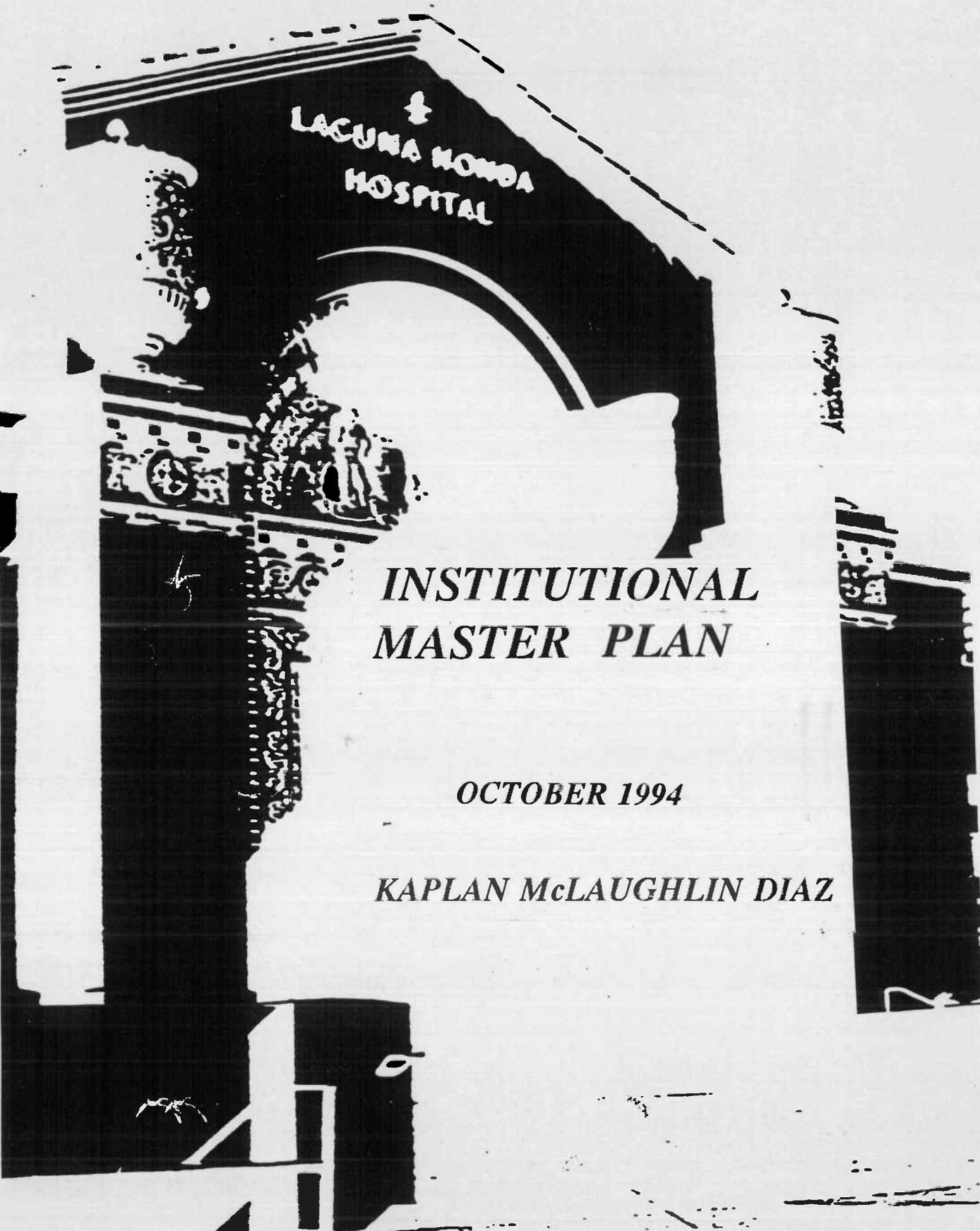


# LAGUNA HONDA HOSPITAL

A high-contrast, black and white photograph of the entrance to Laguna Honda Hospital. The image shows a large, ornate archway with the words "LAGUNA HONDA HOSPITAL" inscribed on its upper curve. The archway is supported by thick, classical columns. The photograph is rendered in a stark, graphic style, with deep blacks and bright whites, giving it a stencil-like appearance. The text "LAGUNA HONDA HOSPITAL" is written in a serif font, following the curve of the arch. The overall composition is centered and occupies the upper half of the page.

LAGUNA HONDA  
HOSPITAL

## INSTITUTIONAL MASTER PLAN

OCTOBER 1994

KAPLAN McLAUGHLIN DIAZ

CITY AND COUNTY OF SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH

## Institutional Master Plan

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**Institutional Master Plan****EXECUTIVE SUMMARY**

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This Institutional Master Plan has been prepared as a follow up to the Facility Master Planning effort. This report summarizes the results of analysis of available data on the existing physical plant, including its history, background, and current condition. The intent of this report is to provide a picture of the current status of Laguna Honda Hospital and the population it currently serves. This Master Plan also identifies the future directions for the provision of care at Laguna Honda Hospital.

**MISSION STATEMENT**

For over 125 years, San Franciscans have relied on Laguna Honda Hospital as the main provider of the City's long-term health care services. Committed to serving citizens regardless of their ability to pay, the Hospital has offered quality care and a source of security to generations of elderly and disabled.

In the next few decades, San Francisco will face the challenge of fulfilling the expectations of a fast-growing elderly and disabled population with increasingly acute health needs.

To continue the City's policy of high quality long-term care into the 21st Century, it is necessary to replace Laguna Honda Hospital with structures that meet current standards for functionality and operating efficiency. Serious physical deficiencies put the Hospital at risk of losing Federal and State reimbursements, which would lead to outright closure.

**FACILITY HISTORY  
AND USE**

- By 1867 the site of the future Laguna Honda Hospital had been acquired by San Francisco, and in 1867, a municipally financed shelter for the homeless was constructed on the site. It was rebuilt after the 1906 Earthquake as the Relief Home, again as a shelter for indigent homeless. Clarendon Hall was built soon thereafter as a facility to accommodate the healthcare needs of the residents of the Relief Home. The Main Building, constructed in 1926, is the most visible structure on the campus; it was designed as a home for the elderly. Over the next decade and a half, a series of elongated "wings" or wards were added to the east of the Main Building. Laguna Honda Hospital's use drastically changed in the 1940's when the passage of the Social Security Act enabled more healthy seniors to stay at home. At that time, Laguna Honda Hospital's programs were reoriented to provide acute medical and skilled nursing care to the County's population unable to afford such care elsewhere. This orientation continues today.
- The Hospital currently operates at capacity with 1172 beds. Approximately 99% occupancy is typical, with a constant waiting list of more than 200 people.

