

Appendix A
St. Luke's External Meetings and Presentations

Boise City PDS	3/20/2013
Boise City PDS	4/8/2013
Boise City PDS	5/2/2013
Boise City Tour of Facility	5/15/2013
ACHD	5/22/2013
ACHD Executive Presentation	6/12/2013
Boise City PDS	6/24/2013
ACHD TIS Presentation	7/2/2013
ACHD TIS Presentation	7/16/2013
ACHD & Boise City	8/20/2013
ACHD, City, SL Communications Meeting	9/12/2013
City Coordination Meeting	9/16/2013
Boise PDS Regional Planning Opportunities	10/3/2013
Boise City Stakeholder Meeting[†]	10/16/2013
St. Luke's External Stakeholder Meeting	10/31/2013
St. Luke's External Stakeholder Meeting	11/15/2013
EENA Board Presentation	11/19/2013
ACHD Commissioner Briefing	11/21/2013
ACHD & Boise City	12/5/2013
Boise City Health District Master Plan	12/16/2013
Boise City Health District Master Planning	12/20/2013
Boise City Staff Transportation Planning	12/23/2013
Boise City Staff Transportation Planning	1/6/2014
EENA Board Presentation	1/6/2014
NENA Board Presentation	1/7/2014
ACHD & 3Boise City	1/15/2014
Boise City Staff Transportation Planning	1/24/2014
ACHD Director Presentation	1/27/2014
CCDC Presentation	1/31/2014
Boise City Staff Transportation Planning	2/5/2014
Boise City Development Agreement Meeting	2/12/2014

[†] Boise Planning & Development Services; Boise Public Works; Boise Parks & Recreation; Mayor's Office; Veterans Administration; U.S. Geological Survey; Bureau of Reclamation; Elks Rehabilitation; Ada County; Ada County Highway District; Bannock Arms Apartments

ACHD Board Presentation	2/12/2014
ACHD & Boise City Health District Master Plan	2/14/2014
Boise City Stakeholder Meeting	2/20/2014
Councilwoman Clegg Meeting	3/3/2014
Boise City Council Presentation	3/4/2014
Boise City Stakeholder Meeting	3/6/2014
Boise City Stakeholder Meeting	3/13/2014
DBA Presentation	3/14/2014
EENA Open House	4/10/2014
Cycling Stakeholder Meeting	4/14/2014
Neighborhood Meeting	4/21/2014
Boise City Council Presentation	5/6/2014
Public Open House	5/15/2014
Public Open House	5/21/2014
Public Open House	6/16/2014
Public Open House	6/19/2014
Public Open House	6/23/2014
Meet with ACHD Staff	6/24/2014
Bannock Arms Presentation	7/2/2014
Public Open House	7/25/2014
City/SL – Development Constructs	8/5/2014
City/SL – Development Constructs	8/25/2014
ACHD/SL – Development Constructs	9/19/2014
Stakeholder Meeting – Anderson Center	10/16/2014
Commuter Bike Ride Workshop	10/28/14
Historic Preservationists Workshop	1/14/2015
Historic Preservationists – St. Luke’s Tour	1/19/2015
Community Open House – Anderson Center (CBR, Historic Pres, Stakeholders, cycling groups)	1/26/2015
ACHD Technical Hearing	1/28/2015
Ada County Commissioners Presentation	1/29/15
P & Z Hearing	2/9/15
Bannock Workshop	3/6/2015
DBA Presentation	3/17/15
City of Boise Neighborhood Associations Open House	3/24/2015
Connecting Our Community Open House	4/4/2015

As a member of the East End Neighborhood, and located in the Near East End, St. Luke’s engaged with its neighbors, neighborhood associations and community stakeholders more than

a year in advance of submitting its Master Plan application to the City, which may be unprecedented in the City. St. Luke's listened to its neighbors, cycling groups, historic preservation organizations and community members and incorporated suggestions and input into the proposed Master Plan.

Just some of the comments, concerns and suggestions that have led to changes and improvements now incorporated into the Master Plan are listed below:

- The East End Neighborhood Association expressed concern about the lack of other nearby services with St. Luke's option to purchase the mall at 111 Broadway Avenue and use it as office space during construction. Based on neighbor concerns, St. Luke's released its lease a year in advance and provided the neighborhood input to the landlord. The mall is now open for other uses such as restaurants and local services. A new food business has just signed a lease for space in the mall.
- Neighbors expressed concern regarding employees parking on neighborhood streets. St. Luke's included into the Master Plan additional parking to counter employee parking on neighborhood streets. In the meantime, St. Luke's is raising awareness of this concern with its employees and the City's Parking Enforcement team.
- Neighbors expressed concern regarding the lack of dedicated bike lanes on Avenue B. The bicycle and pedestrian facilities now proposed bring a greater enhancement to the multimodal transportation system. Access to downtown is made safer and more attractive for cyclists of all abilities.
- Other multimodal transportation system amenities that have been incorporated into the Master Plan include:
 - The length of the cycle track has expanded. It was originally proposed to start on Fort Street from 2nd and State Streets, around Avenue B and down to Warm Springs Avenue, it now shows as completely wrapping around the campus area.
 - Bike lanes were added to complement the cycle track to accommodate commuters and cyclists not interested in a cycle track.
 - Bike lanes were extended on Fort Street; they had originally started just on Avenue B.
 - A pedestrian crossing was added at Bannock Street and Avenue B. Like all amenities, this is still under design.
 - A micro path was added to move cyclists from the BSU/Broadway area through the St. Luke's parking garage area south of Main Street into the St. Luke's campus area.
 - Reserve Street is shown as modified to include a roundabout.
 - Sharrows and other cycling facilities are shown through the St. Luke's campus area.
 - A workshop has been held to explore increasing transportation functionality, for pedestrians and cyclists, through the Bannock plaza. Several opportunities have been identified.
- Although St. Luke's is not required to preserve any of the structures it proposes to move, representatives of the National Trust for Historic Preservation, Preservation Idaho, the State Historic Preservation Office, the Idaho Heritage Trust and the City's Arts & History Commission have asked St. Luke's to consider preserving four to six structures that are considered by preservationists as historically interesting. In this effort, St. Luke's has agreed to preserve with purpose, and has identified receiving lots for up to three structures. St. Luke's is committed to continuing this collaborative effort.

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

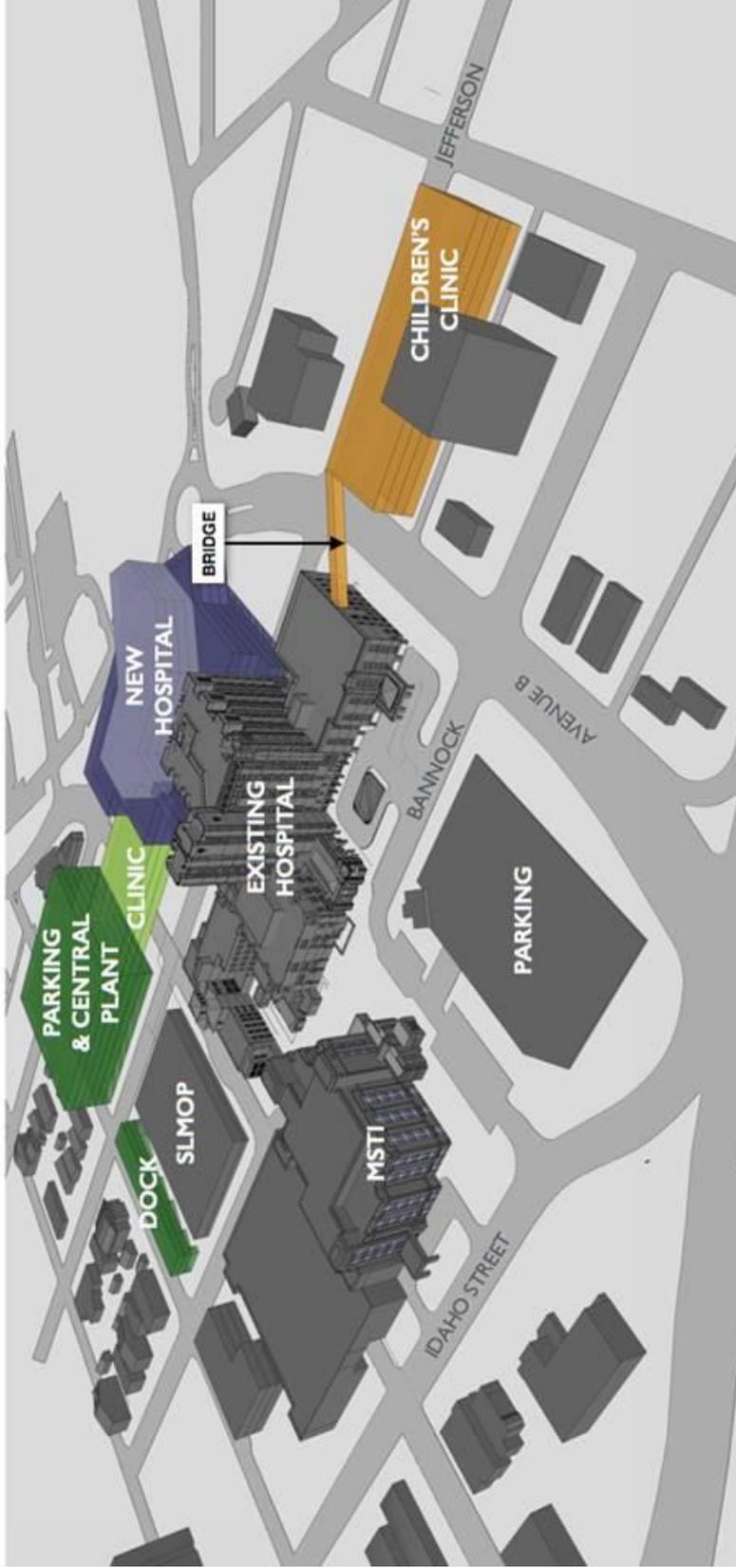
NORTH STUDY



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

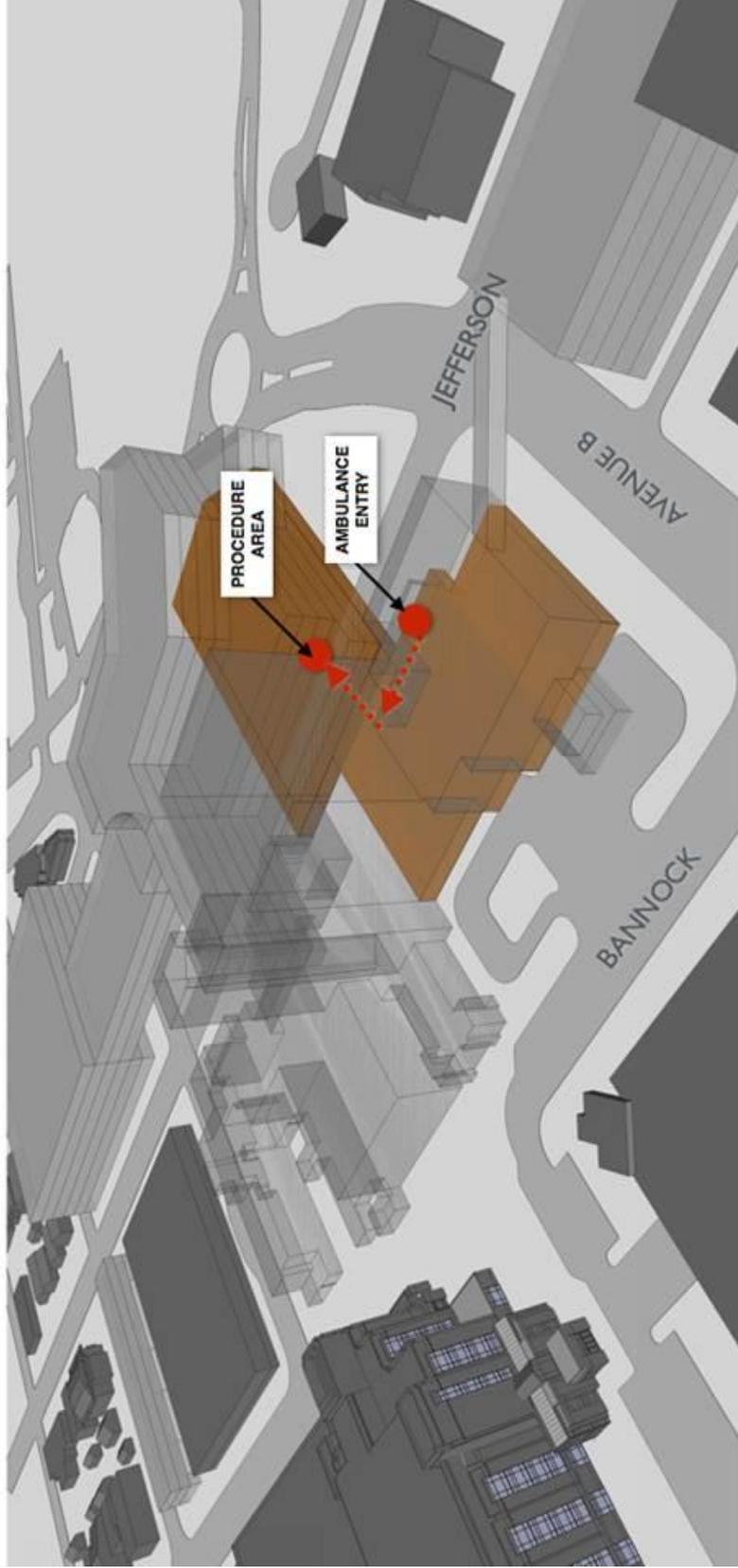
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



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

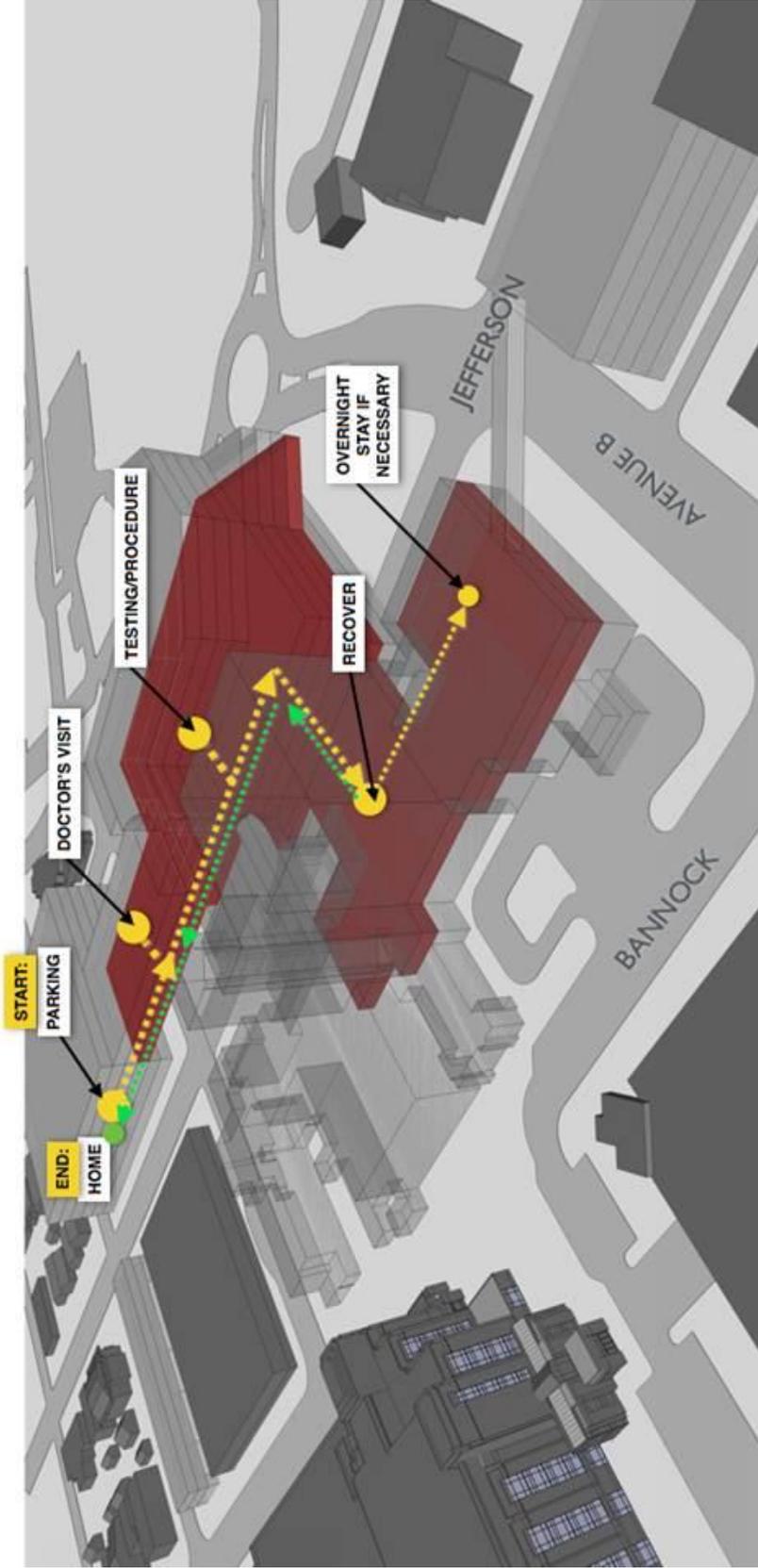
PATIENT SAFETY



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.

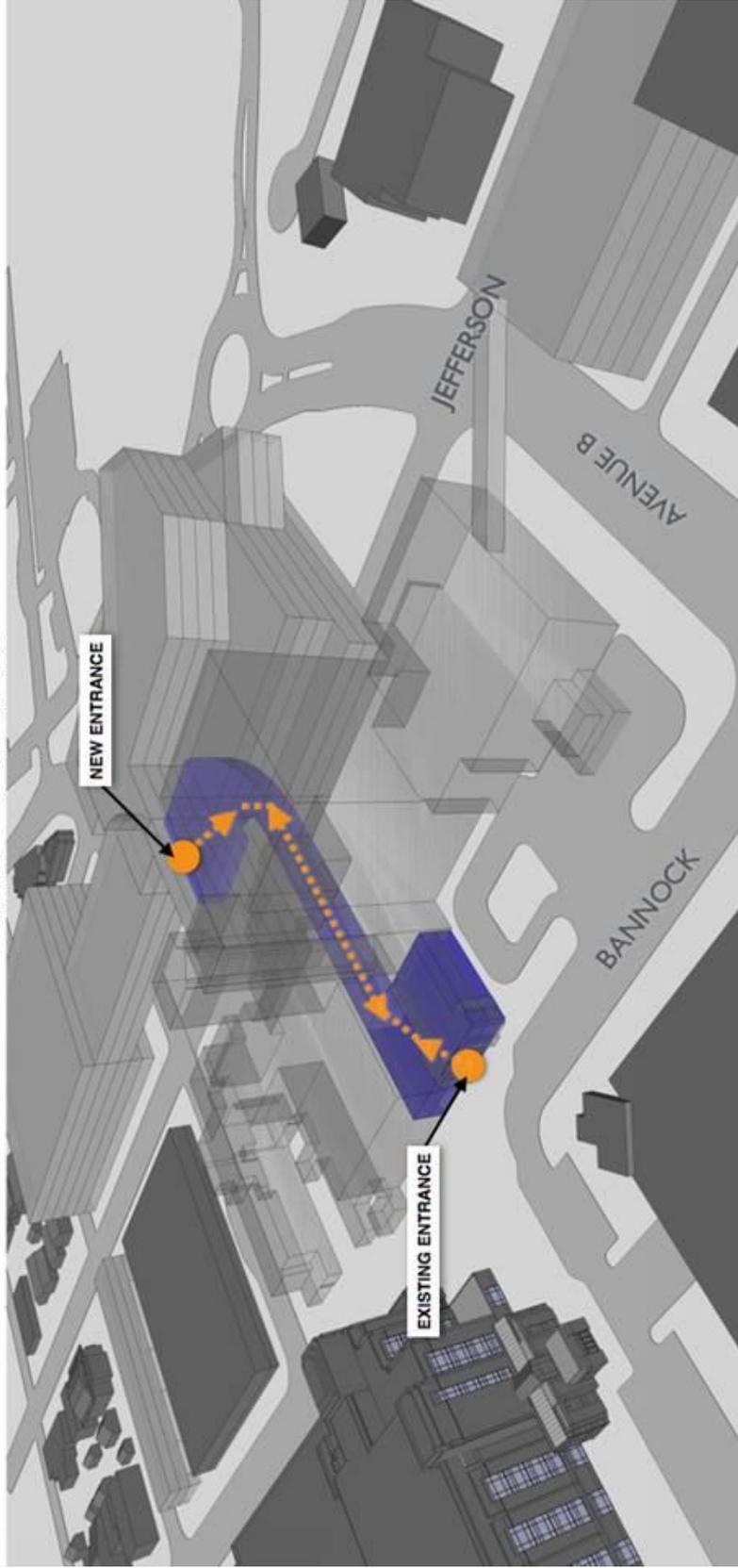
NORTH STUDY

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.

