located at the Cathedral Hill Campus, and members of CPMC's existing patient base currently receiving medical care services at the California and Pacific Campuses that would be relocated to St. Luke's Campus would need to travel further from northern and western portions of the City to the southeastern portion of the City in order to continue using those services. For the above reasons, Alternative 3A would not meet the project's overarching objective of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner to the same extent as the proposed LRDP.

The St. Luke's Campus is not as centrally located and is not as well-served by transportation and transit modes as the Cathedral Hill Campus. Therefore, Alternative 3A would not be consistent with the site selection and site planning objective of ensuring that the new centralized acute-care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns, and San Francisco's population concentration, on a site that is easily accessible by multiple transportation and transit modes.

The "Blue Ribbon Panel" of leaders from the health, business, and labor fields and from the community that met and developed a plan for providing health care services at the St. Luke's Campus in conjunction with CPMC's Institutional Master Plan ("IMP"), and the San Francisco Health Commission, determined that the 80-bed St. Luke's Campus Hospital proposed at that time met the anticipated future demand for acute care inpatient services at the St. Luke's Campus. Thereafter, on July 21, 2009, the San Francisco Health Commission adopted Resolution 10-09, which put forward several specific recommendations regarding the St. Luke's Campus, one of which was to convene a Health Commission Task Force on CPMC's IMP to discuss and analyze progress in fulfilling the recommendations of the Blue Ribbon Panel. The Health Commission Task Force, in its specific review of CPMC's responsiveness to the recommendations of the Blue Ribbon Panel, determined that the previously proposed 80-bed St. Luke's Campus Hospital would be appropriately sized and programmed as a community hospital, along with services that would be provided on the St. Luke's Campus, consistent with the recommendations of the Blue Ribbon Panel to accommodate existing and projected future patient demand for the south of Market service area. The planned service mix and capacity of the 120-bed St. Luke's Campus Hospital currently proposed under the LRDP is also consistent with the July 2008 recommendations of the Blue Ribbon Panel recommendations and the studies prepared by The Camden Group, documents which are in the record of the Department and incorporated herein by reference, who were employed by the Panel to gather, analyze and provide relevant information.

Based on this evidence, the proposed LRDP, specifically the plan for the St. Luke's Campus, is not expected to exacerbate any real or perceived shortage of inpatient acute care beds for the south of Market Street area traditionally served by St. Luke's Hospital. Under the proposed LRDP, the St. Luke's Campus Hospital would accommodate growth in patient census, increase its Emergency Department and surgery capacity, and expand primary care programs in areas of demonstrated need in the community, such as senior care and low-risk obstetrics.

Furthermore, developing entirely new Campus-wide plans for the St. Luke's Campus under Alternative 3A and an entirely new hospital building plan for the hospital at Cathedral Hill and a reduced MOB, as compared to the LRDP, would take significantly longer time to develop, both in terms of the design and permit approvals (including OSHPD approvals). According to the project sponsor, a major re-design of the proposed LRDP likely would add at least 5 years to the schedule for the proposed construction at these campuses, because of redesign and OSHPD repermitting requirements for replacement hospital facilities, resulting in a longer period before CPMC's acute care facilities would be fully compliant with State seismic safety requirements, and the potential closure of existing acute care hospital facilities at the California, Pacific, and St. Luke's Campuses before replacement facilities would be operational.

The proposed LRDP as analyzed in the Addendum includes some revisions that reduced the size of the Cathedral Hill Campus Hospital and increased the size of the St. Luke's Campus Hospital, as compared to the LRDP as analyzed in the Final EIR, but did not otherwise change the respective campuses or internal project phasing, and the hospital buildings would be modified on the same footprint and overall design. These changes are easier to accomplish than the redesigns envisioned under Alternative 3A. Further, similar to Alternative 3A, these revisions to the LRDP reduce its significant and unavoidable impacts to some extent, although unlike Alternative 3A, which would reduce the significant and unavoidable traffic impact at one intersection (Van Ness/Market) to a less-than-significant level, the project changes analyzed in the Addendum would not reduce any of the proposed LRDP's significant and unavoidable impacts to less than significant levels.

For the above reasons, it is hereby found that Alternative 3A is rejected as infeasible because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other significant and unavoidable impacts (but not to a less-than significant-level), it would somewhat increase other significant and unavoidable impacts, including GHG emissions, and would not satisfy the project objectives as fully as the proposed LRDP..

b. Alternative 3B (Reduced Development at Cathedral Hill with Women's and Children's Services at California Campus)

Under Alternative 3B, Women's and Children's Center services that are currently provided at the California Campus would be relocated to a new, 160-bed, 100-foot-tall, approximately 420,000 sq. ft. replacement Women's and Children's Center within the eastern portion of the California Campus. The existing 3700 California Street Hospital would be demolished and the parcels on which it is located would be sold. Alternative 3B would also include continuation of other medical services at the California Campus, unlike the proposed LRDP. Medical office and other services to support the inpatient Women's and Children's services that would be located at the Cathedral Hill Campus under the LRDP (at the Cathedral Hill Campus MOB and 1375 Sutter MOB) would instead be located within the existing 3838 California Street and 3905 Sacramento Street MOBs at the California Campus. Development at the St. Luke's Campus under Alternative 3B would remain the same as under the proposed LRDP, except that the St. Luke's Campus Hospital would be reduced by two stories (or about 43 feet) and 40 beds, and the St. Luke's Campus MOB would be reduced by two stories (or by about 35 feet) and would no longer include approximately 30,600 sq. ft. of the patient-care clinic uses proposed under the LRDP.

Similar to Alternative 3A, Alternative 3B would reduce the proposed LRDP's significant and unavoidable transportation and circulation project and cumulative impacts resulting from development at the Cathedral Hill Campus at one intersection (Van Ness Avenue/Market Street) to a less-than-significant level. The other significant and unavoidable transportation and circulation impacts and the construction-period air quality impacts related to TAC emissions identified for the Cathedral Hill Campus under the proposed LRDP would remain significant and unavoidable under Alternative 3B. Alternative 3B would result in similar significant and unavoidable impacts related to construction-period groundborne vibration at the Cathedral Hill Campus, as under the proposed LRDP.

The increased development at the California Campus under Alternative 3B would result in several new significant and unavoidable impacts, including: cultural resources impacts related to the demolition of the 3698 California Street building, which is eligible for listing as a historic resource; construction-period impacts related to groundborne vibration at the California Campus; and construction-period air quality impacts related to TAC emissions at the California Campus. Alternative 3B would also result in increases to the following significant and unavoidable impacts, which would also remain significant and unavoidable under the proposed LRDP (although reduced in comparison to Alternative 3B): construction-period and operational regional air quality impacts related to criteria air pollutant emissions; and operational impacts related to GHG emissions.

Alternative 3B is rejected as infeasible because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other impacts related to development at the Cathedral Hill Campus to some degree (but not to a less-than-significant level), the increased development at the California Campus under Alternative 3B would result in several new and increased significant and unavoidable impacts, and because it would not meet several of the project objectives. Under Alternative 3B, Women's and Children's Center services would be relocated to another location within the California Campus, rather than being transferred to the Cathedral Hill Campus under the proposed LRDP. The California Campus under Alternative 3B would not include the specialized tertiary services that would be provided at, and would not be as centrally located as, the Cathedral Hill Campus. As a result, Alternative 3B would not meet the core medical services objective of efficiently reorganizing CPMC's campuses by consolidating most specialized services and Women's and Children's Center services into one centrally located acute care hospital to the same extent as under the proposed LRDP. Because Women's and Children's Center services at the California Campus would be separated from specialized services at the Cathedral Hill Campus, and because the services provided in the smaller St. Luke's Campus Hospital and St. Luke's Campus MOB would be reduced in comparison to under the proposed LRDP, Alternative 3B would not meet, to the same extent as the proposed LRDP, the core medical services objective of optimizing patient safety and clinical outcomes by: strategically grouping service lines and specialized services; providing multidisciplinary concentration of care for multisystem diseases, chronic disease management, and other higher level intervention treatments; limiting patient transfers; and providing critical care beds where patients can be appropriately and expeditiously supported by the necessary physicians, services, and equipment.