**Institutional Master Plan****EXECUTIVE SUMMARY**

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- The average age of patients is 67 for males and 77 for females. San Francisco demographics indicate that there will be a dramatic increase in the population entering the over Age 75 Bracket in the 1990's. It is within this age bracket that the greatest need for accommodation within the Hospital occurs. In addition, San Francisco, at present, has approximately twice as many people age 60 or older than the national average (20% vs. 11% nationally). Given this, the demand for the services provided at Laguna Honda will continue to increase, since no other long term care facilities in the County provide care for the medically indigent.
- In the 1940's when the facility was reoriented to provide skilled nursing care, the type of patients admitted into the hospital required predominantly light to moderate care; many were ambulatory. This level of patient acuity has increased in the intervening years.
- Today, the majority of patients at Laguna Honda Hospital need heavy care. All require total assistance in all activities of daily living. On average, more than 150 patients require daily nasogastric or gastrostomic tube feeding. Most patients are at least wheelchair dependent.
- While the acuity of patients has increased dramatically since the 1940's, the physical facility in which this care is provided has not changed. Consequently the hospital does not conform to codes or planning standards for the kind of care being provided. It does not comply with even the minimum contemporary requirements for skilled nursing facilities.
- It is currently unclear to what extent the National Healthcare initiatives currently being developed by the Clinton Administration will address extended care. It is therefore expected that the mandate to provide these services in San Francisco will remain unaffected into the foreseeable future.

**SITE DESCRIPTION**

The Laguna Honda Hospital Campus is located at the approximate geographic center of San Francisco. It is accessible by both mass transit and private vehicles.

The 62 acre Campus is located high on a hill overlooking low density residential neighborhoods. This site provides wonderful vistas from most of the hospital buildings. This benefit is tempered by the steeply sloping topography which limits circulation and access. Intracampus pedestrian and wheelchair movements are particularly difficult.

- While the Hospital's pastel Mediterranean architecture surrounded by mature vegetation provides a generally pleasing appearance, it is at a decidedly larger scale than surrounding development, which is primarily single family residential in its makeup. The existing vegetation on campus acts as a visual buffer to the surrounding neighborhoods. However, some of this vegetation, particularly the large eucalyptus tree groves, are approaching the end of their average lifespans. The hospital is working with the Recreation and Park Department to develop a tree management plan.

**Institutional Master Plan****EXECUTIVE SUMMARY (Continued)**

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- Although easily accessible by public transportation, vehicular circulation and access to the campus is severely limited. There is one main entry and a second, rear entry which, due to security considerations, is open only at limited times and which provides only one lane for incoming traffic and pedestrians from Woodside lane. Substantial congestion occurs at the main entry during shift changes. Pedestrian access to the Hospital from the rapid transit station and street is severely hampered by the 100 foot change in elevation between the Hospital entry and the street. With a recently completed parking project, parking is adequate for present demand.

**BUILDING OVERVIEW**

The principal buildings in which care is provided are between fifty and eighty years old. They were designed and built for purposes and with technologies that were vastly different from those of today. The heating and power distribution systems were designed for a time of fossil fuel abundance and are very energy inefficient. Most of the building components (boilers, electrical systems, etc.) are past their anticipated useful life. They are being maintained with creativity, and should be replaced as soon as possible.

- The building's normal and emergency power systems are at capacity and do not meet current design standards.
- The building roofs throughout the campus are beyond their expected life. Most are in poor condition and are being maintained on a "patch as funds are made available basis." They need to be replaced.
- Much of the existing piping and some finish materials contain asbestos. A program for removal is being developed. The cost will be high, and funds for this program are not yet designated.
- The building's internal configuration is organized around large 120 foot by 20 foot open rooms or "wards" containing up to thirty patients in a single room. This configuration does not lend itself to provision patient privacy or efficient materials movement.
- The very linear plan of the Main Building contains no dedicated service corridors or automated material handling systems. Vertical movement through the facility usually requires at least two separate elevator trips. Material handling and movement, including loading, receiving and trash removal are very staff intensive. In addition, the loading and receiving area is very inadequate for a campus of this size.
- The Main Building is considered "architecturally important," though not a "significant building." Removal or alteration to this building would necessitate discussions with the Landmarks Board.

**Institutional Master Plan****EXECUTIVE SUMMARY (Continued)**

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**CONCLUDING  
OBSERVATIONS:  
FACILITY ASSESSMENT**

Laguna Honda Hospital provides critical and highly needed healthcare services for the residents of San Francisco. The population specifically served will grow dramatically in the coming years. While it is located in a reasonably accessible site, the Hospital provides services in outdated, non code-complying, and inefficiently organized facilities. The Hospital continues to operate under regulatory waivers and variances which could be revoked at any time. The likelihood of this revocation is increasing with each passing year.

While reconstruction of the existing facilities to address code deficiencies is possible, it would require reduction in the number of beds (and consequently the number of patients that can be accommodated) by 50%. Such reconstruction would, in addition, make provision of care even more difficult and inefficient today, increasing operational costs per patient rather than reducing the budget in proportion to the reduction in total beds. An initial conceptual estimate of the costs of such reconstruction to only meet code deficiencies indicates that they would exceed a construction cost of \$150 per square foot or \$100,000,000, and a project cost approaching \$160,000,000, while reducing the bed complement by nearly 50%.

The fact that this facility operates as well as it does is a credit to the many dedicated employees. The physical characteristics of the existing Laguna Honda Hospital, in our judgment, work against the basic philosophy of providing good quality patient care. The original structures were never intended to be utilized to provide the levels of patient care to the unique mix of patients and programs that now must be addressed.

Long-term healthcare delivery for the elderly is expected to change dramatically in the coming years. The trends already indicate a need for more services that result in a rise in patient acuity level.

Laguna Honda Hospital is a very unique institution, because of its size, location and type of patient care. It will need major reconstruction, addition or replacement if it is to meet the needs of the residents of San Francisco in the future. This facility, if properly designed, could become a model for long-term patient care for the country.

