

Appendix B

North, South, East and West Alternatives Analysis

Best practices in health care planning dictate the use of an “Integrated Care Model.” This means creating – literally – a horizontal spatial relationship among specific doctor office space, diagnostic and treatment space, and beds, as needed. After much iteration, the Master Plan presented to Boise has been based on this design model.

The alternatives analysis was done to determine how best to expand the hospital. The analysis revealed that the North Alternative (as opposed to the West, South and East studies): (1) meets health care planning criteria; (2) maximizes St. Luke’s existing infrastructure investments; and (3) minimizes construction costs and time.

It is only the application with the North Alternative (and not the West, South or East Studies) that the City reviews. Still, we do want the City and public to understand more fully the extensive analysis done to reach the conclusion that the North Alternative is the only viable choice. That analysis in no way detracts from the fact that the North Alternative must still be reviewed by the City to determine if the application provides a worthy amendment to Blueprint Boise.

Blueprint Boise captures the City’s healthy community goal that access to medical facilities should be maximized for all Boise residents.² Blueprint Boise also outlines its policy that the St. Luke’s facilities should be upgraded and expanded through the implementation of the Master Plan.³

Just as the City outlines its health care goals and policies, so, too, has St. Luke’s outlined the planning objectives of its Master Plan within a budget of approximately \$400 million. These planning objectives include:

- Create a blueprint for development that will serve community needs over the next several decades;
- Upgrade, modernize and add in-patient capacity in St. Luke’s Downtown Boise facility to accommodate, for example, chronic disease management, the aging population and the projected population growth;
- Enhance patient experience through design (quality, safety, patient/family centered);
- Design the expansion to respect existing efficient and effective clinical workflows;
- Emphasize major services (such as Heart/Vascular, MSTI, Children’s, Ortho/Neuro, etc.)
- Operating suites to be located on one floor, and above grade, to accommodate floor to ceiling height needed for appropriate technology;
- Locate critical care beds for functionality, flexibility and to accommodate technology;
- Create a continuum of care by improving efficient access for outpatient services, parking and way-finding;
- Prepare for new approaches to health care delivery;
- Maximize the use of existing space and investments; and
- Integrate the Children’s Hospital with the main hospital and clinics.

² See, Blueprint Boise SHCC Goal 15.

³ See, Blueprint Boise SHCC Policy 14.3.

EVALUATION

	MAXIMIZE CURRENT INVESTMENT & PROJECT COST	PATIENT SAFETY	EFFICIENCY OF CARE	WAYFINDING
NORTH	PASS	PASS	PASS	PASS
EAST	FAIL	FAIL	FAIL	FAIL
SOUTH	FAIL	PASS	NEUTRAL	FAIL
WEST	FAIL	FAIL	FAIL	FAIL

Following are drawings that depict the four studies noted above, and graphically indicate the suitability of each area for expansion of St. Luke's Health System's Downtown facility, noting challenges and development opportunities. Care has been taken to objectively evaluate the impacts of expansion while continuing to operate a functioning healthcare facility, preserving opportunities for growth in the future as the field of healthcare evolves.

EVALUATION

	ADD CAPACITY TO DOWNTOWN BOISE & INCREASE BED CAPACITY WITHIN APPROPRIATE BUDGET	SAFEGUARD COMMUNITY'S ASSETS & BALANCE NEW AND EXISTING SPACE	ENHANCE PATIENT EXPERIENCE THROUGH DESIGN (QUALITY, SAFETY, PATIENT/FAMILY CENTERED CARE)	INTEGRATED DELIVERY MODEL - EFFICIENCY OF CARE & INCREASED CONNECTIVITY	OPERATING SUITES & CRITICAL CARE BEDS LOCATED IN NEW CONSTRUCTION TO ALLOW FOR NEW TECHNOLOGY	EMPHASIS ON MAJOR SERVICE LINE IDENTITY (HEART/ VASCULAR, MSTI, ORTHO/ NEURO, ETC.)	CHILDREN'S HOSPITAL OBJECTIVE - INTEGRATED APPROACH WITH HOSPITAL AND CLINICS
NORTH	PASS	PASS	PASS	PASS	PASS	PASS	PASS
EAST	FAIL	FAIL	FAIL	FAIL	PASS	FAIL	FAIL
SOUTH	FAIL	FAIL	NEUTRAL	NEUTRAL	PASS	FAIL	PASS
WEST	FAIL	FAIL	FAIL	FAIL	PASS	FAIL	FAIL

NORTH STUDY



In the North Study, Jefferson Street would be closed to traffic from Avenue B to 1st Street to accommodate expansion of the hospital from the basement level up at this location. Opportunities to improve vehicular/bicycle/pedestrian connectivity and circulation have been maximized.

NORTH STUDY

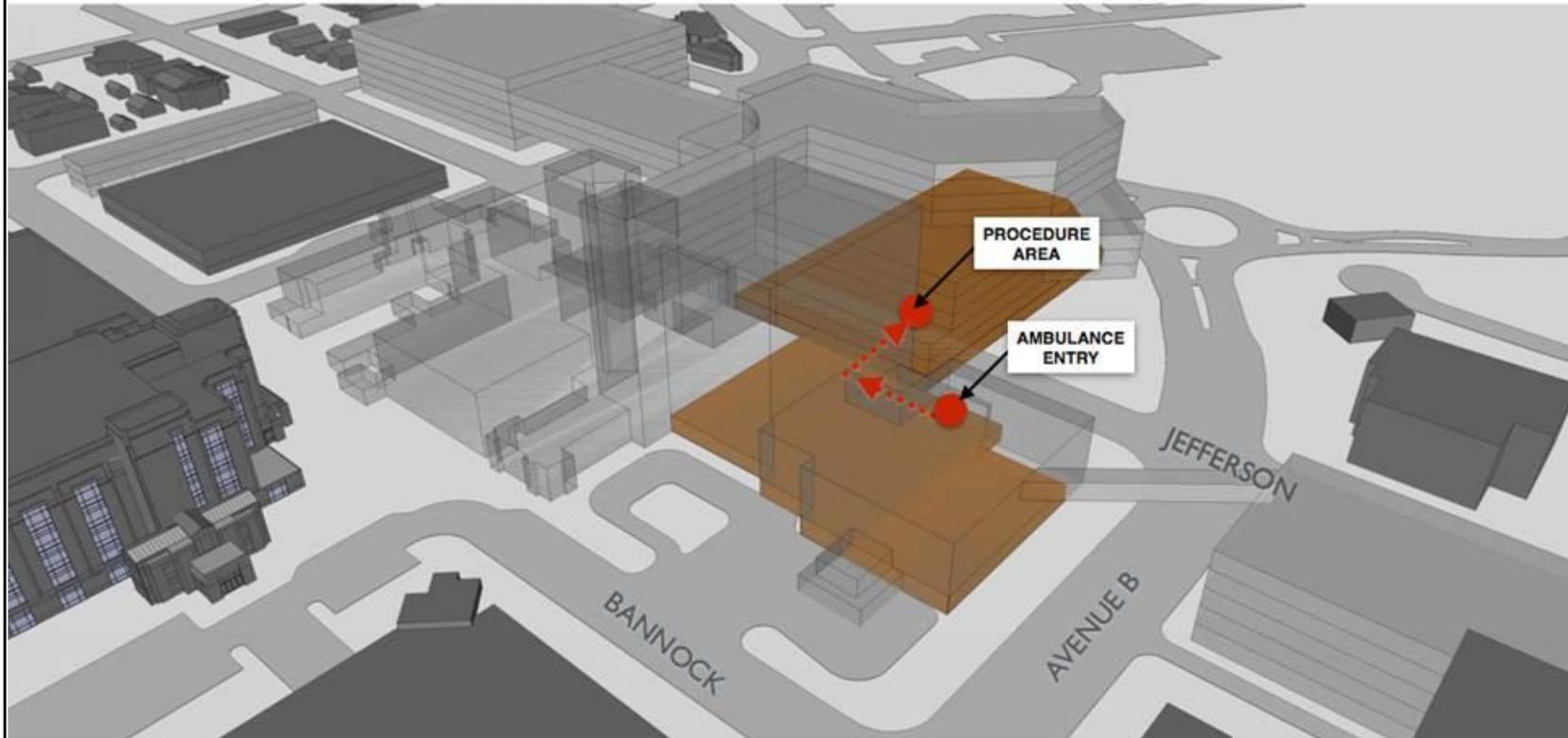
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



The North Study option prevents sprawl to additional surrounding blocks by utilizing land already owned by St. Luke's, thus limiting negative impacts on the surrounding area. Many departments within the existing hospital can grow in place, utilizing St. Luke's existing infrastructure and investment.