Alternative 3B would not meet the core medical services objective of ensuring that program-wide medical care consolidation and distribution minimizes redundancies to avoid inefficiency and unnecessary costs to the health care system and patients, because the continued use under Alternative 3B of existing buildings at the California Campus, which would be discontinued under the proposed LRDP, for medical offices, services, and support facilities related to the Women's and Children's Hospital at the California Campus would result in unnecessary redundancies. For the above reasons, Alternative 3B would not meet the project's overarching objective of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner.

The Women's and Children's Center at the California Campus under Alternative 3B would not be as centrally located or as well served by major transit routes as the Cathedral Hill Campus. Therefore, Alternative 3B would not meet the project's site selection and site planning objective of ensuring that the new centralized acute care hospital is appropriately located, taking into account CPMC's patient base and utilization patterns, and San Francisco's population pattern, on a site that is easily accessible by multiple transportation and transit modes, to the same extent as the proposed LRDP. Because the new St. Luke's Campus MOB would be smaller and patient-care clinic uses would be eliminated at the St. Luke's Campus, this alternative would not meet the core medical services objective of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus to the same extent as the proposed LRDP.

Furthermore, new plans for the Cathedral Hill and California Campuses under Alternative 3B would take substantially more time to develop, both in terms of design and permit approvals (including OSHPD approvals) than the hospital plan revisions under the LRDP. According to the project sponsor, a major re-design of the proposed LRDP likely would add at least 5 years to the schedule for the proposed construction of these replacement hospitals, because of redesign and OSHPD repermitting requirements for hospital facilities, resulting in a longer period before CPMC's acute care facilities would be fully compliant with State seismic safety requirements and the potential closure of existing acute care hospital facilities at the California, Pacific, and St. Luke's Campuses before replacement facilities would be operational.

For these reasons, it is hereby found that Alternative 3B is rejected because, although it would reduce the significant and unavoidable project and cumulative transportation impacts of the proposed LRDP at one intersection to a less-than-significant level, and would reduce some of the proposed LRDP's other significant and unavoidable impacts at the Cathedral Hill Campus (but not to a less-than-significant level), it would result in several additional new and increased significant and unavoidable impacts, because it would not meet several of the project objectives or satisfy the project objectives as fully as the proposed LRDP, and, therefore, would be infeasible.

B. Off-Site and Other Alternatives Considered and Rejected in the EIR

In addition to all of the reasons set forth below regarding the reasons various off-site or other alternatives were considered and rejected as infeasible in the EIR, most of the prior investigations regarding the following alternatives occurred before the merger of the St. Luke's Campus into the CPMC health care system in January 2007. Consequently, most of the alternatives described below would not meet the project's core medical services objectives related to rebuilding and revitalizing the St. Luke's Campus as a community hospital that is an integral part of CPMC's larger health care system, and of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus. Therefore, in addition to the other specific reasons set forth below, the following off-site and other alternatives are also rejected, as applicable, as infeasible because they would not achieve these core medical services objectives related to the St. Luke's Campus.

1. Inpatient Services Outside San Francisco, Mills Peninsula and Marin

Several strategies were identified by the project sponsor to potentially relocate some inpatient services from San Francisco to other Sutter Health affiliates in the North Bay or San Francisco Peninsula areas. For example, CPMC considered relocating services to the Mills Peninsula Hospital in Burlingame, the Novato Community Hospital, or a location at the Marin City Gateway Shopping Center. This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. Such an alternative would not address the need to replace facilities largely dedicated to serving the local patient populations in San Francisco. One of the overarching objectives of the LRDP is the need to construct modern, seismically safe acute care hospital facilities that will remain operational in the event of a major disaster both to serve CPMC's patients and to play an important role in San Francisco's disaster response and preparedness system, in compliance with the state seismic safety mandates of SB 1953.

The majority of the recipients of CPMC's inpatient services are San Francisco residents. Moreover, the growing proportion of elderly residents in San Francisco is expected to result in a 26% increase in demand for hospital acute-care beds from 2010 to 2030. Although the current total number of beds in San Francisco nominally meets the current demand, none of the existing CPMC acute care facilities currently meet SPC-5 seismic standards, under which facilities are projected to not just withstand, but remain fully functional through, a major disaster or seismic event. The eventual increase in demand for inpatient services driven by aging local population could result in a substantial acute care bed shortage occurring before 2030, on top of the general lack of major disaster/seismic readiness of these beds. Because CPMC is a major provider of health care to current and future residents of San Francisco, the need for CPMC to maintain inpatient acute care services inside San Francisco was a part of the decision to eliminate from further consideration an alternative that would involve relocating services outside of San Francisco.

Additionally, CPMC's medical planning assumed that the majority of San Francisco patients would not travel to Marin or San Mateo County to see their doctor or be admitted to a hospital for routine or non-specialty care. If inpatient services were relocated outside San Francisco, these patients would be forced to travel much farther than is currently considered reasonable for a regional urban center. Based upon reasonable assumptions regarding patient behavior, a large percentage of those patients currently using CPMC services who reside in San Francisco likely would seek to receive services, if possible, from another provider in San Francisco, rather than travel outside of San Francisco for such services. For many of CPMC's medical service lines, the capacity within San Francisco's other medical providers to accommodate CPMC's patient volumes does not exist, and these patients would suffer hardship until remaining San Francisco providers could augment their capacity. For example, more than half of the babies born in San Francisco are born at a CPMC hospital (California Campus or St. Luke's Campus). Other providers in San Francisco could only absorb a small percentage of this patient volume. In effect, the only CPMC medical services that could be successfully relocated outside of San Francisco are those service lines that patients are already travelling regionally to use. These service lines (e.g., breast cancer, heart transplant, kidney transplant, liver transplant, oncology, pancreas transplant, and spine surgery services) make up approximately 25% to 30% of CPMC's services and currently meet an important need for San Francisco patients.

Further, an alternative involving provision of medical services outside of San Francisco would require site acquisition, planning, design, and entitlements (including EIR preparation), with costs and timeframes similar to those experienced in San Francisco. Given the typical length of time required to develop major medical projects (approximately five years from inception to approvals), alternate strategies outside of San Francisco would take longer to comply with current SB 1953 requirements and potentially would not be completed before expiration of the deadline for compliance.

At the locations considered for potential relocation of services out of San Francisco, neither the necessary additional bed capacity, nor the supporting programs, could be accommodated without substantial additional planning and site development. For example, Mills Peninsula Hospital would not have additional bed capacity sufficient to replace all the current in-use beds at the Pacific and California Campuses. Mills Peninsula Hospital also does not have the specialty medical services necessary to attract inpatients and outpatients traveling from the broader Bay Area region, or the additional capacity to accommodate the imaging services, diagnostic and treatment services space, and other functions needed to support CPMC's tertiary programs. Similar issues would be presented by relocation to the Novato Community Hospital.

