

**INSTITUTIONAL MASTER PLAN NOTIFICATION  
FORM/NOTICE OF PROJECT CHANGE**

**For**

**RENEWAL AND AMENDMENT FOR THE INSTITUTIONAL  
MASTER PLAN FOR**

**STEWARD ST. ELIZABETH'S MEDICAL CENTER ("SEMC")**

**Submitted to:**

**BOSTON REDEVELOPMENT AUTHORITY  
One City Hall Square  
Boston, MA 02201**

**Submitted by:**

**STEWARD ST. ELIZABETH'S MEDICAL CENTER OF BOSTON, INC.  
500 Boylston Street, 5<sup>th</sup> Floor  
Boston, MA 02116  
Michael J. Crowley, Vice President Corporate Real Estate and Facilities**

**Rubin and Rudman LLP  
50 Rowes Wharf  
Boston, MA 02110  
James H. Greene, Esquire**

**March 6, 2012**

## **Executive Summary**

Steward St. Elizabeth's Medical Center of Boston, Inc. ("Steward") submits this Institutional Master Plan Notification Form/Notice of Project Change ("IMP/NF/NPC") to the Boston Redevelopment Authority ("BRA") as an application for renewal and amendment of the approved St. Elizabeth's Medical Center ("SEMC") Institutional Master Plan ("SEMC IMP"), as amended, pursuant to Section 80D-8 (Renewal of Institutional Master Plan), Section 80D-9 (Amendment of Institutional Master Plan) and Section 80A-6 (Notice of Project Change) of the Boston Zoning Code ("Code").

Reference is made to that certain SEMC IMP dated January 26, 2007 filed by Caritas St. Elizabeth's Medical Center, predecessor in title to Steward St. Elizabeth's Medical Center of Boston, Inc. , and approved by the BRA on March 29, 2007, by the Boston Zoning Commission on April 25, 2007 with an effective date of April 25, 2007, as most recently amended by the IMP/NF for Minor Amendment and Project Change ("First Amendment") filed on June 10, 2008 and approved by the BRA on July 17, 2008.

As referenced in the Allston/Brighton Neighborhood Zoning District, Article 51 of the Code, an Institutional Master Plan is subject to Section 51-29.6 of the Code and has a term of four (4) years from the effective date of the IMP approval. The effective date for the SEMC IMP approval was April 25, 2007 and thus the term of the plan extends to April 25, 2011. On April 22, 2011, Steward caused to be filed with the BRA a Letter of Intent pursuant to Section 80D-6 of the Code notifying the BRA of Steward's intention to file an IMP/NF for Renewal and Amendment of the SEMC IMP. Since the filing of the Notice of Intent on April 22, 2011, Steward has been diligently proceeding with the plans for an addition to the Connell Building Emergency Department ("ED") Project. The Connell Building Emergency Department Project had been approved by the BRA on March 27, 2007 and was also the subject of the First Amendment to the SEMC IMP, which was approved by the BRA on July 17, 2008.

On March 6, 2012, Steward caused to be filed with the BRA a Notice of Project Change pursuant to Section 80A-6 of the Code notifying the BRA of Steward's intention to add an additional 5<sup>th</sup> floor to the Connell ED/Urgent Care Building.

Steward had met with the SEMC Task Force on May 26, 2011 and January 19, 2012 and reviewed with the SEMC Task Force the reason and need for an addition to the Connell Building, also known as Emergency Department Urgent Care Building Project ("Connell ED/Urgent Care Building") in order to incorporate a new critical care unit ("CCU") as outlined in this IMP/NF/NPC. The provisions of Section 51-29.6 of the Code establish a four year term for institutional master plans in the Allston/Brighton Neighborhood Zoning District. Therefore, Steward requests that the SEMC IMP be extended for a term of four years.

## **SEMC Mission and Objectives**

SEMC is part of Steward Health Care; the largest community based accountable care organization and community hospital network in New England. The Steward network is a health care provider of eight hospitals and related service organizations. SEMC's mission is to provide:

- Service to a diverse community;
- Education and leading edge research;
- Ministry rooted in ethical and religious principles; and
- Compassion and caring for the whole person.

### **SEMC Guiding Principles Statement**

- SEMC will be patient-centered, providing ease of access, convenience and caring to all who seek its services.
- SEMC will provide the highest quality of care by managing medical outcomes through excellence in clinical programs and centers of excellence. They will exceed expectations of patients and referring physicians.
- SEMC will provide leadership in collaboration with its colleagues in Steward to strengthen clinical and network integration as one health care system.
- SEMC's research programs will affirm their role as an academic resource for Steward and the community.
- SEMC, as a major employer, strives to be the best place to work in health care.
- SEMC will enhance community health and well-being through education and outreach programs.

### **Amendment to Table 2.2-1, Existing Campus Buildings, of the SEMC IMP**

Steward seeks to update the IMP Table 2.2-1, Existing Campus Building, by changing the column entitled: "IMP Proposed Action" for Our Lady's Hall ("OLH"), House Officer's Quarters ("HOQ"), and Mother Mary Rose Pavilion ("MMR") from "None" to "Demolition". In support of this request, Steward has submitted a copy of the Article 85 Demolition Delay Application to the Boston Landmarks Commission ("BLC") and the supporting exhibits prepared by Steward's consulting engineers, McNamara/Salvia, Inc., and Steward's architect, Steffian Bradley Architects ("SBA").

As noted by SBA, the OLH, HOQ, and MMR buildings at St. Elizabeth's Medical Center are between forty-eight and sixty-five years old, and range in condition from fair to poor. Building infrastructure systems are beyond their useful life and do not comply with today's codes, including building and energy codes. Building egress and life safety systems are not compliant with today's codes and are inappropriate for health care uses. In addition, the many deficiencies create operational inefficiencies and increased operating costs. The exterior envelopes are deteriorating, requiring extensive repair and replacement. The OLH building shows signs of structural distress that should be addressed immediately. The buildings' configurations, structural systems and low floor to floor heights are inadequate and unsuitable for modern health care programs. Re-use for modern health care programs would require extensive renovations,

triggering replacement and upgrading of the buildings' infrastructure systems, including the structural systems, as well as extensive abatement of hazardous materials. The costs for these upgrades would be excessive and result in significant compromises in the delivery of patient care. In the professional opinion of SBA, these buildings are well beyond their useful life and are recommend for demolition.

On January 12, 2012 the BLC issued a Notice of Determination that the OLH, HOQ and MMR buildings: "are not significant buildings under the Criteria for determining significance in Section 85-5.3(a-e) of the Demolition Delay Ordinance (Article 85, Chapter 665 of the Acts of 1956 as amended). No further review by the Boston Landmarks Commission under Article 85 is required".

After demolition, Steward intends to propose future uses for this portion of the SEMC Campus after collaboration with the Authority and the SEMC Task Force in order that such future uses strengthen and support the mission of SEMC. In the interim, Steward intends to grade and landscape the area until a future institutional/hospital use has been determined in accord with the IMP review process. Landscaping plans, including an Illustrative Site Plan, Layout and Materials Plan, Grading and Drainage Plan, Planting Plan and Site Sections have been prepared by Stantec Planning and Landscape Architecture PC. Such plans have been submitted to the BRA for review and approval and are included with the Project Plans in Exhibit B, attached hereto.

**Amendment to Connell ED/Urgent Care Building Project: Fourth, Fifth and Sixth Floor Expansion ("Proposed Project")**

In addition to the request for a renewal of four years, Steward also requests approval of an additional three levels to the existing Connell ED/Urgent Care Building. The existing ED/Urgent Care Building consists of approximately three (3) stories at the corner of Washington and Cambridge Streets containing approximately 45,700 square feet, including approximately 28,600 square feet for the Emergency Department ("ED") program space and had been designed for structured parking for approximately 20 spaces on the second level of the building. The First Amendment to the Connell ED/Urgent Care Building was approved by the BRA on July 17, 2008 and modified the Connell ED/Urgent Care Building by eliminating the parking level and converting the same for medical care use.

At the time of the approval of the SEMC IMP, it was contemplated that an additional two (2) story horizontal and vertical expansion of the Connell ED/Urgent Care Building would be proposed beyond the initial term of the IMP. Such expansion would consist of approximately 85,000 square feet which would extend over the access drive and connect the Connell ED/Urgent Care Building to the Mother Mary Rose Building.

Additionally, as stated in the NPC, during a review of the project plans by the Authority's design review staff, Steward was encouraged to consider future expansion possibilities of an additional floor on the building. This additional floor would finish the building architecturally and could be accommodated due to the planned and constructed structural elements of the Connell ED/Urgent Care Building. It has been determined that during the 2007 review and approval of the SEMC IMP consideration was given to constructing the Connell ED/Urgent Care Building in such a

way as to accommodate up to three additional floors. Comments supporting the additional floors were also raised by members of the SEMC Task Force during meetings on May 26, 2011 and January 19, 2012. After considering such suggestions and after planning considerations by Steward, Steward proposes to construct a full mechanical floor at the fourth level (in lieu of an earlier proposed interstitial mechanical floor) and a sixth floor addition in addition to the CCU project. This simultaneous design and construction effort would be the most cost effective way to address future planning and accommodate future hospital uses on the new level. In addition, it would minimize multiple construction mobilizations and associated disruptions to the neighborhood and hospital operations.

### **Proposed Project Description**

In lieu of such expansion of an 85,000 square foot building at this time, Steward now proposes to add an additional three levels as an expansion of the Connell ED/Urgent Care Building - a fourth floor mechanical area (in lieu of an earlier proposed interstitial mechanical floor) and a fifth floor Critical Care Unit ("CCU) containing approximately 24,000 square feet. The fifth floor includes a twenty-three (23) bed, approximately 21,000 square feet consolidated Critical Care Unit ("CCU"). This new single integrated unit will replace the twenty-seven (27) beds in the existing respiratory, cardiac, and surgical intensive care and step-down units that exist in the current Cardinal Madeiros and Seton Pavilions. As a second phase of the new fifth floor CCU, Steward proposes to develop approximately 3,000 square feet that will permit the development of an additional five (5) CCU beds within this new floor, if required by further increasing demand. The CCU Project will require the development of a mechanical space on the fourth floor or level, consisting of approximately 24,000 square feet, necessary to accommodate mechanical, electrical and plumbing distribution systems, which will be located between the ED and the CCU floor. Such area will have a height of approximately seventeen (17) feet six (6) inches - and will not be occupied space. Such mechanical area is not included in the gross floor area (zoning gross) of the project in accordance with the Code definition of gross floor area. The CCU will be located above the new mechanical floor and will have ready access from the ED and other medical center departments by elevator.

Steward also proposes to add a sixth floor area of approximately 22, 610 gross square feet for future patient program, likely a Medical Surgical Nursing Unit, which will be constructed as an unfinished shell space. The 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> floor additions would add approximately 46 feet, 6 inches to the existing building height by accommodating a 17 foot, 6 inch mechanical floor, a 15 foot fifth floor, and a 14 foot sixth floor. The existing building height varies at different locations, but the average existing building height is 23-feet. With the additional floors, the height will increase to approximately 69 feet 6 inches to the top of the stair tower head house at the roof. The present building is connected internally to the main hospital building (Seton Pavilion) at the existing second and third floors. As currently planned, access would be from the third floor to the proposed fourth, fifth and sixth floors via a new elevator tower. Access to the fourth floor mechanical space will be controlled for service and maintenance access. The existing elevator at the first floor main entry only serves the existing 3 floors and would not be extended to serve the new floors. The new sixth floor would be used for hospital uses, but would not include any High Impact Subuses, as defined in Article 2A of the Code.

Steward submitted a Determination of Need (“DoN”) application to the Department of Public Health and received Notice of DoN Approval on July 14, 2011 for the development of the CCU to replace the existing seven (7) bed respiratory intensive care unit, seven (7) bed cardiac care unit, nine (9) bed surgical intensive care unit, and four (4) bed neurological step-down unit.<sup>1</sup> A copy of the Notice of Determination of Need is attached as Exhibit A.

### **Need For the Proposed Project**

SEMC is a 252 bed acute care medical center offering a full range of medical services. The existing CCUs have many physical plant inadequacies due to their age and are very inefficient to operate and staff as a result of their small size and layout. The use of many small sized specialty units is a costly model with duplication of staff and other resources and limits effective cross training of nursing staff. Moreover, the existing rooms and support areas are significantly undersized when compared to current Department of Public Health construction standards. The existing surgical intensive care unit was constructed in 1976, and the respiratory and cardiac intensive care units were built in 1986. None of these units have been updated since the initial construction. The step-down unit, while constructed in 1993, is severely undersized to meet patient needs.

The construction of the CCU will meet the compelling need for modern, efficient critical care facilities at SEMC, and the new CCU will allow SEMC to more efficiently operate and staff the critical care units and end the fragmentation of patient care that results from the operation of smaller, specialized intensive care units. In addition, by constructing a new critical care patient care setting, SEMC will be able to implement programmatic improvements with no disruptions to patient care. The new CCU will promote teamwork, quality and positive patient outcomes.

The development of the proposed CCU was the result of a detailed and coordinated planning process. SEMC consulted with members of management and medical staff, as well as its corporate parent, Steward Health Care System, LLC. Historical physical facility and operational priorities were explored to determine how to best design and implement the new CCU in a way that meets SEMC’s operational needs. As a result of these consultations, SEMC identified the need to replace the existing respiratory, surgical, and cardiac intensive care units and the neurology step-down unit. SEMC determined that the new CCU was necessary to permit it to continue its mission of providing high quality, cost effective health care.

In addition to the review of the current operation and physical plant issues, this review took into account SEMC’s historical demands, population projections in its service area, medical staff changes, modifications in critical care delivery, and its continued development of network based systems of care delivery. DPH in its DoN Approval agreed with SEMC’s determination that solely based on the operational and physical plant inadequacies, the development of a new CCU was indicated.

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<sup>1</sup> The gross floor area of the CCU is approximately 24,000 square feet, as defined pursuant to the Boston Zoning Code (“Code”). This document also references the process by which Steward had submitted a DoN application to the Department of Public Health (“DPH”) and received DoN approval. Such application to the DPH includes a different measurement of gross square footage based upon DPH regulations, which requires including the unoccupied mechanical areas between levels 3 and 4. For purposes of this IMPNF/NPC, the zoning gross floor area is calculated pursuant to the Code and such area is the standard utilized in this submission.

The new design will meet the required standards set forth in the 2010 Facility Guidelines Institute (“FGI”) Guidelines for Design and Construction of Health Care Facilities and the Department of Public Health’s IP4 Critical Care Checklist. The design will consist of all private rooms with approximately 240 GSF per room. The CCU will include at least one airborne infection isolation room, a feature present only in the respiratory intensive care unit at this time. Additionally, the construction will meet or exceed at least 50% of the requirements set forth under the LEED-HC or GGHC standards for new construction.

SEMC determined that the new CCU areas represent the superior alternative to meet its needs to provide critical care services at the Medical Center. SEMC considered taking no action and continuing to operate its CCUs as in the past. In addition, SEMC explored the alternative of renovating its individual intensive care and step-down units. Neither of these options would allow SEMC to consolidate duplicated services or offer the additional square footage needed to more efficiently operate these CCUs. As such, SEMC decided that the CCU project, as proposed, will enable it to improve the operational efficiency of its CCUs, as well as provide the square footage needed for the appropriate operation of these units.