NORTH STUDY

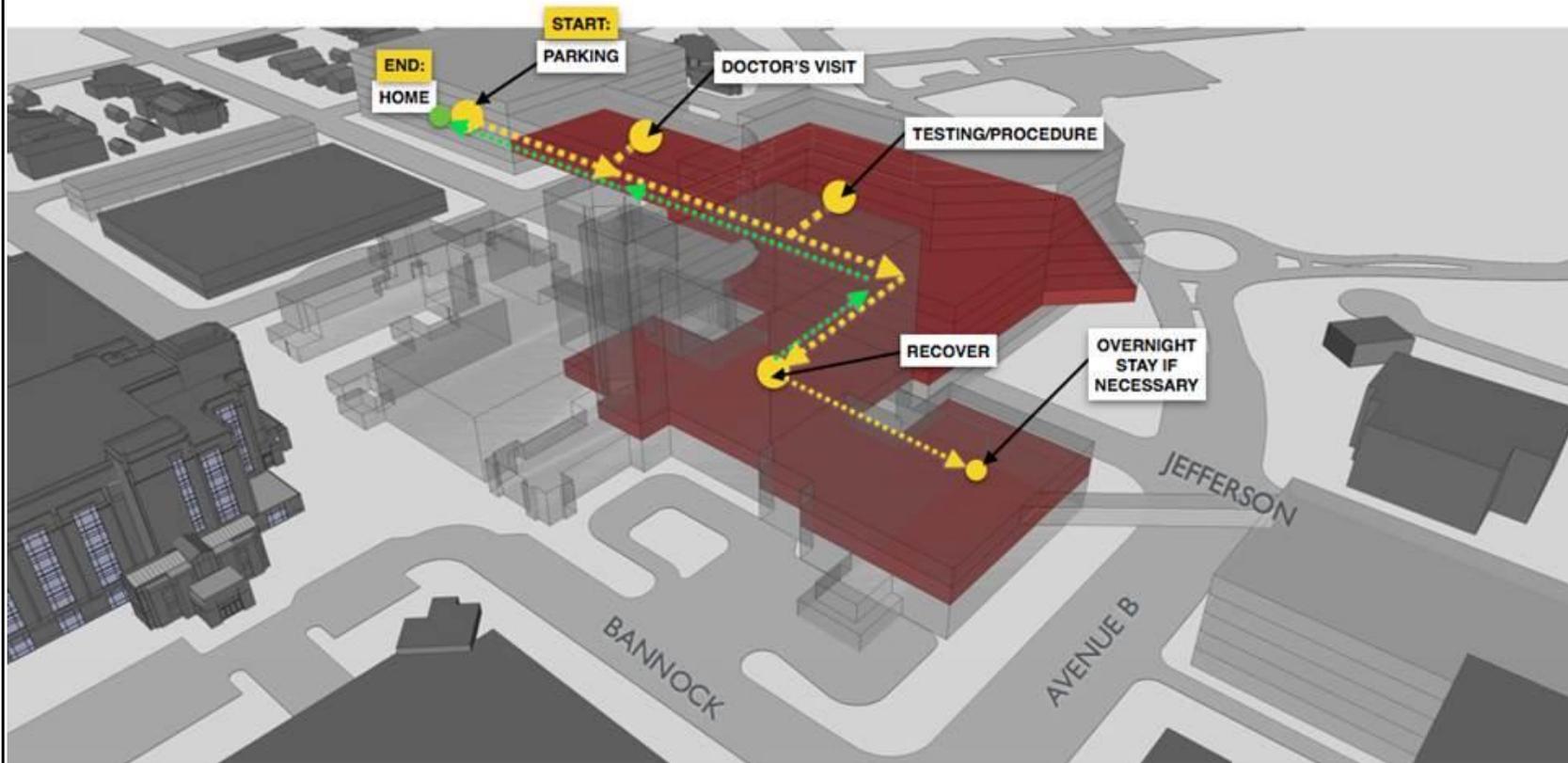
PATIENT SAFETY



Rapid movement between treatment spaces not only helps to provide the best possible care for patients and families, it may be critical to patient safety as well. In the North Study, the Emergency Department is located directly adjacent to the Radiology Department for timely transport from the ambulance entry to life-saving procedure areas. This connection can only happen with the closure of Jefferson.

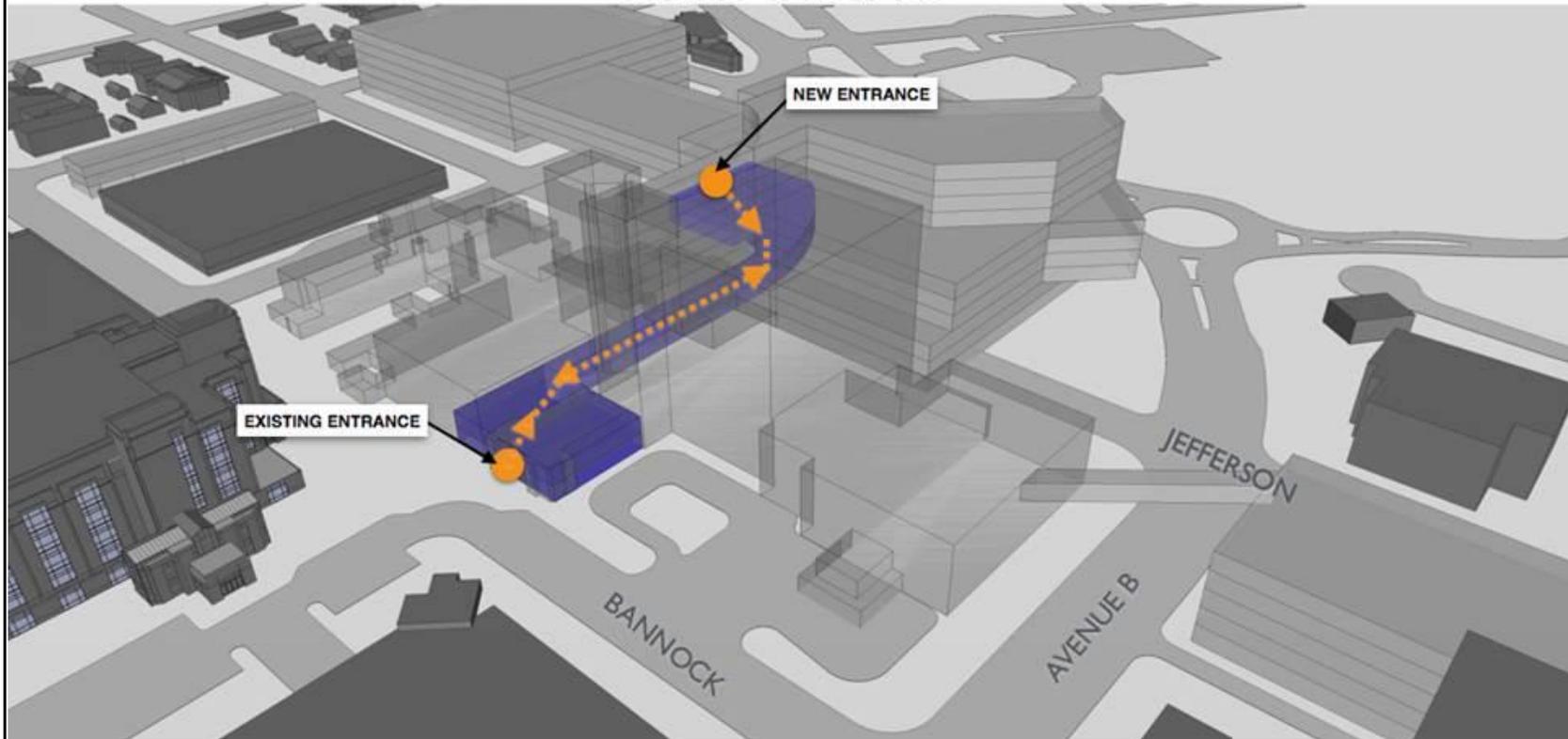
NORTH STUDY

EFFICIENCY OF CARE



The North Study option allows evaluation and treatment to be horizontally connected for patient convenience and comfort. A patient may begin their visit in the doctor's office, continue down a hallway for testing, have a procedure, recover, and return home, all within a simple horizontal path. This may reduce the time of a patient visit and generate time efficiencies for staff and physicians. ⁶

NORTH STUDY WAYFINDING



With healthcare shifting to nearly 90% outpatient, most patients will receive treatment as an outpatient and return home to recover the same day. The facility design needs to reflect this emerging reality. With two main entries, patients and visitors may enter one lobby but need easy access to the other lobby. In the North Study option there is a clear path between lobbies that includes access to the Outpatient Pharmacy, Lab/Blood Draw, Coffee Shop and Gift Shops for simple wayfinding from either entry.