**BUILDING DEVELOPMENT**

The final phase of the master planning efforts investigated three alternative approaches that responded to the need to reconstruct or replace existing facilities. The alternatives represented "Minimum New Construction" (Alternate A), "Multi-Phased Replacement" (Alternate B), and "Three-Phase Replacement" (Alternate C).

The planning team had first studied a full spectrum of options, from renovation without new construction to completely new construction on a different site (or sites). No alternative site offered the advantages of the current site: geographic location, plentiful access by public transportation, an established and accepted presence, economies of scale, and the opportunities to preserve some of the existing building in consideration of the value neighbors and San Franciscans have placed on its architectural features and historic standing.

**Institutional Master Plan****EXECUTIVE SUMMARY (Continued)**

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In addition to being less desirable, none of the alternatives to using the existing site met all the Hospital's needs, including that for space. They also presented potentially contentious issues of ownership, land use jurisdiction, and environmental impact that would make timely relocation extremely difficult.

Financial comparisons provided further support that maintaining the Hospital on the current site is also the most cost effective solution.

Once it was decided that the existing site would be used, the Alternatives were then evaluated on the basis of their availability to address the issues of project cost, operational efficiency, disruption to operations, constructibility, capability for expansion, traffic and circulation, and potential impacts on neighborhood and city-wide amenities.

Based on detailed review by the Hospital Task Force and the Community Advisory Group, comparison of the three alternatives identified Alternate C (Three-Phased Replacement) as the preferred approach.

**CONCLUSION**

The direction for reconstruction and new construction described in Alternate C was unanimously selected by the Community Advisory Group and the Task Force as the recommended direction.

Given the documented need to rebuild Laguna Honda Hospital, the direction for development described by Alternate C would create the least financial and operational impact to the city and the surrounding neighborhood, while providing the City and County of San Francisco with a facility that can meet the city's need for the next half century.

In summary, of all the options studied, Alternate C provides the:

- Lowest construction and project cost;
- Shortest time frame for construction;
- Least disruption to ongoing operations during construction;
- Best operational efficiency upon completion; and
- Best neighborhood compatibility and acceptance due to the low profile created by location in the valley portion of the site.

**Institutional Master Plan****INTRODUCTION****THE MASTER PLANNING  
PROCESS**

The Institutional Master Plan for Laguna Honda Hospital is the final component in the Facility Master Planning effort begun in 1987. The master planning effort is generally organized in a series of tasks:

- a) Assembly of available data and analysis of existing conditions
- b) Preparation of a space and functional program
- c) Prioritization of needs identified in the previous steps
- d) Identification and preparation of alternative approaches for accommodating the program
- e) Selection of a preferred alternative
- f) Preparation of the final report

The intent of this study is to identify the most appropriate long term master facility plan for Laguna Honda Hospital. This would be a plan that would assist the Hospital in providing the types of care to the specific portion of the population it currently serves. The intent of this effort is not to address the separate need to establish an overall programmatic master plan for Countywide programs for the elderly.

**THE STARTING POINT**

Laguna Honda Hospital plays a vital role as the "provider of last resort" for long term care in San Francisco. It is the largest municipally owned long term care institution in the nation. Since the 1940's, when the mission of Laguna Honda Hospital was reoriented towards provision of skilled nursing care, the makeup of this population, and the types of care needed has dramatically changed. As Laguna Honda Hospital faces the next millennium, this population is rapidly expanding, while the severity of illnesses needing treatment is increasing. Given its role, the changing makeup of those served, the high (and projected to be higher) demand for services, coupled with increasing limitations on funding, the plan for the future of Laguna Honda Hospital must create the best "fit" between the long term care needs of the residents of the City and the services able to be provided by the Hospital at any given level of available reimbursement.

**PRIOR STUDIES**

With the realization that existing facilities were in need of major reconstruction, a series of studies of the physical condition of the Hospital, and the healthcare services provided there, have been completed. During the past ten years, these culminated in 1987, when the Blue Ribbon Committee on Laguna Honda Hospital submitted its Final Report. The report stressed the need to prepare a Comprehensive Facility Master Plan.

**FACILITIES MASTER PLAN**

The Facilities Master Plan is divided into three volumes which, in their sum, describe where Laguna Honda Hospital is today, how much space is needed to meet its needs in the future, and how those needs can be physically accommodated on the Laguna Honda Campus. The three volumes of the Facilities Master Plan are described below:

**Institutional Master Plan****INTRODUCTION**

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**Volume 1 - Facility  
Assessment Report**

The Facility Assessment Report provides information on the existing campus, includes an evaluation of the existing Laguna Honda Hospital buildings, and reviews the opportunities and constraints of the site. The primary finding of the Facility Assessment Report is that "The Hospital provides services in outdated, non code-complying and inefficiently organized facilities" which "will need major reconstruction, addition or replacement ...to meet the needs of the residents of San Francisco in the future", and to remain licensed and operational. The Facility Assessment Report also found that, although feasible, reconstruction of the existing facility without the addition of new space would result in nearly 50% reduction in patient beds while requiring an expenditure of more than \$150,000,000. For this reason, major reconstruction without the addition of new space was not considered further.

**Volume 2 - Operational  
and Space Program**

The Operational and Space Program delineates the space and functional requirements for an efficient and code-conforming facility accommodating 100 residential care beds and 1207 patient beds, with the ability to expand to 1597 patient beds in the future. The program allocates 960 of the 1207 beds to general skilled nursing units. The remaining 247 beds are assigned to specialty skilled nursing and acute care units. The total area programmed for the 1207-bed facility is 911,101 square feet plus additional area for mechanical equipment penthouses. An additional 32,000 square feet is programmed for the 50 2-bed units in the residential care facility. The space program document also describes those additional programs which, though not included in the Master Plan, are considered to be important complements to overall long term care delivery in San Francisco.

**Volume 3 - Facility and  
Site Development  
Analysis**

The Facility and Site Development Analysis includes the description of the assumptions and planning criteria upon which the development alternates were based; the documentation of the three alternates identified as the most reasonable approaches to be analyzed in detail; and the evaluation process used to review the three alternates to select the preferred approach.

To this end, the Master Plan describes the direction for the replacement and/or renovation of obsolete and non-code-conforming facilities in a manner which responds to the need for functional efficiency and reflects the constraints imposed by the site and the concerns of the surrounding community.