In addition, the specialized, San Francisco-based physicians, nurses, and other staff who currently support CPMC specialty services would need to either relocate outside of San Francisco (which CPMC cannot compel) or somehow jointly serve hospitals in multiple, widely separated Bay Area cities. In most cases, the physicians currently providing these services are not CPMC personnel. These physicians typically have a mix of patients, many of whom would continue to demand or expect access to their physician in San Francisco.

Relocation of certain CPMC programs to the Mills Peninsula Hospital was also rejected for the following reasons: (1) the Mills Peninsula Hospital would not be able to meet the projected demand for Neonatal Intensive Care Unit that would be met by capacity to be provided at the proposed CPMC Cathedral Hill Campus; (2) the Mills Peninsula Hospital does not have the postpartum capacity required and planned for under the CPMC LRDP; (3) the nature and capacity of the diagnostic and treatment platform at the Mills Peninsula Hospital is not functionally appropriate to meet the needs of the types of medical programs that could hypothetically be moved there from CPMC's proposed Cathedral Hill Campus; and (4) if any substantial program were to be moved to the Mills Peninsula Hospital instead of being provided at the Cathedral Hill Campus, a large amount of additional diagnostics and treatment capacity would need to be provided at the Mills Peninsula Hospital.

The Marin City Gateway Shopping Center site was dismissed primarily because of the cost and time constraints described above would prevent such an alternative from resulting in compliance with SB 1953 deadlines. Moreover, there were substantial uncertainties related to site acquisition, as well as environmental review, local approval, and other planning and development risks.

Relocating inpatient services outside San Francisco also would not meet the project objective of distributing inpatient capacity among CPMC campuses to create a rational overall system of care, including an optimal number of smaller, community-based hospitals, ambulatory care facilities, and medical offices, sized and located to meet existing and projected future service demands for primary and secondary care services in San Francisco. A rational overall system of care must include local-serving medical service lines located within San Francisco to accommodate the approximately up to 75% of CPMC patients who currently reside in San Francisco and the projected future increase in such demand expected to result from the aging of San Francisco's population.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

2. <u>U.S. Public Health Service Hospital</u>

The site formerly occupied by the U.S. Public Health Service Hospital ("PHSH") is located in the southwestern quadrant of the Presidio, encompassing approximately 24 acres just west of Park Presidio Boulevard and just north of Lake Street, at the intersection of Wedemeyer Street and North 15th Avenue. The PHSH site was evaluated by CPMC as both a hospital site and as the site for an outpatient center. Redevelopment of the PHSH site would have to be compatible with the Presidio, which is operated by the National Park Service ("NPS"), and with the PHSH site's historic status. Furthermore, plans would have to conform to the Presidio Trust Act, the Presidio Trust draft planning guidelines, the general objectives of the general management plan for the Presidio, the *Secretary of Interior's Standards for the Treatment of Historic Properties*, and federal laws for historic landmarks. The general management plan amendment for the Presidio proposed removing the nonhistoric 1950s addition to the PHSH Hospital and restoring the original structure for use as an educational or conference facility. Other potential uses identified by the general management plan amendment include senior housing, lodging, health care, research and development, hospitality, multimedia, office or market-rate residential.

Many constraints existed for using the PHSH site for a new CPMC hospital. A primary constraint was availability. According to CPMC, in 2001, CPMC investigated the Presidio Trust's interest in a long-term ground lease of the PHSH site for a new CPMC hospital, but the Trust did not indicate a serious interest in pursuing discussions with CPMC regarding a major hospital development at this site. Even if the site were available, other constraints included: requirements for preservation of historic structures at the PHSH site; inadequate access to the site from transit and major streets; concerns about anticipated staff or physician attrition because of the site's relatively remote location; and the increased complexity and length of the permitting process, which would have involved multiple additional federal, state, and local agencies, not required elsewhere.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not meet the project sponsor's objectives. The apparent inability to procure a long-term ground lease of the PHSH site and the length and complexity of the permitting process made the site infeasible. For those reasons, the site did not meet the LRDP project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner. In addition, because of its peripheral location within San Francisco, inadequate access from major streets, and lack of easy access to multiple transit modes, the site would not meet the project objective of ensuring that the new centralized acute care hospital is appropriately located on a site that is easily accessible by multiple transportation and transit modes. Because of the NPS setting and historic status of the Presidio, the PHSH site would have presented more design challenges than the currently proposed Cathedral Hill Campus with respect to meeting the project objective of designing contemporary, architecturally integrated medical facilities that are compatible with neighborhood character and aesthetics in the areas surrounding the proposed new CPMC campus facilities.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

3. Muni Bus Yard at Presidio and Euclid Avenues

The 5.75-acre San Francisco Municipal Railway ("Muni") bus yard site at Presidio and Euclid Avenues is located at 2630–2640 Geary Boulevard**.** The possibility of decking over the existing bus yard and building a hospital above it was considered, but was deemed too complex and cost prohibitive to warrant further analysis. A hospital at this site would also be subject to operational constraints related to circulation, patient drop-off, and provision of hospital parking. According to CPMC, SFMTA never formally indicated that air rights for construction of a hospital above the bus yard were available or that such plans would meet the operational needs of the Muni system. The complexity of developing the first known mixed-use hospital/transit yard with the local transit agency also weighed into the infeasibility determination. This bus yard site also could not be used unless Muni could vacate the site and temporarily move its bus storage and maintenance operations elsewhere. Muni has been searching for many years for alternative sites for these purposes.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC's inability to procure title to or secure a long-term lease of the bus yard site made this site infeasible. The site therefore would not meet the project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner. Even if the bus yard site could have been acquired from the City, other issues (e.g., the potential need for environmental remediation of the site) made this site infeasible for further consideration. Overall, this site would not meet the project objective of implementing an economically viable long-range development plan for CPMC.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

4. Mervyn's Shopping Center

The 6.61-acre Mervyn's Shopping Center site is located on the south side of Geary Boulevard at Masonic Avenue. The site borders the Kaiser Hospital complex immediately to the east. The site includes retail space occupied by several large retailers, including Mervyn's, Toys "R" Us, The Good Guys, and Office Depot. The long-term leases of the anchor tenants were the principal reasons that CPMC did not pursue further discussions related to acquisition of this site. This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objective. CPMC's inability to procure clear title to the Mervyn's Shopping Center site made this site infeasible. The site therefore did not meet the project objective of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

5. Aggregation of Sites on the East Side of Masonic Avenue, Between O'Farrell Street and Turk Boulevard

CPMC also identified a 6.22-acre potential site that would have involved the aggregation of five parcels (upon their acquisition) from three owners, including the Catholic Church and the San Francisco Unified School District. The five parcels are located at 40 Vega Street (Wallenberg Public High School and associated playground, together making up two parcels), 270 Masonic Avenue (Blood Center of the Pacific), 250 Masonic Avenue (Blood Center of the Pacific parking lot), and 100 Masonic Avenue (Ephipany Center).