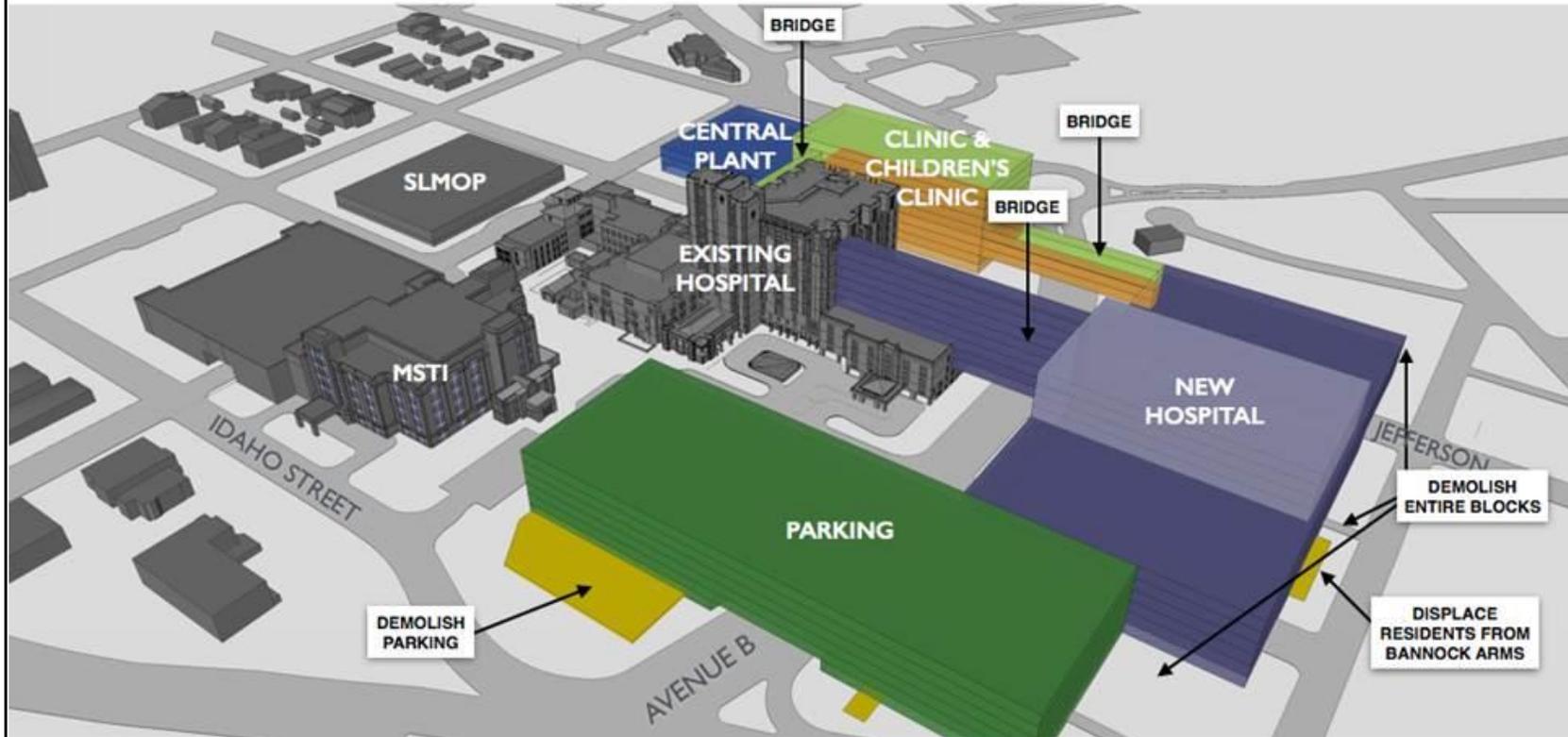
EAST STUDY



Locating a new Hospital across Avenue B is impractical for departmental connections to the existing hospital. A projected increase in traffic along Avenue C would also encroach on neighborhood space. Additional challenges include significant time and resources from St. Luke's to acquire property east of Avenue B, as not all of the space identified above is currently owned by St. Luke's.

EAST STUDY

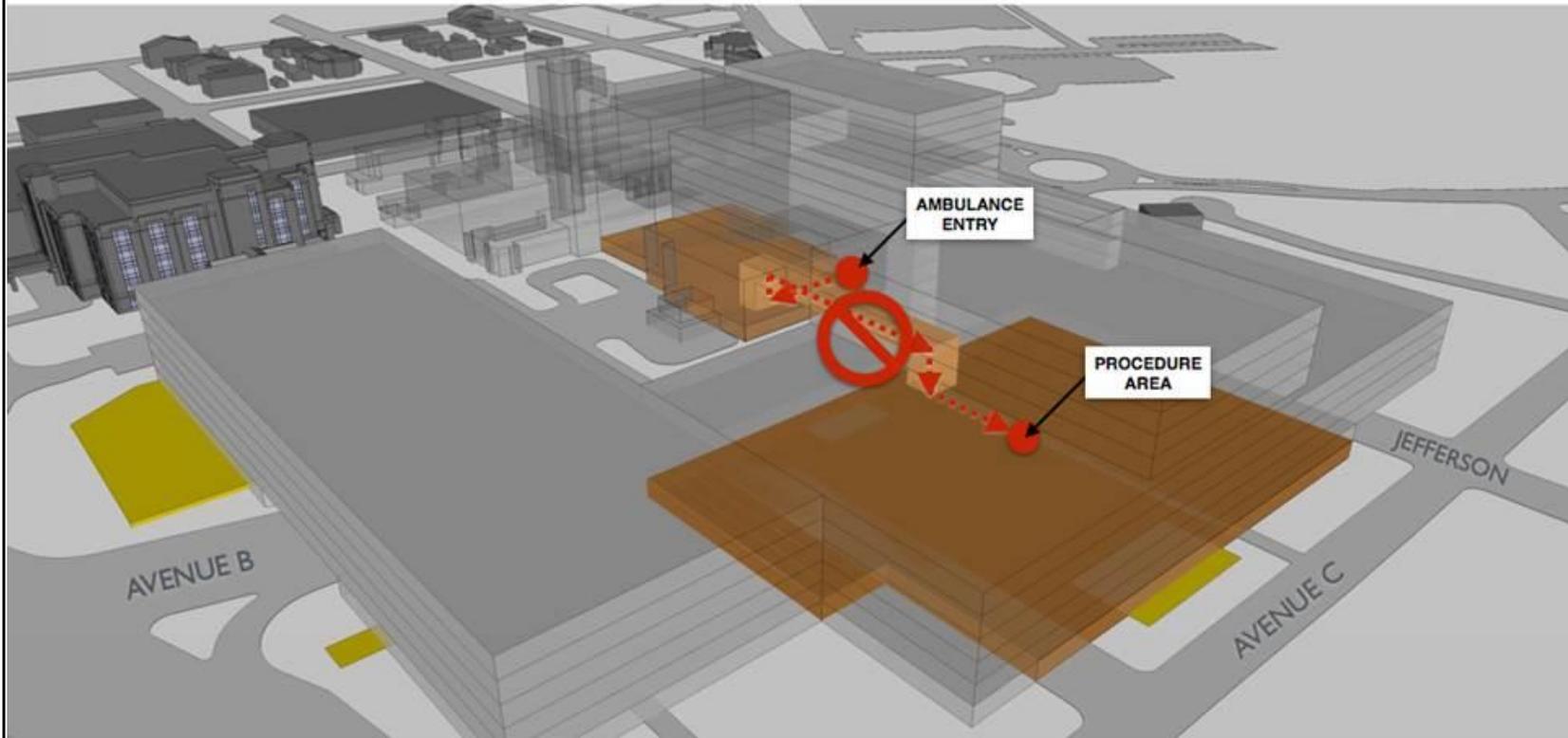
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



In comparison to the North Study, building east of the existing hospital would increase cost by **\$50-75** million, while delaying construction completion by **1½ years**. Approximately 40 apartments would need to be displaced from Bannock Arms. The existing south parking structure would be demolished and parking stalls relocated to a new structure. Over 4,500 linear feet of additional bridging would be required to connect key buildings (including bridging over the existing Children's Hospital).