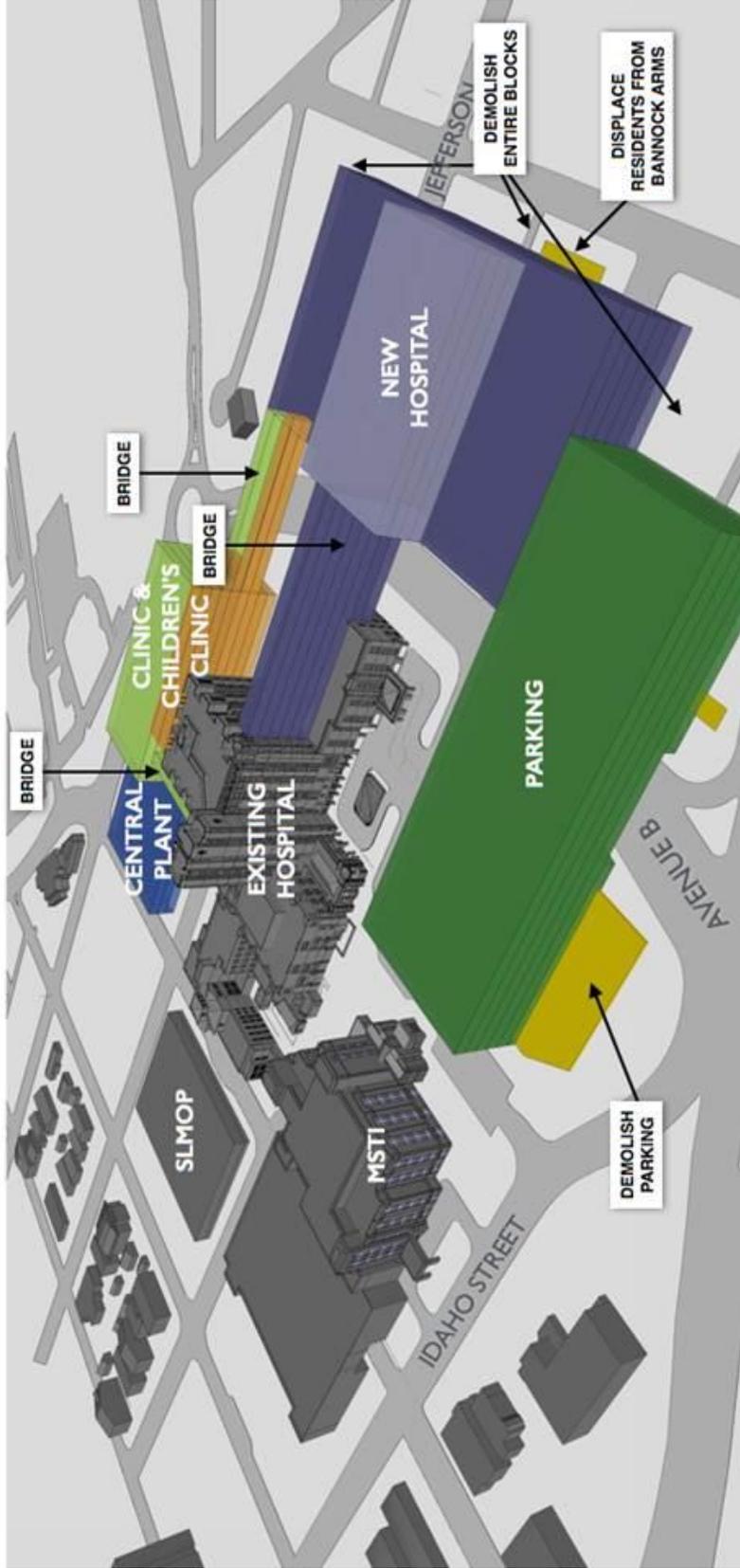
EAST STUDY



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

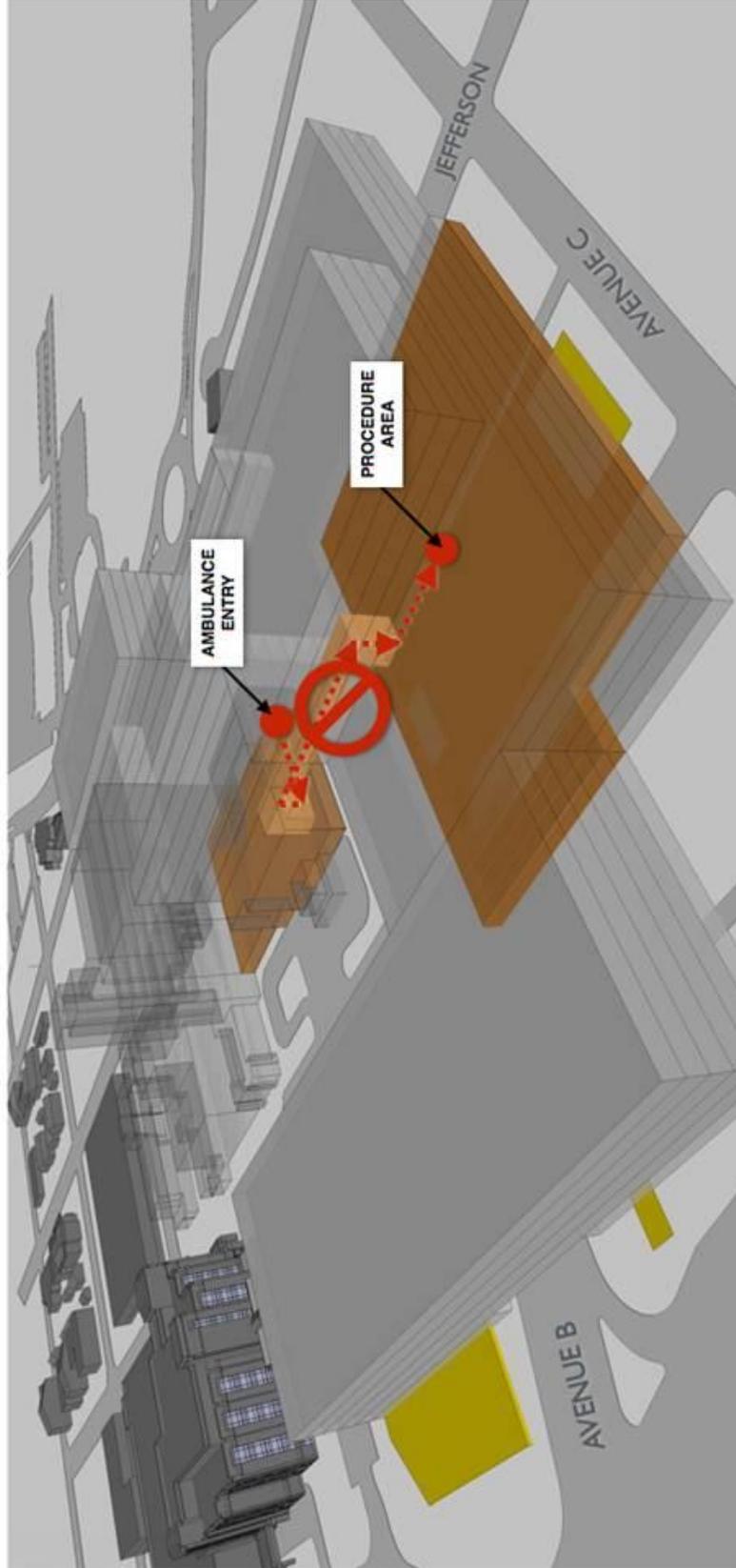
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



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

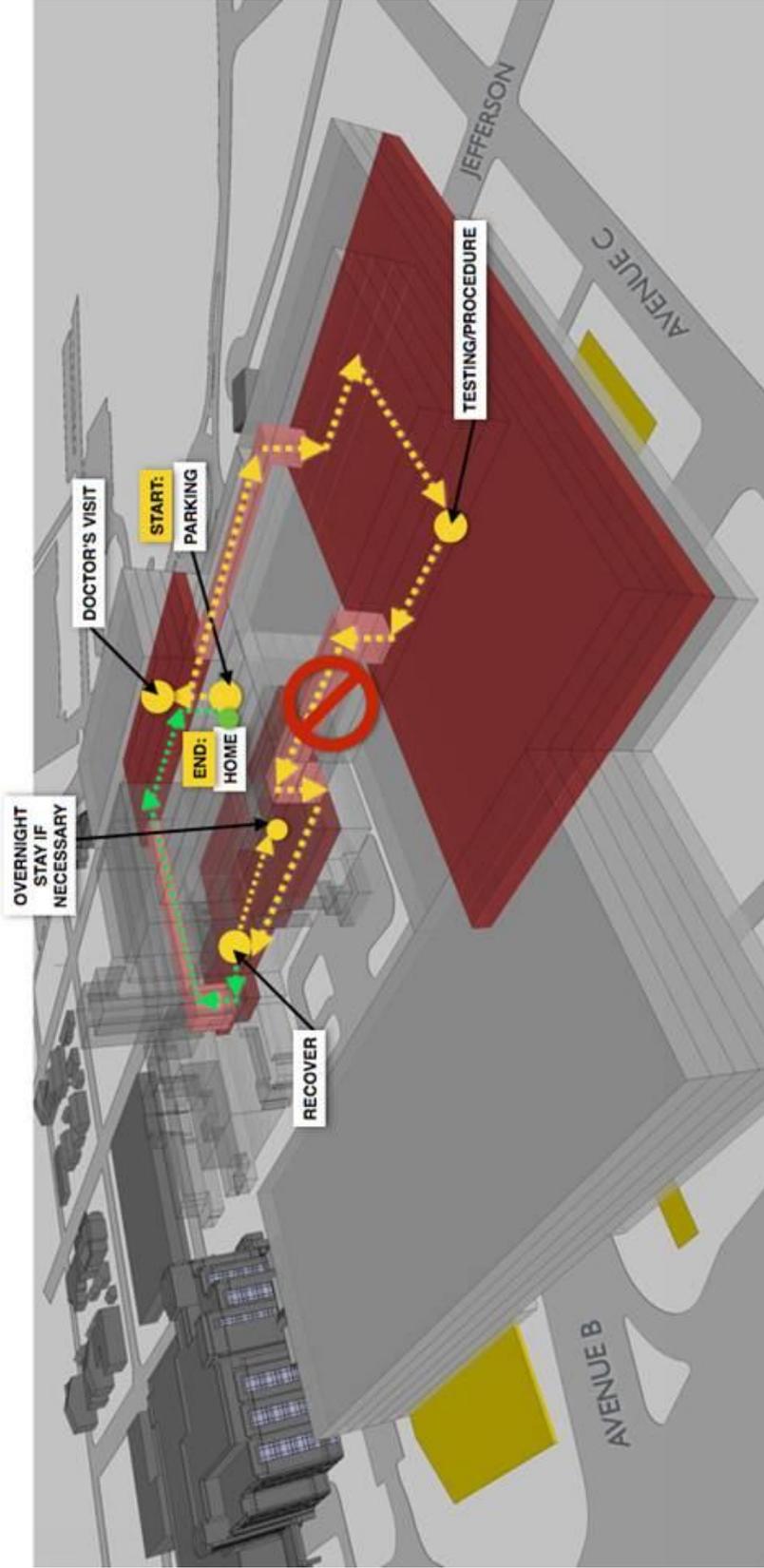
PATIENT SAFETY



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

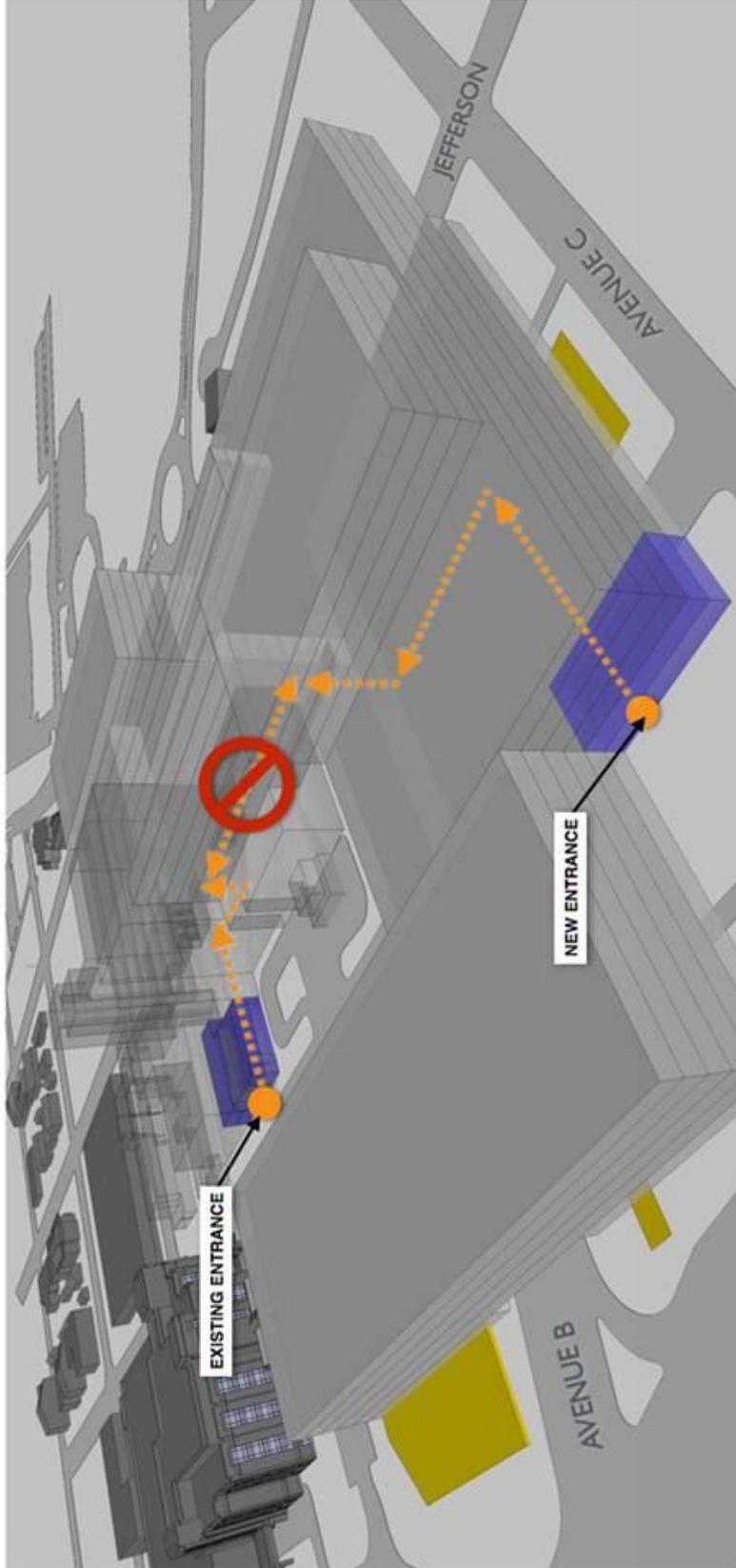
EFFICIENCY OF CARE



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.

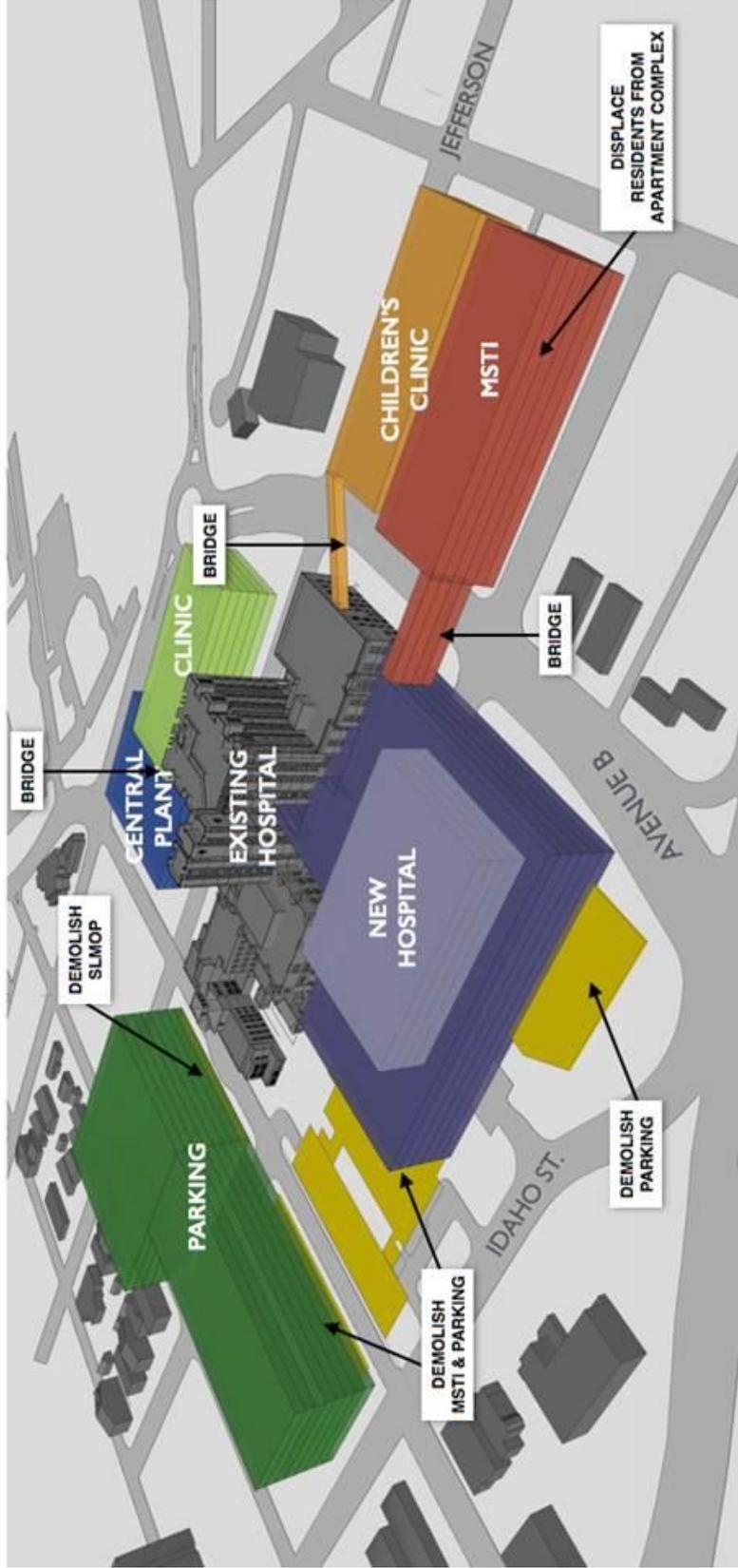
SOUTH STUDY



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 Street to Jefferson Street. Acquiring these properties requires time and resources, and may be problematic.