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. All five parcels that compose this site are zoned for three stories or less. According to CPMC, the site was removed from further consideration because of the high degree of uncertainty associated with assembling and significantly rezoning the site to create an adequate hospital site. CPMC also concluded that the likelihood of obtaining approval for a significantly higher than existing height limit for the site was very low, and that without this higher height limit, the building envelope and volume required for the necessary medical programs could not have been developed. Therefore, the site did not meet the project objectives of locating medical care facilities on sites that are owned by or practically can be acquired by CPMC in a cost-effective and timely manner.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

6. Aggregation of Sites on the South Side of Geary Boulevard Between Scott and Pierce Streets

In 2000, CPMC also considered a 3.39-acre potential site, containing the Gateway High School and adjacent playgrounds, at 1430 Scott Street, which would have involved the aggregation of four parcels that would need to be acquired from the San Francisco Unified School District. It was later viewed as a potential site if CPMC were also able to proceed with the acquisition from the San Francisco School of Podiatry of a 2.5-plus-acre site located one block to the south.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC's decision to not undertake discussions with the school district about this site was based in part on its location. The site was also deemed too small, given the existing 50-foot height limit that applies to the site and considering the adjacent Kimbell Playground (public park) immediately to the east, and Hamilton Recreation Center across Geary Boulevard. Any development on the site would be restricted to 40 feet to comply with Section 295 of the San Francisco Planning Code (Planning Code), which prohibits any new buildings over 40 feet in height creating new shadow on public parks. CPMC determined that it would be infeasible to build a new facility with the necessary medical programs on this site within these height restrictions, or any reasonable deviation from these height restrictions. The site also was not considered a "surplus property" by the San Francisco Unified School District, but was an active charter high school not being considered for sale by the district. CPMC's decision also was based on concerns related to converting a large playground for hospital development (i.e., conversion of public open space to developed space). Therefore, the site did not meet the project objectives of locating medical care facilities on sites that are owned by or can practically be acquired by CPMC in a cost-effective and timely manner, and ensuring that the new centralized acute-care hospital is appropriately located on a site that can accommodate a building of the necessary size to serve the required program of integrated services.

These findings in the Final EIR are hereby concurred with, and this alternative is as infeasible rejected because it would not meet the basic objectives of the project.

7. <u>Presidio Three-Site Study</u>

In 2003, with the development of the Lucas film complex at the Presidio, the NPS planners indicated that although insufficient land was available to develop a large medical facility, it might be possible for CPMC to develop a smaller medical facility, such as a single inpatient component, at the Presidio. CPMC revisited the PHSH site, and also evaluated the Letterman site and the Fort Scott District site in the Presidio as potential sites for an inpatient facility.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. CPMC rejected all three sites because of concerns about: (a) possible staff or physician attrition caused by the sites' relatively remote locations; (b) inadequate access from transit and major streets; (c) insufficient development potential at the sites because of limitations imposed to protect natural landscapes and historic buildings at the Presidio; and (d) the complexity and length of the permitting process for Presidio sites, which would have involved multiple federal, state, and local agencies, not required elsewhere. Therefore, for the same reasons as described above with respect to the PHSH site within the Presidio, these sites failed to meet several of the key project objectives.

In 2004, a smaller outpatient proposal was presented to but rejected by the Presidio Trust. According to CPMC, the proposal was rejected primarily because of the Presidio Trust's concerns about CPMC development-related traffic and the proposal's compatibility with other Presidio uses. Subsequently, with the rejection of other high-profile development proposals within the Presidio, CPMC determined that it would be difficult to find support for development of an approximately 1-million-sq.-ft. new medical use at the Presidio.

These findings in the Final EIR are hereby concurred with. and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

8. <u>Initial Three-Campus Project with New Acute Care Hospital at the Davies Campus</u>

CPMC's initial planning efforts in the late 1990s resulted in a three-campus plan that focused on consolidating as many of its services as possible on a single, existing CPMC-owned campus, and which included the following components: (a) a new acute care hospital south of the existing Davies Hospital North Tower, with beds being relocated from the acute care facilities at the Pacific and California Campuses; (b) development of a new, separate Women's and Children's Hospital at the California Campus; (c) conversion of the Pacific Campus to a full ambulatory care center ("ACC"); and (d) long-term-care facilities for the California and Davies Campuses.

This potential EIR alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. The initial three-campus proposal did not have sufficient support from doctors affiliated with CPMC to proceed, primarily because of its concentration of acute care facilities at the Davies Campus and relatively far distance (approximately 2.0 and 2.2 miles, respectively) from CPMC's primary patient and physician base at the Pacific and California Campuses. For this reason, the three-campus alternative was found to not meet the project objective of ensuring that the new, centralized acute care hospital is appropriately located, taking into account CPMC's patient base and use patterns and San Francisco's population concentration.

These findings in the Final EIR are hereby concurred with and this alternative is rejected as infeasible because it would not meet the basic objectives of the LRDP.

9. Three-Campus Project with Integrated Acute Care Facility at the California Campus

In 2001, the CPMC Board of Directors approved a preliminary consideration of a "Tri-Campus" rebuild/retrofit plan that could be achieved within CPMC's three existing campuses. This Tri-Campus plan included the following components: (a) an integrated acute care facility at the California Campus, including a new acute care hospital and adjacent Women's and Children's Center; (b) an ambulatory services complex at the Pacific Campus, including a new ACC and research and education facilities; and (c) in addition to continuing to provide acute care, a "continuum of care" complex at the Davies Campus that would provide longer-term services, including acute rehabilitation, with options to reduce the emergency department to urgent care.

This potential EIR alternative was considered but not selected for further analysis in the EIR because it would not achieve most of the project sponsor's objectives. It became apparent to CPMC that the plan had several flaws. Construction costs of development relative to needed health care delivery capacity at the Pacific, California, and Davies Campuses under this plan were too high. Retrofitting the Pacific and California Campuses and portions of the Davies Campus would have required CPMC to either do the work in small increments so that medical services to a limited population of patients and caregivers would be disrupted at any given time, or shut down existing buildings and the associated medical services entirely to accomplish the work more quickly. The first option would have resulted in much greater construction costs. Even a relatively small medical facility construction project typically takes 5 years to complete, and attempting an entire campus retrofit in this manner would have been very lengthy and costly. Therefore, CPMC determined that the Tri-Campus plan was not possible to pursue because of issues related to financial feasibility and the significantly longer period of time before CPMC's acute care facilities would be compliant with SB 1953 seismic safety requirements. Attempting an entire campus retrofit all at once was also determined to be infeasible; no other existing CPMC facility could accommodate the large volume of patients and medical services that would have required relocation from buildings temporarily shut down for retrofitting. Finally, the plan provided little to no expansion capacity in the future for acute care or other services.

For all of the reasons listed above, the Tri-Campus plan would not meet the project objective of implementing an economically viable development plan. Because of the additional length of construction related to closing down a few medical facilities at a time, the Tri-Campus plan would take longer to achieve the overarching project objective of constructing modern seismically safe hospital facilities that would be fully compliant with SB 1953. In addition, because of the operational disruptions involved, the Tri-Campus plan would not meet the project objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC campuses during construction through a carefully planned, appropriately phased project that minimized disruption. Furthermore, because the St. Luke's Campus was not included in this earlier Tri-Campus plan, it would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency, urgent care, and gynecologic and low-intervention obstetric care, or of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

10. <u>Larger Four-Campus Alternative with Development on Existing Campuses and a Proposed Campus</u>

Design for a new consolidated medical facility and a "four campus plan" began in 2004, after CPMC's acquisition of the Cathedral Hill Hotel site. This resulted in a plan that consisted of the following: (a) an integrated acute-care and Women's and Children's Center and an MOB at the Cathedral Hill Campus; (b) an ambulatory services complex at the Pacific Campus (including a new ACC) and research and education facilities, with new parking; (c) continuing acute care as well as a "continuum of care" complex at the Davies Campus that would provide longer-term services such as acute rehabilitation, with commitment to continuing full emergency care; (d) a skilled nursing/assisted living facility at the California Campus (all existing acute care uses at the California Campus would be transferred to the Cathedral Hill Campus); and (e) a new clinic/MOB to accommodate a complement of medical services known as the "Neuroscience Institute" at the Davies Campus (the "Larger Four-Campus Plan").