After reviewing a number of alternate approaches for accomplishing this mission, the Laguna Honda Master Plan Task Force identified three alternates for further development. The alternates selected represent a spectrum of options from re-use of the existing facility to complete replacement. They are identified as:

"Minimum New Construction" (Alternate A)

"Multi-Phase Replacement" (Alternate B)

"Three Phase Replacement" (Alternate C)

## Institutional Master Plan

### INTRODUCTION

**INSTITUTIONAL MASTER PLAN** The Institutional Master Plan represents the culmination of the master planning effort. The document essentially summarizes the Facilities Master Plan as well as describes in more detail existing and anticipated traffic and transportation information and potential impacts on surrounding neighborhoods. The Institutional Master Plan is organized in four sections.

- Section 1** Section 1 contains general information on Laguna Honda Hospital, its history, its context within the City of San Francisco and information on its patient population and employment characteristics.
- Section 2** Section 2 contains an overview of the Site and Building Analysis. It includes information on the character and makeup of the neighborhoods surrounding the Laguna Honda Hospital Campus, the physical characteristics of the Hospital Campus, the Physical Characteristics of the Hospital Property, the current vehicular and pedestrian circulation to and through the property, and the zoning impacts on the facility. This section also summarizes the architectural, structural, mechanical and electrical systems descriptions found in the Facility Assessment Report. Floor Plans of the Main Building and Clarendon Hall are provided with current locations of major departments or services.
- Section 3** Section 3 provides a description of the proposed Development Plan. Site plans, phasing diagrams and schedule as well as block diagrams are included to supplement the narrative. The narrative briefly describes the potential impact on the surrounding neighborhood and a transportation and parking analysis.
- Section 4** Section 4 includes Narrative descriptions of the development alternatives. Supporting diagrams, phasing plans and cost comparisons can be found in the Facilities Master Plan, Volume 3.

**INFORMATION SOURCES USED** The information used in the development of the Facilities Master Plan was assembled from interviews with Hospital administrative departmental and operational staff, with members of the Health Commission, the Department of Social Services, Community Groups, the Capital Improvements Advisory Committee, the commission on aging, UCSF's Institute for Aging, the City's Purchasing Department and City Planning. These interviews were conducted from December 1985 through June 1990.

Information was also assembled from tours of the existing facilities by the consultant team. These were undertaken to obtain a familiarity with existing conditions and operations, and to view areas where substantial deficiencies had been noted.

The team also reviewed available documentation, including construction documents provided by the Bureau of Architecture.

**Institutional Master Plan**

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**INTRODUCTION**

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While the consultant team's effort was appropriate to the detail required by this facility master planning process, no claim is made that all deficiencies were discovered or are noted in this report.

The consultant team was supported in the facility assessment process by the Hospital Task Force and the Community Advisory Group which were organized to assist in developing the Facility Master Plan. Both groups met with the consultants to review the project's progress and to offer feedback and direction.

The following individuals and firms participated in the current study.

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**Institutional Master Plan**

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**Institutional Master Plan****INTRODUCTION**

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**Institutional Master Plan**

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**Institutional Master Plan**

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**Institutional Master Plan**

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**INTRODUCTION**

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**Institutional Master Plan****LICENSE CLASSIFICATION**

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Laguna Honda Hospital is a licensed general Acute Care Hospital with a distinct part Skilled Nursing Facility. It operates a total of 1,147 beds. 1,112 are operated as skilled nursing beds, 20 are operated as acute care beds, and 15 are acute rehabilitation beds. While the Hospital licensure permits 1,202 SNF beds to be operated, the physical constraints of the existing hospital, as well as budget constraints, permit operation of only 1,137 of these beds. The same is true for acute and acute rehab beds. The Hospital is licensed to operate 225 General Acute Care beds and 30 Acute Rehabilitation Beds. The waiting list for admission to Laguna Honda Hospital is consistently about 200.

San Francisco's over-60 population is already 50% higher than the national average and, as the number needing long-term care grows, it can be assumed that the demand for care will continue to outstrip the supply. The vast majority of Laguna Honda Hospital's patients are covered by MediCal, whose payment for their care is often below that which other providers of long-term care charge patients with private resources. As the aging population requiring skilled nursing care increases in San Francisco, those dependent on MediCal will have fewer choices for such care. In addition, the number of patients dependent on MediCal will continue to increase as those with personal resources are impoverished by private skilled nursing care expenses.

## Institutional Master Plan

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**HISTORY OF THE INSTITUTION**

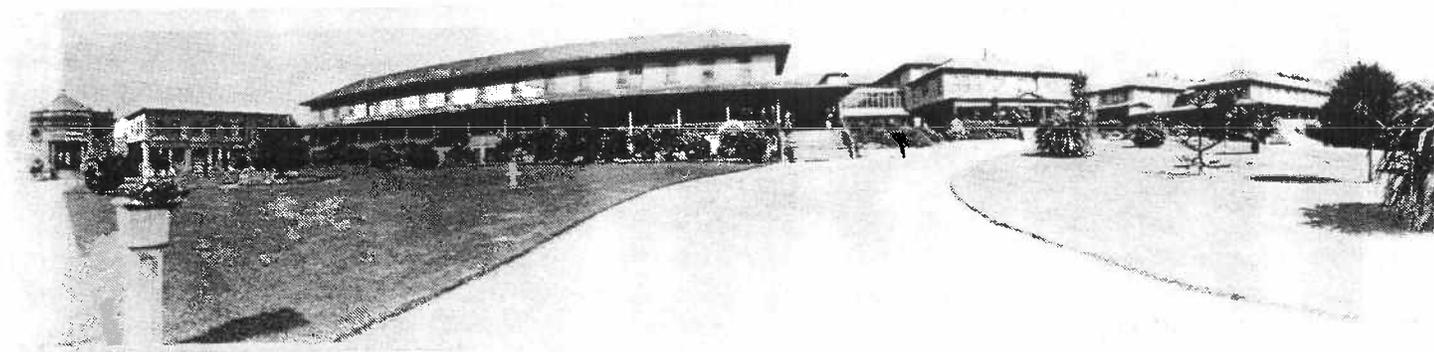
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In March of 1866, the California Legislature authorized the San Francisco Board of Supervisors to "establish and maintain an Alms House and Hospital." With the rapid growth of the City of San Francisco, particularly in the years following the Gold Rush, the need for such a facility was acutely evident. The Gold Rush left behind many homeless and unemployed persons.