As a result of the CCU project, SEMC will be able to replace its current, very small and outdated, specialized CCUs with a single integrated critical care unit. Completion of the CCU project will allow SEMC to continue to provide high quality health care in a suitable environment that promotes cost and operational efficiency.

The additional sixth floor would finish the building architecturally and could be accommodated due to the planned and constructed structural elements of the Connell ED/Urgent Care Building. This simultaneous design and construction effort would be the most cost effective way to address future planning and accommodate future hospital uses on the sixth level. In addition, it would minimize multiple construction mobilizations and associated disruptions to the neighborhood and hospital operations. The new sixth floor would be used for hospital uses, but would not include any High Impact Subuses, as defined in Article 2A of the Code.<sup>2</sup>

### **Proposed Project Design**

The new floors will be constructed above the existing Emergency Department, becoming the fourth, fifth and sixth floors of the Connell Building. The proposed fourth floor (mechanical) (in lieu of an earlier proposed interstitial mechanical floor) will contain approximately 23,940 square feet, the proposed fifth floor (CCU) area will contain approximately 23,940 gross square feet and the proposed sixth floor (shell space) area will contain approximately 22,610 gross square feet. The 4<sup>th</sup>, 5<sup>th</sup> and 6<sup>th</sup> floor additions would add approximately 46 feet, 6 inches to the existing building height by accommodating a 17-foot 6 inch mechanical space on the fourth floor, a 15 foot fifth floor, and a 14 foot sixth floor. The existing building height varies at

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<sup>2</sup> The uses for the fifth floor have not yet been specifically determined, but will be general hospital uses, but not a High Impact Subuse. Both are defined in accordance with Article 2A of the Code, which states, in part: “Hospital Use,” means hospital use, including subuses such as health care facilities, patient rooms, eating facilities, offices, out-patient clinics, research and clinical laboratories, libraries, auditoria and other facilities of public assembly, nursing schools, nursing residences, parking, and other similar uses. A hospital subuse is a High Impact Subuse if it is a facility of public assembly, nursing residence, parking facility, power plant, centralized heating or cooling plant, or ambulatory clinical care facility.

different locations, but the average existing building height is 23-feet. With the additional floors, the height will increase to approximately 69 feet, 6 inches to the top of the sixth floor. The present building is connected internally to the main hospital building (Seton Pavilion) at the existing second and third floors. As currently planned, access would be from the third floor to the proposed fourth, fifth and sixth floors via a new elevator tower. Access to the fourth floor mechanical space will be controlled for service and maintenance access. The existing elevator at the first floor main entry only serves the existing 3 floors and would not be extended to serve the new floors. Work will also include adding some minor rooftop HVAC equipment to the roof of the new addition to serve the additional floors.

The existing roof slab and existing rooftop equipment shall be retained and enclosed in a 17'-6" floor-to-floor enclosure. This will become the 4th floor Mechanical space. This floor would be sprinklered and mechanically heated, with air intakes and exhaust ducted to exterior louvers. Wall openings shall match window openings on 5th floor CCU above and be infilled with aluminum louver and translucent glass in aluminum storefront framing. The approximate floor area will be 23,940 square feet. Enclosing this mechanical area allows the Hospital to continue providing uninterrupted patient care activities in the Emergency Department and Oncology treatment center throughout the construction phase.

The fifth floor includes 20,940 gross square feet of space for the new 23 bed CCU and an additional 3000 gross square feet of shell space for future expansion to 28 beds. The floor-to-floor height shall be 15-feet.

The sixth floor shall be an unfinished shell that can be built out to contain approximately 26 patient rooms at the exterior with core support spaces in the middle. The windows shall generally match the CCU floor windows on the floor below. The approximate floor area will be 22,610 gross square feet. The floor to floor height shall be 14-feet. This floor will set back approximately 10-feet from the Cambridge Street façade.

The exterior walls of the new addition at the fourth and fifth floors align with the walls of the existing building below, except at the corner of Washington and Cambridge Streets, where the addition has been set back from the glazed wall and entry pavilion below, to reduce the scale of the building at the public plaza at this corner. The building is set back further from the street along the more residential Washington Street, and set back from the Emergency Department Entry Canopy. The uppermost sixth floor will set back approximately 10 feet from the Cambridge Street side of the building. While most mechanical equipment will be housed within the 4th floor mechanical space, minor roof-top mounted mechanical equipment will be consolidated and set as far as possible away from the Cambridge and Washington Street facades. This roof top equipment will consist of chillers and exhaust fans. The exterior shall be composite metal panel on light gauge metal framing typically. Windows shall be aluminum frame storefront at the patient room floors (5th and 6th). At the 4th floor mechanical space, wall opening infill shall be a combination of translucent glass in aluminum storefront framing and aluminum frame louvers where required for intake/exhaust.

The exterior of the proposed addition has been designed to complement the existing Connell Building through the selection of materials and articulation that will integrate with the other buildings on the SEMC campus, and with the neighborhood fabric. The existing precast and



curtain wall façade will be capped with a new precast concrete cornice; the new additional floors will be constructed of metal panel to give a lighter, less massive structure. The exterior walls continue the pattern of piers while introducing a slender enclosure at the columns in order to maximize glazing opportunities. The window panels established on the lower floors of the existing building are also continued and maximized, particularly along the Cambridge Street elevation.

The material and the color of the new addition will be designed to be lighter in appearance than the heavier reddish-brown precast stone of the existing building and the infill panels between the piers. This will be done in order to minimize the appearance of the overall mass, particularly along Cambridge Street, while designed to still complement the color of the existing building below. The exterior wall material is insulated metal panel, articulated to complement the jointing of the precast concrete panels of the existing building below. Window sizes have been maximized to the extent possible given the needs for patient privacy, and the use of spandrel glass is limited, while clear glass open to the patient room spaces is maximized. The stair tower curtain wall on Cambridge Street will be continued upward with the proposed additional floors, further emphasizing the element as a glass tower. Window frame materials will match the size and color of the existing frames.

A set of project plans, illustrations and site plans has been prepared by Steffian Bradley Architects (“SBA”), project architect, and is attached hereto as Exhibit B. The project plans consist of a site plan of SEMC showing the location of the Connell ED/Urgent Care Building Project Area, floor layouts of the existing CCUs and the floor plan of the existing Connell ED/Urgent Care Building, a floor plan of the new CCU addition, fifth floor addition, the elevations and perspectives of the proposed building from Cambridge Street and Washington Street (“Project Plans”). Landscaping plans, including an Illustrative Site Plan, Layout and Materials Plan, Grading and Drainage Plan, Planting Plan and Site Sections have been prepared by Stantec Planning and Landscape Architecture PC. Such plans have been submitted to the BRA for review and approval and are included with the Project Plans in Exhibit B, attached hereto.

### **Construction Management Plan**

As part of the construction permitting process, a detailed Construction Management Plan in compliance with the City’s Construction Management Program, which will address the intersection of Cambridge and Washington Streets, construction phasing, sidewalk closings, dumpster locations and parking for construction workers, will be developed and submitted to the Boston Transportation Department for its review and approval. This Plan will be available to the SEMC Task Force for review.

### **Traffic Impacts**

Since the new CCU project is a replacement for current hospital CCUs, increase in traffic, if any, from pre- to post opening of the new CCU, is anticipated to be incidental. Short-term minor impacts from elimination of on-street parking, construction worker commuting and trucking to and from the site may be expected, plans for which, including routing for trucks and deliveries, will be included in the Construction Management Plan.

## **Future Planning Process**

The IMPNF reaffirms the planning process with the SEMC Task Force so that Steward, the BRA, the SEMC Task Force and City Agencies will continue to work together in the future planning efforts for SEMC. This long-term planning effort will provide a framework for the next stage of development and improvement of Steward's SEMC Campus, plant facilities, infrastructure and hospital campus environment. Steward looks forward to commencing such planning efforts after due deliberation with the BRA and the SEMC Task Force. The IMPNF also addresses the continued commitment to the mission and objectives of SEMC and includes one new proposed project, which is the addition to the existing Connell ED/Urgent Care Building.

SEMC remains committed to continuing its Access Programs as part of the broader Community Outreach Initiatives detailed to the SEMC IMP. In addition, as part of the Community Enhancement Activities detailed in the SEMC IMP, SEMC plans to construct a new human resources space with a community meeting room on the ground floor of the Connell Building for community organization meetings and cultural, educational and special events.

Additionally, plantings along retaining walls at Washington Street which were added when the ED project was completed in 2009 will be refreshed, and the staining on the concrete wall at the slope perpendicular to Washington Street will be investigated by SEMC.

SEMC remains committed to an interactive planning process that balances operational requirements, community needs and available resources. It is the intent of Steward to adhere to the mission and objectives as set forth in the SEMC IMP and to insure that the commitments relative to community benefits and mitigation set forth in the SEMC IMP continue to be fulfilled. A report on the compliance by SEMC to such commitments is attached to this IMPNF as Exhibit C.

## **Requested IMP Renewal**

Steward respectfully requests that the BRA, upon review of this IMPNF, waive further review of this IMPNF and approve this IMPNF and the SEMC IMP together as the renewed Institutional Master Plan for SEMC, pursuant to the following provisions of Article 80: Section 80D-9.2, Amendment of IMP-Expedited Review for Certain Small Projects and Section 80D-8, Renewal of Institutional Master Plan. Steward submits that the Proposed Project qualifies for an expedited review, since the project does not exceed the threshold requirements set forth in Section 80D-9.2 for Large Project Review, is a non-exempt project and is not a high impact sub-use project. Steward also requests that the BRA accept the filing of the March 6, 2012 Notice of Project Change simultaneously with the filing of the IMPNF/NPC, and that the BRA authorize a Director's Determination, an Adequacy Determination under Section 80D-5.4, a Certification of Consistency under Section 80D-10.

The Proposed Project qualifies under Section 80A-6 of the Code for a Director's Determination that the addition of the mechanical 4<sup>th</sup> floor, CCU 5<sup>th</sup> floor and the 6<sup>th</sup> floor to the existing Connell ED/Urgent Care Building does not substantially increase the Connell ED/Urgent Care Building Project size or intensity of use for reason that the additional floors will be within the

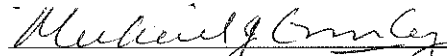
footprint of the existing building. Furthermore, the Proposed Project does not generate any additional or greater impacts that were previously examined by the BRA in its review of the SEMC IMP. Additionally, no greater increase in traffic impacts or increase in the number of proposed parking spaces is contemplated since the Proposed Project will be a replacement project for the existing CCU Units as described herein and corresponding hospital use floor above. The Proposed Project does not extend or change the completion date or commencement date of any prior projects approved under the SEMC IMP, but constitutes new construction. The location of the Proposed Project does not change in any way the project site of the Connell ED/Urgent Care Building and may be accommodated by the existing structural elements of the Connell ED/Urgent Care Building, which had been built in contemplation of adding floors above the third level of the building. The Proposed Project will not need additional zoning relief. Therefore, Steward respectfully requests that the BRA authorize the Director to issue a Finding of No Significant Increase in the impacts of the Proposed Project.


Steward also submits that the Proposed Project meets the expedited amendment procedure of Section 80D-9.2(a) in that: (i) the Proposed Project qualifies as a project under Section 80D-9.2(b) as the Proposed Project does not meet the size thresholds for Large Project Review, (ii) the Proposed Project is not an exempt project, (iii) the Proposed Project is located with the SEMC Institutional District, (iv) the project uses are designated Allowed Uses within such District, and (v) the project uses are not high impact sub-uses of an Institutional Use.

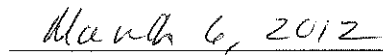
Furthermore, Steward submits that the Proposed Project is eligible for review by the BRA under Section 80D-5.2(d), Abbreviated IMPNF for Certain Amendments, which qualify under Section 80D-9.2. Steward submits that the Proposed Project is a Proposed Institutional Project, since it is an addition to the Connell ED/Urgent Care Building Project approved by the BRA in 2007. Therefore, Steward respectfully submits that the BRA may find and waive further review of the IMPNF for renewal and amendment for the SEMC IMP.

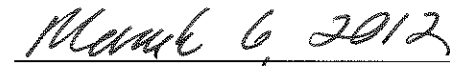
**Project Certification**

This Form has been submitted to the Boston Redevelopment Authority as required by the Boston Zoning Code, Article 80.

  
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Michael J. Crowley, Vice President  
Corporate Real Estate and Facilities  
Steward Health Care System LLC  
500 Boylston Street, 5<sup>th</sup> Floor  
Boston, MA 02116

  
\_\_\_\_\_  
James H. Greene, Esquire  
Rubin and Rudman LLP  
50 Rowes Wharf  
Boston, MA 02110

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

**Exhibits:**

- A – DoN Approval
- B – Project Plans
- C – Community Benefits Report



# The Commonwealth of Massachusetts

Executive Office of Health and Human Services

Department of Public Health

Determination of Need Program

99 Chauncy Street, 2nd Floor

Boston, MA 02116

(617) 753-7340

Fax: (617) 753-7349

DEVAL L. PATRICK  
GOVERNOR

TIMOTHY P. MURRAY  
LIEUTENANT GOVERNOR

JUDYANN BIGBY, MD  
SECRETARY

JOHN AUERBACH  
COMMISSIONER

July 14, 2011

CERTIFIED MAIL

RETURNED RECEIPT REQUESTED

NOTICE OF DETERMINATION OF NEED

Project Number 4-3B98

Steward St. Elizabeth's Medical Center

(New Construction to Replace Four Existing

CCU's with a consolidated CCU Unit)

Andrew S. Levine, Esq.  
Donoghue, Barrett & Singal, P.C.  
One Beacon Street, Suite 1320  
Boston, MA 02108

Dear Mr. Levine:

At their meeting of July 13, 2011, the Commissioner and the Public Health Council, acting together as the Department, voted pursuant to M.G.L. c.111, § 25C and the regulations adopted thereunder, to approve with conditions, the application filed by Steward St. Elizabeth's Medical Center, Inc. ("Applicant" or "Steward St. Elizabeth's" or "Medical Center") for a Determination of Need. The project involves construction of a new one-story addition to the existing Connell Building at Steward St. Elizabeth's Medical Center to develop a 23-bed consolidated critical care unit ("CCU") to replace the Medical Center's existing 27-bed CCU, which includes cardiac, surgical, respiratory and neurology step-down units. The project will also include renovation to connect the new CCU to the existing Emergency Department, as well as shell space for five additional CCU beds if required by further demand.

This Notice of Determination of Need incorporates by reference the attached Staff Summary and the Public Health Council proceedings concerning this application.

The total gross square feet ("GSF") for this project shall be 47,067 GSF for new construction of a consolidated 23-bed critical care unit at Steward St. Elizabeth's Medical Center to replace the existing 27-bed CCU.