SOUTH STUDY

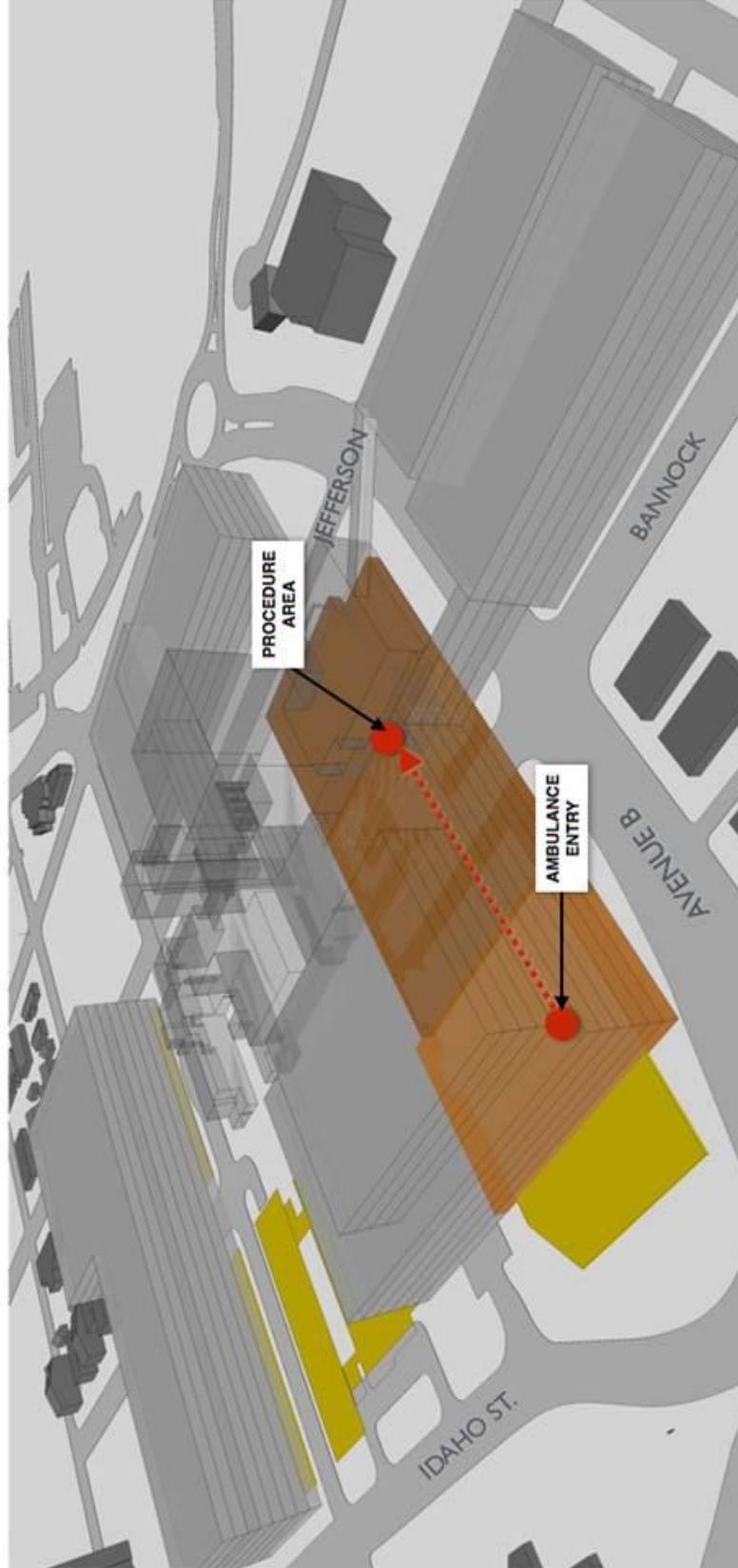
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



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

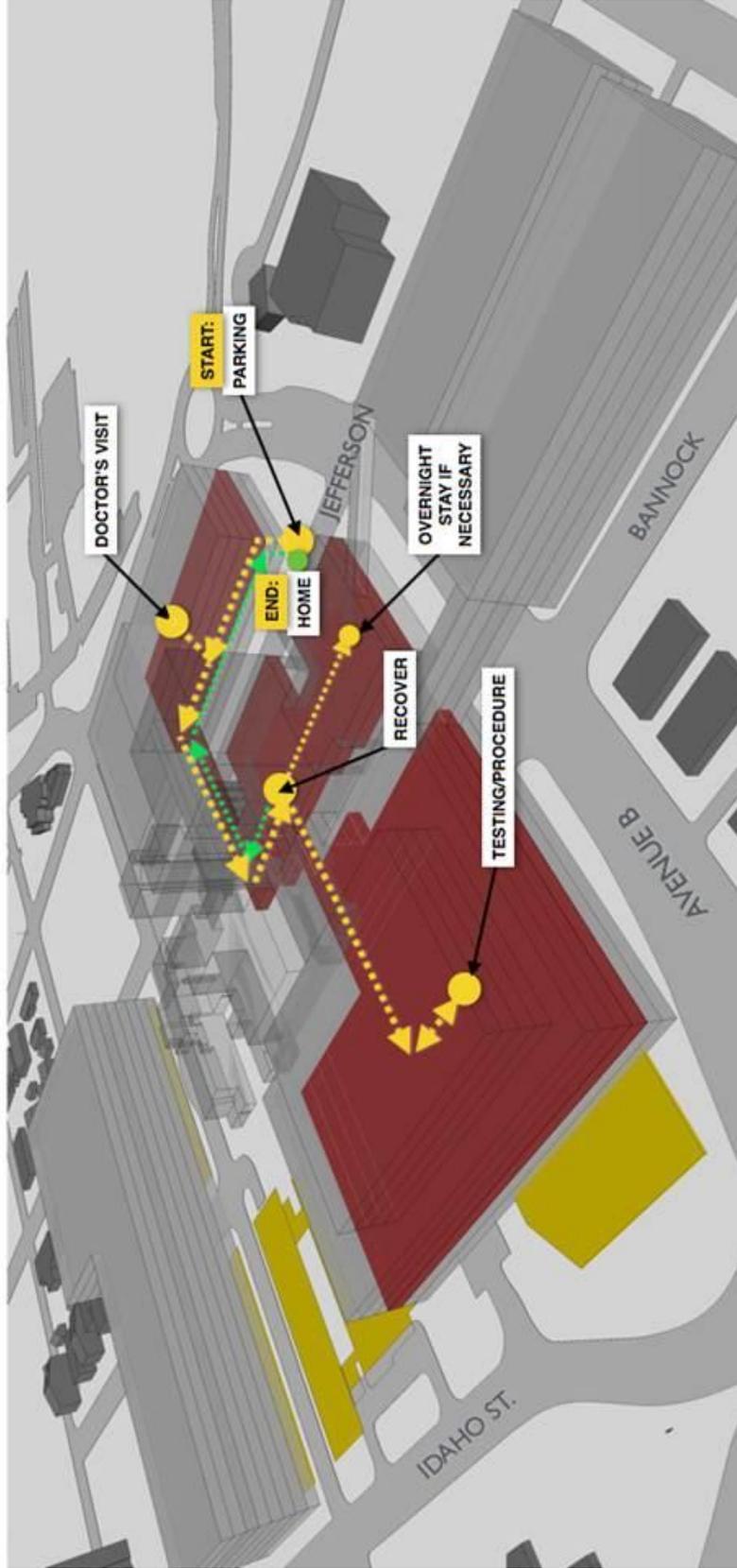
PATIENT SAFETY



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.

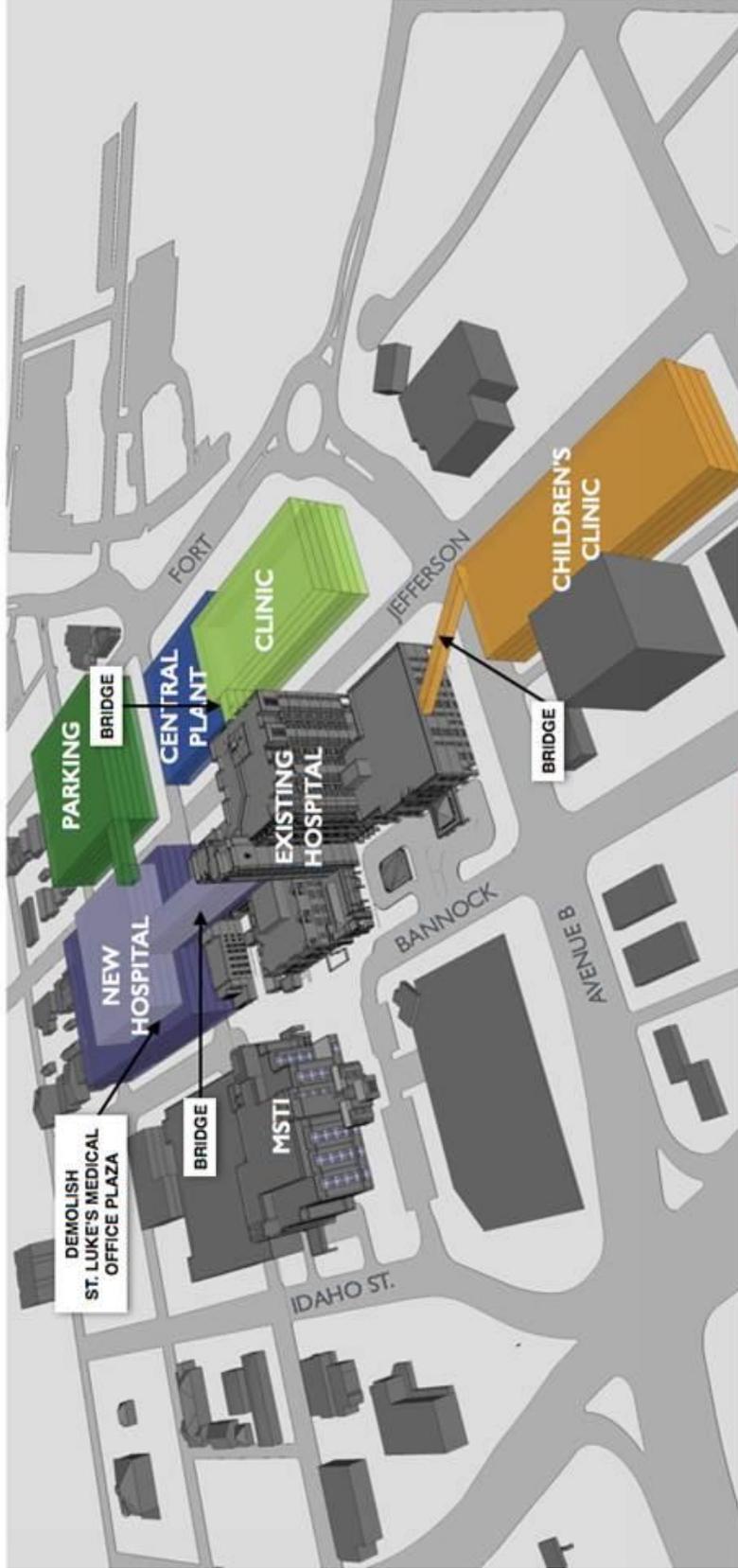
WEST STUDY



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

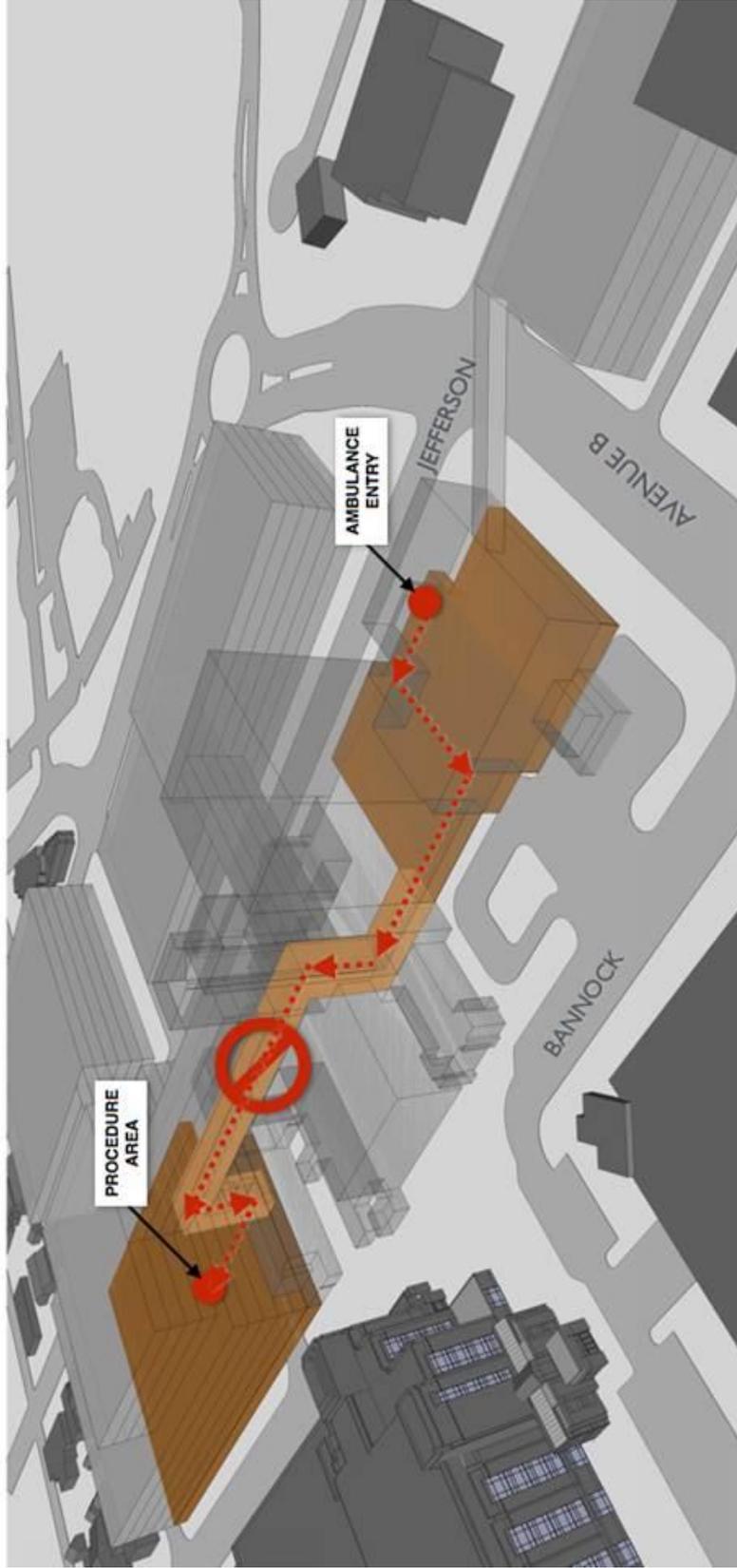
MAXIMIZE CURRENT INVESTMENT & PROJECT COSTS



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 Bannock¹⁹ to allow for adequate connections.

WEST STUDY

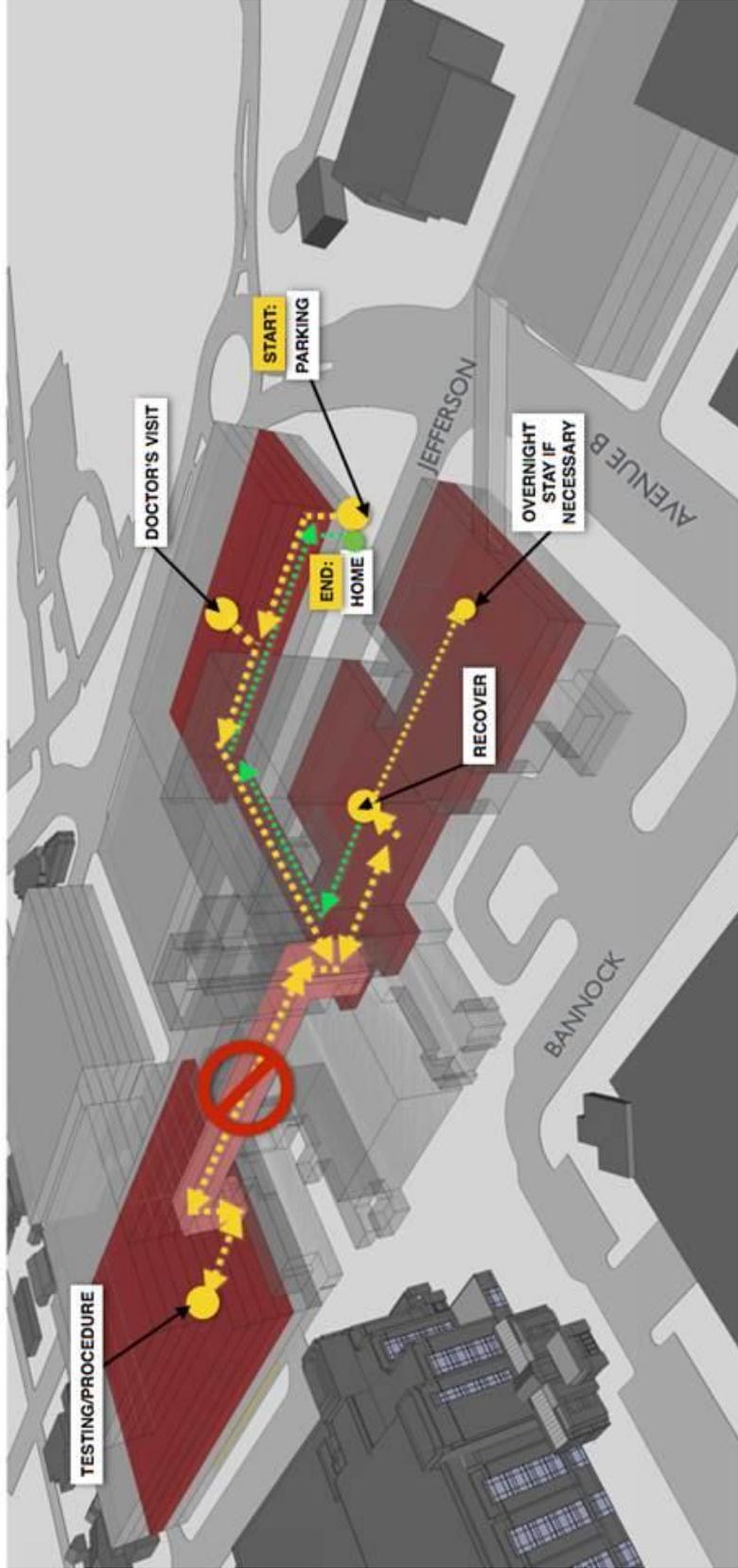
PATIENT SAFETY



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.

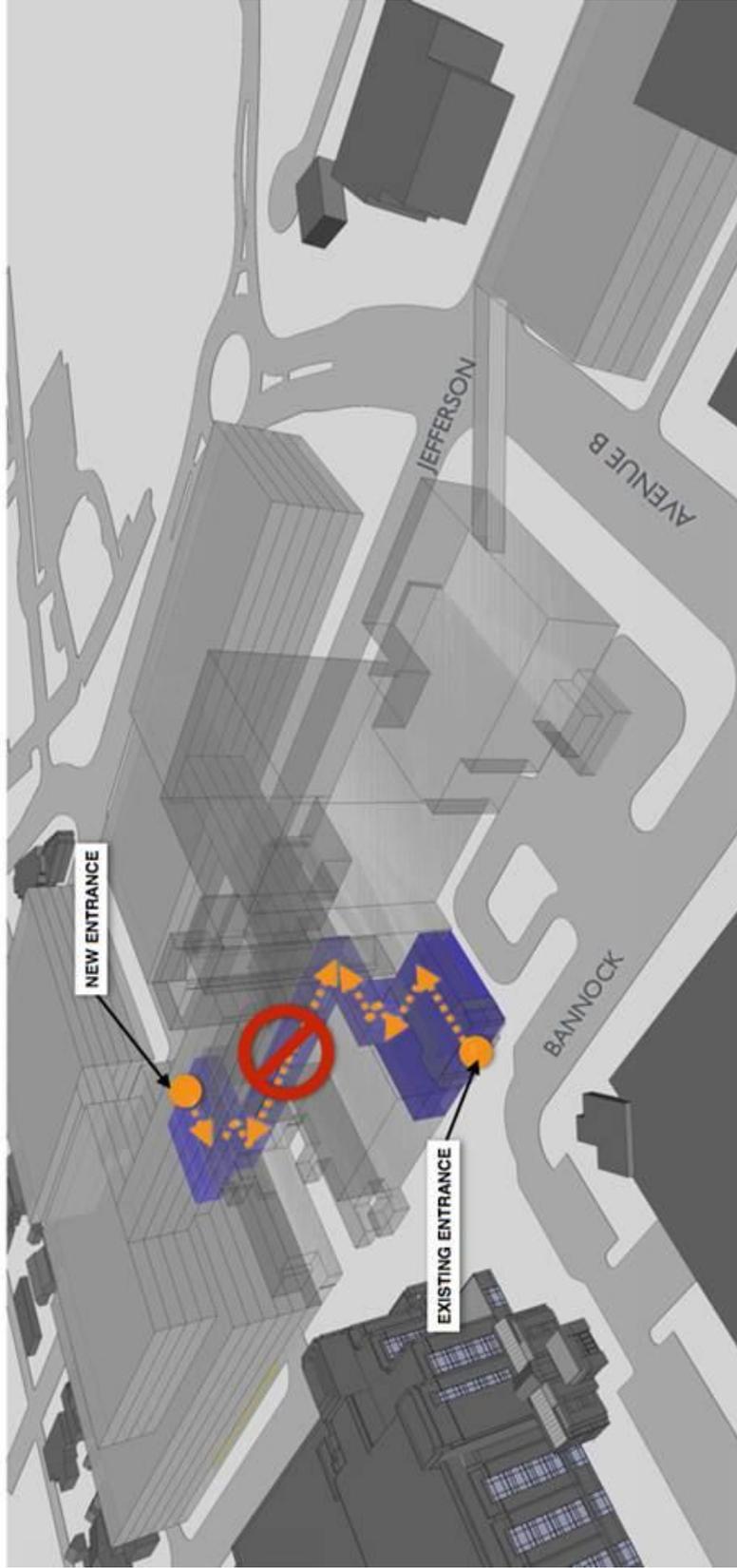
WEST STUDY

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.