The City purchased an 80-acre site on the western slope of Twin Peaks near Laguna Honda (Spanish for "deep lake") and constructed the institution's first building. When the Alms House opened in 1867 it consisted of a single four-story wooden structure, with three wings emanating from off of a central core, capable of housing 500 residents. Within twenty years of its inception, the facility averaged 580 residents, indicative of how serious a need for shelter there had been.

At the time this facility was built on Twin Peaks nothing of the city yet existed west of Divisadero Street. The Alms House enjoyed this bucolic setting in peaceful solitude. Shortly after the facility opened, an Infirmary was established there to provide healthcare to the indigent residents. The Infirmary developed into a general hospital for the care of acute and communicable diseases. By 1903 there were almost 900 residents housed at the Alms House; the population had become increasingly disabled and not merely homeless. Fully two-thirds of the residents were classified as unable to take care of themselves.

The Alms House survived the earthquake and fire of 1906. Approximately 800 people were left homeless by the earthquake and fire, and the Alms House grounds became the center for distribution of relief and the provision of emergency housing. After the earthquake, the Relief Corporation built, on the grounds, a new pavilion-type building and three dormitories housing 280 residents each. Also constructed at this time were a central power plant, water tanks, and garbage incinerators.



Relief Home built in 1907

## Institutional Master Plan

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**HISTORY OF THE INSTITUTION**

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This new institution for homeless men and women, called the Relief Home, included a section devoted exclusively to the care of the chronically ill homeless. The year after the Relief Home was built, an infirmary, Clarendon Hall, was added which stands today as the oldest building on the campus.

During the 1910s the Relief Home provided care for increasing numbers of chronically ill patients and the institution gradually became more hospital than home. In 1913 a ward for terminally ill patients was opened. Medical staff at this time consisted of a Resident Physician assisted by an unpaid senior medical student.



Scenes from the  
Old Relief Home

## Institutional Master Plan

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**HISTORY OF THE INSTITUTION**

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The first sections of the current main building were constructed in 1926. The new buildings consisted of an administrative wing, six dormitories housing 200 residents, two dormitories housing 200-210 residents, and a service building. The facility was renamed Laguna Honda Home. At this time there were 34 doctors on visiting staff from Stanford University and the University of California, but there were not as yet any diagnostic services available at Laguna Honda. In 1928 "Health Bonds" were issued to pay for the addition of three wings to the new building. The resident population rose to 1540. Five Hundred of these were classified as bedridden patients. The permanent medical staff had increased to two resident physicians and four interns.

During the 1930's the first diagnostic services added x-ray and cardiography, and several of the ambulatory resident wings were converted for use as hospital facilities. In 1940 a bond issue provided funds for a new hospital wing housing surgery, radiology, laboratory and special diet laboratories. During the 40's the population at Laguna Honda shifted as Old Age Security and Social Security enabled more healthy elderly people to stay at home. This and the increasing lifespan enjoyed by Americans created the need for more extensive hospital functions and less custodial or ambulatory residential care.



**Residents at the Home before 1940 were generally healthy and ambulatory. Since then, the institution has changed dramatically.**

**Institutional Master Plan****HISTORY OF THE INSTITUTION**

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A 1954 Bond Issue provided for renovation work which began in 1955 and was completed in 1959. Among the areas modernized were the Kitchen, Bakery, Service Units, Clarendon Hall, and Wards D&G. In 1960, Wards K, F, E & L were updated along with the Clinical Laboratory and Central Supply, and a new diet kitchen was constructed. During the 60's the most important changes had to do with programs and governmental regulations. The Intensive Rehabilitation Center was certified and the hospital stressed early, prompt and thorough rehabilitation for the fullest possible return to a pre-disability lifestyle. All of the wards were licensed as modified hospital wards. The institution was later accredited as a hospital, and was approved for receipt of Social Welfare funds.

The last two decades have seen a dramatic increase in the level of patient acuity, more and more of whom are totally dependent. The Hospital receives many patients now who require nasogastric tube feeding. Additionally, the current crisis in homelessness means that more people requiring long-term care are homeless; they arrive with the more severe conditions typical of people without physical care or support and they have little ability to be placed back into the community. There has also been a considerable increase in the psychiatric needs of the elderly and the disabled, exacerbated by the recent increase in AIDS-related dementia and by patients in the later stages of Alzheimer's Disease.

**Institutional Master Plan****NEIGHBORHOOD PHYSICAL CHANGES DUE TO GROWTH**

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The city purchased the 80 acre site west of Twin Peaks in 1866. At the time the first facility was built on this site, nothing of the city yet existed west of Divisadero Street. Within twenty years of its inception, the facility averaged a resident population of 580. By 1903, there were almost 900 residents on the site.

The development of streets around the site were primarily a response to the topography rather than a response to any development at Laguna Honda.

The surrounding single family residential neighborhoods developed independently of Laguna Honda Hospital. All physical changes to the Institution over the years occurred within the original 80 acre parcel of land. These changes had little if any impact on the surrounding residential neighborhoods.

There is a minimal amount of commercial use adjacent to the site. This include a restaurant, florist, dry cleaner and a gas station. It is likely that the commercial development adjacent to the Laguna Honda site was a natural outgrowth of the construction of the Forest Hills Muni Tunnel and transit station, which act as a major transit node providing service to all parts of the city. The only impact Laguna Honda Hospital may have on this commercial zone is to maintain the status quo.

## Institutional Master Plan

## CURRENT HOSPITAL STATISTICS

## LICENSE

## General Acute Care with Distinct Part Skilled Nursing Facility

	Licensed	Operating
<b>BEDS</b>		
Skilled Nursing	1,202	1,073
* Skilled Nursing Rehab		23
* AIDS		13
* Hospice		15
* Respite		13
General Acute	225	20
Acute Rehabilitation	<u>30</u>	<u>15</u>
<b>TOTAL</b>	<b>1,457</b>	<b>1,172</b>

## PATIENT DAYS

	FY 1991-92	FY 1992-93	Average Census FY 1992-93	
SNF	389,990	396,685	1,081.0	95.0%
General Acute	1,485	1,647	4.5	22.5%
Acute Rehab.	<u>1,375</u>	<u>1,139</u>	<u>4.7</u>	<u>31.3%</u>
<b>TOTAL</b>	<b>392,850</b>	<b>399,471</b>	<b>1,090.2</b>	<b>92.9%</b>

\* Skilled Nursing Rehab, AIDS, Hospice and Respite care is provided under the Skilled Nursing Licensure; separate units are presently designated for SNF Rehab, AIDS, and Hospice.