An environmental evaluation application ("EEA") for the Larger Four-Campus Plan was filed in June 2005. Since then, the Larger Four-Campus Plan was substantially revised due to market conditions, changes in state seismic law, and community considerations regarding scale of development. The Larger Four-Campus Plan, therefore, was rejected, and changes that have been incorporated into the proposed LRDP , as compared to the Larger Four-Campus Plan, include: (a) downsizing of the Cathedral Hill Campus Hospital by approximately 545,000 sq. ft. and 316 beds, and an approximate 90-foot reduction in height; (b) removal of a formerly proposed research component at the Pacific Campus and substantial reduction in the height and capacity of the proposed parking structures at the Pacific Campus; (c) removal of the proposal to redevelop the California Campus; (d) inclusion of the Neuroscience Institute at the Davies Campus in the currently proposed LRDP, rather than as a stand-alone project undergoing its own separate environmental review; and (e) merger of the St. Luke's Campus into the CPMC system in January 2007, and plan as part of the proposed LRDP to replace the existing acute care hospital at the St. Luke's Campus with a new hospital, and then to demolish the existing hospital tower and construct a new St. Luke's Campus MOB in its location.

The Larger Four-Campus Plan was considered but not selected for analysis as a potential EIR alternative to the proposed LRDP because it would not achieve most of the project sponsor's objectives. The Cathedral Hill Campus Hospital's proposed development program and height were reduced, because CPMC decided that providing additional square footage and beds, as proposed in this alternative to provide future flexibility, would not be cost-effective. Therefore, the Larger Four-Campus Plan Alternative would not meet the project objective to optimize the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner. Moreover, the St. Luke's Campus was not included under this Larger Four-Campus Plan Alternative. Therefore, it would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital that is an integral part of CPMC's larger health care system, and that provides services such as medical/surgical care, critical care, emergency, urgent care, and gynecologic and low-intervention obstetric care, or of providing for the development of an appropriately sized new medical office building or outpatient space at the St. Luke's Campus as the logical outgrowth of the increased utilization of the campus, to increase the availability of outpatient services to meet community needs and to better recruit and retain physicians by increasing convenience for physicians admitting patients to the hospital at the St. Luke's Campus.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

11. Four-Campus Renovation/Retrofit of Existing Acute Care Facilities Alternative

CPMC also studied a "retrofit only" project that could be implemented if no entitlements could be secured in San Francisco for a larger multi-campus plan. The Four-Campus Renovation/Retrofit of Existing Acute Care Facilities Alternative (the "Retrofit Only Alternative") assumed no (or very limited) new construction and satisfaction of the requirements of SB 1953 primarily through renovating and retrofitting existing acute care facilities, rather than building new facilities. No development would have occurred at the site of the Cathedral Hill Campus under this scenario.

The Retrofit Only Alternative included the following components at each campus: (a) At the Pacific Campus, no existing buildings would be demolished and no new buildings would be constructed. The 2333 Buchanan Street Hospital would be renovated and retrofitted to continue to provide acute-care uses after 2015; (b) At the California Campus, the 3700 California Street Hospital and attached 3801 Sacramento Street Outpatient/Research Building would be renovated and retrofitted to continue to provide acute care uses after 2015. The remainder of the California Campus would remain as is; (c) At the Davies Campus, the Neuroscience Institute would be constructed. No other new buildings would be constructed and no existing buildings would be demolished. The Davies Hospital North Tower would continue to be used for acute care uses until 2030; (d) At the St. Luke's Campus, acute care uses would shift elsewhere within the CPMC system. Inpatient care would be distributed to the Pacific and Davies Campuses, where the capacity exists to receive them. Obstetrics/birthing would be redistributed to the California Campus. The existing St. Luke's Hospital would be demolished, because of its existing seismic hazards.

The Retrofit Only Alternative was considered but not selected for detailed analysis in the EIR because it would not achieve most of the project sponsor's objectives. According to CPMC, retrofitting could not bring existing on-campus structures up to "new construction" standards of safety without prohibitive costs. Retrofitting a large number of buildings at existing campuses would require CPMC either to do the work in small increments (so that disruption of medical services would be limited to a small population of patients and caregivers at any given time) or shut down entire existing buildings and the associated medical services (to accomplish the work more quickly). These options were determined to be infeasible because of issues related to financial feasibility, the significantly longer period of time before CPMC's acute care facilities would be compliant with SB 1953 seismic safety requirements, and lack of existing facilities that could accommodate temporary relocation of patients and services from buildings undergoing retrofits. Therefore, this alternative would not meet the project objective of implementing an economically viable development plan. This alternative would also disrupt services, which would have affected patients, physicians, and staff. Therefore, this alternative would not meet the project objective of ensuring ongoing medical services and an uninterrupted continuum of care at CPMC during construction through a carefully planned, appropriately phased project to minimize disruption.

The existing on-campus buildings are not laid out optimally to accommodate contemporary best practices (*e.g.*, certain spaces such as clinic treatment areas and patient rooms have typically increased in size over the years with advancing technology and medical care practice models). Therefore, the Retrofit Only Alternative would not have met the project objective of providing a modern, efficient, and clinically safe patient care environment in facilities based on contemporary best practices in hospital design and national hospital space and facility guidelines, including provision of all single-patient rooms, individual bathrooms, adequate common spaces for families and staff, floor plans that allow staff to work efficiently and safely with patients, appropriate department adjacencies, and the ability to accommodate current-day medical technologies.

Retrofitting the 2333 Buchanan Street Hospital at the Pacific Campus and the 3700 California Street Hospital and 3801 Sacramento Street Outpatient/Research Building at the California Campus would at most bring the acute care facilities up to an SPC-2 level, which would allow the provision of acute care services until, but not beyond, 2030. Buildings rated at SPC-2 are superior to the existing construction at the Pacific and California Campuses (rated as SPC-1, considered hazardous and at risk of collapse or significant loss of life in the event of an earthquake); however, SPC-2 level buildings are not "reasonably capable of providing services to the public following strong ground motion" like SPC-5 (generally new) structures. Buildings rated at SPC-2 could be so damaged by a major seismic event that they would require extensive rework to become operational again. Therefore, the Retrofit Only Alternative would not meet the project objective of optimizing the use of CPMC's resources to provide an integrated health care system affording the highest quality of patient care to CPMC's patient population in the most cost-effective and operationally efficient manner. It would take significantly longer to achieve the project objective of constructing modern, seismically safe hospital facilities that would remain operational in the event of a major disaster to serve CPMC's patients, as well as play an important role in San Francisco's disaster response and preparedness system, through the development of a new CPMC campus and the redevelopment of existing campuses in a manner that is fully compliant with SB 1953. The Retrofit Only Alternative also would not have met the project objectives to rebuild and revitalize the St. Luke's Campus to include a seismically compliant community hospital with emergency services that is an integral part of CPMC's larger healthcare system.

These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

12. <u>Code Complying Alternative</u>

Under the Code-Complying Alternative, development at each CPMC campus would comply with Planning Code requirements related to height, bulk, and density. However, CPMC would continue to request certain exceptions and exemptions to the Planning Code for other requirements (e.g., off-street parking, loading dock size, rear yard setbacks, street frontage).