The approved maximum capital expenditure ("MCE") of \$18,093,255 (April 2011 dollars) is itemized below:

	<u>New Construction</u>	<u>Renovation</u>
Construction Costs:		
Construction Contract (including bonding cost)	14,709,800	96,200
Fixed Equipment Not in Contract	565,855	0
Architectural Cost and Engineering Cost	2,167,300	4,100
Pre-Filing Planning and Development Costs	49,500	0
Post-Filing Planning and Development Costs	22,000	0
Other (A): IT and biomedical network, AV, security, Call Stations	365,750	0
Other (B): moving, cleaning, Builders risk coverage, Signage	<u>112,750</u>	0
Total Construction Costs	<u>\$17,992,955</u>	<u>\$100,300</u>
Estimated Total Capital Expenditure	\$18,093,255	

The approved MCE will be funded with a 100% cash equity contribution provided by Steward St. Elizabeth's parent, Steward Health Care System, LLC, from available cash.

The approved incremental operating costs of \$71,000 (April 2011 dollars) for the project's first full year of operation (FY 2013) are itemized as follows:

Salaries, Wages, Fringe Benefits	\$ (516,000)
Purchased Services	0
Supplies and Other Expenses	0
Depreciation	<u>587,000</u>
Total Incremental Operating Costs	\$ 71,000

The reasons for this approval with conditions are as follows:

1. The project involves construction of a new one-story addition above the Emergency Department in the existing Connell Building at Steward St. Elizabeth's Medical Center to develop a 23-bed consolidated critical care unit ("CCU") to replace the Medical Center's existing 27-bed CCU, which includes cardiac, surgical, respiratory and neurology step-down units. In addition, the project will include shell space for five additional CCU beds if required by further demand, as well as renovation to connect the new CCU to the existing building.
2. The health planning process for the project was satisfactory.
3. The proposed new construction and renovation is supported by Steward St. Elizabeth's need to respond to the multitude of physical and operational deficiencies in its existing CCUs, as well as achieve greater efficiency to provide state-of-the-art intensive care services, as discussed under the Health Care Requirements factor of the Staff Summary.
4. The project, with adherence to a certain condition, meets the operational objectives factor of the DoN regulation.
5. The project, with adherence to a certain condition, meets the standards compliance factor of the DoN regulation.

6. The recommended maximum capital expenditure of \$18,093,255 (April 2011 dollars) is reasonable compared to similar, previously approved projects.
7. The recommended operating costs of \$71,000 (April 2011 dollars) are reasonable compared to similar, previously approved projects.
8. The project is financially feasible and within the financial capability of Steward Health Care.
9. The project meets the relative merit requirements of the DoN regulation.
10. The proposed community health service initiatives are consistent with the DoN regulation.

This Determination is effective upon receipt of this Notice. The Determination is subject to the conditions set forth in Determination of Need regulation 105 CMR 100.551, including sections 100.551 (C) and (D), which read in part:

- (C) ...such determination shall be valid authorization only for the project for which made and only for the total capital expenditure approved.
- (D) The determination...shall be valid authorization for three years. If substantial and continuing progress toward completion is not made during the three year authorization period, the authorization shall expire if not extended by the Department for good cause shown (see 105 CMR 100.756)... Within the period of authorization, the holder shall make substantial and continuing progress toward completion; however, no construction may begin until the holder has received final plan approval in writing from the Division of Health Care Quality.

This Determination is subject to the following conditions, in addition to the terms and conditions set forth in 105 CMR 100.551. Failure of the Applicant to comply with the conditions may result in Department sanctions, including possible fines and/or revocation of the DoN.

1. Steward St. Elizabeth's shall accept the maximum capital expenditure of \$18,093,255 (April 2011 dollars) as the final cost figure except for those increases allowed pursuant to 105 CMR 100.751 and .752.
2. The total gross square feet (GSF) for this project shall be 47,067 GSF for new construction of a consolidated 23-bed critical care unit at Steward St. Elizabeth's Medical Center to replace the existing 27-bed CCU, which includes cardiac, surgical, respiratory and neurology step-down units. The project will also include shell space for five additional CCU beds if required by further demand.
3. Steward St. Elizabeth's shall contribute 100% in equity of the maximum capital expenditure of \$18,093,255 (April 2011 dollars).
4. Steward St. Elizabeth's shall agree to a condition of approval pertaining to the provision of interpreter services, which is attached as a separate document prepared by the Office of Health Equity (Attachment 2) and is incorporated herein by reference.
5. Steward St. Elizabeth's shall comply with the policies and procedures set forth in the Department of Public Health Bulletin ("Bulletin") of February 11, 2009, issued by the Division of Healthy Communities and agreed to by the Planning Partners, which include the Applicant,

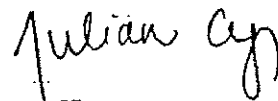


Community Health Network Area 19 ("CHNA"), the Office of Healthy Communities ("OHC"), and other appropriate community representatives. Steward St. Elizabeth's shall work with CHNA 19 and the appropriate community representatives, as well as the OHC to ensure that community initiative funds are directed to community health improvement initiatives as identified in the Bulletin and agreed to by the Planning Partners. Specifically, \$904,663 will be distributed over five years for priorities consistent with the Bulletin and as identified by the Planning Partners. At present Steward St. Elizabeth's predicts this project will be implemented in approximately twelve months. With this timeline in mind, Steward St. Elizabeth's will contact the OHC to engage the community process at least six months prior to the implementation of the Project.

Steward St. Elizabeth's, CHNA 19, and other designated community partners will meet on an annual basis to review the outcomes of the funding initiatives. Funding of the initiatives will begin within thirty days of the DoN being implemented. Steward St. Elizabeth's will file all reports required by the OHC detailing compliance and outcomes of the initiatives.

FOR THE PUBLIC HEALTH COUNCIL

Julian A. Cyr  
Commissioner's Office



JAC/JG/jp

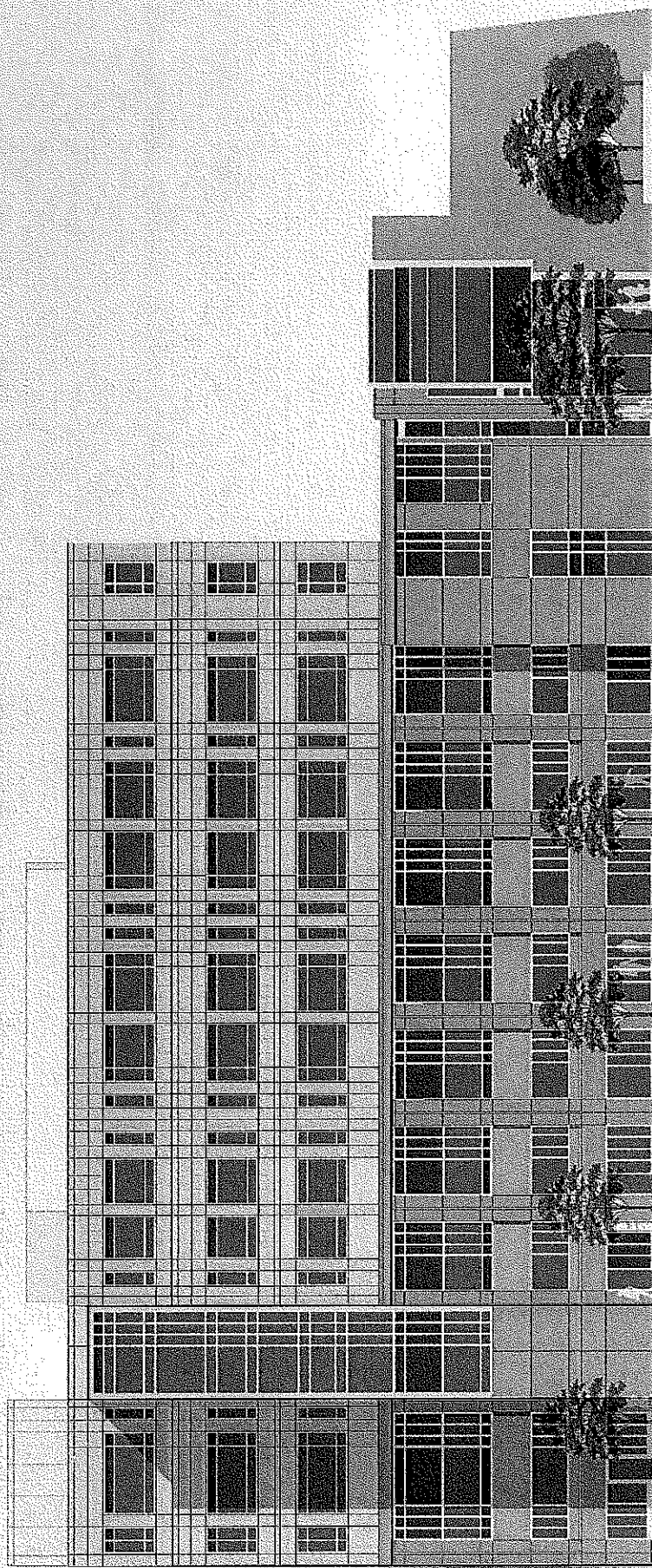
cc: Sherman Lohnes, Division of Health Care Quality  
Steve McCabe, Division of Health Care Finance and Policy  
Terri Yannetti, Division of Medical Assistance  
Daniel Delaney, Commissioner's Office  
Cathy O'Connor, Office of Healthy Communities  
Samuel Louis, Office of Health Equity  
Georgia Simpson-May, Office of Health Equity  
Decision Letter File  
Public File  
MIS



## **EXHIBIT B**

### **Architectural Illustrations**

1. North Elevation
2. East Elevation
3. South Elevation
4. West Elevation
5. Fourth Floor Mechanical Plan
6. Fifth Floor CCU Plan
7. Sixth Floor Medical Floor Plan
8. Cambridge Street Perspective-Before
9. Cambridge Street Perspective-with Addition
10. Cambridge/Washington Street Intersection Perspective- Before
11. Cambridge/Washington Street Intersection Perspective-with Addition
12. Washington Street Perspective-Before
13. Washington Street Perspective-with Addition



North Elevation

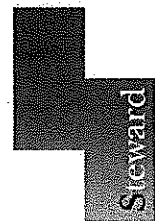


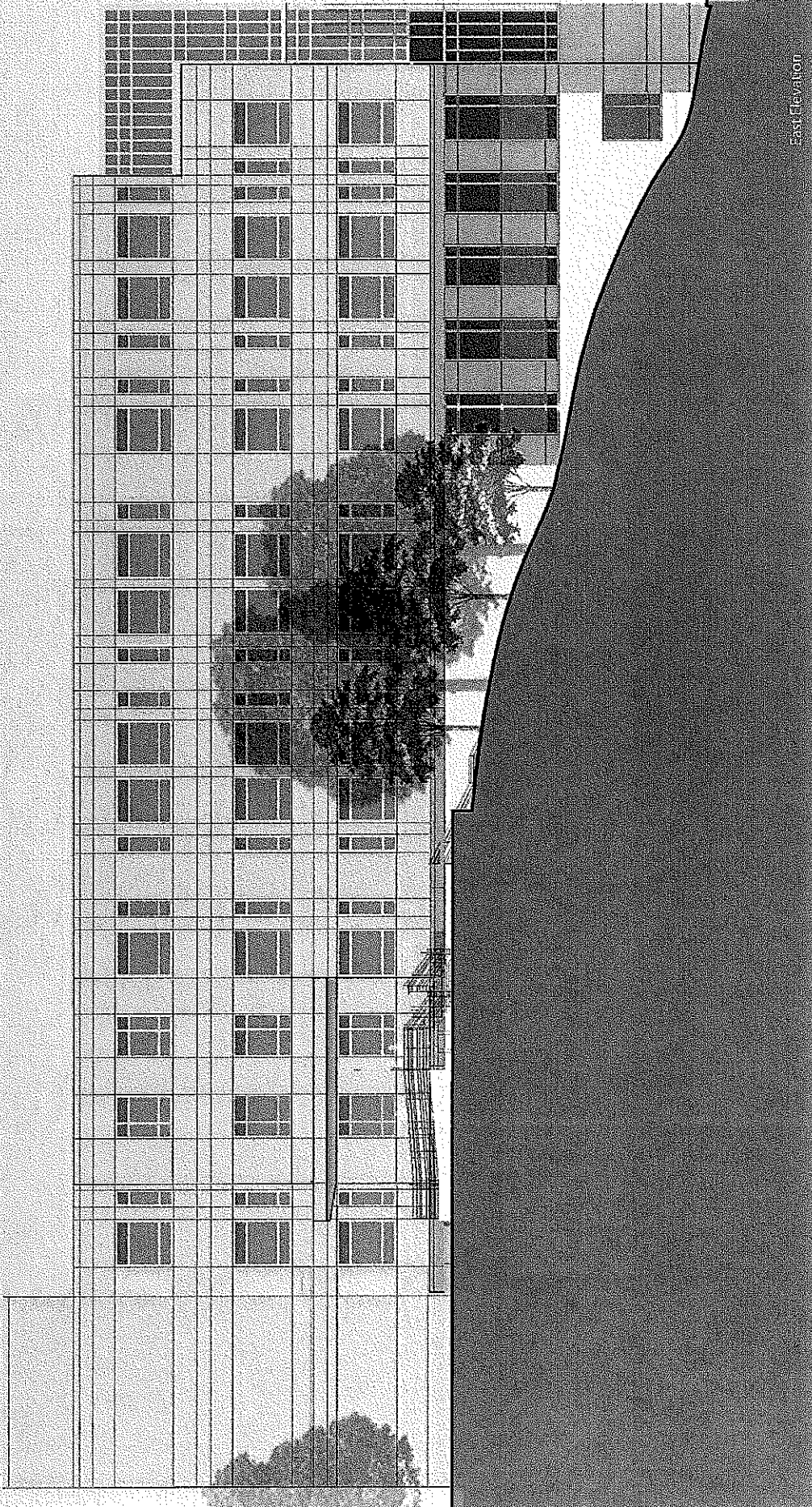
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Boston, MA 02110-2100  
T 617-306-7100