## Institutional Master Plan

## CURRENT HOSPITAL STATISTICS

## SERVICES

**Patient Services:**

Audiology	Medical Records
Dentistry	Pastoral Care
Dietary	Pharmacy
EKG	Radiology
Laboratory	Social Services
(in conjunction with SFGH)	Volunteer Services

**Therapies:**

Physical Therapy  
Occupational Therapy  
Respiratory Therapy  
Speech Therapy  
Audiology  
Activity Therapy

**Specialty Clinics:**

Cardiology	Nephrology	Psychiatry
Dermatology	Neurology	Psychology
ENT	Orthopedics	Pulmonary
Gastro- enterology	Physical Medicine	Rheumatology Surgery
Hematology/ Oncology	Plastic Surgery Podiatry	Urology Vascular

**Consultation Services:**

Gynecology	Podiatry
Ophthalmology	Radiology

**Outpatient/Community Programs:**

Adult Day Health Care (ADHC)  
Congregate Meal Program

## STAFF SUMMARY

Fiscal Year 1993/94 Full Time Equivalents (FTE's)

Physicians	37
Registered Nurses	252
Licensed Vocational Nurses	61
All Others	<u>1,228</u>
<b>TOTAL</b>	<b>1,578 FTE's</b>

## Institutional Master Plan

**CURRENT ADMISSIONS/DISCHARGES INFORMATION**

Only residents of the City and County of San Francisco can be admitted to Laguna Honda. The hospital's Admissions Coordinator works with an admissions screening committee made up of the Medical Director, the Director of Nursing, the Utilization Review Coordinator, and the Director of Social Services.

When more persons have been referred and screened than there are beds available, patients from San Francisco General Hospital are given preference, according to Health Department policy. Other applicants are assigned to the waiting list on the basis of priority groups defined in Laguna Honda's administrative policies and procedures manual. The groups, from highest to lowest priority, are as follows:

1. Persons not in a medical facility who cannot receive adequate care in their present circumstances (including persons not in a medical facility who are receiving adequate care but whose providers are unwilling or imminently unable to continue such care).
2. Patients at another San Francisco medical facility.
3. Persons who are residents of San Francisco but who are presently in a medical facility or private situation outside of San Francisco.

**For Fiscal year 1992-1993**

**Number of Admissions to Laguna Honda Hospital from:**

In-House (transfers to and from acute unit)	346	38%
San Francisco General Hospital	460	28%
Other Hospitals	367	21%
Community	189	12%
Board & Care Home	5	1%
<b>TOTAL</b>	<b>1,367 patients</b>	

**Number of Discharges from Laguna Hospital to:**

In-House (transfers to and from acute unit)	346	25.5%
Community	331	23.6%
Death	335	23.9%
Other Hospitals	247	17.6%
San Francisco General Hospital	112	8.0%
AMA	8	(less than 1 %)
Board and Care Home	10	(less than 1 %)
AWOL	11	(less than 1 %)
<b>TOTAL</b>	<b>1,400 patients</b>	

**WAITING LIST**

The waiting list for admission to Laguna Hospital is approximately 200 people.

## Institutional Master Plan

## CURRENT PATIENT POPULATION STATISTICS

## POPULATION

Patient Population Statistics for October 1993:

<b>Total Number of Patients:</b>	<b>1,121</b>	
<b>Total Males:</b>	<b>498</b>	<b>44%</b>
<b>Total Females:</b>	<b>623</b>	<b>56%</b>

## MARITAL STATUS

Married	199	17.7%
Widowed	382	34%
Single	369	33%
Separated	17	1.5%
Divorced	154	13.8%
Unknown	0	0%

## ETHNICITY

White	571	51%
Black	243	22%
Chinese	100	9%
Spanish/Hispanic	83	7.4%
Filipino	36	3.2%
Japanese	2	.2%
Asian, other	58	2.3%
Unknown	4	.4%
Other	19	1.7%
American Indian	5	.5%

## AGE DISTRIBUTION

	AVG AGE	<19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	80 - 89	90 -
100+										
Male	67	1	11	25	44	63	92	124	116	22
Female	77	1	1	15	18	31	76	151	200	130
Admit Age										
Male	64	2	19	26	52	70	107	120	91	11
Female	74	2	2	18	26	41	100	170	188	76

## Institutional Master Plan

## SAN FRANCISCO ELDERLY DEMOGRAPHICS

ELDERLY POPULATION  
PROJECTIONS

	POPULATION TOTAL	AGE 60+	% of total	AGE 75+	% of Age 60+ ♦
1980	680,785	134,084	20%	41,469	31%
1990*	723,900	136,320	19%	47,257	35%
2000 projected *	774,011	148,188	19%	59,460	40%
2020 projected *	777,391	252,264	32%	75,346	30%

\* Source: State of California, Department of Finance Official State Projections,  
Projected Total Population of California Counties, Report 93 P-3

♦ This percentage represents the 60+ category who are Age 75 or older.

ETHNIC PROFILE  
(1990 census figures\*)

Total Age 60+	136,320	
Total Minority Age 60+	62,543	or 45.9%
White	73,777	54.1%
Black	12,904	9.4%
Hispanic	12,411	9.1%
American Indian, Other	37,228	27.3%

GEN PROFILE  
(1980 census)

The total of age 60+ in Greatest Economic Need (GEN), generally defined as those receiving Supplemental Security Income (SSI):

Total of Age 60+ in GEN: 23,507  
or 17% of Age 60+

Age 60+ Minorities in GEN: 10,242  
or 44% of 60+ GEN

(GEN PROFILE from San Francisco  
Commission on Aging, 1989-1993 Planning  
and Service Area Plan)

## Institutional Master Plan

## EMPLOYEE CHARACTERISTICS

EMPLOYEE  
CHARACTERISTICS

During fiscal year 1992-1993, Laguna Honda Hospital (LHH) employed 1,630 workers. LHH employs 28.2% of the Department of Public Health work force. Representation of ethnic origin, gender, and employment category for FY 92-93 are displayed below:

	WHITE TOTAL %	AFRICAN AMER %	HISPANIC %	ASIAN %	FILIPINO %	AMER INDIAN %	MALE %	FEMALE %	
100 Officials/Admin	9 52.9%	2 11.8%	1 5.9%	3 17.6%	1 5.9%	1 5.9%	8 47.1%	9 52.9%	17 100%
200 Professionals	172 33.2%	25 4.3%	13 2.5%	62 12.0%	245 47.3%	1 0.2%	98 18.9%	420 81.1%	518 100%
300 Technicians	9 10.0%	13 14.4%	5 5.6%	7 7.8%	55 61.1%	1 1.1%	12 13.3%	78 86.7%	90 100%
400 Protective Svcs	2 22.2%	3 55.6%	0 0%	0 0%	2 22.2%	0 0%	8 88.9%	1 11.1%	9 100%
500 Paraprofs	41 7.5%	147 27.0%	32 5.9%	40 7.4%	284 52.2%	0 0%	61 11.2%	483 83.8%	544 100%
600 Office/Ckls	25 28.7%	15 17.2%	10 11.5%	19 21.8%	18 20.7%	0 0%	13 14.9%	74 85.1%	87 100%
700 Skilled Crafts	20 55.6%	5 13.9%	2 5.6%	5 13.9%	3 8.3%	1 2.8%	32 88.9%	4 11.1%	36 100%
800 Service Main	32 9.7%	70 21.3%	56 17.0%	54 16.4%	116 35.3%	1 0.3%	204 62.0%	125 38.0%	329 100%
TOTAL	310 19.0%	282 17.3%	119 7.3%	190 11.7%	724 44.4%	5 0.3%	436 26.7%	1194 73.3%	1630 100%
1990 PARITY	62.3%	9.1%	12.7%	11.1%	4.2%	0.5%	54.0%	46.0%	100%

Estimated percentages of employees assigned to each work shift are as follows:  
Days - 67%, PMs - 20%, Nights - 13%

## Institutional Master Plan

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**AFFIRMATIVE ACTION PROGRAM**

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**ACTIVITIES FOR  
FISCAL YEAR 1993-1994**

As the City and County of San Francisco's Department of Public Health moves towards "Managed Care" and the continued priority of ensuring the provision of efficient services to San Francisco's diverse population, it has begun to look more closely at the culturally relevant services necessary for these populations. The department has also begun looking at retraining current employees and hiring new employees with specific cultural competence. The Equal Employment Opportunity (EEO) Unit has begun, with the Department, a process to address these current needs through the implementation of the department-wide Cultural Competence Committee and the African American Health Service Specialist designation. The EEO Unit is strongly committed to continue this on-going process with the department's hiring process, human resource development and diversity training.

Along with the on-going duties and responsibilities of this office, the following activities will be initiated for fiscal year 1993-94:

- Implementation of the African American Health Services Specialist Designation.
- Audit and assessment of the utilization of Departments' use of the bilingual waiver department-wide.
- Additional training development and implementation of diversity awareness and cross-cultural communication sessions.
- Initiation of the department-wide Cultural Competence Committee.
- Review and improve the current department's recruitment procedures to reflect the under utilization of targeted groups in the department's work force.

Laguna Honda Hospital will actively participate in these Departmental activities.

**Institutional Master Plan**

**PROPERTY OWNERSHIP**

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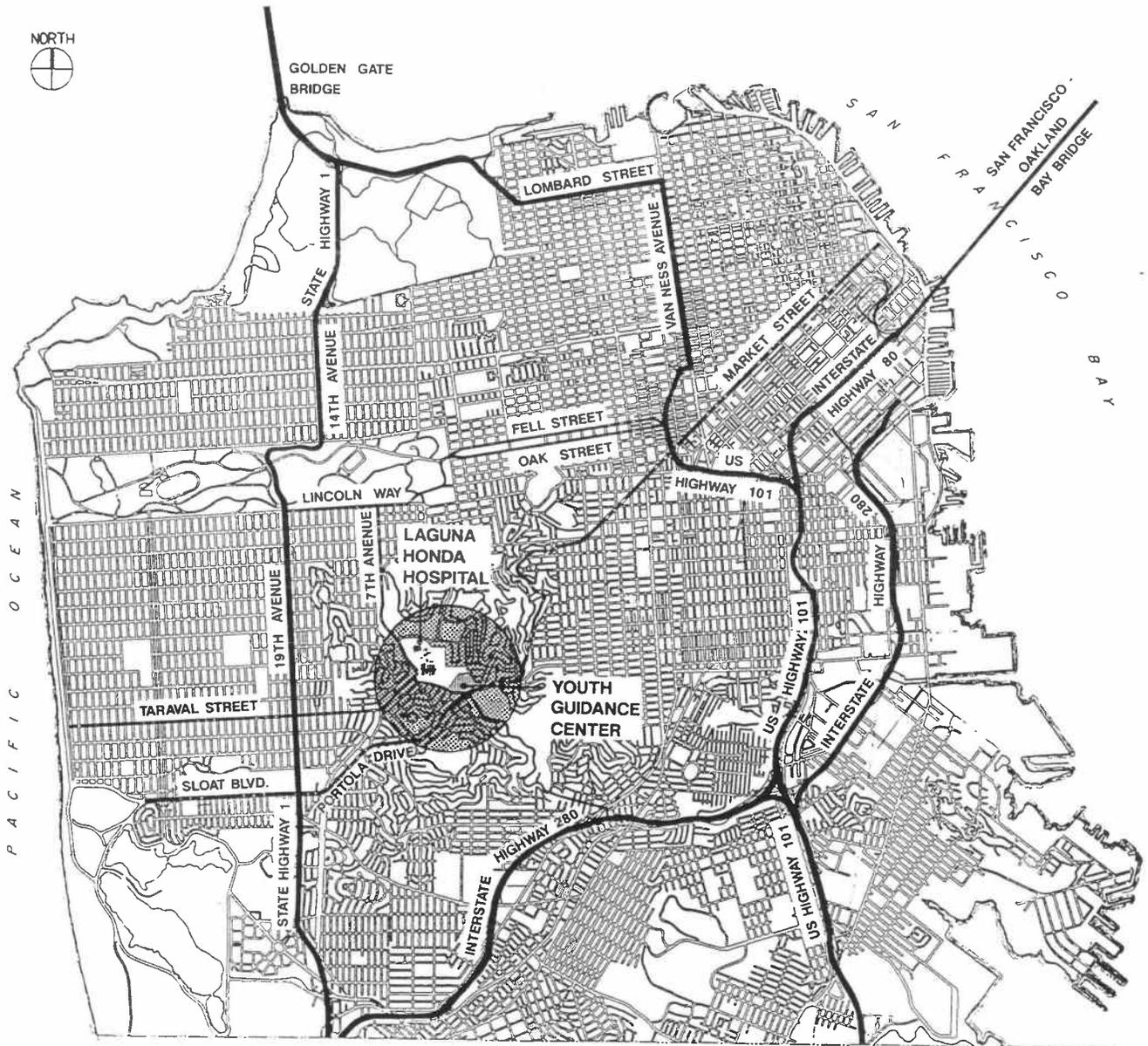
Laguna Honda Hospital is located on a 62 acre site owned by the City and County of San Francisco. Laguna Honda Hospital currently owns no other land.