Under this alternative, the Cathedral Hill Campus Hospital would be redesigned to comply with the existing Planning Code height limit of 130 feet, and existing bulk limits consisting of a maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 50 feet in height. Complying with these existing height and bulk requirements would limit the Cathedral Hill Campus Hospital to a three-story podium with three full floor plates of integrated invasive services. If a single tower were to be constructed above the podium level, complying with the existing height limit would restrict it to six stories and the existing bulk limits would substantially reduce its length and diagonal dimensions from those proposed under the LRDP. This would result in a six-story single tower on top of the podium, positioned near Franklin Street. Together, the podium and tower would compose a nine-story building. The resulting hospital would, however, provide only a total of approximately 90 beds, about 214 fewer than under the LRDP.

Alternatively, under the Code-Complying Alternative, additional towers that would each comply with the existing height and bulk limits (and, therefore, would each be similar in size to the single tower described above) could be placed above the podium portion of the Cathedral Hill Campus Hospital. Accounting for Building Code separation requirements, the Cathedral Hill Campus Hospital could be redesigned to comply with the existing bulk requirements if six smaller towers were located 50 feet apart from one another above the podium level (rather than building a single tower, as assumed above). The six-tower design could provide a total of approximately 450 beds. The six-tower design would also include a central plant within the podium portion of the hospital, and mechanical equipment would be located on top of each of the towers.

The Cathedral Hill Campus MOB would be redesigned under the Code-Complying Alternative to comply with the existing bulk limits (maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 50 feet). In total, approximately 75,000 fewer sq. ft. of usable space and 90 fewer physician offices would be available in the Cathedral Hill Campus MOB under this alternative than under the proposed LRDP. The 1375 Sutter MOB would be the same as under the proposed LRDP.

The proposed ACC Addition and North-of-Clay Aboveground Parking Garage at the Pacific Campus would be redesigned under this alternative to comply with the existing Planning Code bulk limits for portions of the buildings above a height of 80 feet (maximum building length of 110 feet, maximum diagonal dimension of 140 feet). Due to the height and bulk restrictions, the upper floors of the ACC Addition would be either substantially reduced in size or divided up into several towers, as with the six-tower redesign of the Cathedral Hill Campus Hospital described above.

The California and Davies Campuses would be the same under the Code-Complying Alternative as under the proposed LRDP.

The St. Luke's Campus Hospital would be redesigned under this alternative to comply with the existing Planning Code height limit of 65 feet and existing bulk limits consisting of a maximum building length of 110 feet and maximum diagonal dimension of 140 feet, for portions of the building above 40 feet. Although the St. Luke's Campus is subject to a campus wide floor area ratio ("FAR") of 1.8:1 under the Planning Code, the existing development on the campus results in an FAR of 2.25:1. The Code-Complying Alternative assumed that development within the campus would conform to a maximum FAR of 2.25:1 (i.e., that the FAR would be no greater than the existing development on the campus).

Compliance with the 65-foot height limit and existing bulk limits would limit the St. Luke's Campus Hospital to three stories, resulting in a total of only about 34 beds. Support services in the St. Luke's Campus Hospital also would be reduced because of the site restrictions and other spatial constraints related to providing 34 beds. The 100-foot tall St. Luke's Campus MOB would be the same as under the proposed LRDP.

The Code-Complying Alternative was considered but not selected for analysis as a Project Alternative in the EIR because it would not achieve most of the project sponsor's objectives.

A 90-bed, single-tower Cathedral Hill Campus Hospital under the Code-Complying Alternative would not be able to accommodate the majority of the acute care uses currently provided at the Pacific and California Campuses that would be relocated to Cathedral Hill under the LRDP, yet these services would cease at the Pacific and California Campuses because of seismic noncompliance. Therefore, the Code-Complying Alternative would fail to meet the project's core medical services objectives—ensuring ongoing medical services and an uninterrupted continuum of care at CPMC, meeting the existing and projected acute care and outpatient needs of CPMC's patients, and efficiently consolidating CPMC's campuses.

A Code-complying redesign of the Cathedral Hill Campus Hospital to include six towers, as described above, would be infeasible, primarily because the constrained square footage within each tower floor would be insufficient to provide the required clinical support for nursing. Additionally, the discontinuity of the bed towers and the resulting size of nursing units allowable within each tower would pose significant operational issues and inefficiencies, and would result in redundant staffing and increase the cost of care. Traffic and site circulation also would be severely compromised because the tower cores would not accommodate a drive-through at the Cathedral Hill Campus Hospital for access to the patient drop-off and parking areas, and the loading dock would likely require relocation. The hospital's structural grid and required mechanical runs also would be much less efficient than those proposed under the LRDP. Therefore, even with the six-tower redesign of the Cathedral Hill Campus Hospital, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner.

The floor plan for bed towers within the Cathedral Hill Campus Hospital would be constrained by the existing bulk limits such that only minimal space would be available for a nurse core, circulation space, mechanical space, or restrooms. Thus, with either a single-tower or six-tower redesign of the Cathedral Hill Campus Hospital, the Code-Complying Alternative would not meet the project's core medical services objective of providing a modern, efficient, and clinically safe patient care environment in facilities based on contemporary best practices in hospital design and national hospital space and facility guidelines, including individual bathrooms, adequate common spaces for families and staff, floor plans that allow staff to work efficiently and safely with patients, and the ability to accommodate current-day medical technologies.

As explained above, redesigning the Cathedral Hill Campus MOB to comply with the existing Planning Code bulk requirements would reduce usable space by approximately 75,000 sq. ft. and result in 90 fewer physician offices than under the proposed LRDP. According to the project sponsor, such a reduction in the size of the Cathedral Hill Campus MOB would make the overall Cathedral Hill Campus less viable. The proposed hospital transplant clinic, transplant foundation clinic, and women's diagnostic clinic would each require more than 17,000 sq. ft. and would not fit on any upper floor of the MOB under the Code-Complying Alternative. Therefore, the Code-Complying Alternative would not meet the project objectives of optimizing the use of CPMC's resources to provide an integrated health-care system affording the highest quality of patient care in the most cost-effective and operationally efficient manner, or of ensuring that hospital facilities have the capacity to be supported with medical office space, parking facilities, and other supportive functions.

Operational inefficiencies would occur at the Pacific Campus under the Code-Complying Alternative. Specifically, the ACC Addition would either be reduced in size considerably or divided into several towers to comply with the existing bulk limits. Therefore, the Code-Complying Alternative would fail to meet the overarching project objective of optimizing the use of CPMC's resources to provide an integrated health-care system in the most cost-effective and operationally efficient manner.

As explained above, compliance with the 65-foot height limit and existing bulk limits at the St. Luke's Campus Hospital site would limit the St. Luke's Campus Hospital to a total of approximately 34 beds and also would reduce its support services. Therefore, the Code-Complying Alternative would not meet the project objective of rebuilding and revitalizing the St. Luke's Campus as a community hospital to the same extent as under the proposed LRDP.

For all of these reasons, the Code-Complying Alternative was considered but rejected from further analysis. These findings in the Final EIR are hereby concurred with, and this alternative is rejected as infeasible because it would not meet the basic objectives of the project.

13. Potential No Project Alternatives at St. Luke's Campus

A total of four No Project Alternatives were considered at the St. Luke's Campus. Two of the four scenarios were considered but rejected as infeasible: retrofit of the existing St. Luke's Hospital to continue providing acute care services and retrofit of the existing St. Luke's Hospital for subacute or other non-acute care uses. These two scenarios are described below.

a. Retrofit of the existing St. Luke's Hospital to continue providing acute care services.