March 5, 2012

## SEMIC - CCU Addition

St. Elizabeth's Medical Center, Brighton, MA





East Elevation

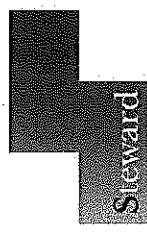


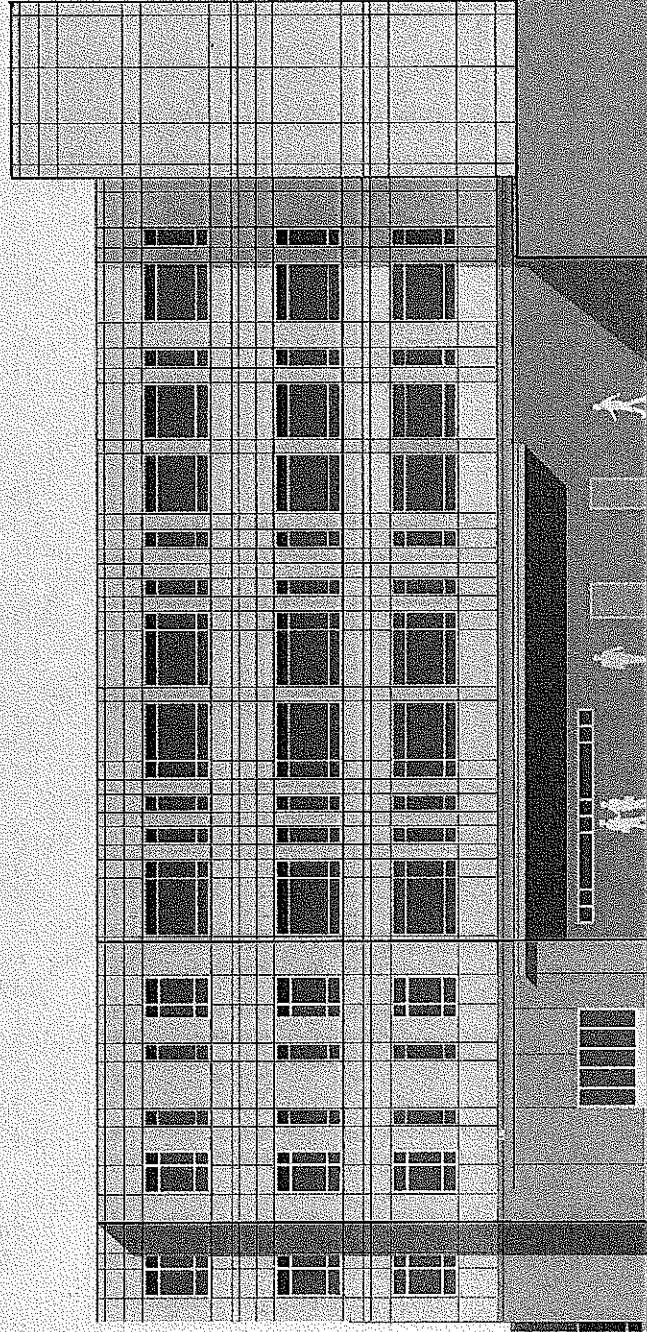
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### SEMC - CCU Addition

St. Elizabeth's Medical Center, Brighton, MA

March 5, 2012





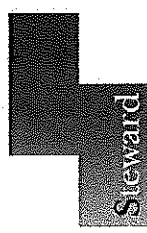
South Elevation

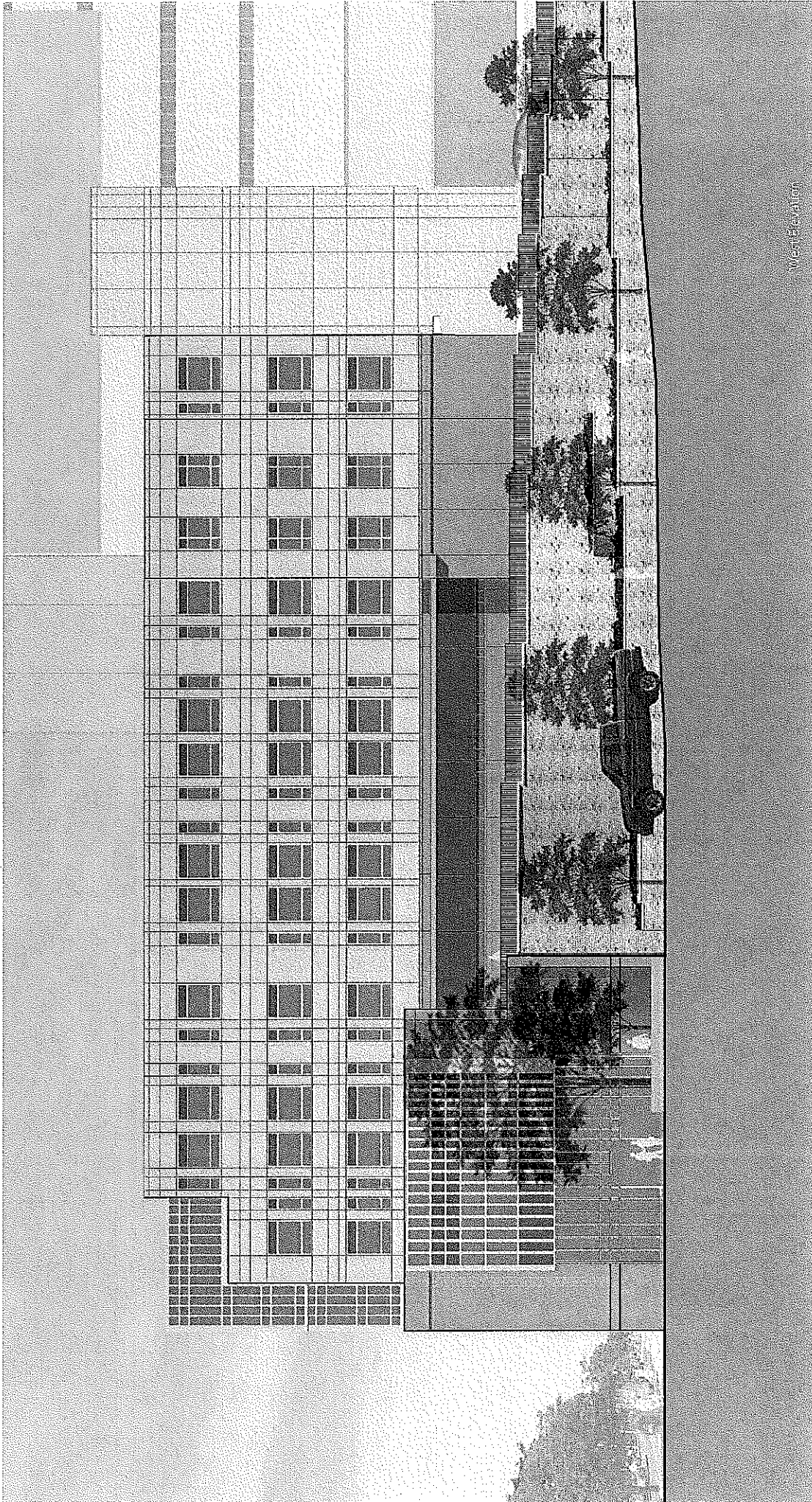


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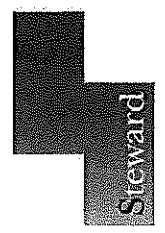


06/25/2012

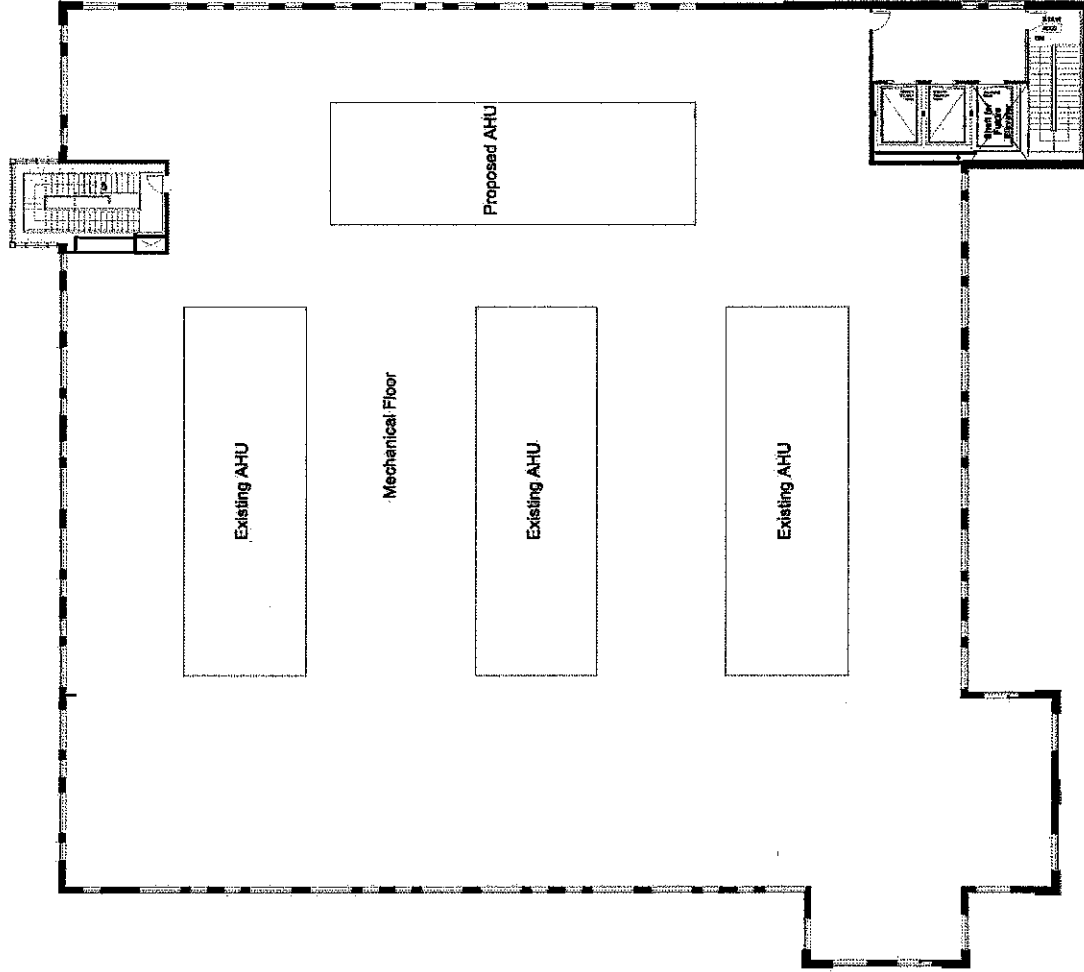


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St. Elizabeth's Medical Center, Brighton, MA



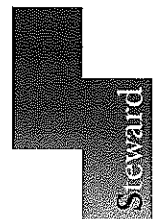
3 Floor Option - Level 4 Floor Plan

Shefflen Bradley Architects  
 100 Summer Street  
 Boston, MA 02110-2100  
 T 617.306.7100

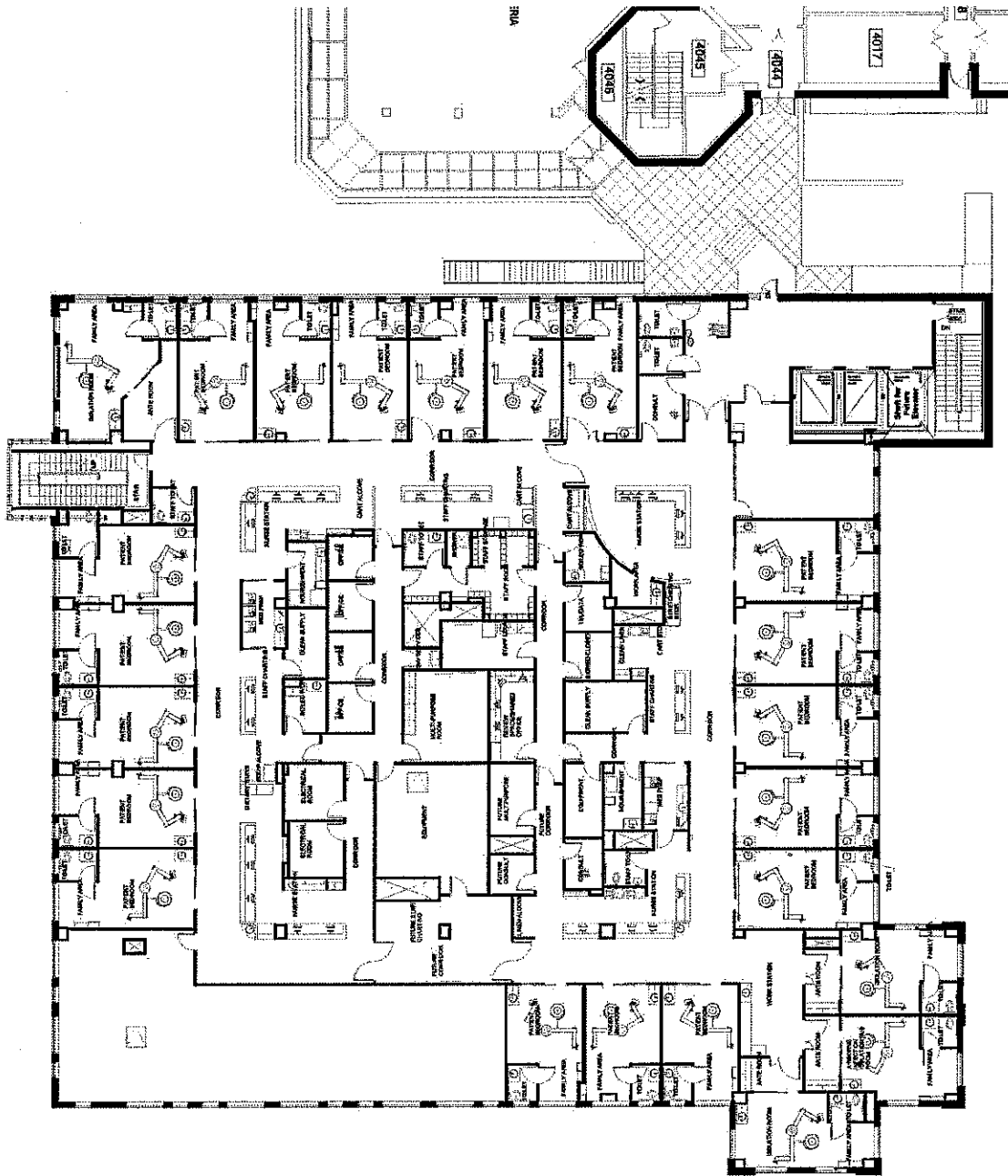


March 5, 2012

**SEMC - CCU Addition**  
 St. Elizabeth's Medical Center, Brighton, MA







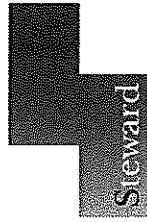
3 Floor Option - Level 5 Floor Plan

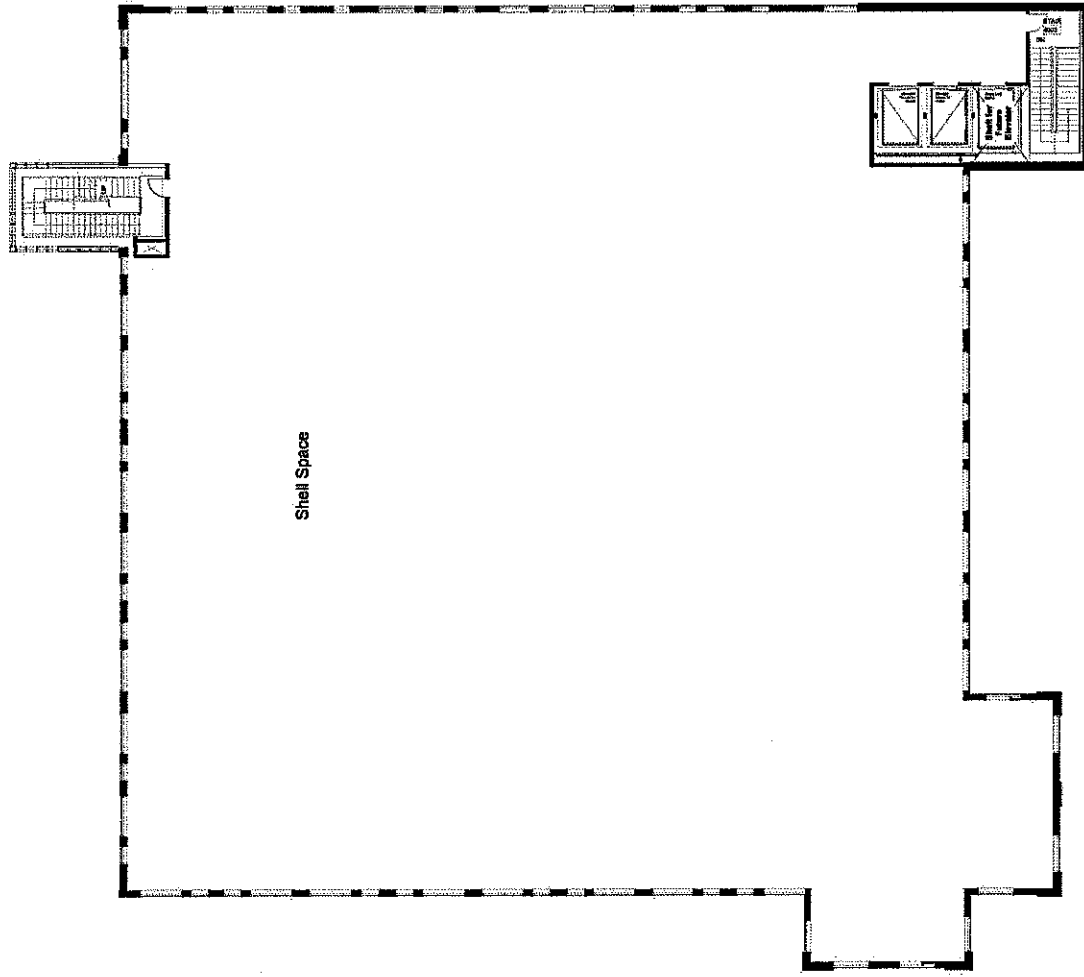
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**SEMC - CCU Addition**  
 St. Elizabeth's Medical Center, Brighton, MA