Bannock Corridor Design Workshop
March 6, 2015
St. Lukes Medical Center
Boise, Idaho
Technical Memo

Background

St. Luke's Health System has submitted a Downtown Campus Master Plan(DCMP) to the City of Boise for review and adoption into the Boise City Comprehensive Plan. The DCMP is a planning document guiding St. Luke's facility expansion and growth over the next 25 years. Elements of the DCMP include transportation and connectivity planning for the area over the same period to accommodate, community growth, St. Luke's expansion and growth, as well as desired economic development and growth strategies of the City for the area.

As part of the review process, City staff have requested that St. Luke's focus attention on Bannock St. as part of the overall Connectivity Plan for the area. Bannock Street has been vacated between Avenue B and 2nd Street and closed between Avenue A and 1st Street as part of previous St. Luke's expansions. Although a portion of the vacated section is closed to vehicular traffic, it remains open to the public for bicycle and pedestrian traffic. As such, this street has a topic of discussion throughout the public outreach process conducted by St. Luke's as part of the application process.

Background

Boise City staff have requested that additional focus be placed on Bannock St. to find alternatives to enhance the connectivity in the area. This request is in response to the perception that if Jefferson St. were to be vacated between Ave B and 1st, Bannock would be required to carry additional capacity.

The purpose of this workshop was to evaluate the Bannock St. corridor, Ave B to 1st Street, examine the functional demands of this corridor, and suggest improvements or enhancements that would improve both safety as well as the broader connectivity of the area.

Workshop Agenda

1. Welcome Working Group
 - Introductions
 - Proposed Outcomes for Today
2. Downtown Bannock Workshop Welcome/ Introduction/ Context
 - St. Luke's Downtown Project
 - Intent of the Workshop
 - Bannock Street History and Context
 - Walk the Site
3. Discuss Functional Needs of the Bannock Corridor
 - Review Current Uses of the Space
 - Development of Planning and Design Principles
4. Future Scenario Exploration/Alternatives
4. Wrap up and Next Steps

Attendees

Dennis Doan
Deanna Smith
Dave Beck
Christy Little
Lisa Brady
Bret Tinker
Betsy Roberts
Mark Bowen
Gary Sorensen
Jeff Hull
Shwanacy Herron
Karen Gallagher
Hal Simmons
Eugenia Chang, MD
Terri Landa
Shari Davis
Daryl Hegerle
Ben Quintana
Brent Boyer
Dave Ensusa
Brian McCarter

Boise Fire Chief, Cyclist
EE Resident, Cyclist
East End Resident, Cyclist
ACHD
Safe Routes to Schools, Cyclist
Ride Idaho, Cyclist
CH2M HILL
CH2M HILL
Hummel Architects
St. Luke's - Architect
St. Luke's - MSTI Pediatrics,
City of Boise - Transportation
City of Boise - Planning
St. Luke's - MSTI Pediatrics, EE Resident, Cyclist
St. Luke's Healthy U
EE Resident
St. Luke's, Cyclist
St. Luke's - Communicatiosns
St. Luke's - Social Media
St. Luke's - Public Relations
ZGF, Urban Design Consultant

Planning and Design Principles for Bannock Green Space

1. Patient use, comfort and safety are top priority.
2. Safety of all users second priority.
3. Design to be simple, intuitive, understandable.
4. Design to be user-friendly.
5. Decrease existing conflicts within the space.
6. Encourage employee access.
7. Provide flexibility/closure ability for events in the space that aren't compatible with bike circulation.
8. Provide universal access.
9. Consider or provide alternative spaces outside of Bannock Street for periods of potential congestion.
10. Size the facility for its intended use, e.g., width, directness of pathways, seating opportunities, etc.
11. Provide a network of neighborhood/campus ped/bike alternatives with any Bannock Street ped/bike concept.
12. Include a no-bike option range of Bannock Street alternatives.

Observations/comments from the group:

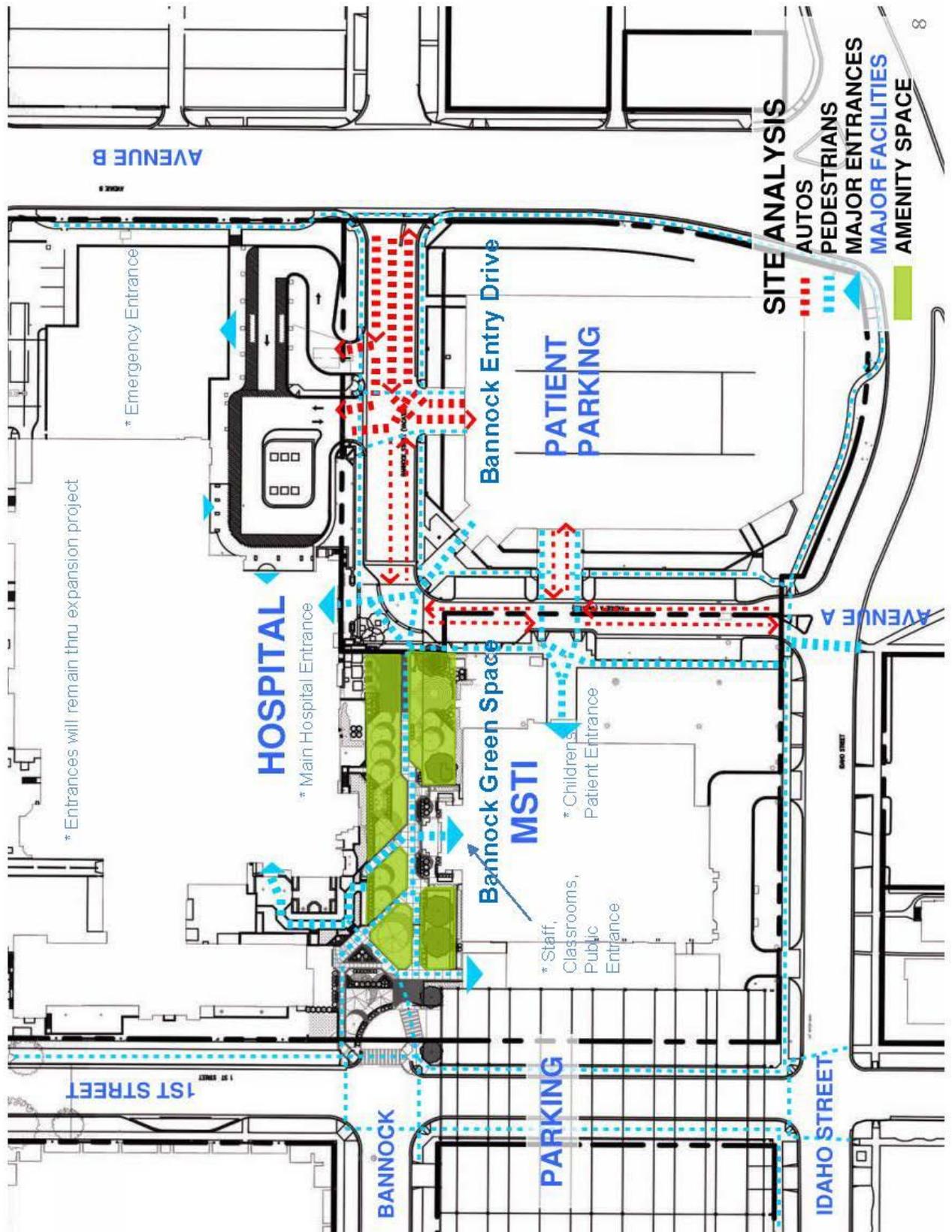
- The segment of Bannock (former right-of-way) from Avenue B to Avenue A (former right-of-way) that serves as the primary patient and customer vehicular entrance could be as challenging for bike access as the green space segment due to potential conflicts with vehicles and peds. We'll refer to this block as the Bannock Entry Drive in this memo.
- There is a mid-block decision point for drivers that commands full attention and makes added mode sharing challenging for bikes using the vehicular lanes.
- The design and landscaping of the green space is heavily influenced by what is underground – utility duct banks and supply/transport tunnels, conduits, pipes, which affects locations with adequate soil for planting.
- Doctors recommend their patients who may be short or long term residents in the hospital, get outside for fresh air and exposure to nature. The Bannock green space is most often recommended.
- Some of those patients are ill and weak from treatments, hence moving slowly, less aware of their surroundings, and moving unpredictably.

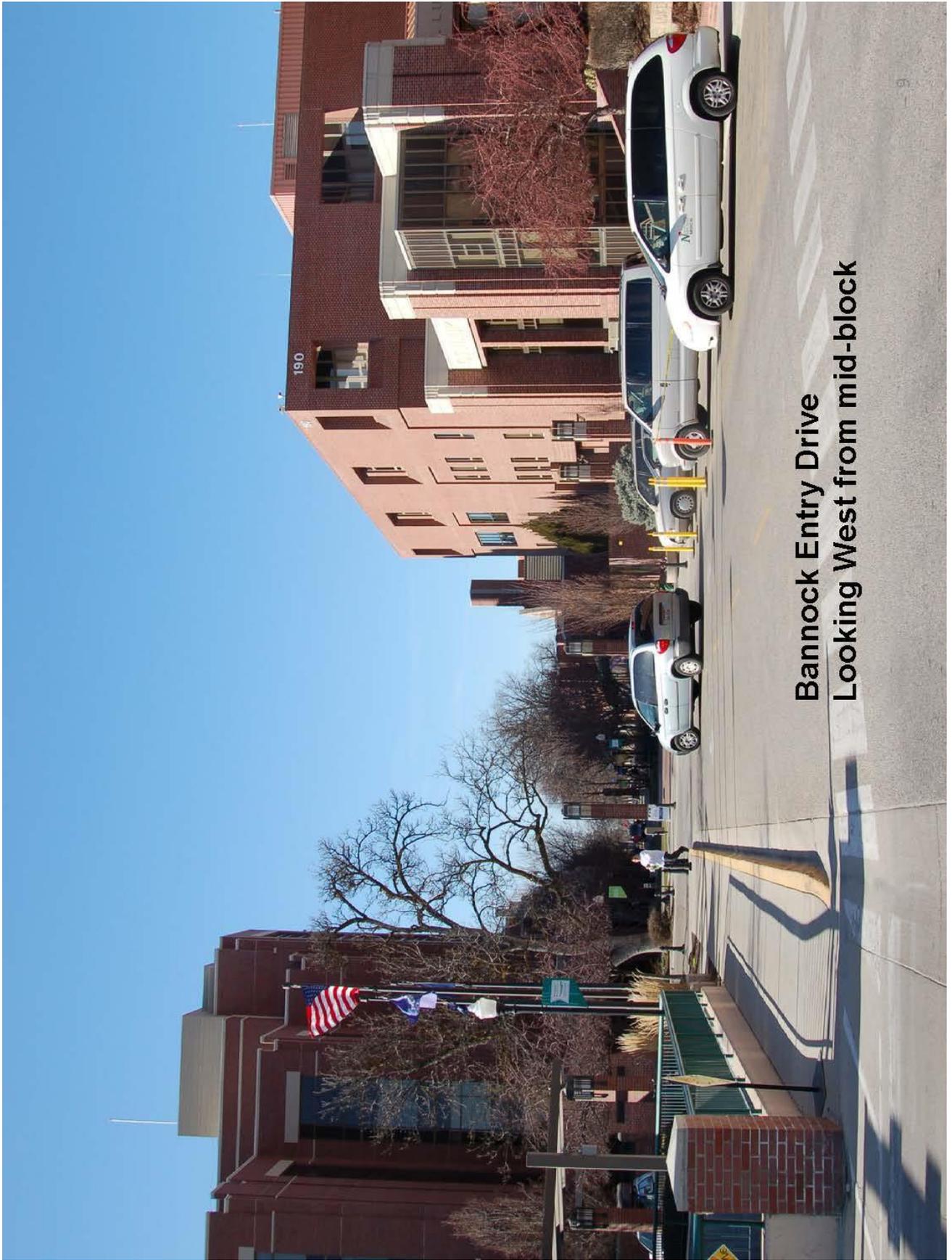
Observations/comments from the group:

- The warm, sunny side of the space for sitting, contemplation and conversation in spring and fall cool weather, are along the north edge.
- There are many serious bike commuters or people who use bikes for primary city center transportation who, seeing a robust alternative like a protected cycle track, will use the alternative rather than attempting to ride through the Bannock Green Space.
- There are some specific bike user groups who may pass through this area: less aggressive East End to Downtown commuters, middle school-age children riding from the East End towards St. Joseph's Grade School, BSU students commuting to and from campus to the North End, Saturday Market visitors, and E. End residents going downtown for the evening, etc.
- Make the Bannock Entrance Drive and Green Space inviting and open to the community but design them for minor recreational bike access. This includes making more robust alternative routes visible at decision junctures in the network.
- For the weekend family recreational bicyclist, using the Bannock Green Space may be appropriate because this cyclist isn't in a hurry and there is considerably less pedestrian traffic.
- For many participants, the current space is not inviting to the general public and cyclists in particular. Many have experienced surprise and negative reactions from the local pedestrian traffic who may not be expecting to see cyclists in the area.

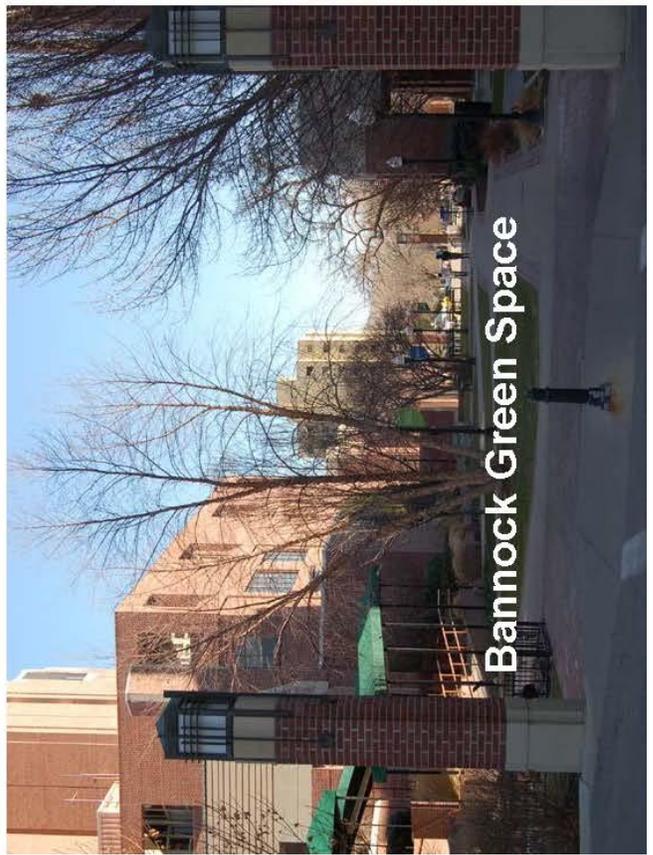
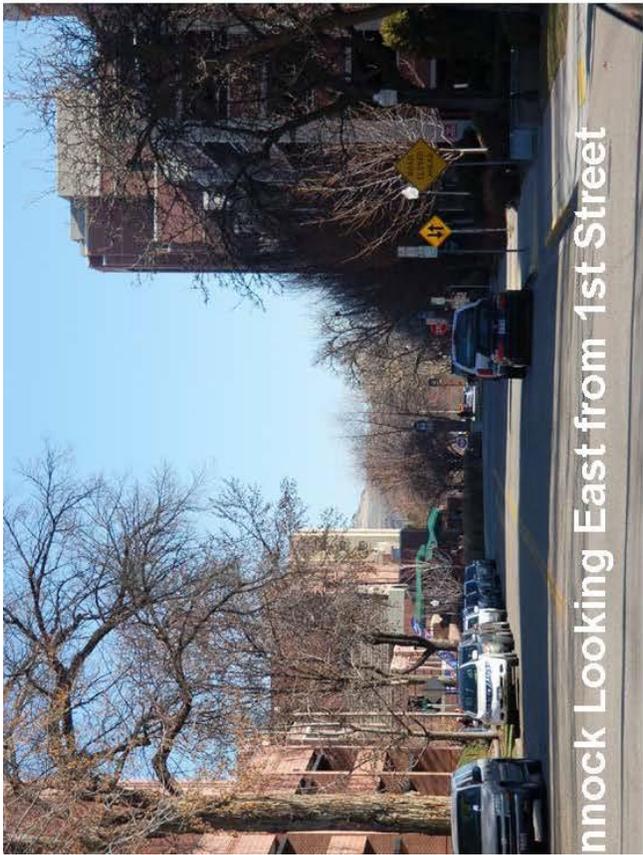
Observations/comments from the group:

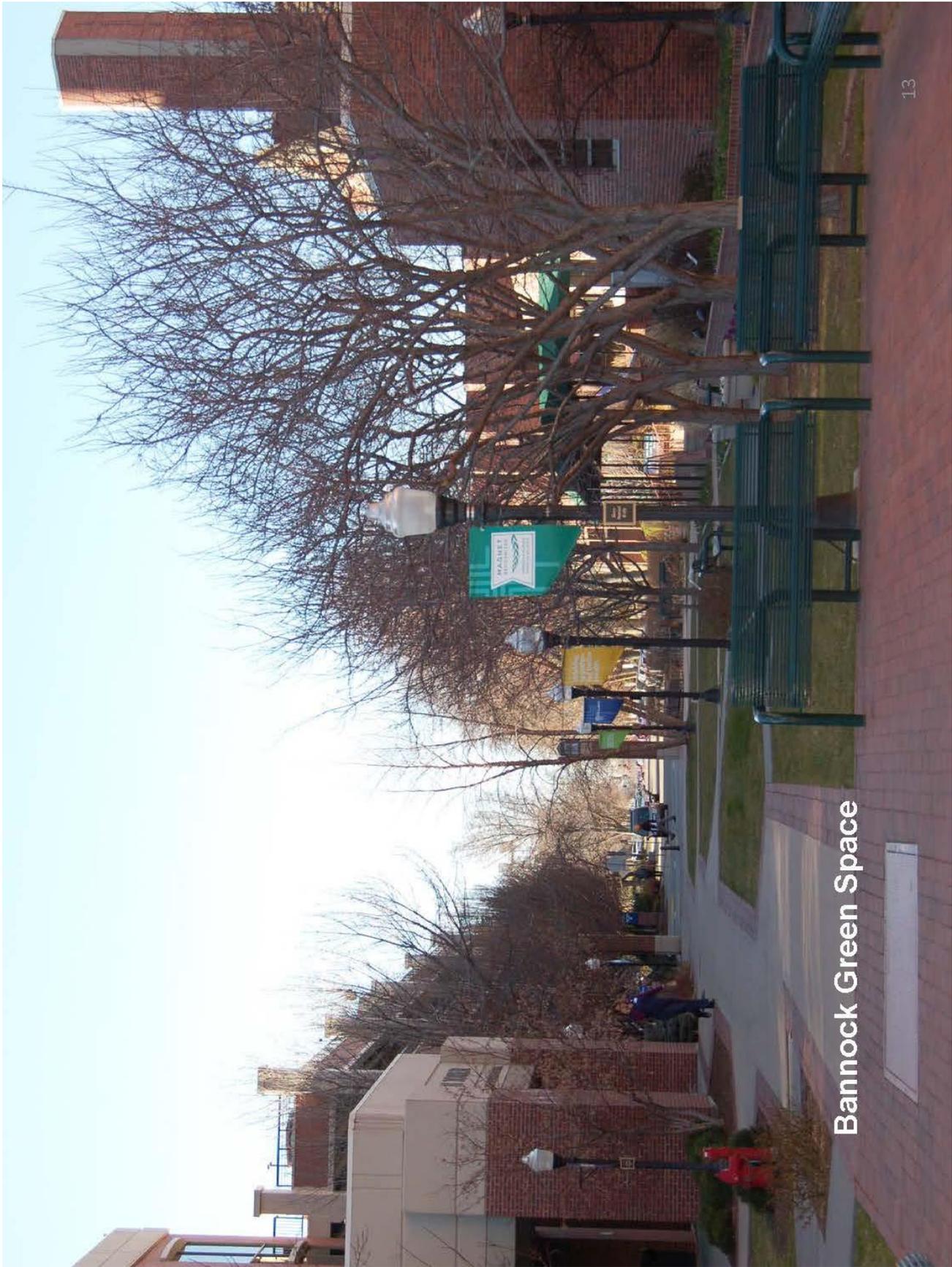
- Campus network alternatives – connect a robust two-way cycle track along Avenue B leading south to buffered bike lanes on Main/Idaho and north to State Street. Provide continuity of this network on the south to 1st/Idaho, then to Main. Provide continuity of this network on the north, to 1st/State and 2nd/State, and then to Jefferson or Bannock streets.