EAST STUDY

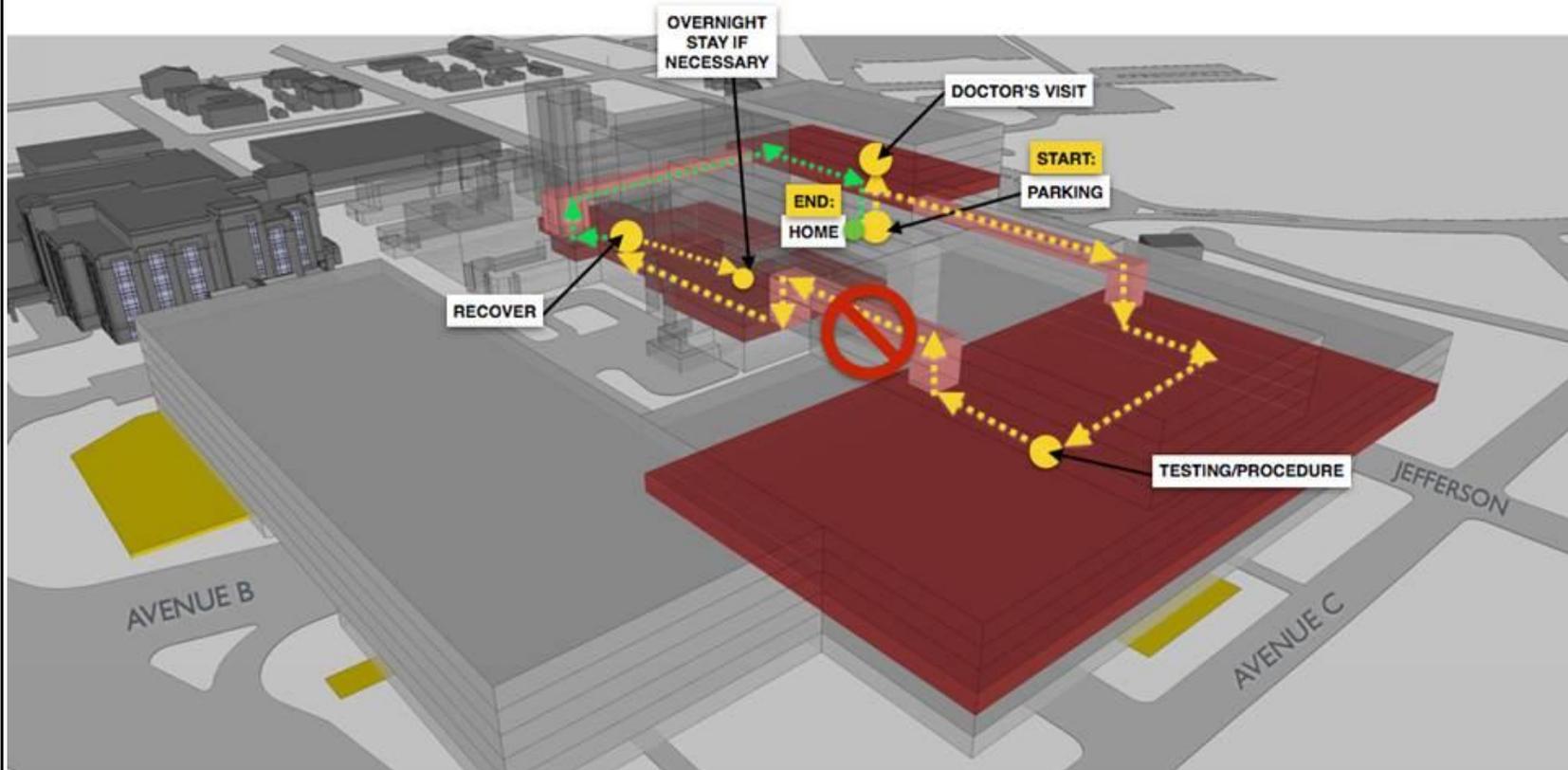
PATIENT SAFETY



This path would require going up an elevator, over a bridge across Avenue B to an elevator down to the first floor procedure areas. Emergency Department proximity to time-sensitive life-saving procedure areas is critical, and for this reason, the East Study option is unacceptable.

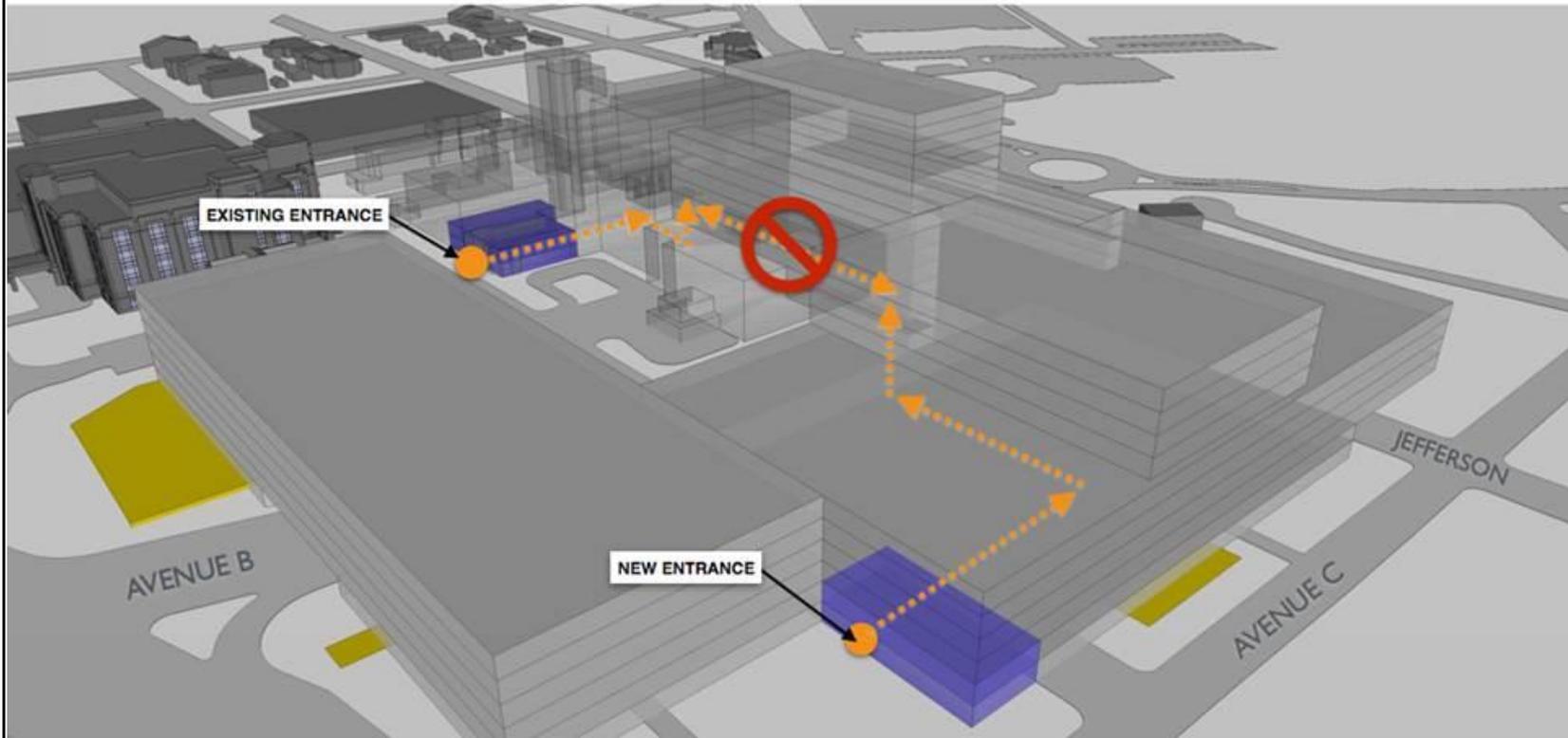
EAST STUDY

EFFICIENCY OF CARE



Bridges and distance break horizontal patient care relationships. The path for patients and caregivers between clinics, testing and treatment areas, and inpatient beds creates inefficiencies due to distance and vertical movement across Avenue B.