Shell Space

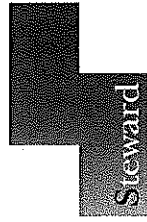
3 Floor Option - Level 6 Floor Plan

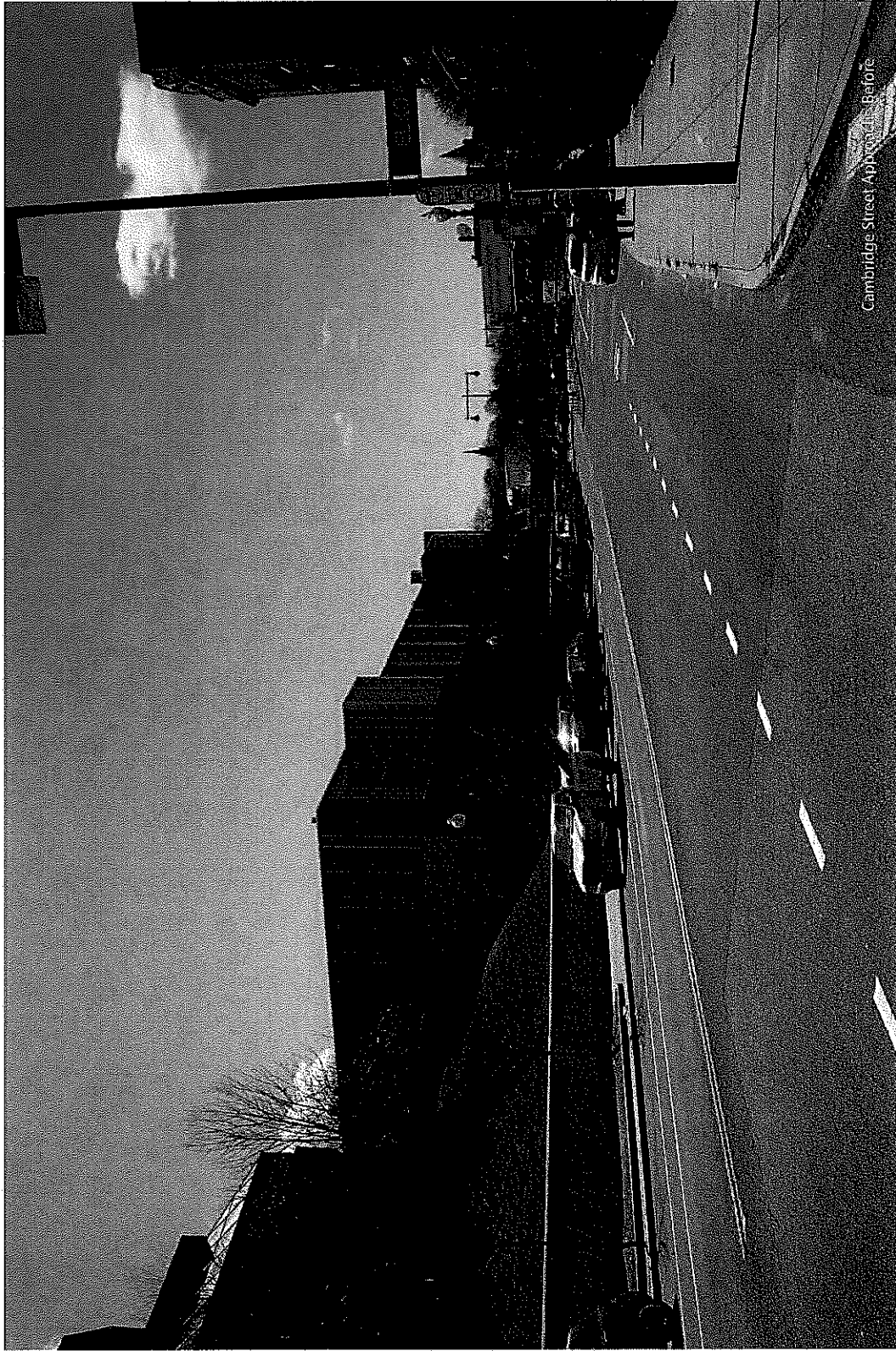
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 St. Elizabeth's Medical Center, Brighton, MA





Cambridge Street Approach Before

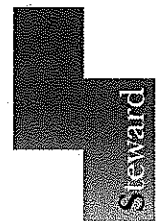
Serflin, Bradley, Architects  
100 Summer Street  
Boston, MA 02110-2106  
T 617.306.7100

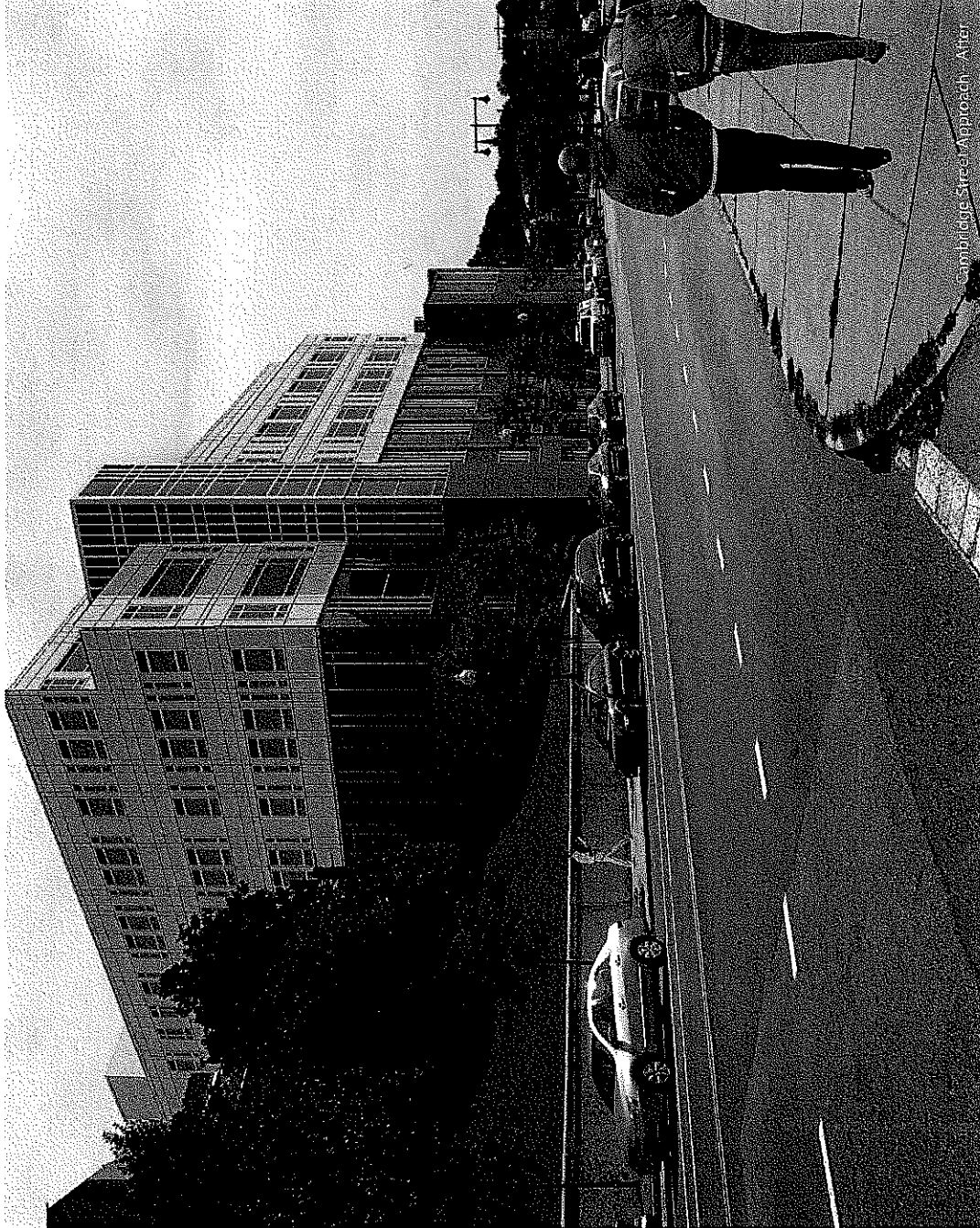


## SEMC - CCU Addition

St. Elizabeth's Medical Center, Brighton, MA

March 5, 2012





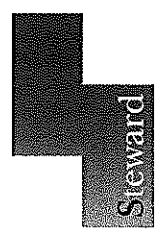
Cambridge Street Approach - After

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Boston, MA 02110-2106  
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**SEMC - CCU Addition**  
St. Elizabeth's Medical Center, Brighton, MA

March 5, 2012



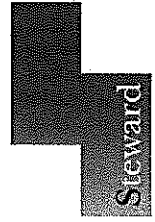


Intersection Approach - Before

Sheriff, Bradley Architects  
100 Summer Street  
Boston, MA 02110-2108  
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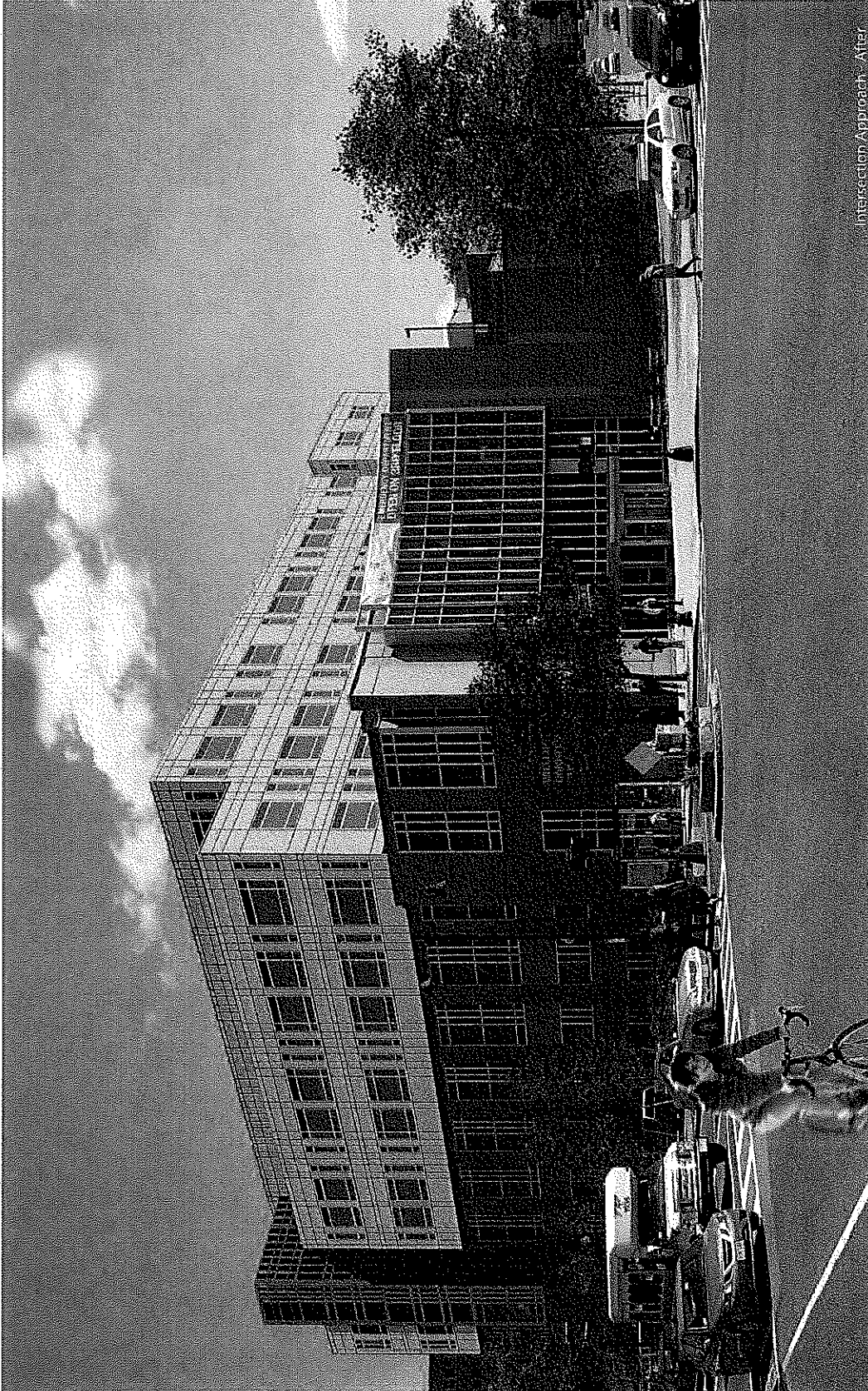
**SEMIC - CCU Addition**  
St. Elizabeth's Medical Center, Brighton, MA

March 2, 2012



Steward





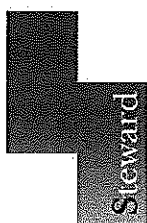
Intersection Approach - After



Sherien Bradley Architects  
100 Summer Street  
Boston, MA 02110-2106  
T 617.305.7100

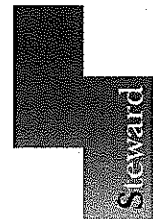
**SEMC - CCU Addition**  
St. Elizabeth's Medical Center, Brighton, MA

March 5, 2012





Washington Street Approach - Before



**SEMC - CCU Addition**  
St. Elizabeth's Medical Center, Brighton, MA

Serflin, Bradley, Architects  
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Boston, MA 02110-2106  
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March 2, 2012



Washington Street Approach - After

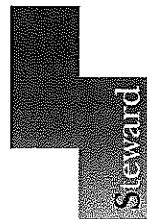


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Boston, MA 02110-2108  
T 617.366.7100

March 5, 2012

## SEMC - CCU Addition

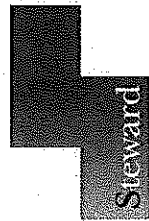
St. Elizabeth's Medical Center, Brighton, MA





## **Demolition/Landscaping Plans**

1. Campus Perspective-Existing
2. Campus Perspective-with Addition and after Demolition
3. Construction Barrier Washington Street
4. Washington Street - Existing
5. Washington Street – Proposed
6. Washington Street – Proposed #2
7. Illustrative Site Plan
8. Erosion and Sedimentation Control Plan
9. Layout and Materials Plan
10. Grading and Drainage Plan
11. Planting Plan
12. Site Sections
13. Proposed Site Logistic Plan.