**Bannock Entry Drive
Looking West from mid-block**

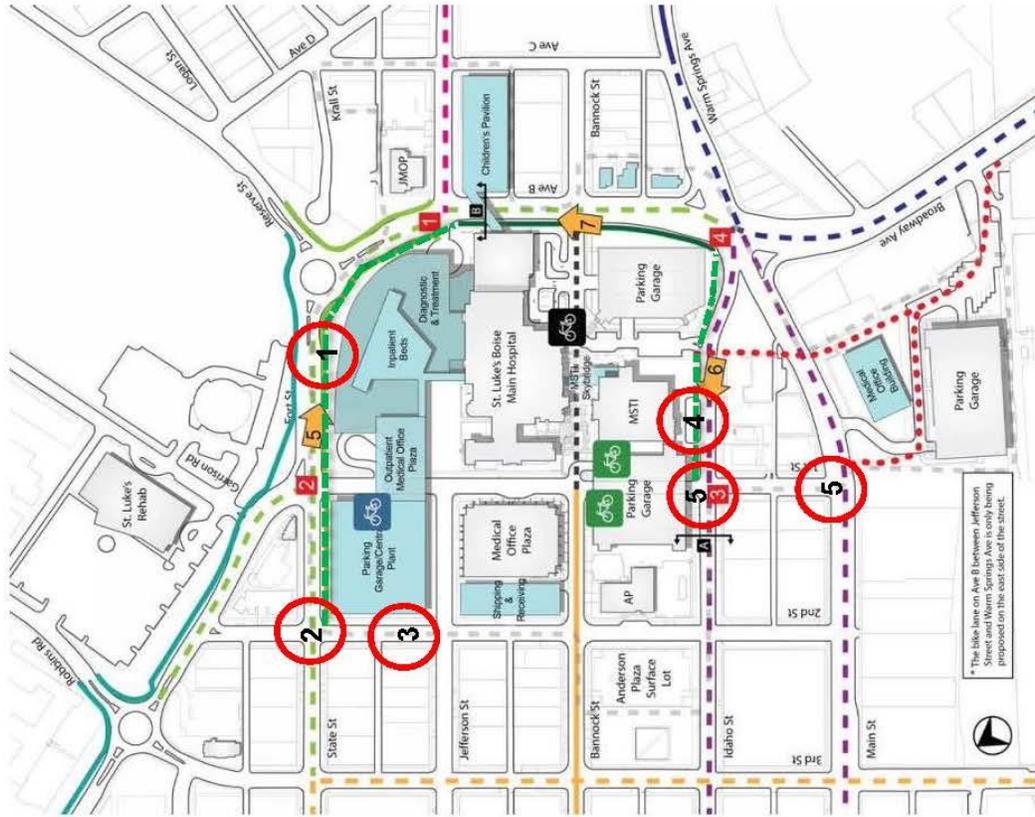




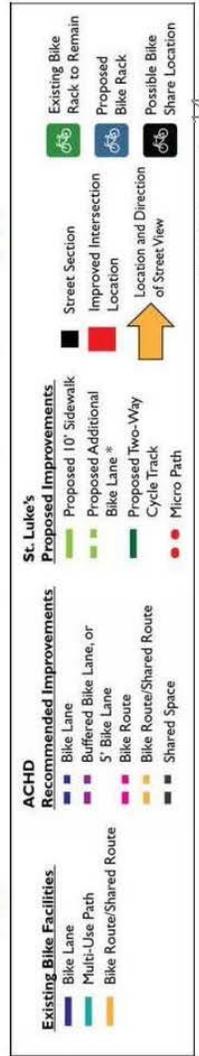
Bannock Green Space

Suggested Improvements to Connectivity Plan

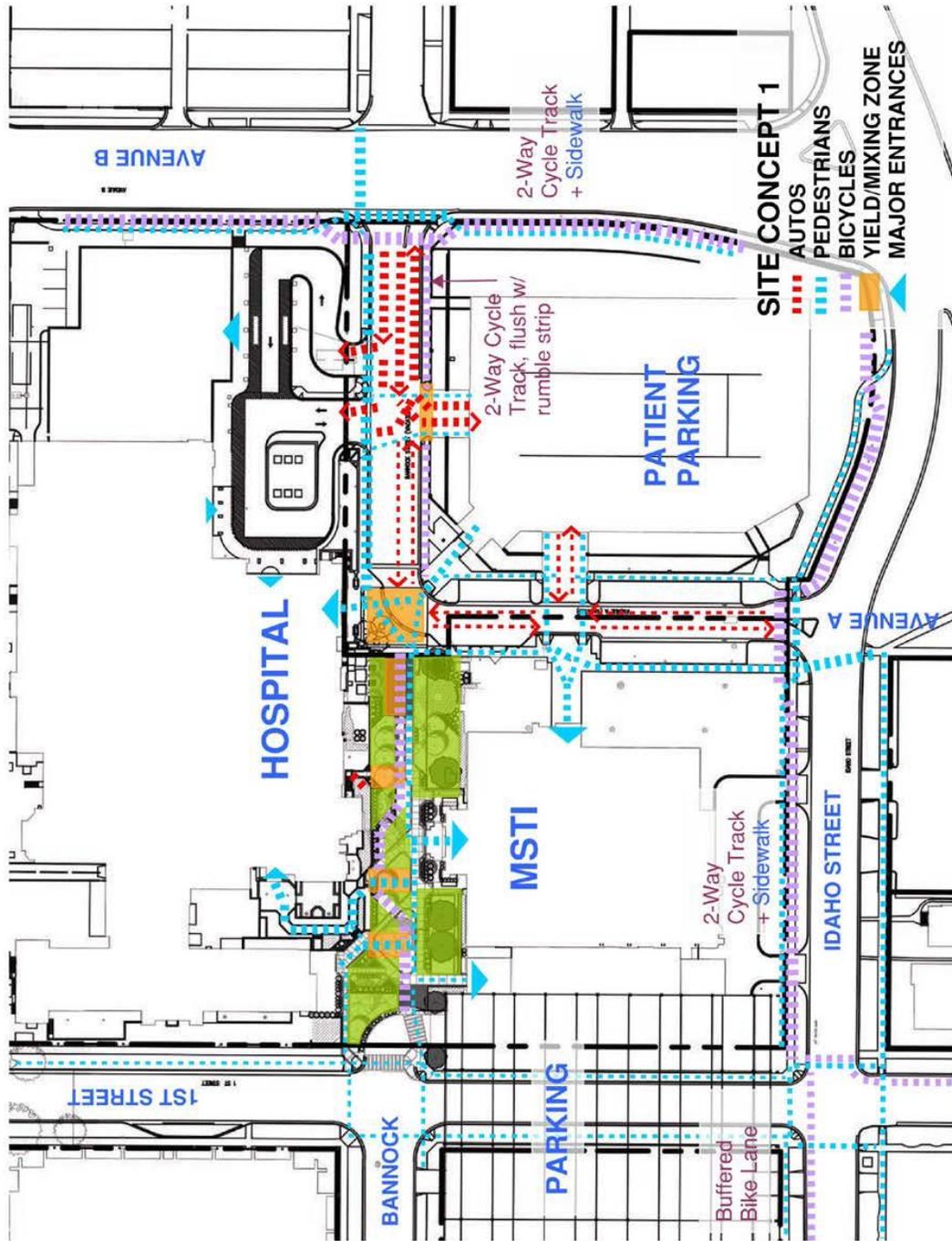
1. Extend Two-way Cycle Track on Avenue B from Jefferson St north to State Street, then west to 2nd Street
2. Enhance intersection to inform cyclists of route options
3. Enhance cyclist facilities on 2nd St to encourage use to access Jefferson or Bannock streets
4. Extend Two-way Cycle Track on Avenue B south to Idaho Street, then west to 1st Street
5. Enhance intersections to encourage/inform cyclists of buffered bike lanes on Idaho and Main streets

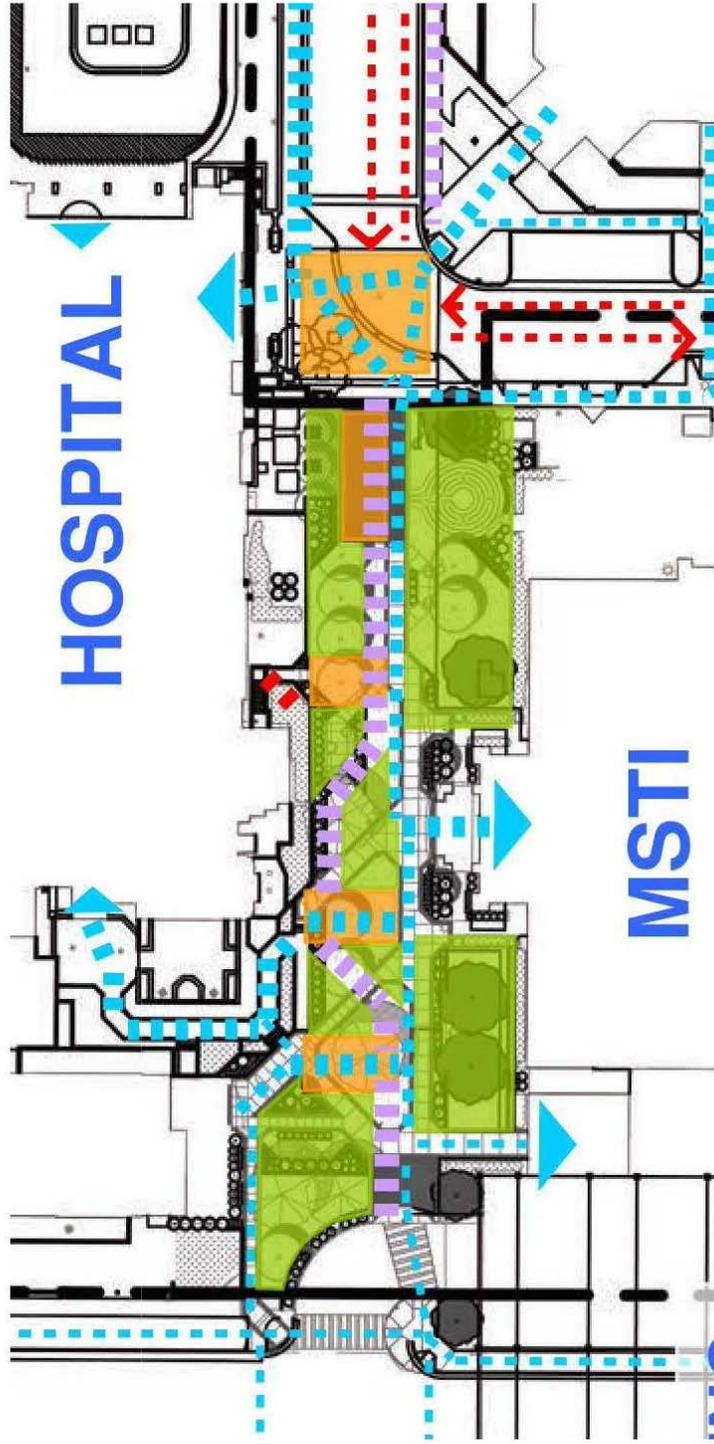


Proposed Cycle Track extensions



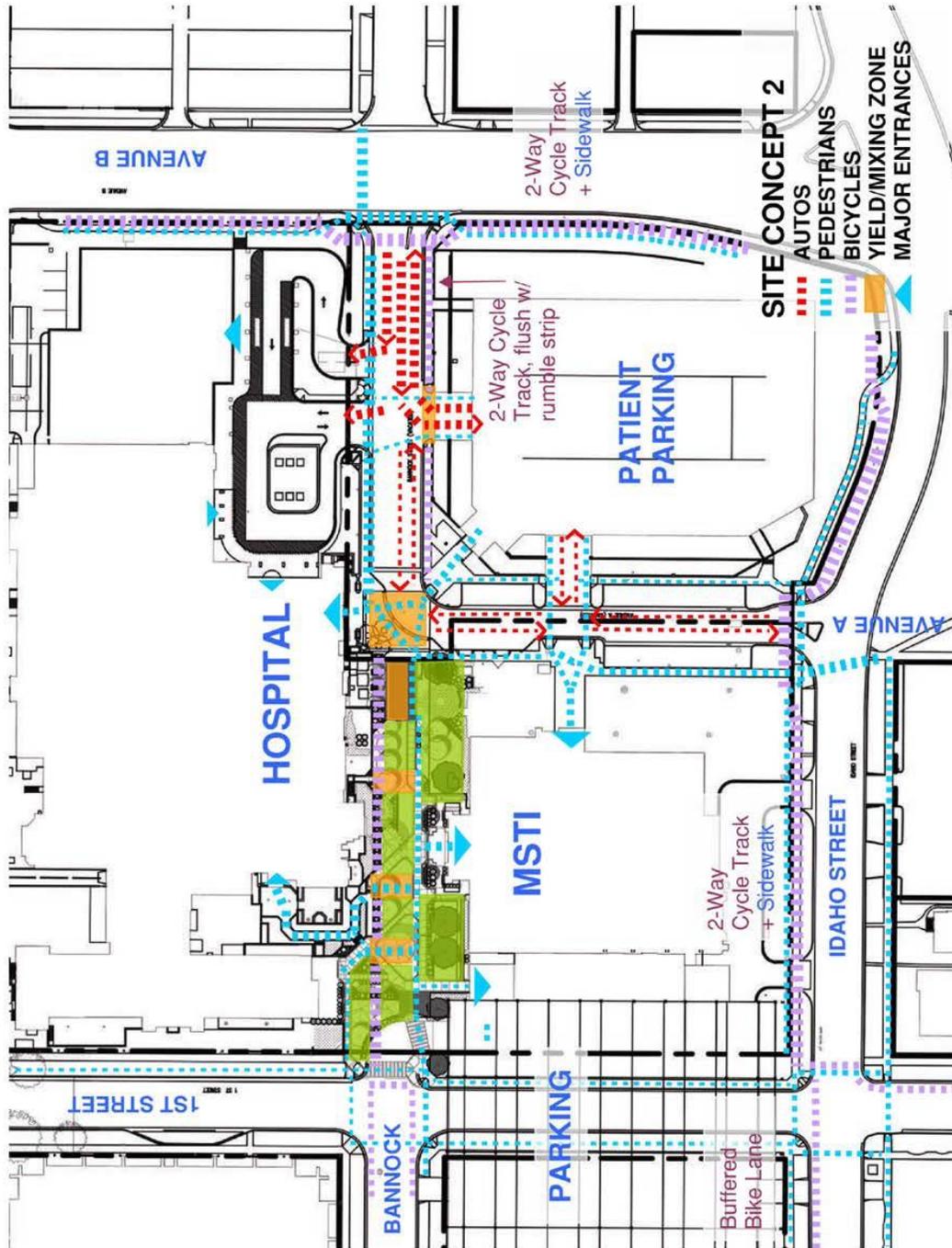
St. Luke's facility proposed transportation site plan.

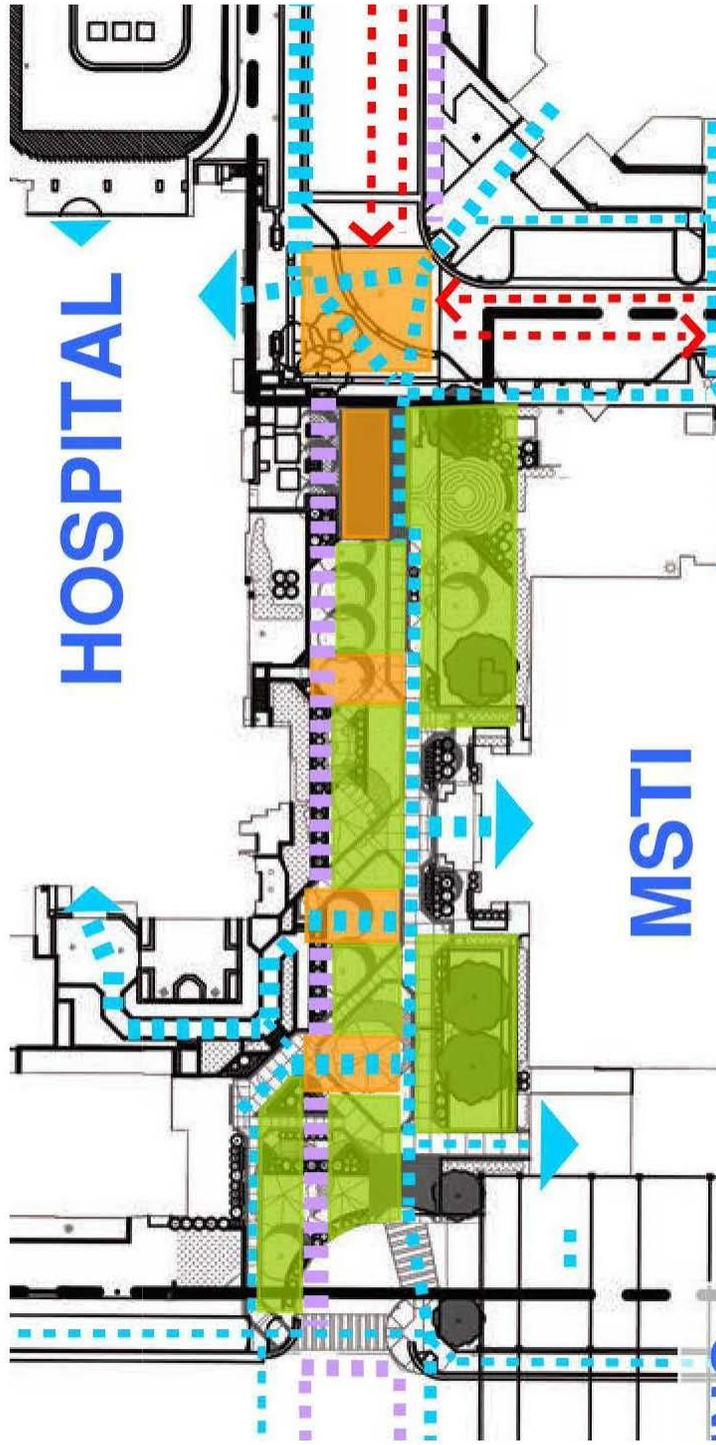




Site Concept 1

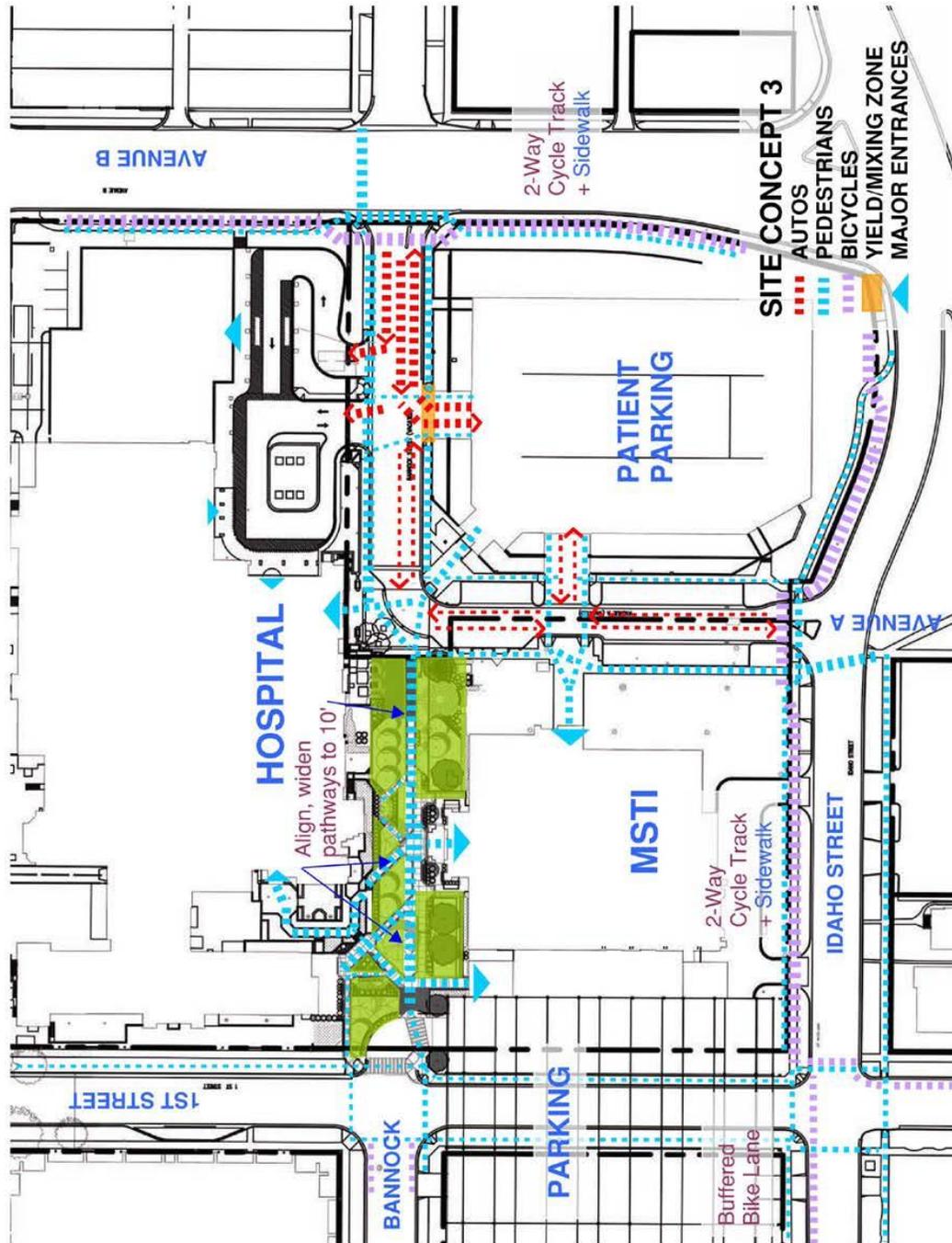
- Reconfigure the ped path in Bannock Green Space for simplified cross-routing between destinations, improved path width
- Create “Yield Zones” corresponding with important entrance or space-crossing zones.
- **Combine** a two-way cycle track adjacent to an improved ped path but use a non-direct alignment as a bike-calming feature. Design for slow speeds over this 300’ passage.
- Use best practices design for mixing zone – material, color change, striping/markings, bollard with low level lighting, etc.