EAST STUDY WAYFINDING



Patients and visitors would need to travel up and over Avenue B via a bridge to go from the existing to new lobby, creating an unclear path. The new lobby location wouldn't be visible from the Avenue B, due to the placement of the parking structure.

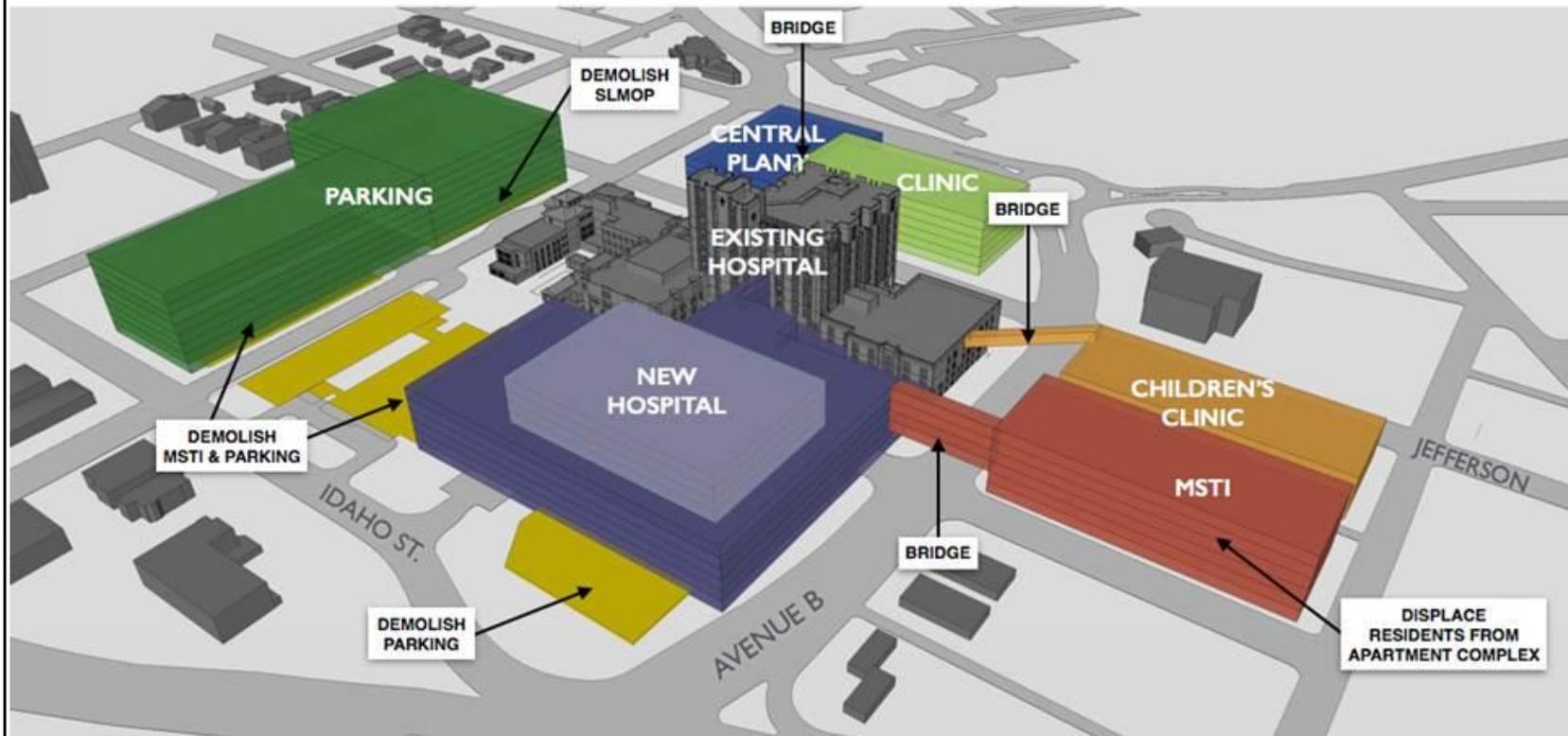
SOUTH STUDY



Congestion on Idaho Street and 1st Street would be increased due to lobby and parking garage entrances, increasing the potential for vehicular-pedestrian conflict. Increased congestion is correlated to increased emissions and decreased air quality. St. Luke's does not currently own all of the property between Avenues B and C from Bannock north to Jefferson Street. Acquiring these properties requires time and resources, and may be problematic.

SOUTH STUDY

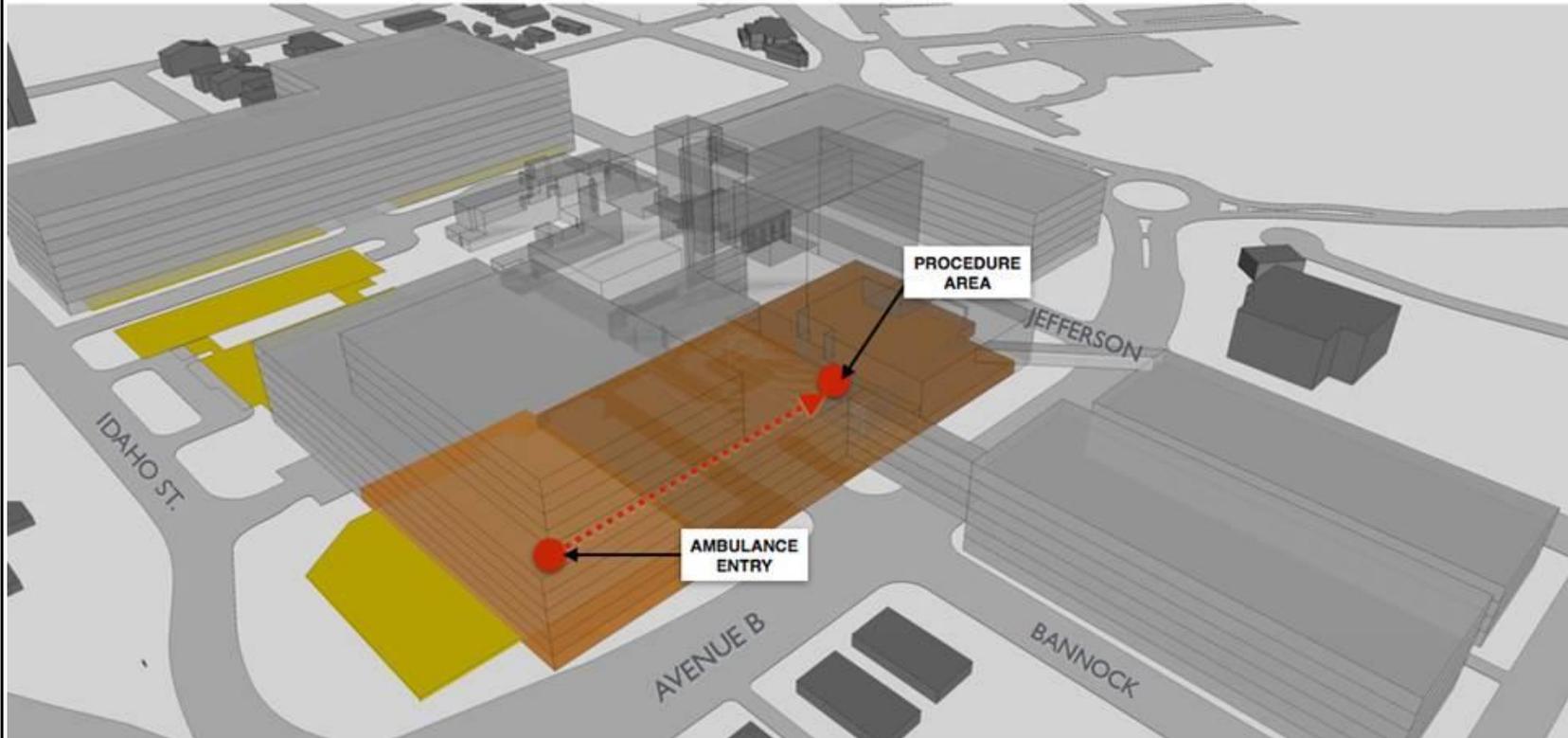
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



Building south of the existing hospital (rather than the North Study option) would increase cost by **\$150-200 million** and increase the construction schedule by **3 years**. Approximately 40 apartments would need to be displaced from Bannock Arms. The existing south parking, SLMOP, MSTI and parking structure would need to be demolished and parking stalls and usable space would need to be relocated (over 1,000 parking stalls and 250,000 sf of clinics, Emergency Department and MSTI). Over 1,500 linear feet of additional bridging would be required to connect key buildings.