## SEMC - CCU Addition

St. Elizabeth's Medical Center, Brighton, MA

February 23, 2012



Stantec



Sherifien Bradley Architects  
100 Summer Street  
Boston, MA 02110-2108  
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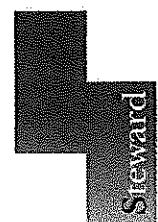


Steffen Bradley Architects  
100 Summer Street  
Boston, MA 02110-2108  
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## SEMC - CCU Addition

St. Elizabeth's Medical Center, Brighton, MA

March 5, 2012





VIEW 1 - EXISTING

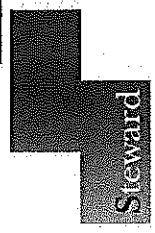
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100 Summer Street  
Boston, MA 02110-2100  
T 617.306.7100

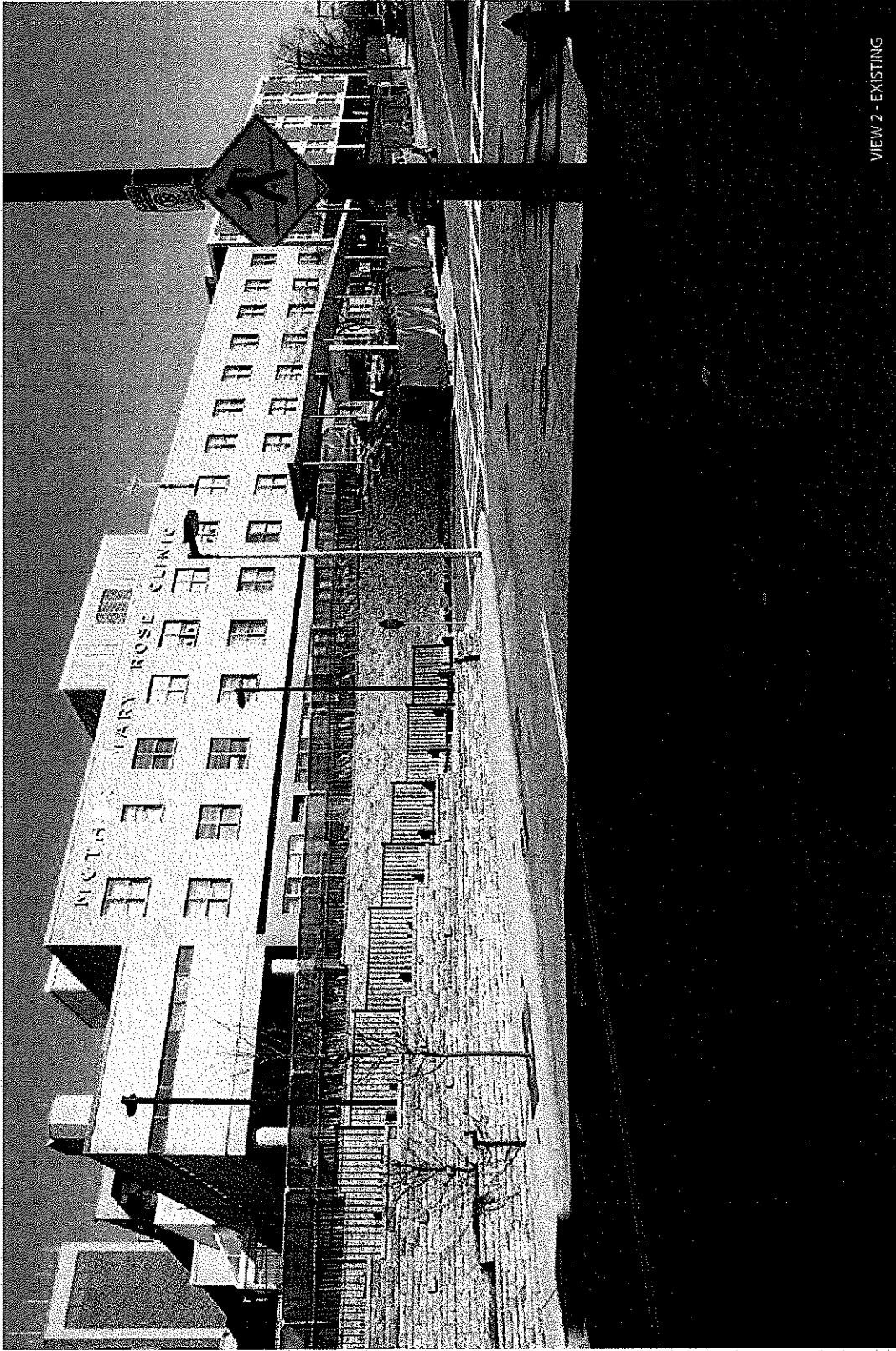


**SEMC - CCU Addition**

St. Elizabeth's Medical Center, Brighton, MA

March 6, 2012





VIEW 2 - EXISTING

Sheffan Bradley Architects  
100 Summer Street  
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## SEMC - CCU Addition

St. Elizabeth's Medical Center, Brighton, MA

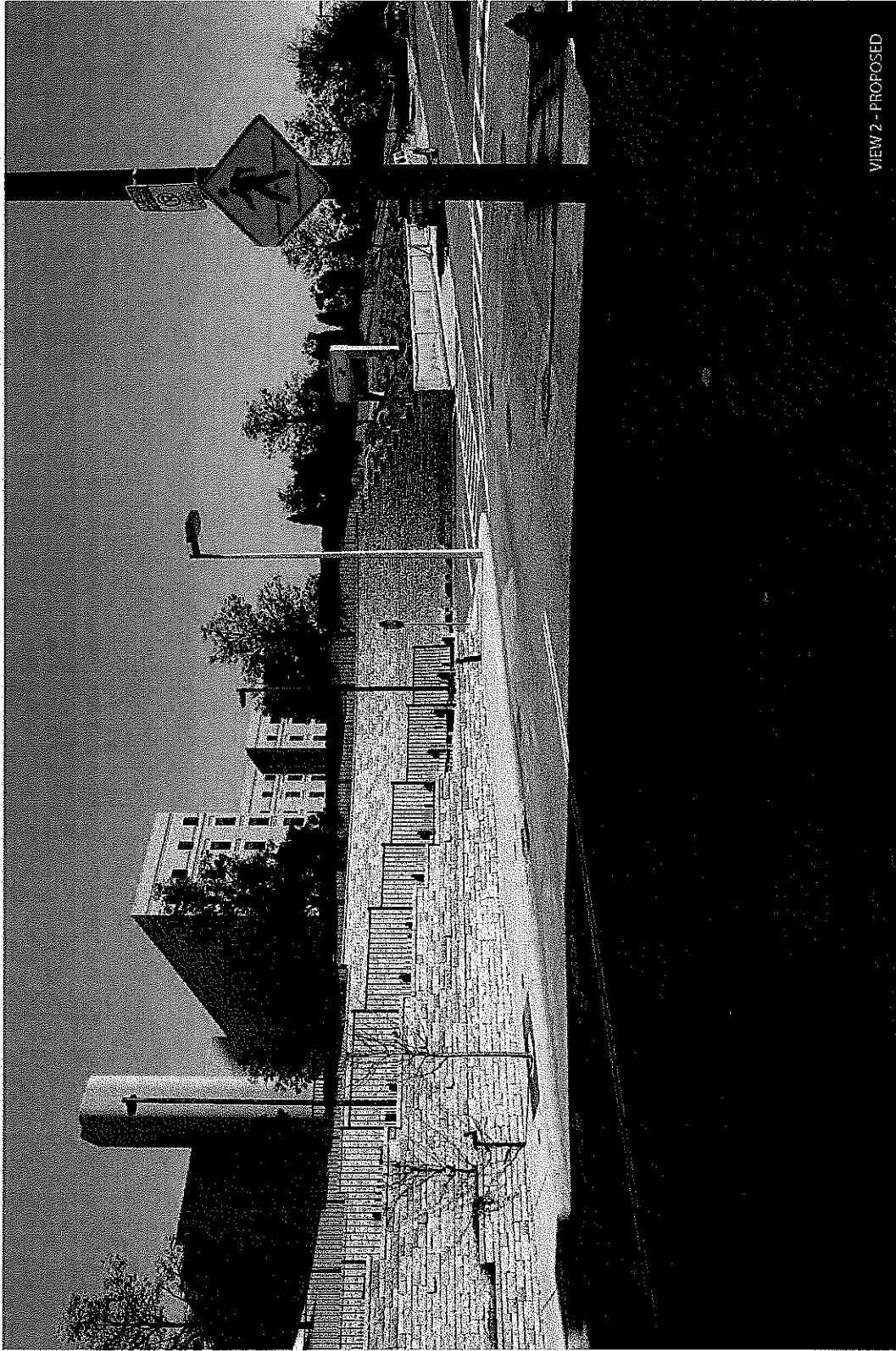
March 6, 2012

Steward



Stantec





VIEW 2 - PROPOSED

Steffen Bradley Architects  
100 Summer Street  
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## SEMC - CCU Addition

St. Elizabeth's Medical Center, Brighton, MA

March 6, 2012



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VIEW 1 - PROPOSED

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**SEMC - CCU Addition**  
St. Elizabeth's Medical Center, Brighton, MA



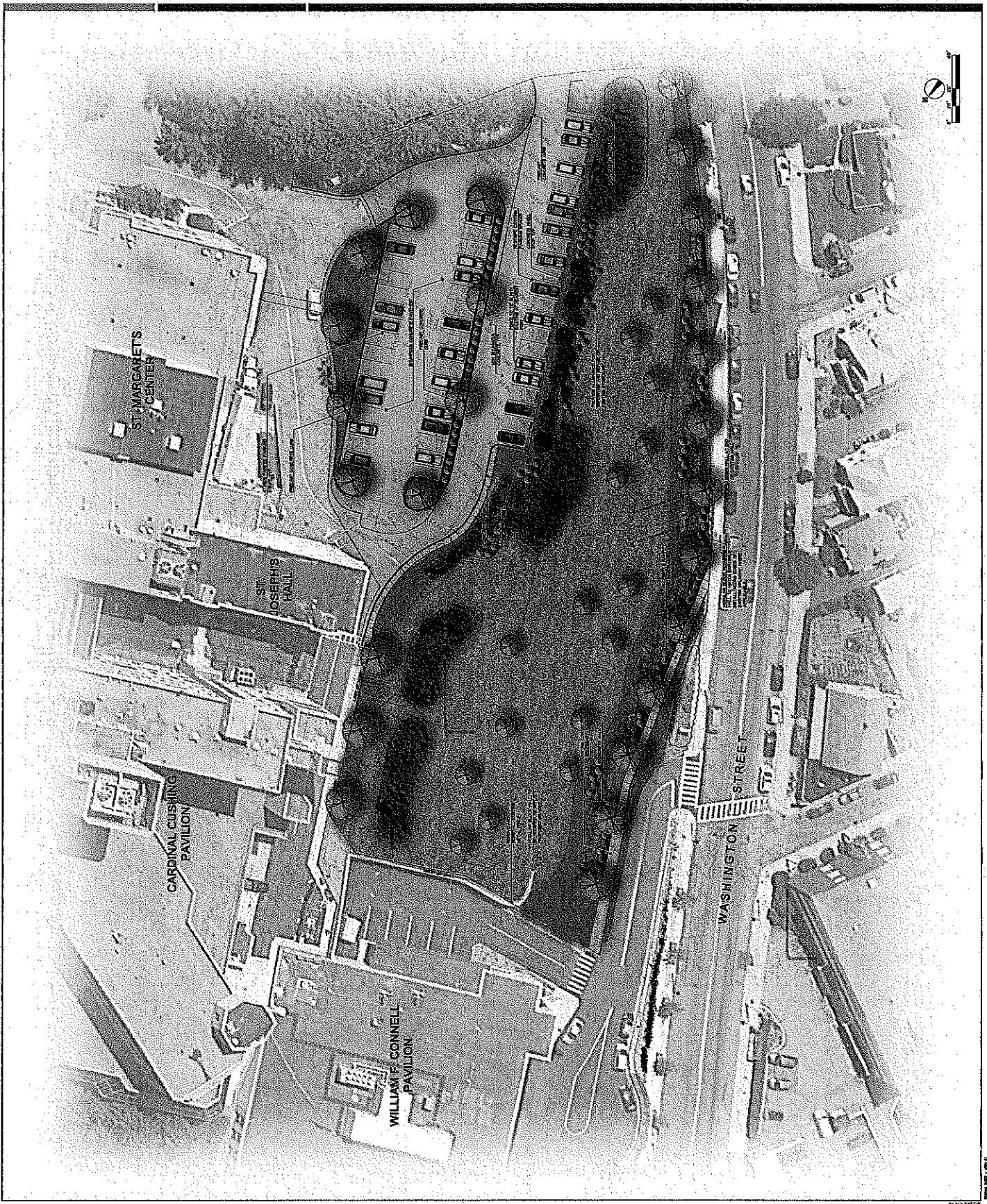
Stantec



March 6, 2012

Steward

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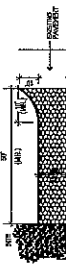


**Design Information**  
This plan was prepared for the project of the  
Stanton Planning and Engineering Consultants P.C.  
141 Park Street  
Boston, MA 02108  
Tel: 617-252-8100  
Fax: 617-252-8101  
www.stanton.com

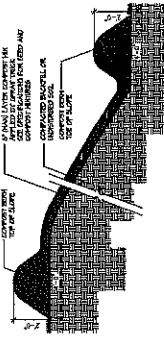
**Contract**  
No. \_\_\_\_\_  
Date \_\_\_\_\_