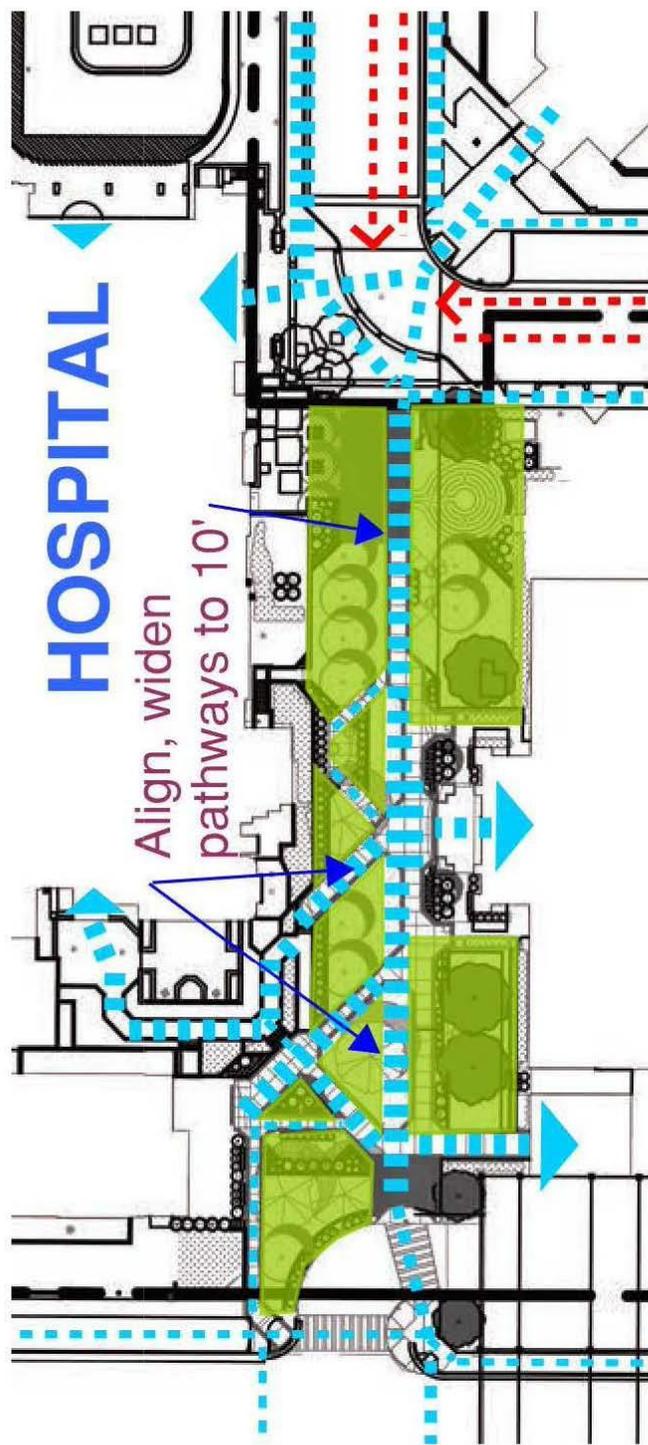




Site Concept 2

- Reconfigure the ped path in Bannock Green Space for simplified cross-routing between destinations, improved path width.
- Create “Yield Zones” corresponding with important entrance or space-crossing zones.
- Provide a two-way cycle track **separate** from the improved ped path but use a yield zones as a bike-calming feature.
- Develop both the center space between paths for passive seating with sun and shade options.





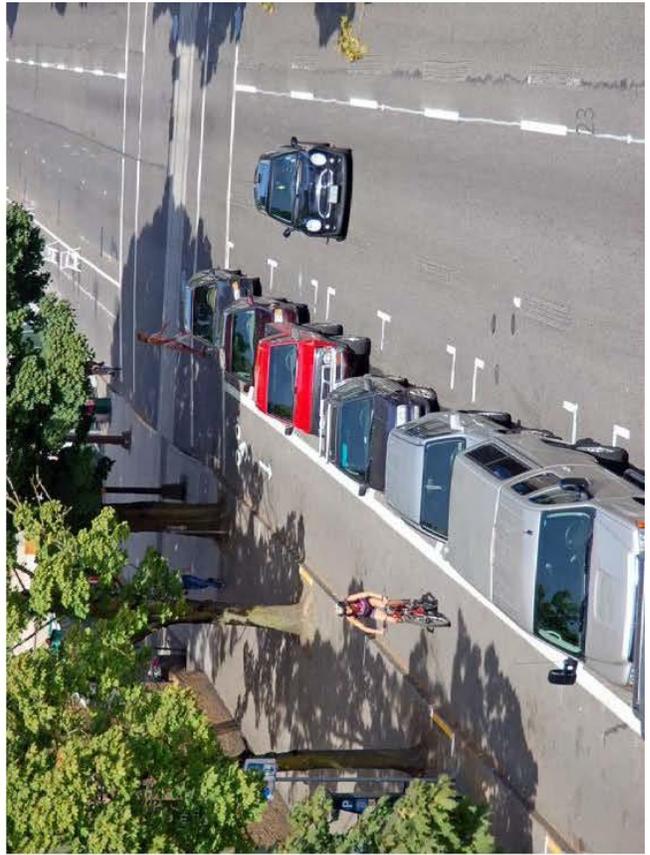
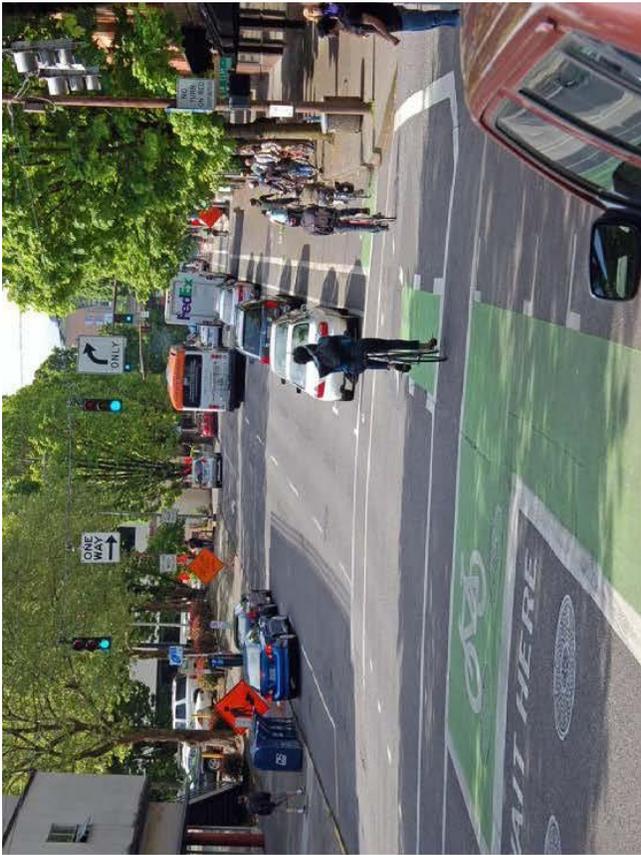
Site Concept 3

- Reconfigure the ped path in Bannock Green Space for simplified cross-routing between destinations, improved path width.
- Do not provide a separate bike facility in the Bannock Green Space or Bannock entry Drive.
- Allow casual/non-commuter use by bicyclists.

Relevant Pedestrian and Bicyclist Facilities – Best Practices



Bike Lane Coloration **Bike Box queue jump**



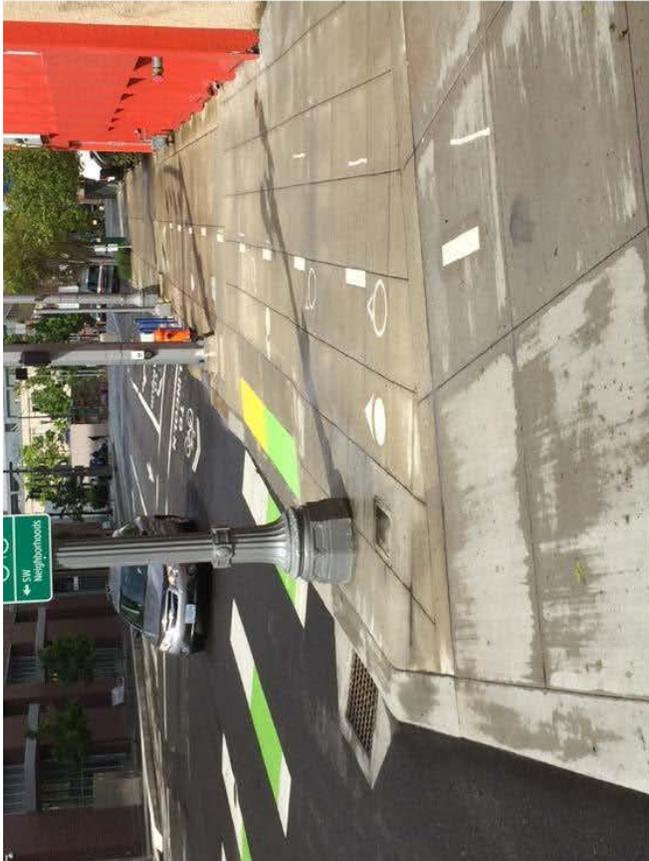
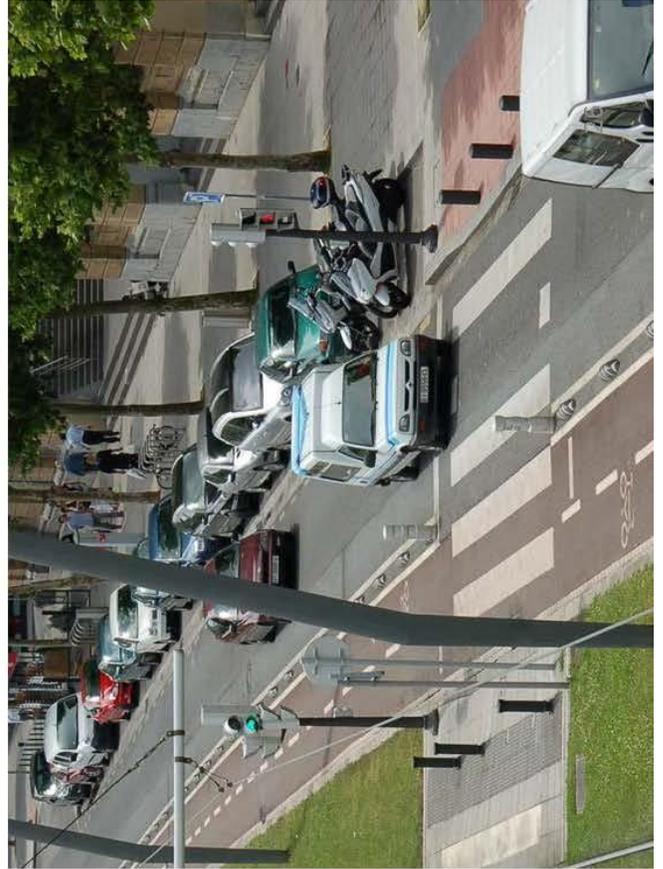
Buffered Bike Lane: coloration, markings



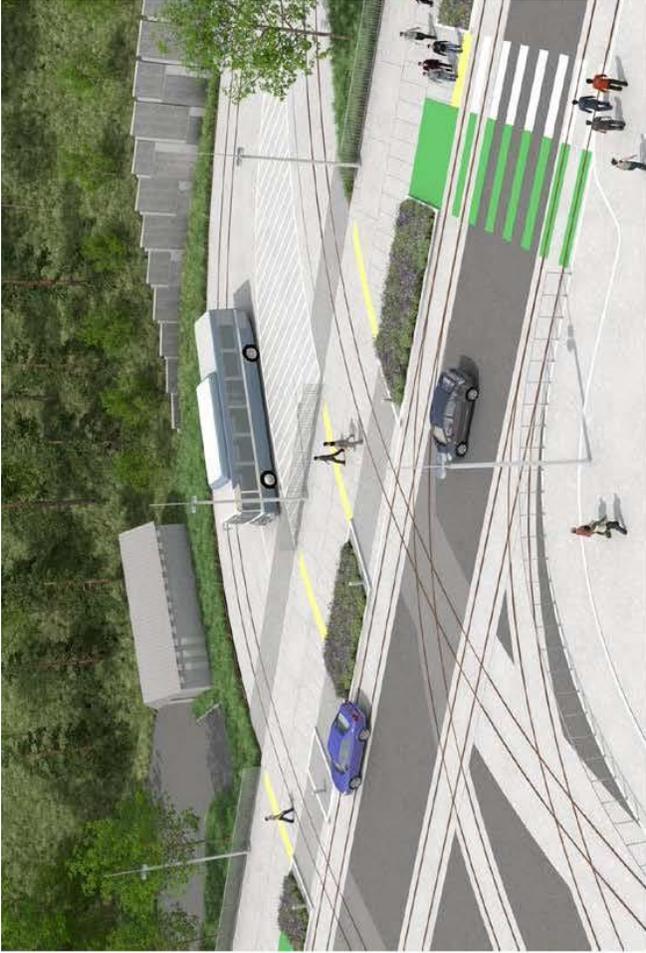
Two-way Cycle Track: physical separation, markings



Two-way Cycle Tracks: coloration, markings, physical separation, warning bollards



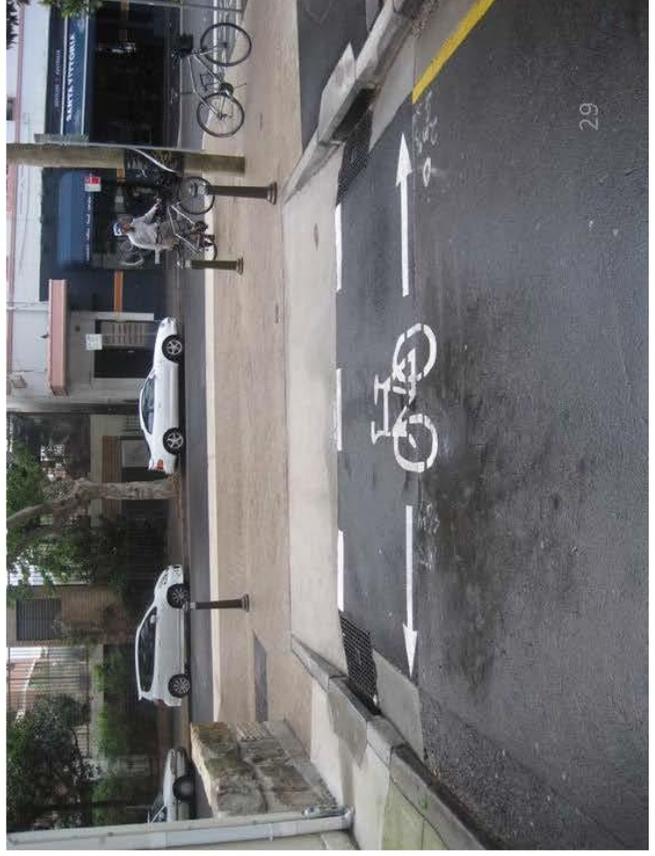
**Intersections/crossings:
pedestrians and bikes
with distinct coloration**



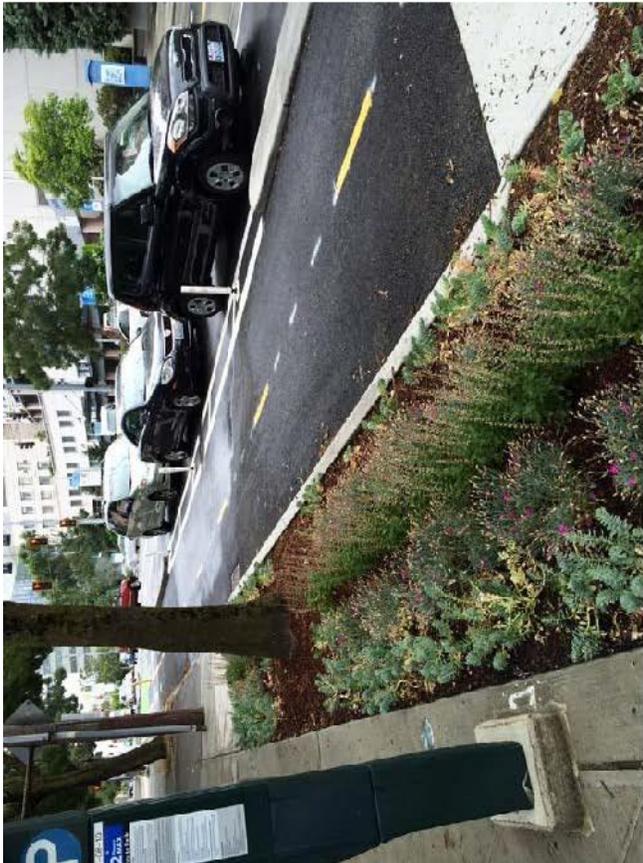
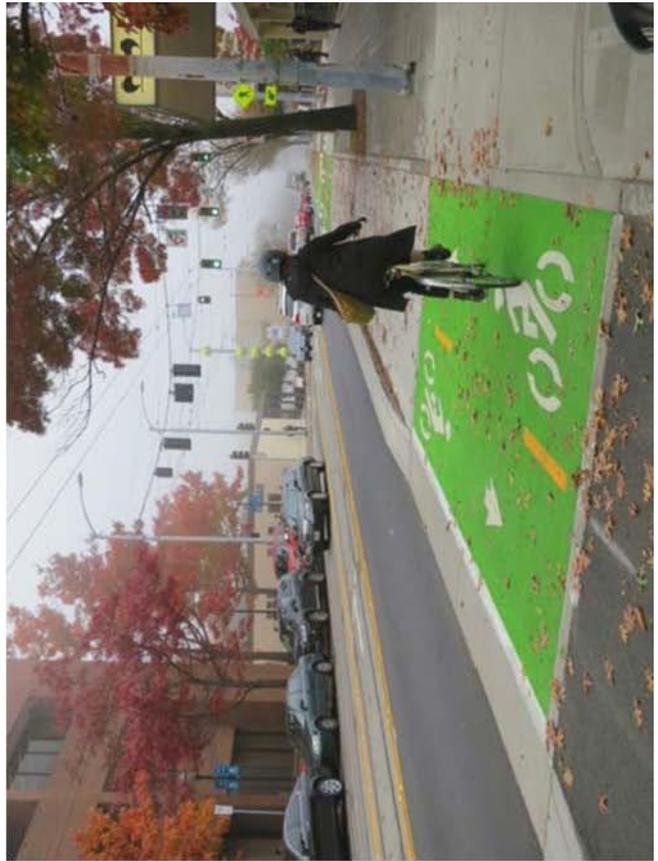
**Intersections/crossings:
parallel pedestrian/bike
markings**