The existing 1970 hospital tower and 1957 Building together compose the existing St. Luke's Hospital. Both the 1970 hospital tower and 1957 Building are currently rated SPC-1 under OSHPD's SB 1953 regulations. This indicates that the building is at significant risk of partial collapse, posing a risk to life safety in the event of a major earthquake. Following a design earthquake magnitude of 7.9 on the San Andreas Fault, there would be significant risk to life safety, and the St. Luke's 1970 hospital building likely would not be safe or usable for occupancy. Continued uninterrupted use of the existing 1970 hospital tower and the 1957 Building for acute care inpatient services would require compliance with SB 1953 by the statutory deadline. However, it was determined to be unlikely that a new, statutorily compliant seismic retrofit of these buildings could be designed, approved by OSHPD, and completed by the SB 1953 compliance deadline of January 1, 2013, unless extended by SB 90 (potentially out to 2020) or successor legislation. Even if a seismic retrofit of the existing St. Luke's hospital buildings could be completed before the deadline for compliance with State seismic safety requirements, retrofitting would result in a lengthier period before the facility would be fully compliant with the seismic safety requirements, creating an increased risk that inpatients at the St. Luke's Campus could be injured and that the hospital would not be operational following a major earthquake during the period before construction of fully compliant facilities is completed. CPMC therefore determined that it would not be feasible to seismically retrofit the existing St. Luke's Hospital to continue to provide acute care services in the existing hospital buildings.

This potential No Project Alternative at the St. Luke's Campus was considered but not selected for detailed analysis in the EIR because it was determined to be infeasible. Because completion by the statutory deadline of a retrofit project that complies with SB 1953 may not be possible, the retrofit option potentially would not comply with SB 1953. In that event, acute care use at the existing St. Luke's Hospital would have to either cease or be relocated elsewhere until completion of seismic retrofit work, substantially disrupting patient services at St. Luke's. Attempting to retrofit the hospital buildings while occupied by patients, even if statutorily feasible, would not be possible because of the necessary interruption of utilities and other critical services a retrofit would require. Safety risks to patient and staff in these buildings also render this option infeasible.

The alternative of retrofitting the St. Luke's Hospital tower and 1957 Building to the SPC-2 level would allow for continued acute care use of the existing St. Luke's Hospital until 2030. The estimated costs for an SPC-2 retrofit and associated work are estimated to be more than $200 million, which would allow fewer than 11 years of use after completion, because SB 1953 would require the building to meet the higher SPC-5 standard by 2030. Retrofitting to SPC-5 and conformance with Nonstructural Performance Criteria would be required to allow acute care use in the existing hospital building after 2030. The estimated cost of an SPC-5 and Nonstructural Performance Criteria 5 ("NPC-5") retrofit and associated work is estimated to be more than $300 million. These cost estimates however, do not include improvements to, and additional costs for, modernizing or updating the existing St. Luke's Hospital to meet current standards of care (e.g., size of rooms and nursing stations, single occupancy rooms).

CPMC has determined that seismically retrofitting the existing St. Luke's Hospital would be substantially more expensive and disruptive than replacing the existing hospital building, or relocating the patient volumes currently served at St. Luke's at either a seismically compliant CPMC facility or at a CPMC facility with substantially better mechanical systems, or a combination of these options. The remedial work required to strengthen the building to state seismic standards, and other life safety system modifications, would be both expensive and disruptive. The retrofitting work would interfere with existing programs and services and would require substantial changes to the hospital's interior spaces.

Numerous clinical services at the hospital likely would require relocation to other sites and, at a minimum, would close for a substantial period of time. Because this retrofit option would cause inpatient acute care services to cease or be substantially disrupted for a period of years during construction, the project objective of ensuring ongoing medical services and an uninterrupted continuum of care during construction at the St. Luke's Campus, which was also a recommendation of the Blue Ribbon Panel, would not be met.

For the above-noted reasons of disruption, inability to provide continuous acute care, and substantially higher costs relative to compromising available on-campus facilities (involving a substantial loss of space), CPMC found retrofit of the existing St. Luke's Hospital to provide inpatient acute-care services to be infeasible. This alternative was therefore not further analyzed in the EIR. These findings in the Final EIR are hereby concurred with, and this No Project alternative at the St. Luke's Campus is rejected because it would be infeasible and would not meet the basic objectives of the project.

b. **Retrofit the existing St. Luke's Hospital for subacute inpatient care or other nonacute care uses.**

Under this potential No Project alternative, acute care services would be removed from the building before the statutory deadline for compliance with the seismic safety requirements of SB 1953. Existing acute care patients would be relocated elsewhere. The 1970 tower then would be converted for non-acute care uses, such as subacute care services, or other non-acute care uses, such as a medical clinic or medical offices.

This potential No Project alternative at the St. Luke's Campus was considered but not selected for detailed analysis in the EIR because it was determined to be infeasible. CPMC determined that the condition of the 1970 hospital tower and the substantial modifications required to remodel it for non-acute care uses would trigger the need for substantial seismic retrofitting. The building would likely require seismic strengthening and mitigation of the liquefaction potential of the soil. It would also require upgrades to life safety systems (*e.g.*, fire alarm and fire sprinkler), and Americans with Disabilities Act access to be safe for building occupants, and substantial additional remodeling for the intended use. Further, without the presence of a functioning inpatient hospital at the St. Luke's Campus, the need for supportive, administrative, or medical office space would be reduced to below the capacity of a renovated 1970 hospital tower (*i.e.*, there would be no programmatic need for such a sizeable remodel in the absence of a hospital on the campus). The scope of the retrofit required, in order to reuse the existing St. Luke's Hospital building, even if full compliance with SPC-2 level requirements were not mandated, would exceed the requirements for the tenant improvements themselves. CPMC determined that seismic strengthening would likely be required to achieve SPC-2-level performance or its equivalent, to provide acceptable levels of protection. The cost of these improvements was anticipated to exceed $100 million. Therefore, CPMC found retrofit of the existing St. Luke's Hospital for subacute or other non-acute care uses to be infeasible. This alternative was therefore not further analyzed in the EIR.

These findings in the Final EIR are hereby concurred with, and this No Project alternative at the St. Luke's Campus is rejected because it would not meet the basic objectives of the project.

C. Additional Alternatives Proposed by the Public

During the term of analysis of the CPMC LRDP, various commentors have proposed alternatives to the CPMC LRDP, particularly the Near-Term Projects. To the extent that these comments addressed the adequacy of the EIR analysis, they were described and analyzed in the C&R document. As presented in the record, the Final EIR reviewed a reasonable range of alternative, and CEQA does not require the City or the project sponsor to consider every proposed alternative so long as the CEQA requirements for alternatives analysis have been satisfied. For the foregoing reasons, as well as economic, legal, social, technological and other considerations set forth herein, and elsewhere in the record, these alternatives are rejected as infeasible.

VII.
STATEMENT OF OVERRIDING CONSIDERATIONS

Pursuant to Public Resources Section 21081 and CEQA Guidelines Section 15093, it is hereby found, after consideration of the Final EIR, the Addendum, and the evidence in the record, that each of the specific overriding economic, legal, social, technological and other benefits of the LRDP as set forth below independently and collectively outweighs the significant and unavoidable impacts and is an overriding consideration warranting approval of the LRDP. Any one of the reasons for approval cited below is sufficient to justify approval of the LRDP. Thus, even if a court were to conclude that not every reason is supported by substantial evidence, this determination is that each individual reason is sufficient. The substantial evidence supporting the various benefits can be found in the Final EIR, the Addendum, and the preceding findings, which are incorporated by reference into this Section, and in the documents found in the administrative record, as described in Section I.