**EROSION CONTROL MEASURES**

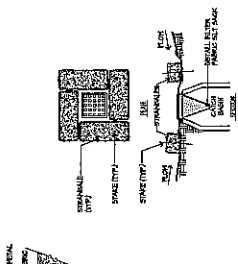
1. ALL EROSION CONTROL MEASURES SHALL BE INSTALLED PRIOR TO THE START OF CONSTRUCTION AND SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD AND FOR A PERIOD OF 90 DAYS AFTER THE COMPLETION OF CONSTRUCTION.
2. ALL EROSION CONTROL MEASURES SHALL BE INSTALLED PRIOR TO THE START OF CONSTRUCTION AND SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD AND FOR A PERIOD OF 90 DAYS AFTER THE COMPLETION OF CONSTRUCTION.
3. ALL EROSION CONTROL MEASURES SHALL BE INSTALLED PRIOR TO THE START OF CONSTRUCTION AND SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD AND FOR A PERIOD OF 90 DAYS AFTER THE COMPLETION OF CONSTRUCTION.
4. ALL EROSION CONTROL MEASURES SHALL BE INSTALLED PRIOR TO THE START OF CONSTRUCTION AND SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD AND FOR A PERIOD OF 90 DAYS AFTER THE COMPLETION OF CONSTRUCTION.
5. ALL EROSION CONTROL MEASURES SHALL BE INSTALLED PRIOR TO THE START OF CONSTRUCTION AND SHALL BE MAINTAINED THROUGHOUT THE CONSTRUCTION PERIOD AND FOR A PERIOD OF 90 DAYS AFTER THE COMPLETION OF CONSTRUCTION.
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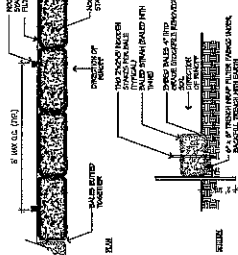
**4 STABILIZED CONSTRUCTION ENTRANCE/EXIT**  
SCALE: 3/8" = 1'-0"



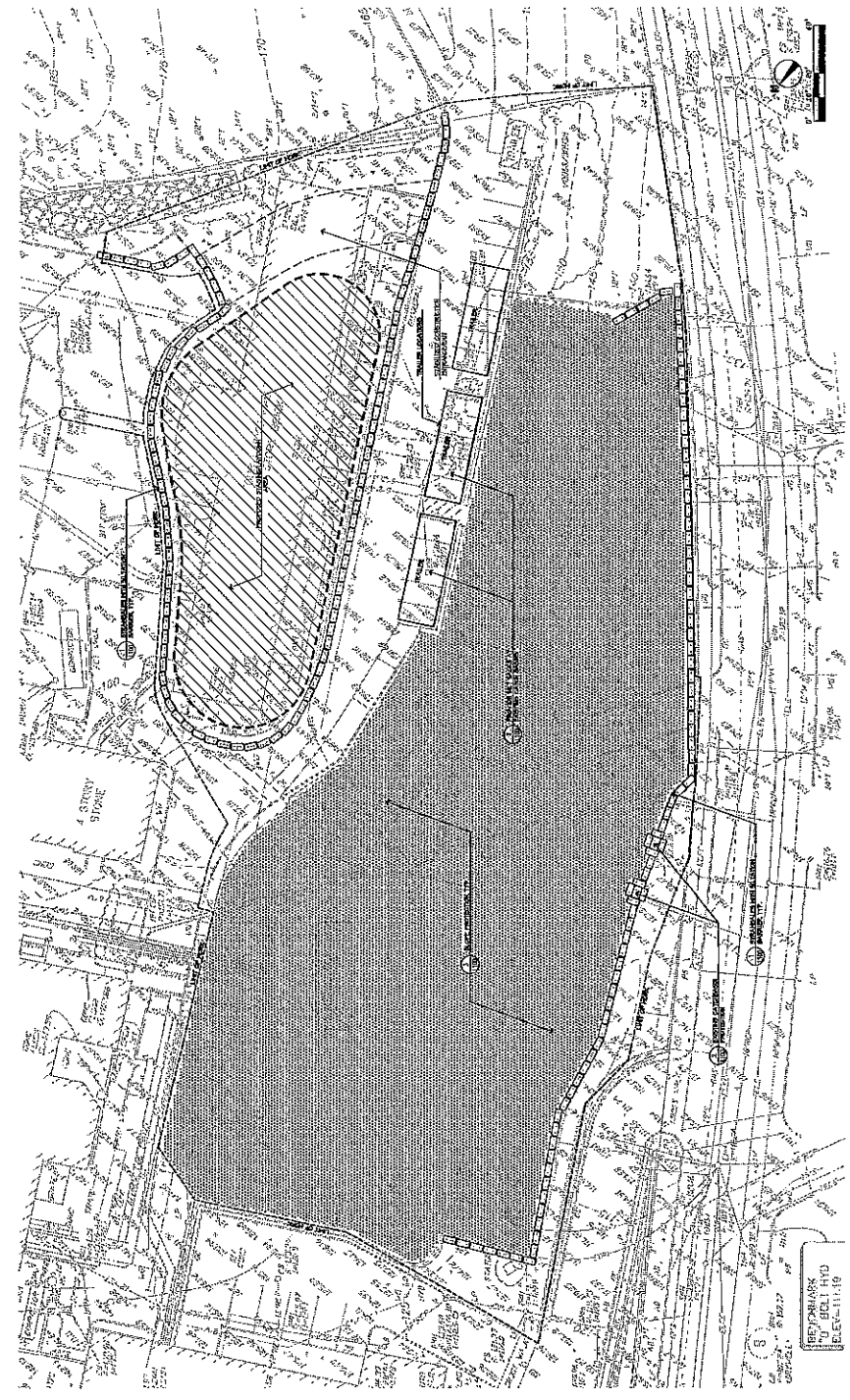
**3 SLOPE PROTECTION**  
SCALE: 3/8" = 1'-0"



**2 EXISTING CATCH-BASIN PROTECTION**  
SCALE: 1/4" = 1'-0"



**1 STRAWBALES WITH SILTATION FENCE**  
SCALE: 3/8" = 1'-0"



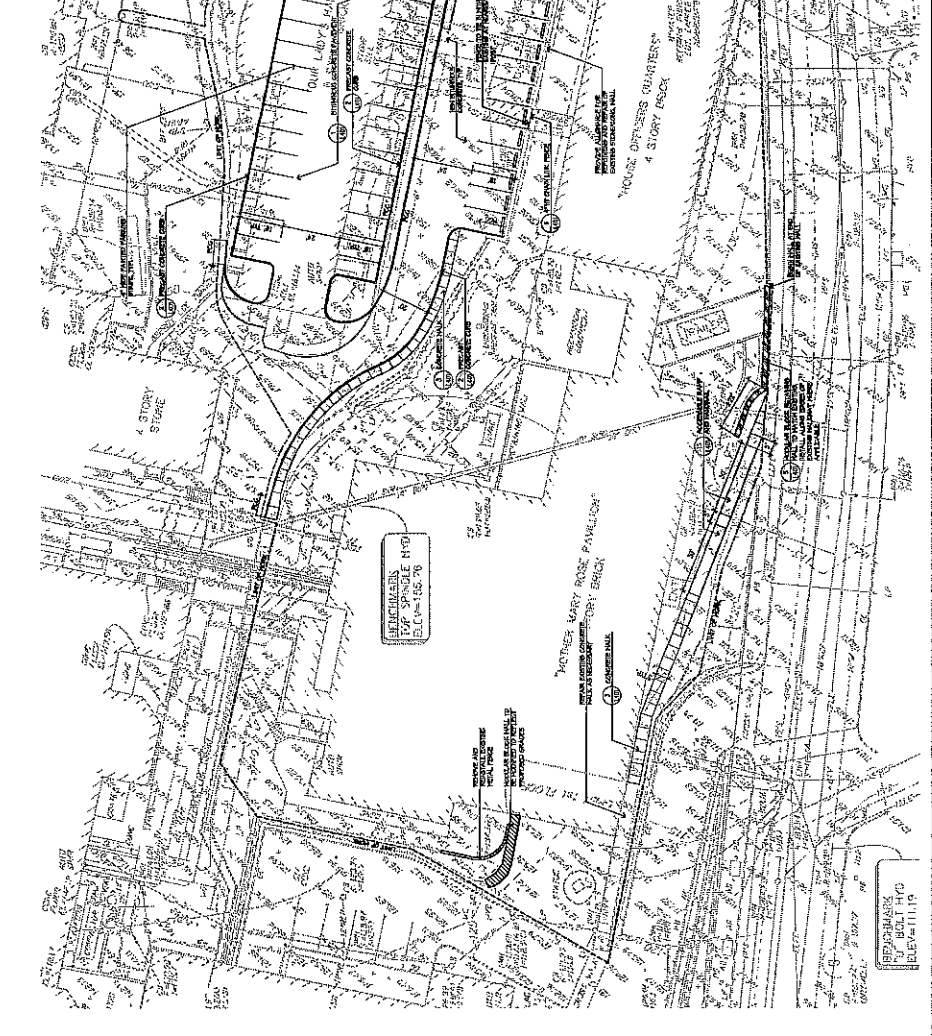
Science Planning and  
 Architecture, Inc.  
 147 Franklin St.  
 Boston, MA 02110  
 Tel: 617-552-3100  
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- ### LAYOUT AND MATERIAL NOTES
1. THE CONSTRUCTION OF THIS PROJECT SHALL BE IN ACCORDANCE WITH THE BUILDING DEPARTMENT'S REGULATIONS AND ALL APPLICABLE REGULATIONS OF THE CITY OF BOSTON.
  2. THE CONTRACTOR SHALL OBTAIN ALL NECESSARY PERMITS FROM THE CITY OF BOSTON AND THE STATE OF MASSACHUSETTS PRIOR TO THE BEGINNING OF CONSTRUCTION.
  3. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.
  4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.
  5. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.
  6. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.
  7. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.
  8. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.
  9. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.
  10. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AND UTILITIES AT ALL TIMES DURING CONSTRUCTION.

- ### LEGEND
- |          |  |
|----------|--|
| (Symbol) | ASBESTOS   |
| (Symbol) | CEMENT CONCRETE  |
| (Symbol) | CONCRETE   |
| (Symbol) | CONCRETE PAVER   |
| (Symbol) | FOOTING  |
| (Symbol) | FOUNDATION WALL  |
| (Symbol) | FOUNDATION WALL WITH FINISH  |
| (Symbol) | FOUNDATION WALL WITH FINISH AND INTERIOR WALL  |
| (Symbol) | FOUNDATION WALL WITH FINISH AND INTERIOR WALL AND CEILING                                      |
| (Symbol) | FOUNDATION WALL WITH FINISH AND INTERIOR WALL AND CEILING AND FLOOR                            |
| (Symbol) | FOUNDATION WALL WITH FINISH AND INTERIOR WALL AND CEILING AND FLOOR AND ROOF                   |
| (Symbol) | FOUNDATION WALL WITH FINISH AND INTERIOR WALL AND CEILING AND FLOOR AND ROOF AND EXTERIOR WALL |



St. Elizabeth's  
**ST. ELIZABETH'S MEDICAL CENTER**  
 BRIGHTON, MASSACHUSETTS

**LAYOUT AND MATERIALS PLAN**

Project No. 2180282  
 Date 1/20/87  
 Drawing No. L-101

Contract No. 2000-001  
 Project No. 2000-001  
 Date: 08/11/19

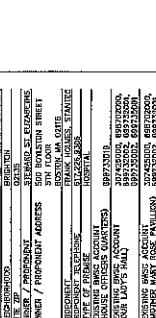
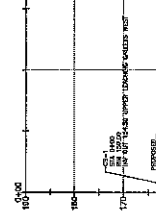
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 Date: 08/11/19

### GRADING NOTES

- GRADING SHALL BE DONE IN ACCORDANCE WITH THE MASSACHUSETTS DEPARTMENT OF TRANSPORTATION (M.D.T.) SPECIFICATIONS FOR ROADWAY CONSTRUCTION, LATEST EDITION.
- ALL EXISTING UTILITIES SHALL BE MAINTAINED AND PROTECTED. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE LOCATION AND DEPTH OF ALL UTILITIES PRIOR TO CONSTRUCTION.
- ALL PROPOSED GRADING SHALL BE DONE TO THE FINISHED GRADE SHOWN ON THIS PLAN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ELEVATIONS AND SLOPES OF ALL PROPOSED GRADING.
- ALL PROPOSED GRADING SHALL BE DONE TO THE FINISHED GRADE SHOWN ON THIS PLAN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ELEVATIONS AND SLOPES OF ALL PROPOSED GRADING.
- ALL PROPOSED GRADING SHALL BE DONE TO THE FINISHED GRADE SHOWN ON THIS PLAN. THE CONTRACTOR SHALL BE RESPONSIBLE FOR VERIFYING THE ELEVATIONS AND SLOPES OF ALL PROPOSED GRADING.

### LEGEND

- PROPOSED GRADING
- PROPOSED DRAINAGE
- PROPOSED SIDEWALK
- PROPOSED DRIVEWAY
- PROPOSED DRIVEWAY
- PROPOSED DRIVEWAY
- PROPOSED DRIVEWAY

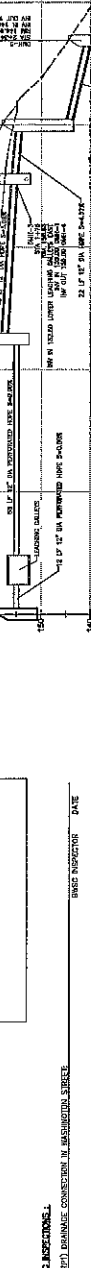


DATE: 08/11/19  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 APPROVED BY: [Name]

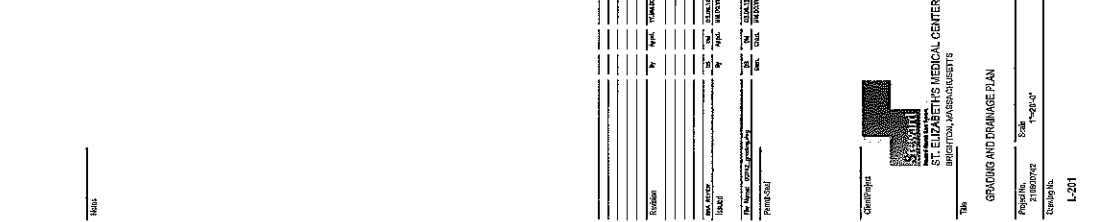
SCALE: 1"=10'-0"  
 DATE: 08/11/19

### PROPOSED DRAIN

SCALE: 1"=10'-0"  
 DATE: 08/11/19



DATE: 08/11/19  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 APPROVED BY: [Name]



PROPOSED DRAINAGE SYSTEM  
 SCALE: 1"=10'-0"  
 DATE: 08/11/19

### PROPOSED DRAIN

SCALE: 1"=10'-0"  
 DATE: 08/11/19



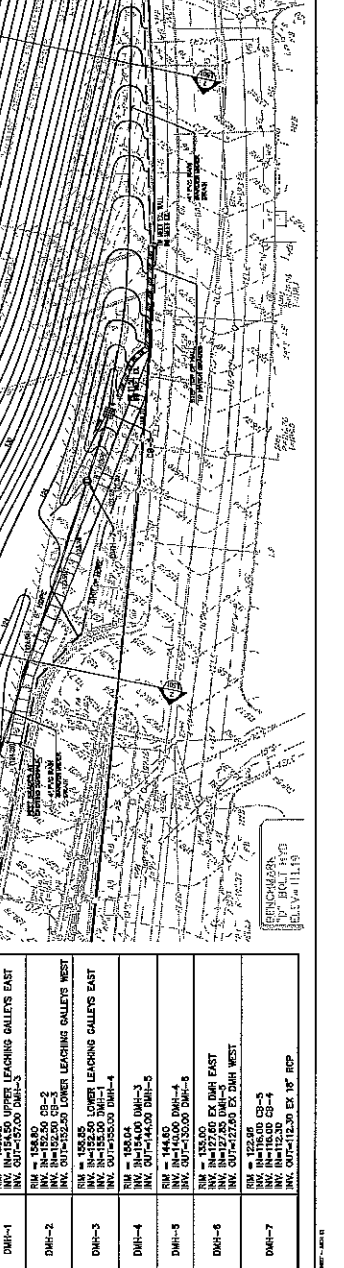
DATE: 08/11/19  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 APPROVED BY: [Name]