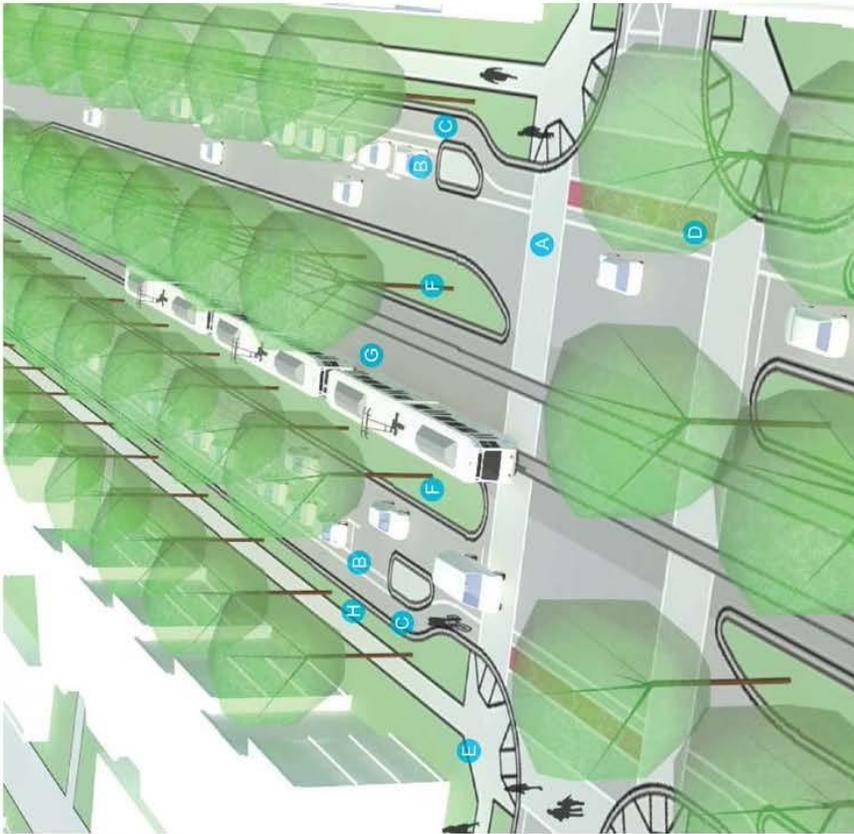
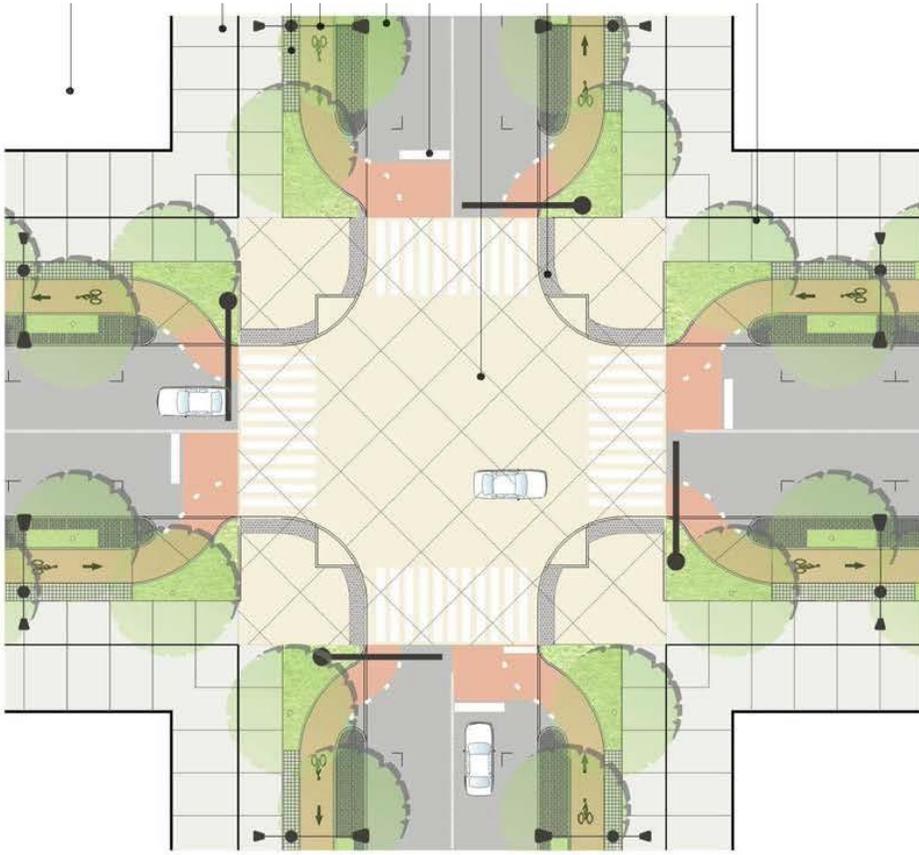
Bike Signals, Signage and Markings



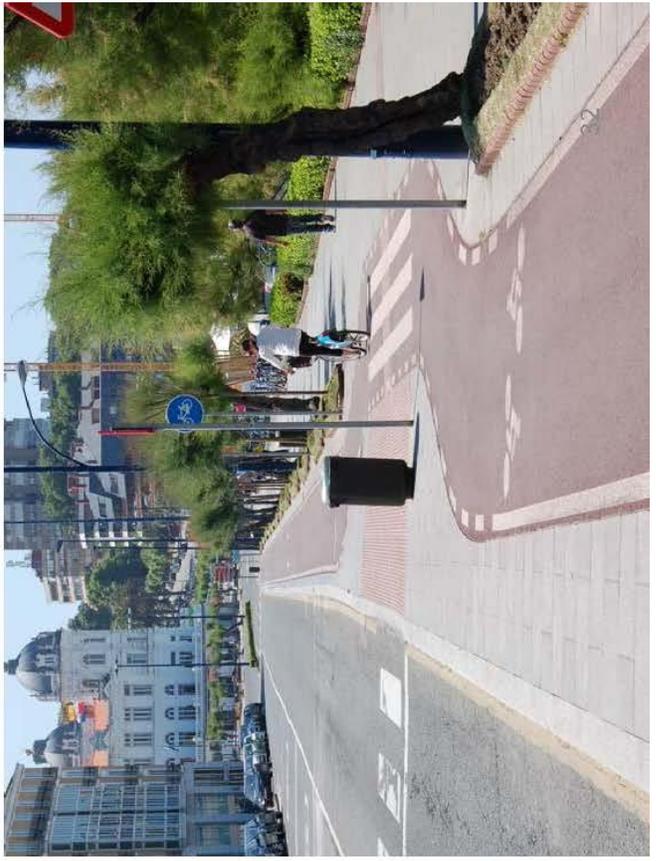
**Pedestrian and
Driveway crossings:
yield and warning
markings, separate
material, raised profile**



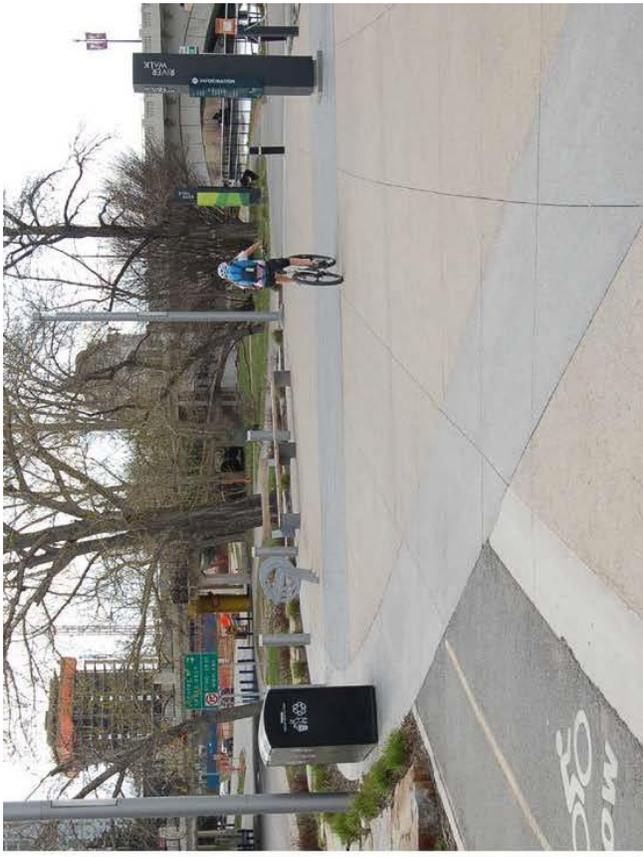
**Crossings of two-way
Cycle Track in two-way
street: raised
separation, driveway
coloration, markings**



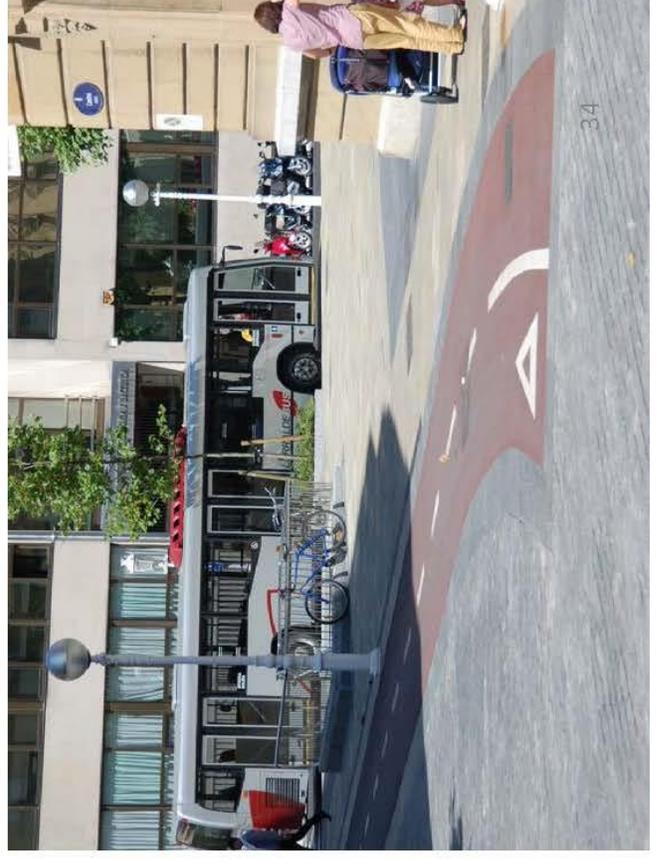
**Bike lane/cycle track
weave at intersection
approach**



Bike lane/cycle track weave at intersection approach



**Pedestrian/bicyclist
mixing zone: no
separate marking in
plaza**

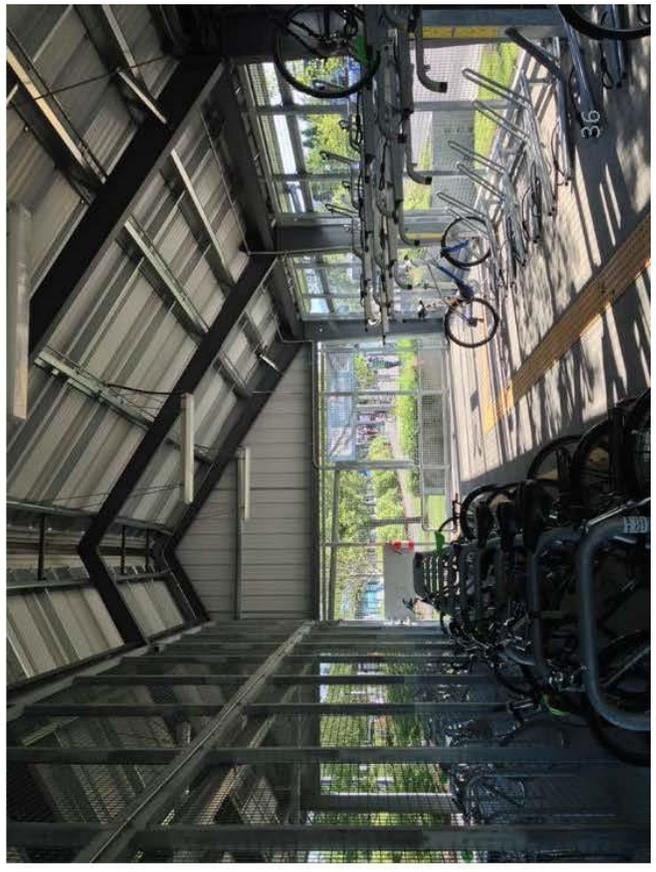


**Pedestrian/bicyclist
mixing zone: no
separate marking in
plaza, bike route at edge**



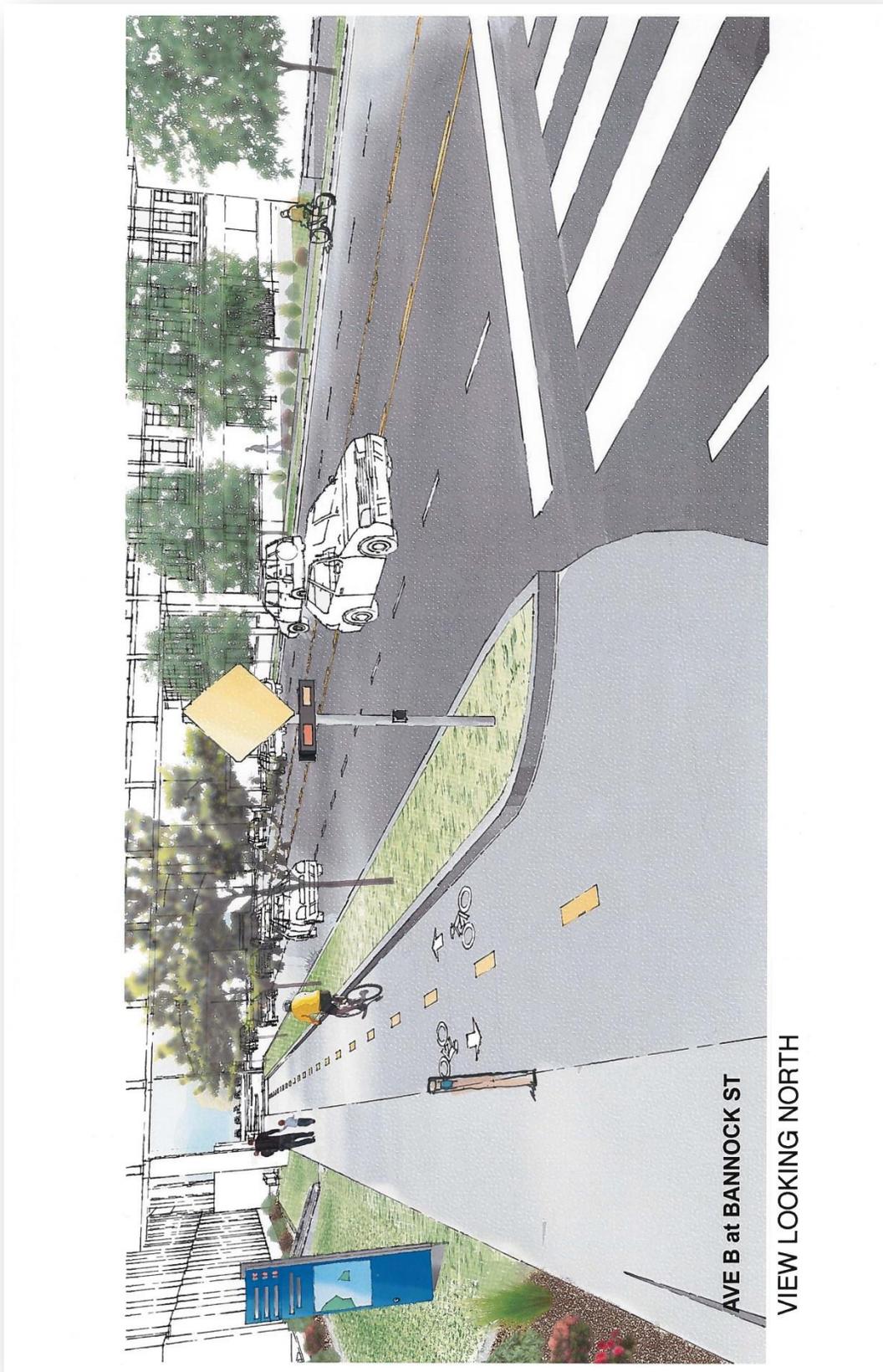
**Pedestrian walk/bike
lane crossing: change
of material, lighted
bollards, warning
markings**





Bike Parking: Bike Corral (on-street), Public Bike Station, Bike Shed (card key access)