SOUTH STUDY

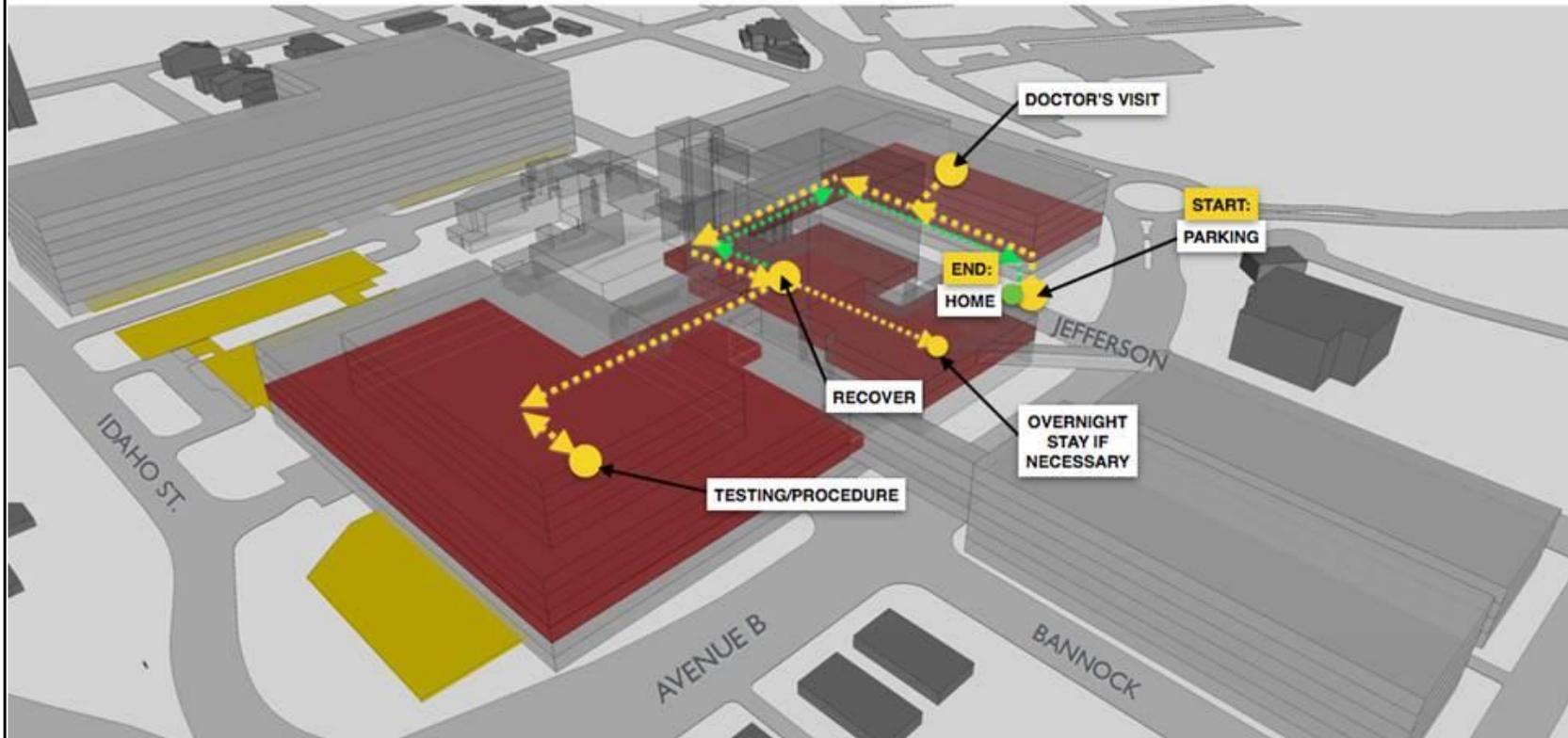
PATIENT SAFETY



A new Emergency Department would need to be constructed to be adjacent to both the procedure area and the relocated ambulance entrance.

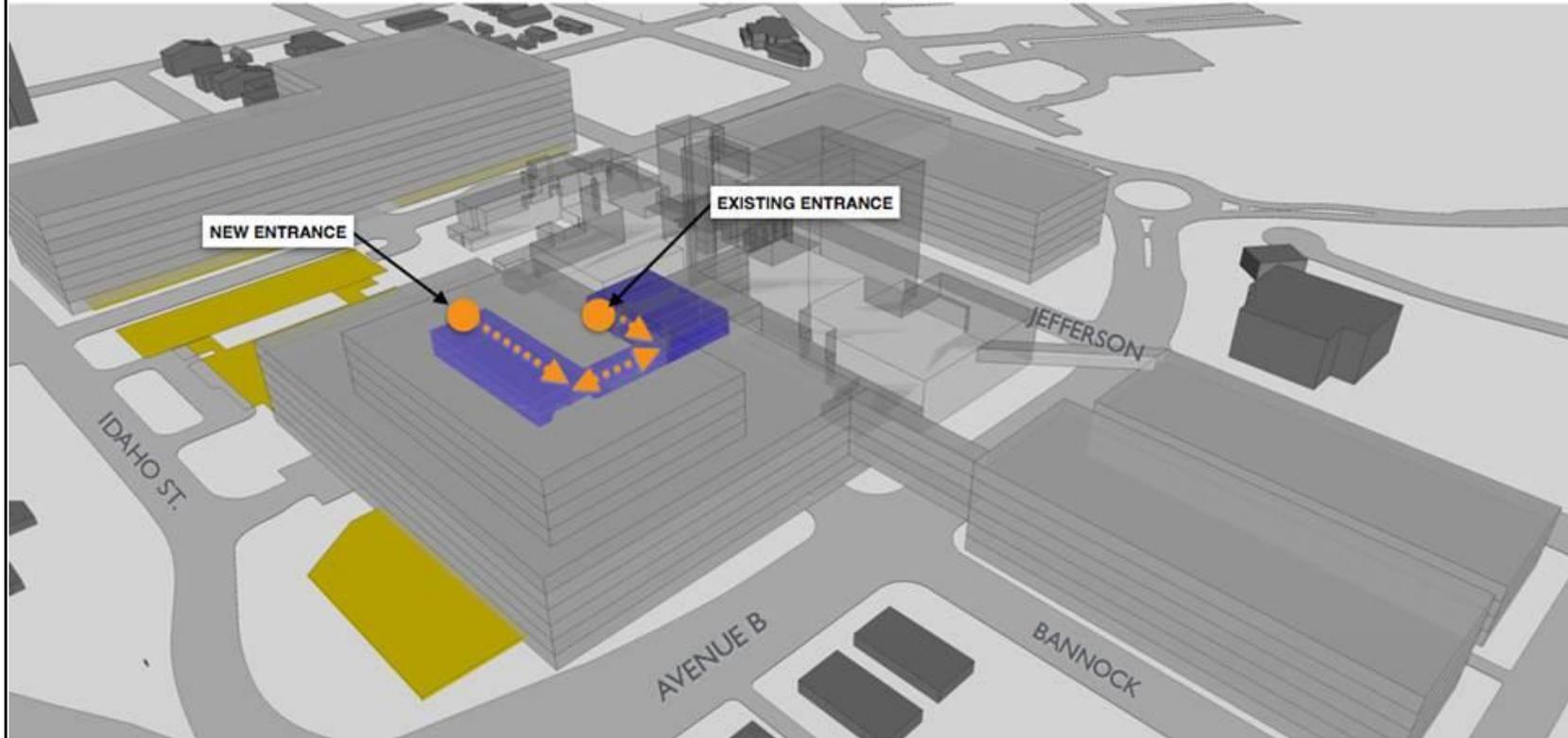
SOUTH STUDY

EFFICIENCY OF CARE



Expanding to the south allows an entire service line to be horizontally connected for ease of care and patient flow. This creates time efficiencies for staff and physicians and can reduce the time of a patient visit. However the parking structure is disconnected from the main entrance and some efficiencies are lost by an excessive number of required bridged connections.