STRUCTURE NAME	PROPOSED	STRUCTURE DETAILS
CB-1	RIM = 128.00 INV. OUT=128.50 UPPER LEACHING GALLEYS WEST	
CB-2	RIM = 128.15 INV. OUT=128.50 DMH-2	
CB-3	RIM = 128.42 INV. OUT=128.50 DMH-2	
CB-4	RIM = 128.50 INV. OUT=128.50 PARK GARDEN UNDER DRAIN	
CB-5	RIM = 129.00 INV. OUT=128.50 PARK GARDEN UNDER DRAIN	
DMH-1	RIM = 128.50 INV. OUT=128.50 UPPER LEACHING GALLEYS EAST	
DMH-2	RIM = 128.80 INV. OUT=129.20 LOWER LEACHING GALLEYS WEST	
DMH-3	RIM = 128.85 INV. OUT=128.50 LOWER LEACHING GALLEYS EAST	
DMH-4	RIM = 128.04 INV. OUT=128.50 DMH-4	
DMH-5	RIM = 144.00 INV. OUT=145.00 DMH-5	
DMH-6	RIM = 128.50 INV. OUT=127.50 EX DMH EAST	
DMH-7	RIM = 128.50 INV. OUT=128.50 EX DMH WEST	

PROPOSED DRAINAGE SYSTEM  
 SCALE: 1"=10'-0"  
 DATE: 08/11/19

### PROPOSED DRAIN

SCALE: 1"=10'-0"  
 DATE: 08/11/19



DATE: 08/11/19  
 DRAWN BY: [Name]  
 CHECKED BY: [Name]  
 APPROVED BY: [Name]







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Checklist:

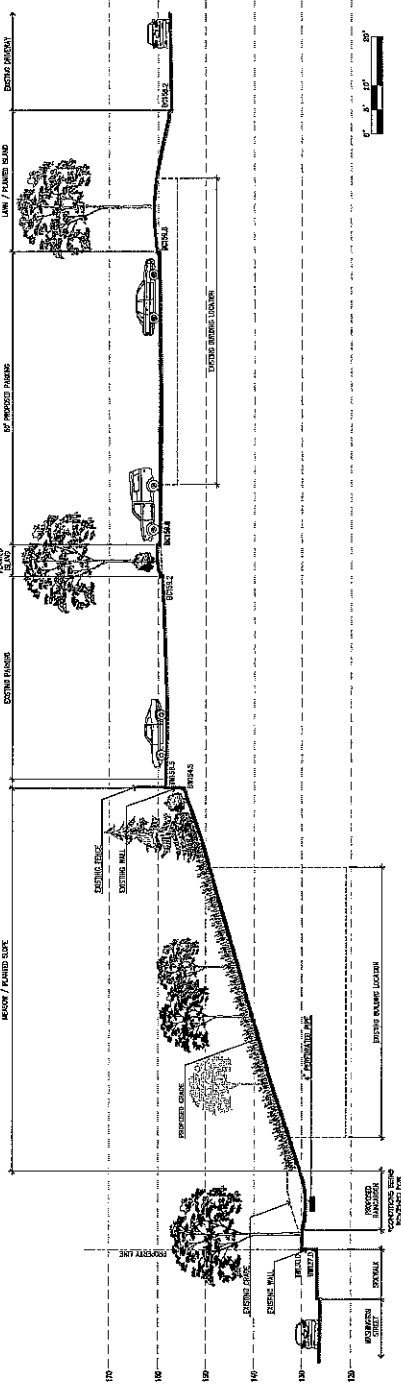
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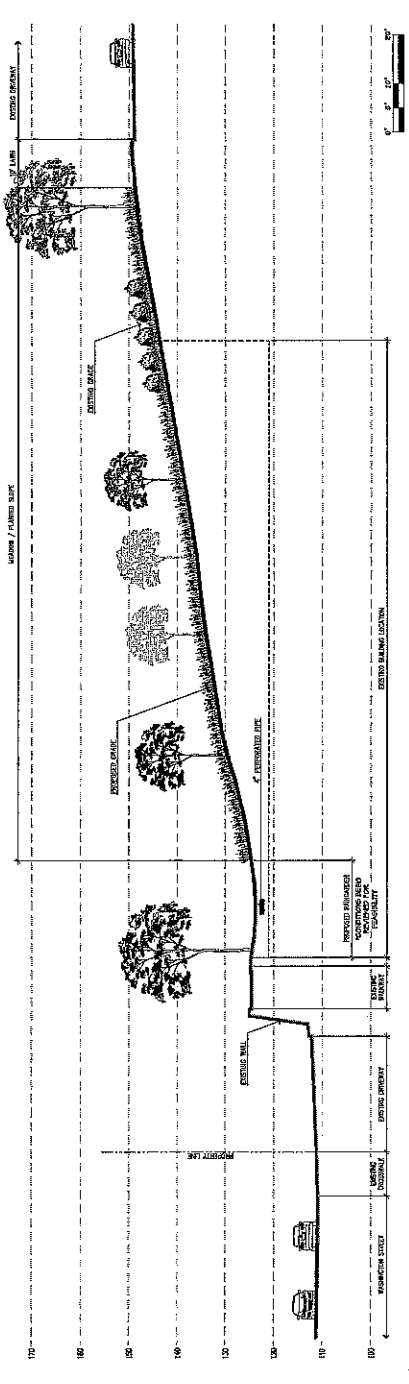
ST. ELIZABETH'S MEDICAL CENTER  
BOSTON, MASSACHUSETTS

SITE SECTIONS  
Project: 23829024  
Scale: AS NOTED  
Drawing: 01-401

NO.	REVISED	BY	DATE	REVISION



1 SITE SECTION 1  
SCALE: 1" = 10'-0"



2 SITE SECTION 2  
SCALE: 1" = 10'-0"

SCHEDULED ACTIVITIES

SIDEWALK PROTECTION

- DEMO BUILDINGS
- LANDSCAPING

SUFFOLK

98 CONNER HILL DRIVE  
DANVERS, MA 01923  
TEL: (978) 774-1057  
E-MAIL: G06031@SUFFOLKDEMOLITION.COM  
SQA #

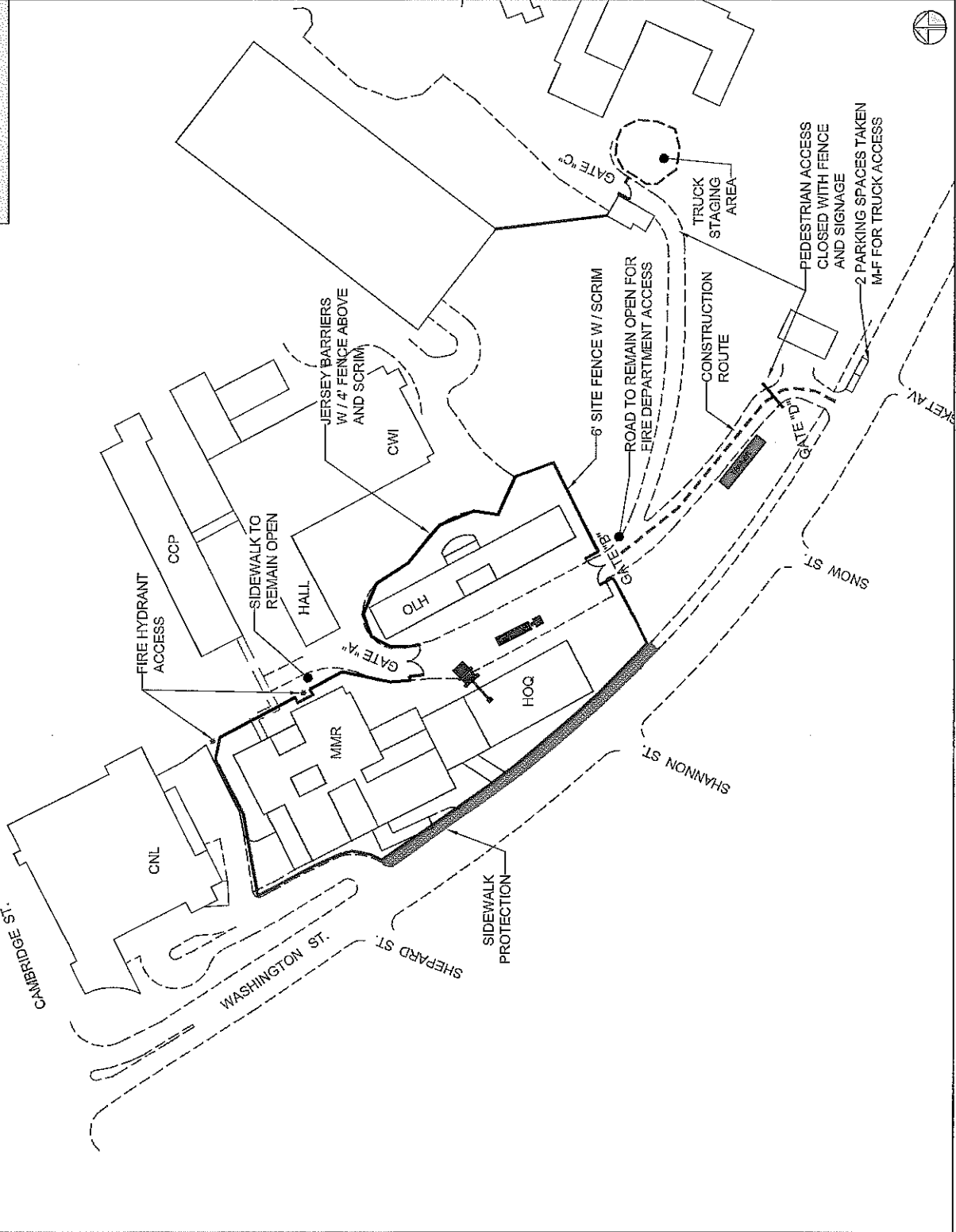
DRAWN BY: J.P. CHECKED BY: K.H.  
SCALE: NTS DATE: 02-08-12

PROJECT:  
ST. ELIZABETH'S HOSPITAL  
DEMOLITION

TITLE:  
PROPOSED  
SITE LOGISTIC PLAN

DRAWING NO.  
SLP.03

FEB. 03, 2012 - AUG. 15, 2012



THE UNIVERSITY OF CHICAGO



**William F. Connell Emergency Department Community Benefits Update 2011-2012**

<b>Community Benefit</b>	<b>Status between 2008-2012</b>
Annual payment of five thousand dollars (\$5,000) to the Boston Redevelopment Authority ("BRA") for the Veronica Smith Senior Center to be used for elder programs and activities	COMPLETE
Annual payment of two thousand dollars (\$2,000) to the BRA for the planting and maintaining of three (3) seasons of vegetation at the Cambridge and Washington Street media	COMPLETE
Three (3) five thousand dollar (\$5,000) scholarships annually for Brighton-Allston residents admitted to healthcare related higher education programs	COMPLETE
Routine maintenance of landscaping along Cambridge Street, from Warren Street to Washington Street and from Washington Street to new access driveway at Monastery Road	COMPLETE
On-going programs on education, treatment and prevention of drug abuse with a value estimated at one hundred thousand dollars (\$100,000) annually. SEMC will continue to commit to enhancing public awareness of these programs and outreach to the community, especially drug users and their families, in a thoughtful manner and partner with organizations to develop more services	COMPLETE
Assist Allston/Brighton community organizations and the Allston-Brighton Substance Abuse Task Force to conduct a needs assessment in the area of substance abuse which will occur at the outset of the ten (10) year term of the proposed Community Benefits. Furthermore, SEMC agrees to provide annual support to address the needs that are identified. That support will have an annual minimum value of two thousand dollars (\$2,000)	COMPLETE*  *A needs assessment was completed by the Task Force through funding from their Drug Free Communities grant. St. Elizabeth's will continue to partner with the Task Force to support their community initiatives and programming in local schools



Community Benefit	Status between 2008-2012
Support the "Leaders of Tomorrow," a small local non-profit agency, with a one time grant of forty three hundred dollars (\$4,300) for a Brighton High School pilot program aimed at preventing substance abuse relapse among a select group of 6 to 10 students with disciplinary problems. Should the pilot be successful, SEMC agrees to provide annual support for the program with an annual minimum value of forty three hundred dollars (\$4,300)	COMPLETE*  *This funding was given to the Leaders for Tomorrow Program in 2007-2008. Due to funding cuts in the Boston Public School system, the program has dissolved. This money was re-directed to the Allston-Brighton Substance Abuse Task Force to be dedicated to their Youth Coalition and related programs
Work with Boston Connects to purchase a substance abuse curriculum to be offered to health coordinators at area schools. This will be a one-time purchase at the outset of the ten (10) year term	COMPLETE
Partner with city organizations to participate in programs related to career education and opportunities. SEMC will contact and continue to work with the Mayor's Office of Jobs and Community Services to initiate this participation	COMPLETE
Remove existing impervious area and/or area devoted to active SEMC related users and create additional green space in the following manner: (i) remove paved surface to the west of the Monastery building between the Monastery building, Garage B and the maintenance building, which currently serves as parking for 15 vehicles, and convert said area to previous, landscaped green space; (ii) remove existing impervious area and existing landscaping support and composting area located in an area south of the maintenance garage and north of the Priest's residence at 201 Washington Street and replace with previous, landscaped green space	N/A: Cancelled in 2007. Monastery Road was abandoned due to Massachusetts Historical Commission regulations
Plant and maintain landscaping and green space associated with the new ED	COMPLETE
Improve and enhance the maintenance of the existing landscape near the Monastery, cemetery and shrine	COMPLETE
Plant a minimum of fifteen (15) trees to replace the twelve (12) that will be removed during construction of the Proposed Projects	N/A: Cancelled in 2007. Monastery Road was abandoned due to Massachusetts Historical Commission regulations
Create a new home for the statue of Our Blessed Mother located at vehicular entrance of the new ED. During Construction the statue will be temporarily located at the SEMC's main entrance at the Seton Building adjacent to the Chapel	COMPLETE

<b>Community Benefit</b>	<b>Status between 2008-2012</b>
SEMC agrees to create an "Area of Reflection" and will work with Task Force to identify on a location that patients, visitors, staff and local residents can all enjoy	Currently developing a plan to implement the area of reflection with Stantec between St Margaret's and CCP outside of the new Medical Oncology suite
Create a noise "buffer" between the proposed access driveway and the shrine located on Monastery Way	N/A: Cancelled in 2007. Monastery Road was abandoned due to Massachusetts Historical Commission regulations

**For more information please contact Sheila O'Connell, Director of Mission and Community Partnerships, at 617-779-6578 or [sheila.o'connell@steward.org](mailto:sheila.o'connell@steward.org)**