On the basis of the above findings and the substantial evidence in the whole record of this proceeding, it is specifically found that there are significant benefits of the LRDP in spite of the unavoidable significant impacts. It is further found that, as part of the process of obtaining LRDP approval, all significant effects on the environment from implementation of the LRDP have been eliminated or substantially lessened where feasible. Any remaining significant effects on the environment found to be unavoidable are found to be acceptable due to the following specific overriding economic, technical, legal, social and other considerations:

- CPMC has provided quality health care to the San Francisco community for over 150 years. It is the largest medical center in the City, and is presently responsible for about one-third of all hospitalizations, about one-half of all births in the City, about 40 percent of all patients receiving health services in the City and almost 40 percent of emergency visits. Presently, CPMC cares for more than 75,000 persons a year in its emergency departments. The LRDP would ensure CPMC's ability to continue to provide essential services in San Francisco.

- CPMC's acute care hospitals on the existing St. Luke's, California, and Pacific Campuses do not meet State seismic standards which require that hospitals withstand a severe earthquake and remain operational in the aftermath as a condition of continuing to operate. Regardless of the State legal mandate, it is in the public interest that CPMC meet these seismic standards as soon as practicable. The LRDP achieves the objective of allowing CPMC's facilities to be rebuilt to meet the desired and legally mandated seismic standards.

- The LRDP allows CPMC to build two new world-class and state-of-the art seismically safe hospitals (at St. Luke's and the new Cathedral Hill Campus), to replace the three seismically non-compliant hospitals, without any interruption in delivery of acute care services at existing medical service facilities due to construction. CPMC would also continue to provide seismically safe acute-care services at the previously retrofitted Davies Hospital North Tower to 2030.

- CPMC's three seismically non-compliant existing hospitals are old and clinically obsolete. The LRDP allows CPMC to build modern, state of the art facilities that consolidate inpatient services to enhance patient care, efficiency and lower costs. Further, the new hospitals will accommodate the deployment of modern technology, and will better align department locations and adjacencies to enhance quality and efficiency of care.

- CPMC's facilities, particularly if they are rebuilt to remain operational after an earthquake, are an essential part of the City's preparation for, and ability to respond to a disaster. If CPMC were not to build the new hospitals, the City would lose a significant portion of its acute care beds, and three full-service emergency departments, one of which provides specialty pediatric emergency care.

- CPMC's LRDP will assure the availability of modern and high quality, general and specialized inpatient and out-patient, emergency and urgent health care to the residents of San Francisco, including seniors, Medicare, Medi-Cal, insured and un-insured.

- Under the LRDP, the Davies Campus, which has already undergone a number of renovations, will continue to specialize in health care for people with HIV/AIDS, include a new neuroscience center, and provide microsurgical services and rehabilitation care following serious illness or injury. In addition, the existing Emergency Department would continue to operate at the Davies Campus.

- The LRDP will assure the availability of medical offices for physicians located near hospital facilities to serve the residents of San Francisco.

- The LRDP would allow the City to retain CPMC as a substantial employer; it being estimated that CPMC employs over 6,000 persons, of which about half are San Francisco residents. The LRDP would also permit the City to retain and enhance its domestic and international reputation as an education, training, and research center for medical services that benefit the residents of San Francisco. This benefits the City and its residents because it will attract patients, doctors and researchers to San Francisco.

- Construction of the LRDP will substantially increase the number of earthquake safe beds in San Francisco, inject about $2 billion into the local economy during the construction period, and create 1,500 high paying union construction jobs.

- As recommended by current patient standard of care guidelines for hospitals, all acute care beds on all Campuses will be located in single-patient rooms. Single patient rooms are more desirable from a clinical outcome standpoint, for patient privacy, provide higher utilization of rooms, and more efficient uses of hospital space than the current, standard two-patient room in existing CPMC acute-care hospitals.

- The LRDP provides for the rebuilding of the St. Luke's Campus Hospital. It is in the public interest that St. Luke's is rebuilt and that services be maintained for the south of Market area.

- The new St. Luke's Campus Hospital would meet and exceed the capacity and service mix recommendations of the independent Blue Ribbon Panel created to guide the redevelopment of St. Luke's, and would be consistent with the guidance of the Health Commission to serve the needs of the surrounding community.

- The new St. Luke's Campus Hospital would be a community hospital integrated into the CPMC city-wide system of care.

- CPMC would enhance services at the St. Luke's Campus and increase access to inpatient and outpatient services.

- By creating additional capacity via an urgent care center on the St. Luke's Campus, the effective urgent and emergency capacity would increase substantially. The expanded department will be critical in serving the southeastern portion of San Francisco, and in preventing overburdening of the San Francisco General Hospital Emergency Department.

- Emergency services would be provided at the St. Luke's, Davies and Cathedral Hill Campuses. These emergency departments serve patients regardless of ability to pay.

- The new Cathedral Hill Campus Hospital would be located at the intersection of two major transit hubs, in a location that is central to San Francisco populations, and near underserved neighborhoods. It is sized appropriately to house most of the women's and children's services currently provided at the California Campus and adult acute-care services currently provided at the Pacific Campus. Improved emergency facilities and an emergency communications center would provide vital emergency response and management services, and expand access to these community services.

- The Cathedral Hill Campus Hospital would provide tertiary, specialized medical services to patients referred from other CPMC hospitals at the Davies and St. Luke's Campuses. The Cathedral Hill Campus Hospital would also operate as a full-service community hospital. Therefore, it would provide similar services to residents of the surrounding community as would a typical community hospital.

- The Cathedral Hill Campus Hospital (and Emergency Department) is more centrally located than the existing hospitals (on the California and Pacific Campuses) it would replace. It would be adjacent to the area of the City with the highest population density, the most seniors and low income residents. It would therefore provide more accessible services and a platform for CPMC to expand its existing health programs in surrounding neighborhoods, while also being convenient to existing CPMC patients and physicians who currently use the California and Pacific Campuses.

- All CPMC hospitals are accessible to Medicare, Medi-Cal, insured and uninsured patients. Under the terms of the proposed Development Agreement, CPMC would commit to providing services to the poor and underserved, including traditional charity care, hospital care for additional Medi-Cal managed care beneficiaries enrolled in the San Francisco Health Plan, unpaid costs and other benefits for the poor and underserved.

- Under the terms of the Development Agreement, CPMC would provide a host of additional assurances and benefits that will accrue to the public and the City, including, but not limited to, contributions to assist the City with its housing, work-force development, transit and pedestrian safety needs.

- The LRDP would improve access to health care throughout San Francisco, through CPMC's city-wide system of care, including the four LRDP campuses and network of outpatient practices, clinics and partnerships throughout the City.

- The LRDP would contribute to the commercial revitalization of the neighborhoods surrounding the new hospitals and medical buildings at the Cathedral Hill and St. Luke's Campuses by increasing pedestrian presence and customer base.

- The LRDP will provide sustainable and resource efficient buildings, including through resource-efficient construction and landscaping, energy and water conservation, building operations and maintenance practices.

- The LRDP will be constructed at no cost to the City, and will provide substantial direct and indirect economic benefits to the City.