Appendix D
Multimodal Transportation System Renderings





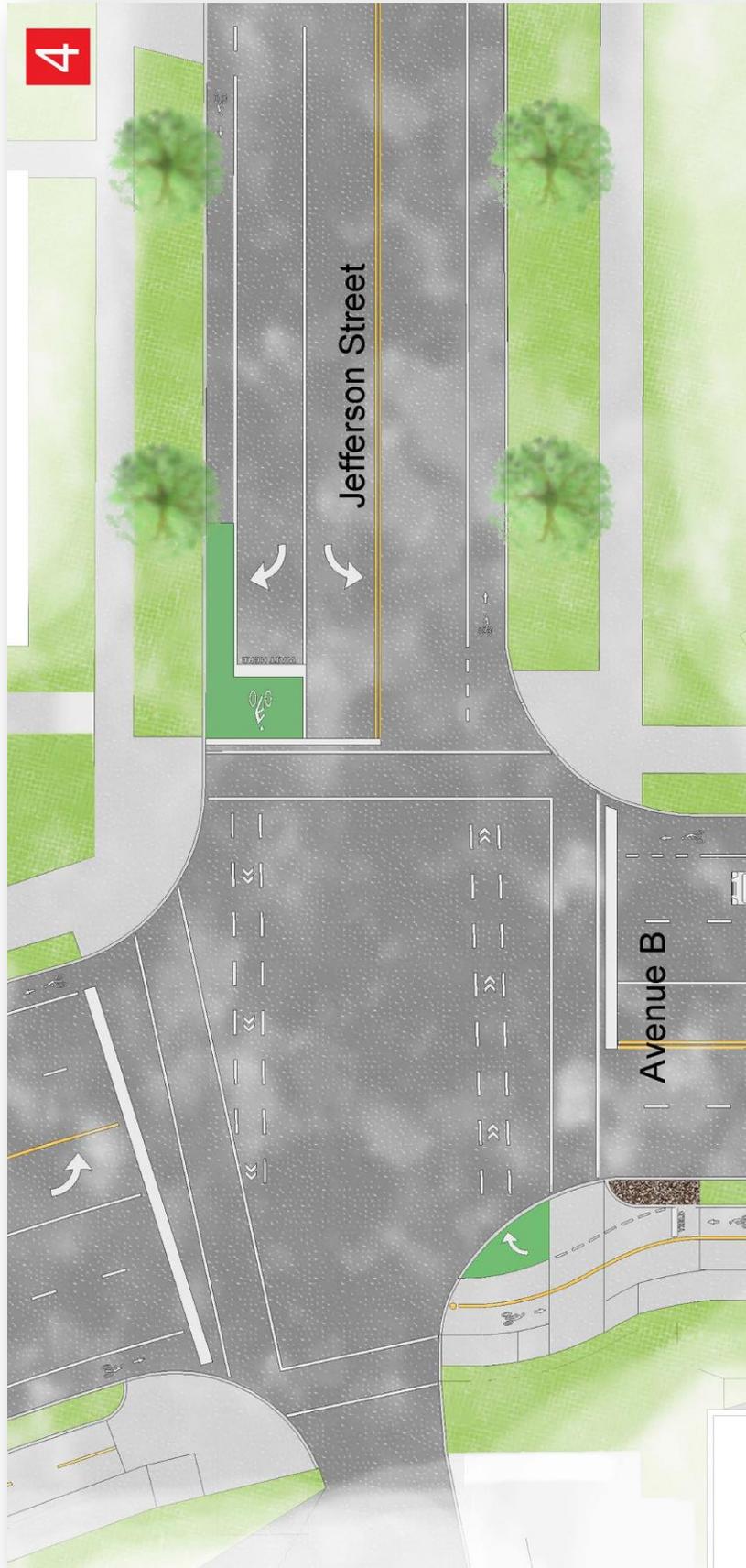
VIEW LOOKING SOUTHEAST

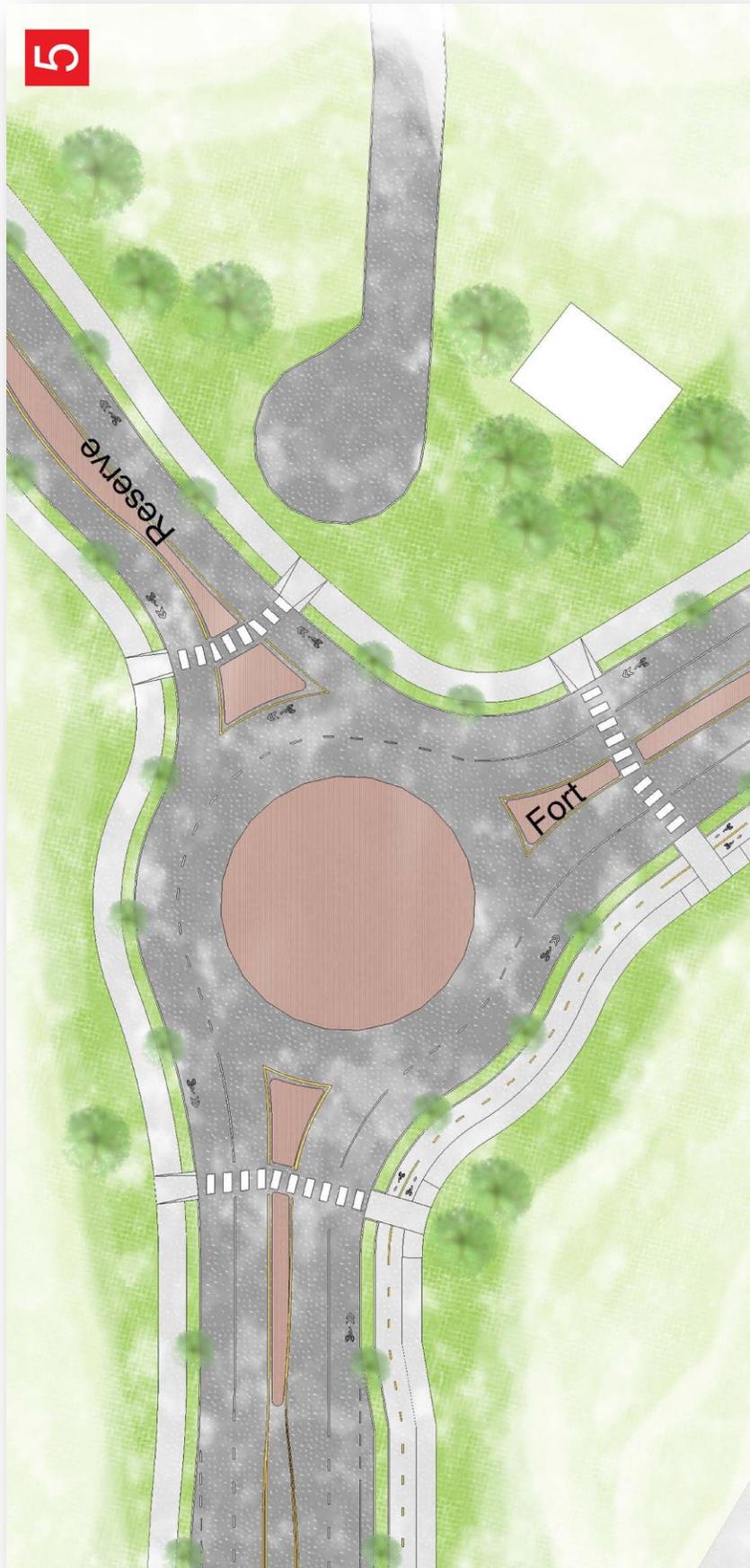


AVE B at JEFFERSON ST

VIEW LOOKING SOUTH









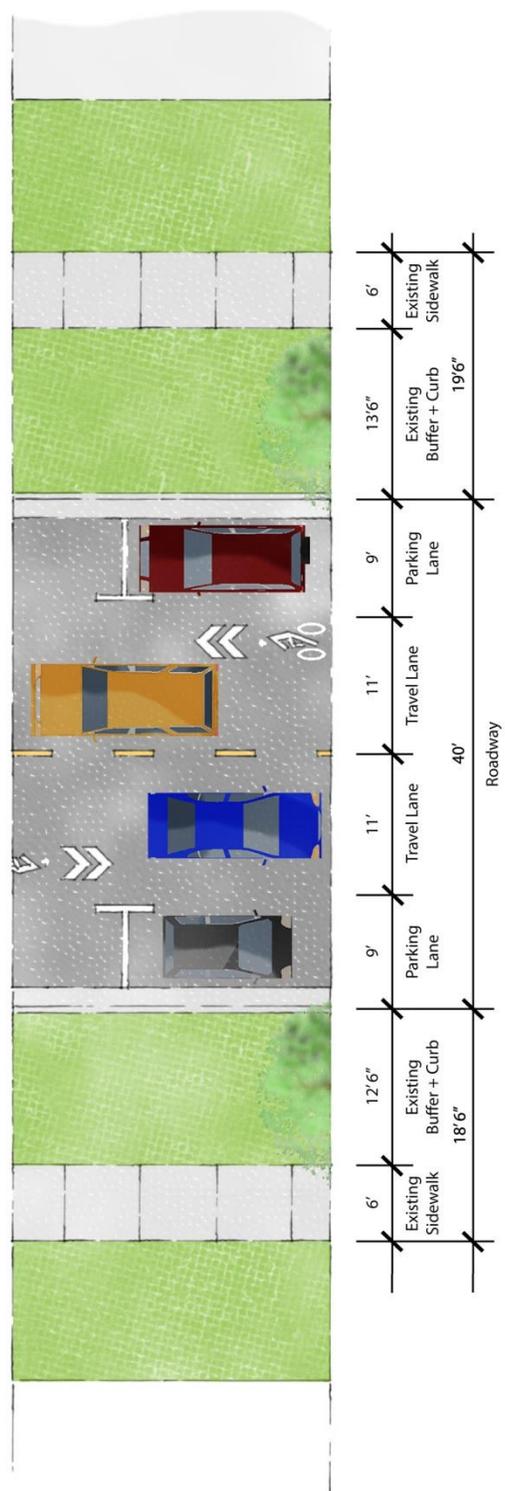
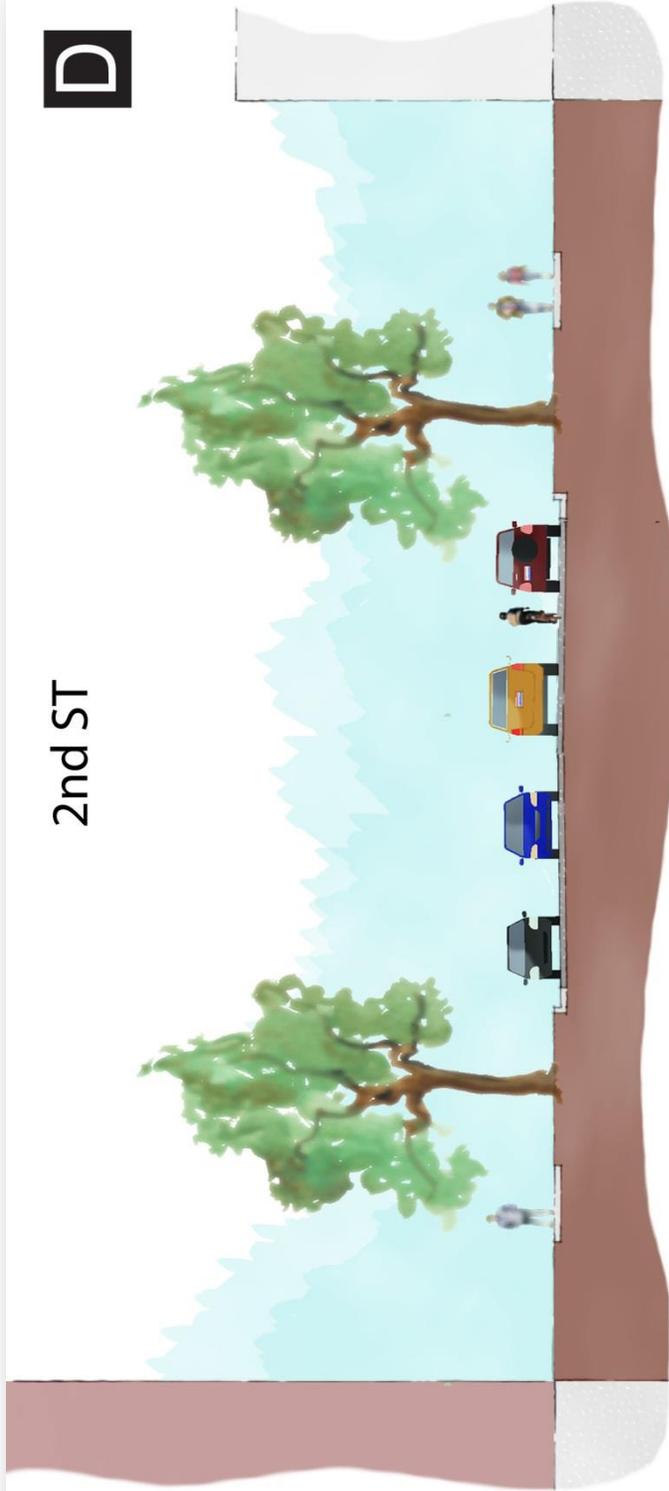


7



D

2nd ST



Appendix E
St. Luke's Letter to Ada County



December 30, 2014

The Honorable Dave Case
The Honorable Jim Tibbs
The Honorable Rick Yzaguirre
Ada County Commissioners
200 West Front St.
Boise, Idaho 83702

RE: St. Luke's Treasure Valley 2014 Report of Community Benefits

Dear Commissioners Case, Tibbs, and Yzaguirre:

St. Luke's is pleased to present its 2014 Report of Community Benefit to the Ada County Board of Equalization. We believe the information contained in this report validates our ongoing and steadfast commitment to our not-for-profit mission, which provides real and tangible benefits to our community.

As an Idaho-based and community-owned health care organization, the mission of St. Luke's Treasure Valley medical centers is to improve the health of people in our region. As a not-for-profit organization, St. Luke's is committed to providing all patients with the highest quality health care, regardless of their ability to pay. The information contained in this document is intended to supply Treasure Valley citizens and the County Board of Equalization with insight into vital benefits our community receives as a result of St. Luke's status as a not-for-profit health system.

The information provided in this report is required by 63-602D, Idaho Code, which states that 501(c)(3) hospitals having 150 or more beds must file a community benefit report with the Board of Equalization by December 31 of each year. According to the Code, the report is to include a description of the process the hospital has used to determine general community needs that align with the hospital's mission. In addition, the report shall include the hospital's amount of:

- Unreimbursed services for the prior year (charity care, bad debt, and under-reimbursed care covered through government programs).
- Donated time, funds, subsidies, and in-kind services.
- Additions to capital such as physical plant and equipment.

To provide consistency and eliminate ambiguity, St. Luke's uses the standards outlined in the Catholic Health Association/VHA Guide for Planning and Reporting Community Benefit as the basis to gather and report data in accordance with 63-602D, Idaho Code.

By providing this data, St. Luke's intends to provide insight into the benefits derived by the communities served through the operations of local not-for-profit, full-service community hospitals. Like other safety-net services such as fire and police protection, full-service community hospitals such as St. Luke's provide access to services 24 hours a day, 365 days per year, to everyone, regardless of their ability to pay.

It is important to note, however, that the full value of benefits provided to the community by not-for-profit hospitals cannot be measured solely by statistics, finances, or the data contained in this document. Beyond the benefits defined in this report, Idaho's residents also benefit by having full-service, not-for-profit hospitals whose missions, visions, and values are focused on the needs of patients rather than on providing financial returns to shareholders. Examples of the benefits provided to the community by St. Luke's are provided in the following pages of this report.

In addition to the 9,158 St. Luke's Treasure Valley employees and 530 volunteers in our Ada County facilities, and the 968 physicians on our medical staff, St. Luke's Treasure Valley, as a member of St. Luke's west region, has a governing board comprised of independent civic leaders who volunteer their time to serve. Current members (December 19, 2014) of St. Luke's Western Region Board of Directors include:

Mike Mooney, Chairman
A.J. Balukoff
Jim Everett
Carol Feider
Dean Hovdey
Thomas Huntington, MD
George Iliff
Joy Kealey
Kathy Moore, CEO
Leslie Nona, MD
Catherine Reynolds, MD
Bill Ringert
Ron Sali
Bishop Brian Thom
Brad Wiskirchen

1. NAME: St. Luke's Treasure Valley Medical Centers

2. FEDERAL 501(c)(3) TAX ID NUMBER: 82-0161600

3. GENERAL DESCRIPTION OF SERVICE AREA:

St. Luke's primary service area includes Idaho's Ada County, with its secondary service area covering southwest and south central Idaho and eastern Oregon. Certain tertiary service areas routinely provide care to residents from throughout Idaho and into its surrounding states.

4. SOURCE OF DATA:

Fiscal Year Ended September 30, 2014 unaudited financial reports plus un-audited internal records.

5. UNREIMBURSED SERVICES:

a. Total amount of charity care and bad debt at cost:

\$66,140,887 (charity care at cost: \$26,097,349; bad debt at cost: \$40,043,538).

St. Luke's provides health care to eligible patients without charge or at a reduced rate. Eligible patients include all patients, regardless of race, color, national origin, gender, age, disability, creed or religion, or ability to pay, who meet the financial guidelines, and are not eligible for any other form of assistance. The amount eligible for charity care is determined by established hospital policy and is based upon a sliding scale derived from the Federal Poverty Guideline.

b. Cost of under-reimbursed services provided to patients covered by Medicare, Medicaid, County Indigency, and other government programs:

\$183,552,272 (Medicaid: \$33,626,703; Medicare: \$149,925,569).

c. Cost of other unreimbursed services not accounted for in other sections of this report: **\$0.**

St. Luke's saw an overall increase of 24.82 percent in unreimbursed services during fiscal year 2014.

6) COMMUNITY BENEFIT SERVICES, PROGRAMS, AND OTHER SPECIAL SERVICES OPERATED BELOW ACTUAL REIMBURSEMENTS:

The total unreimbursed value of "community benefit" services and programs operated by the hospital, donations, or subsidies or in-kind services to other 501(c)(3) organizations. Value noted here excludes any figures referred to in other sections of this report: **\$23,376,436.**

Community Benefit reporting format used: Catholic Health Association/VHA Guide for Planning and Reporting Community Benefit and adjusted to meet the requirements of Section 63-602D, Idaho Code as amended.

Examples of Community Services:

\$8,733,955 – Education of Health Professionals

A growing challenge for community hospitals is the shortage of qualified nurses, pharmacists, technicians, physicians, and other healthcare professionals. To help address this challenge, St. Luke's invests in the education of health professionals. Examples of this investment include: scholarships for nursing students, support for faculty positions at Idaho universities, financial support of educational conferences, and investment in capital projects at Idaho universities that provide facilities for the education of future medical professionals.

\$1,345,394 – Family Medicine Residency of Idaho

The Family Medicine Residency of Idaho has been serving the citizens of Idaho and the Intermountain West since 1974. St. Luke's collaborates with Saint Alphonsus Regional Medical Center to provide financial support and clinical opportunities to the residency.

\$2,789,581 - Community Health Improvement Services

Community health improvement services are an integral element of the benefits not-for-profit hospitals bring to the regions we serve. St. Luke's provides a vast number of these services to

residents, many of them for free or at low cost. Examples of these health improvement services include: community health and prevention education such as birth and parenting classes, outreach

services to rural health care providers through Rural Connection, free community cancer screenings, pharmacy support at the Garden City Community Clinic, a health window at the Mexican Consulate located in Boise, FitOne, detoxification and crisis mental health services through Allumbaugh House, and many others.

\$3,648,813 – Subsidized Health Services

In support of their mission, not-for-profit hospitals such as St. Luke's will subsidize important health services in order to ensure they are available in the communities they serve. Examples of health services subsidized by St. Luke's include: home health services; women's and children's community education; the training and education programs for Air St. Luke's, the organization's medical air and ground transport service; behavioral health services; and St. Luke's in-house obstetrical coverage provided in the Emergency Room and Labor and Delivery department in both Meridian and Boise.

\$3,375,642 – Medical Research

St. Luke's participates in a number of advanced clinical trials and community health research. The research conducted benefits both adults and children. Investing in advancing medical knowledge and improving outcomes through research is an important aspect of our mission as a community-based health care system and our commitment to providing the best care possible to our patients. The amount listed above is the amount of subsidy provided by St. Luke's to support medical research.

7) VALUE OF DONATIONS

Idaho's not-for-profit hospitals and the communities they serve depend on the philanthropic support the hospitals receive each year. Charitable donations often enable the hospital to initiate needed services, subsidize programs, fund research and outreach activities, and keep rates lower than may otherwise be necessary. Some donations are given to hospitals without restrictions, allowing the hospital to use those funds where they are needed most. Restricted gifts, often related to specific program grants, research, or capital projects, are used by hospitals only as specifically directed by the donor.

Donations received: **\$4,639,807.**

Number of volunteer hours contributed to the hospital: **80,000.**

8) ADDITIONS TO CAPITAL

Additions to capital including all expenditures for land, facilities, equipment, and other capital supporting the hospital's mission: **\$99,889,664.**

As a local, not-for-profit organization, 100 percent of St. Luke's revenue after expenses is reinvested in the organization to serve the communities in southwestern Idaho and eastern Oregon in the form of staff, buildings, or new technology. Examples of capital investments to improve access and services in order to meet community need in FY14 include:

- Significant investments in new facilities –
 - Meridian Surgical Center: St. Luke's invested nearly \$12 million to construct a 30,000 square foot outpatient surgery center on the campus of its Meridian Medical Center.

Because more than 50 percent of St. Luke's Meridian surgeries don't require hospitalization, and patients go home later the same day, the new surgery center focuses solely on outpatient procedures. Providing this new facility allows patients to receive the right level of service, in the most appropriate environment improving the experience for the patient and expanding on timely access to services.

- Significant investments in new technology –
 - Electronic Medical Record: St. Luke's is investing approximately \$143 million over 7 years to install an integrated electronic medical record system (EMR). In FY 2014, St. Luke's invested \$25,765,247. The new system will ensure that patients who come to St. Luke's for care, and the physicians and other clinicians who care for them, will have access to the patient's medical information in one location. This access improves efficiencies, lowers costs, and most importantly, improves safety and quality for patients.
 - Cardiac Monitoring and Imaging Equipment: St. Luke's invested in a new cardiac catheterization lab suite in 2014 at a cost of approximately \$2.1 million, replacing a system that was more than 14 years old and could no longer be repaired. Investments were also made in new electrophysiology 3D mapping equipment to improve imaging and care of patients needing cardiac ablation procedures. A large investment was made to replace our cardiac monitoring servers and equipment in all departments who use this equipment in Boise and Meridian, to include our Intensive Care Units, Telemetry Departments, Emergency Departments, Operating Rooms, and Children's Hospital. The old system and equipment were using obsolete technology and were at end of life.

9) COMMUNITY NEEDS DETERMINATION PROCESS

In 2013, St. Luke's completed and published our 2013 Community Health Needs Assessment (CHNA). Our CHNA is designed to help us better understand the most significant health challenges facing the individuals and families in our service area. Through our CHNA process, our community's health needs were identified and measured through the analysis of a broad range of research, including:

1. The *County Health Rankings* methodology for measuring community health. The University of Wisconsin Population Health Institute, in collaboration with the Robert Wood Johnson Foundation, developed the *County Health Rankings*. The *County Health Rankings* provides a thoroughly researched process for selecting health factors that, if improved, can help make our community a healthier place to live. A detailed description of their recommended health outcomes and factors is provided in our CHNA.
2. Building on the *County Health Rankings* measures, **we gathered a wide range of community health outcome and health factor measures** from national, state, and local perspectives. We added these measures to our CHNA to ensure a comprehensive appraisal of the underlying causes of our community's most pressing health issues.
3. In addition, we took into account input from affected population groups in our region. Utilizing the results from this primary research, we conducted in-depth **interviews with local organizational leaders** representing the broad interests of our community. During this process our community leaders helped us define and rank our community's most important health needs,

and provided valuable input on programs and legislation they felt would be effective in addressing these needs.

4. Finally, we employed a rigorous prioritization system designed to identify and rank our most impactful health needs, incorporating input from our community leaders as well as the secondary research data collected on each health outcome and factor.

The information, conclusions, and needs identified in our assessment will assist us in:

- Developing health improvement programs for our community
- Providing better care at lower cost
- Defining our operational and strategic plans
- Fulfilling our mission: “To improve the health of people in our region”

In addition, we completed our CHNA implementation plan and are executing on an extensive set of health improvement programs (more than 50) designed to address our community’s most significant health needs.

Stakeholder involvement in determining and addressing community health needs is vital to our process. We thank, and will continue to collaborate with, all the dedicated individuals and organizations working with us to make our community a healthier place to live.

A complete copy of all St. Luke’s CHNAs may be found on our website at:
http://www.stlukesonline.org/about_us/chna.php.

Sincerely yours,

Chris Roth
Senior Vice-President and Chief Operating Officer
St. Luke’s Health System, Ltd.

cc: St. Luke’s West Region Board of Directors
St. Luke’s Health System Board of Directors