SOUTH STUDY WAYFINDING



The new main entrance to the hospital would be moved closer to the existing entrance. This would funnel all visitors to one location, which could be problematic with future growth.

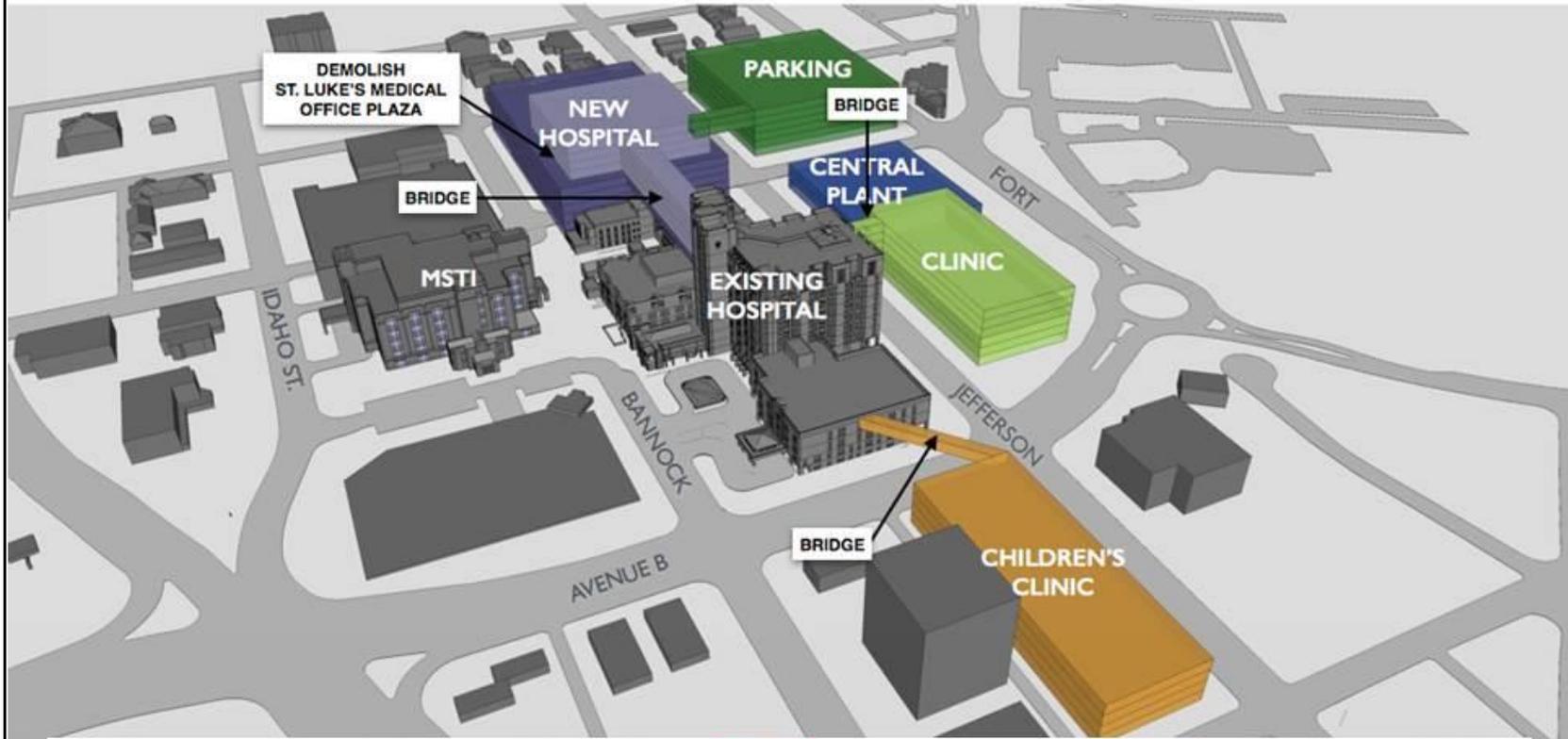
WEST STUDY



Expansion to the west prevents the availability of contiguous critical care services such as cardiac care, emergency access, and a central medical lobby. This scenario may create a larger facility footprint with the loss of SLMOP, duplicate infrastructure, and result in lack of hospital connectivity and efficiency.

WEST STUDY

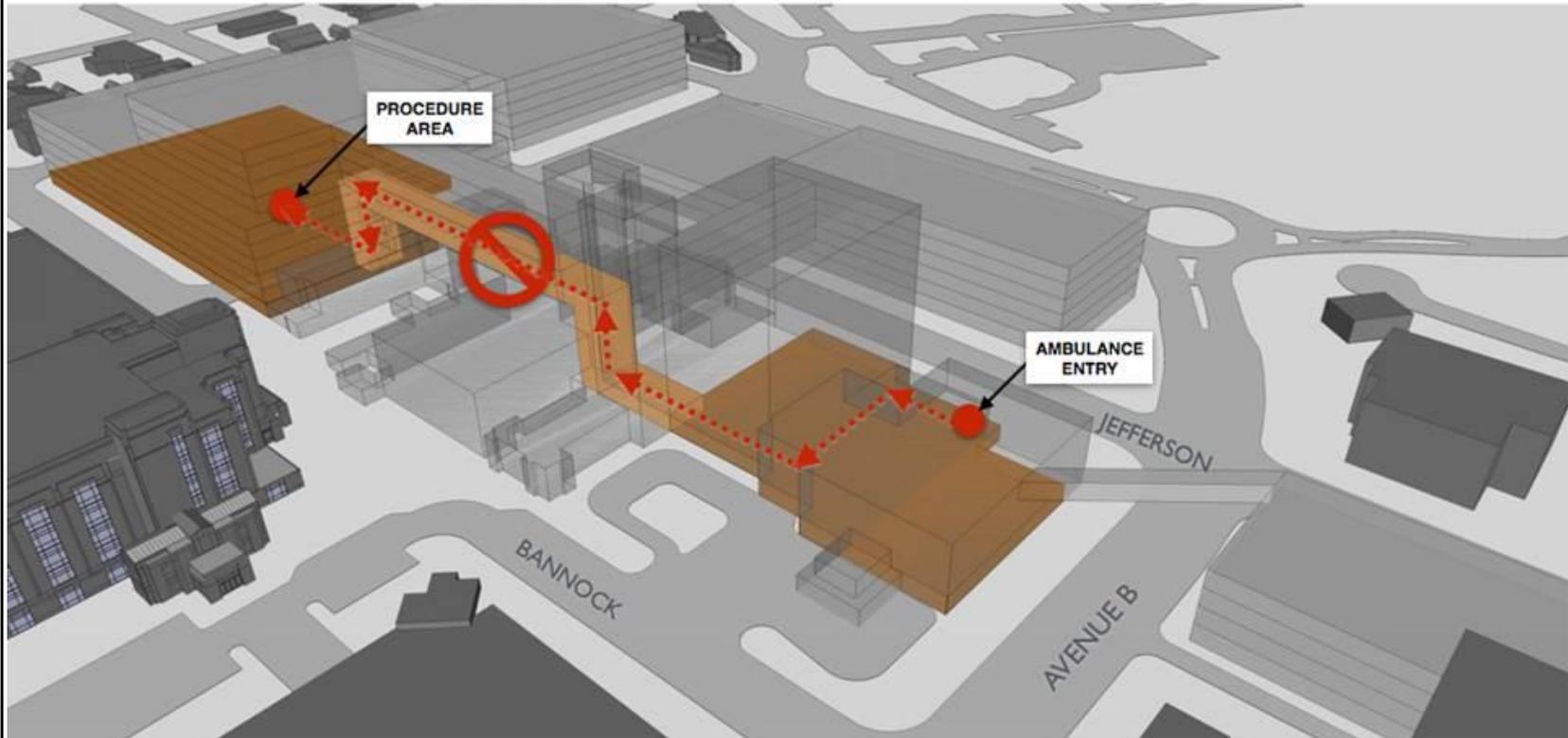
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



Building west of the existing hospital would cost **\$40-60** million more than the North Study option, and delay completion of construction by **one year**. The existing SLMOP building would be demolished and parking and usable space would need to be relocated (200 parking stalls and 50,000 sf of clinic/surgery). Over 2,700 linear feet of additional bridging would be required to connect key buildings, including a bridge over the oldest part of the building. Additionally, 1st Street would need to be closed between Jefferson and Bannock to allow for adequate connections.

WEST STUDY

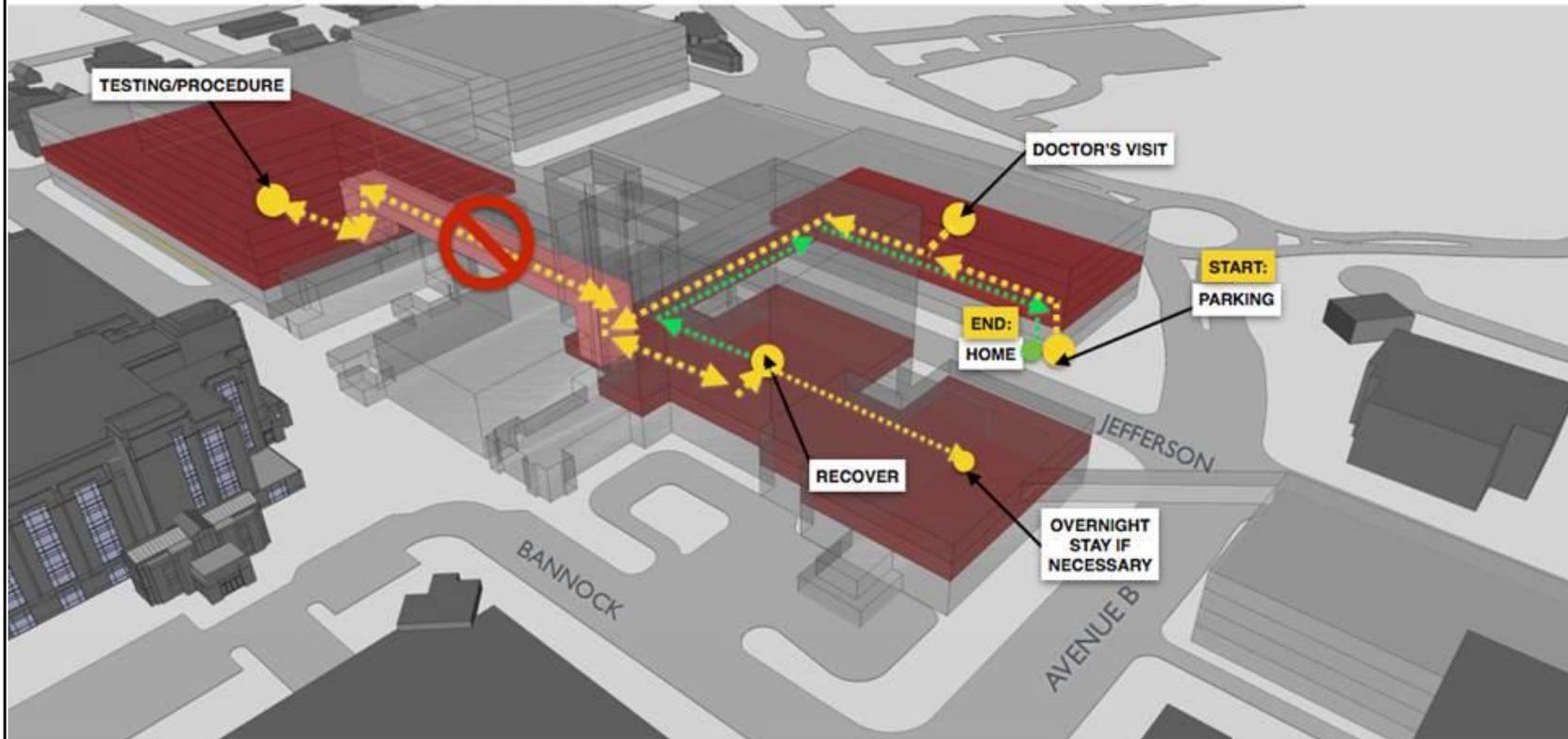
PATIENT SAFETY



Emergency Department lack of proximity to time-sensitive and life-saving procedure areas is unacceptable. The path would require going up an elevator, over a bridge across the existing building to an elevator down to the first floor procedure areas.

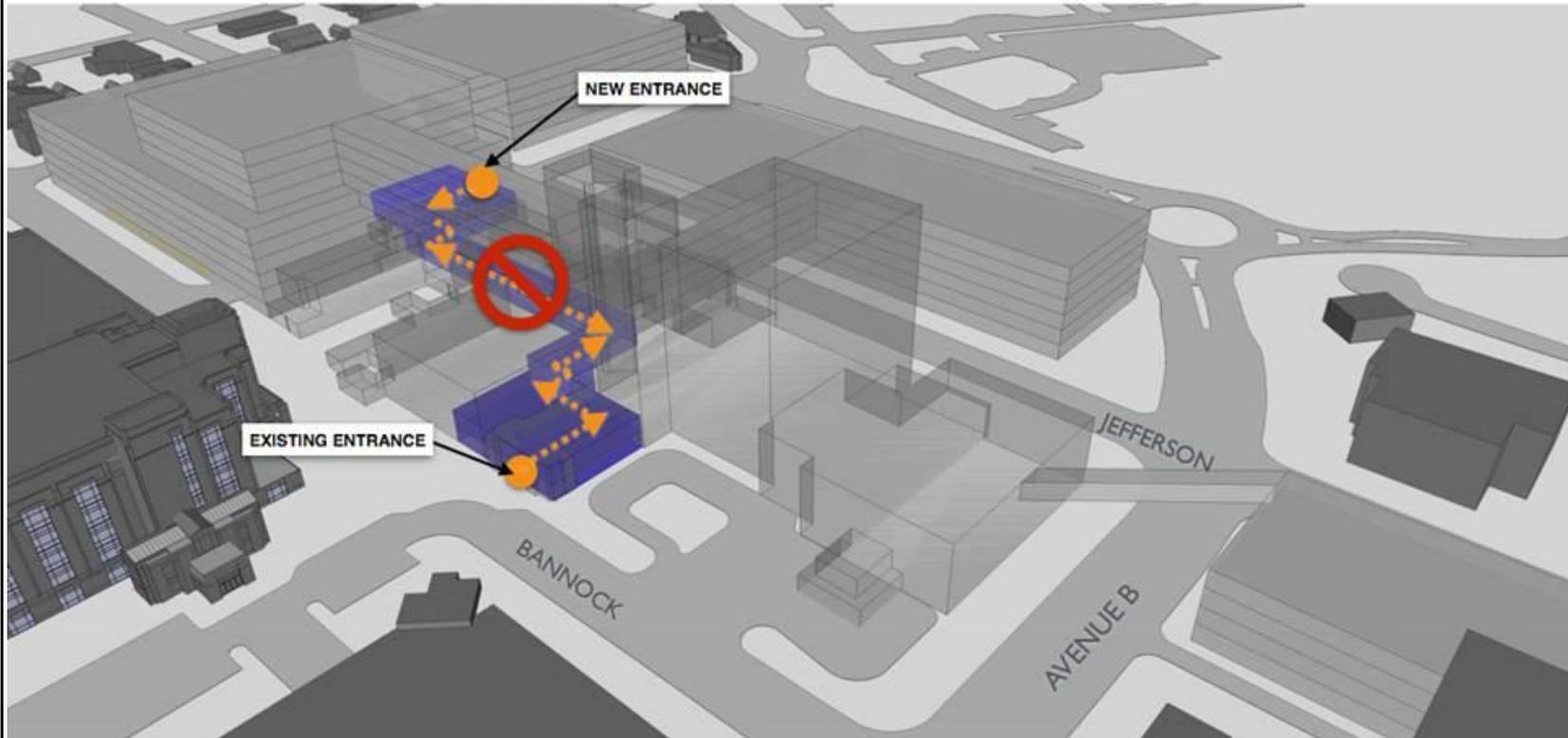
WEST STUDY

EFFICIENCY OF CARE



Bridges and distance, in this Study, break horizontal patient-care relationships. The path for patients and caregivers between clinics, testing and treatment areas, and inpatient beds creates inefficiencies due to distance and vertical movement across bridges over existing buildings. Bridges placed over existing buildings will inhibit, if not preclude, future vertical expansion.

WEST STUDY WAYFINDING



The new main entrance to the hospital would move to Jefferson Street. The distance and route from the existing lobby through the oldest part of the campus to the new lobby produces an unclear path through the hospital.