Institutional Master Plan

LOCATION

Laguna Honda Hospital is centrally located in San Francisco on the upper western slope of Twin Peaks, the highest area in San Francisco. The Hospital's sloping 62-acre site is adjacent to the City's Youth Guidance Center, located southeast of the LHH campus.

The site is conveniently located near major highways and the MUNI Light Rail Transit system and Bus Routes. Portola Drive and Taraval Street connect it to State Highway 1 and 19th Avenue. O'Shaughnessy Boulevard provides access to Highway 280. From within the City, Market Street (which becomes Portola Drive) and 7th Avenue are the major access streets.



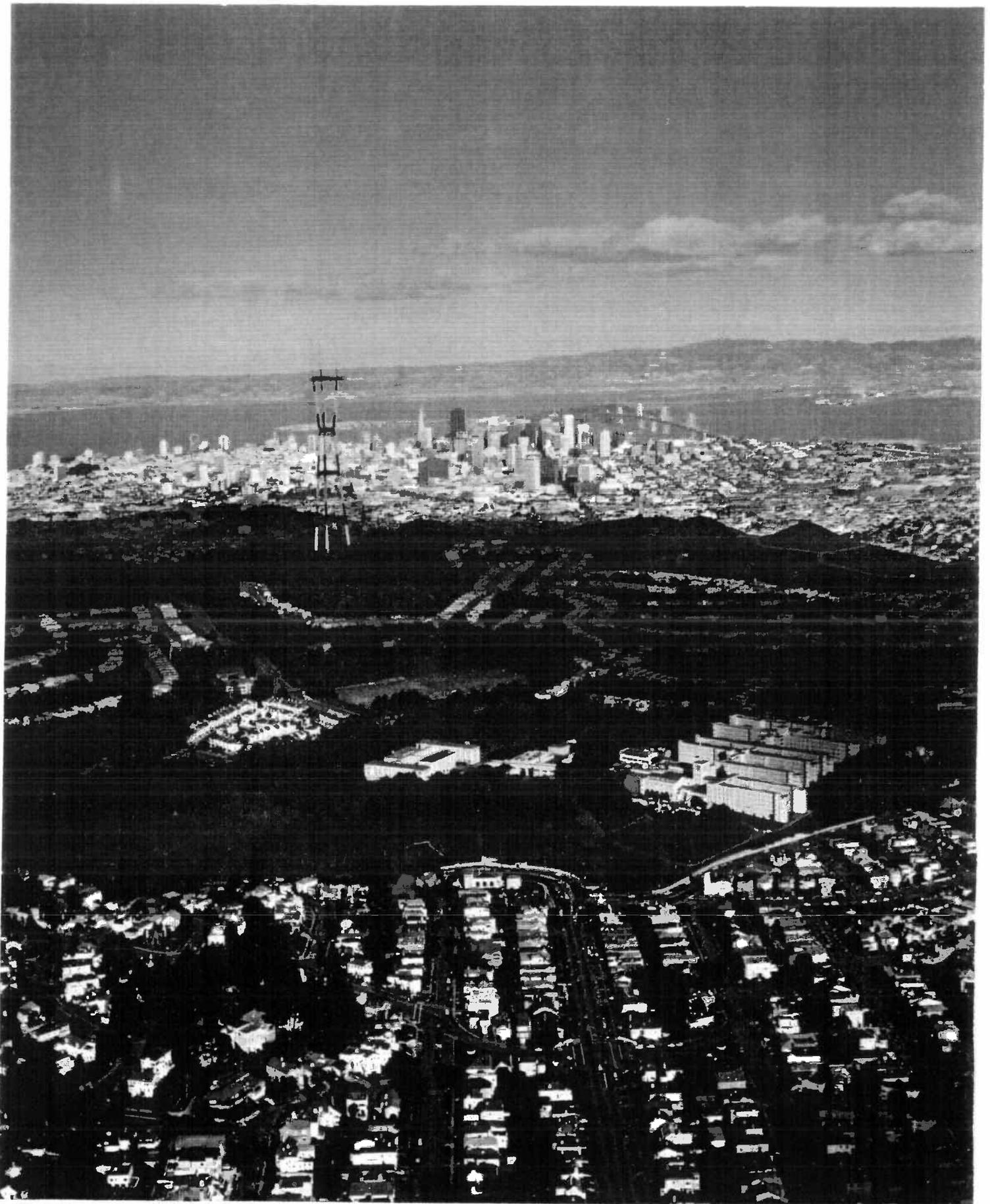
**Institutional Master Plan****SITE ANALYSIS**

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This section provides a graphic and written overview of the benefits and limitations of the 62 acre site of Laguna Honda Hospital.

Principal observations are that the facility is in a prominent location, that it is of a different scale than the surrounding residential neighborhoods and that existing vegetation provides a visual buffer between the most proximate neighborhoods and the buildings. The site is well served by public transportation and has adequate utility capacity. However, as currently developed, vehicular circulation patterns cause congestion at the main entry to the site at peak periods. Finally the steep slopes of the site make intracampus circulation very difficult.

A major benefit of Laguna Honda Hospital is its site and its setting, though site circulation and access needs to be carefully analyzed. Any development on the site must carefully address the concerns of the adjacent neighborhoods.



Aerial view of the Laguna Honda Hospital campus, looking northeast towards downtown San Francisco.

Institutional Master Plan

CAMPUS SITE PLAN



YOUTH  
GUIDE  
CENT

## Institutional Master Plan

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**CAMPUS SITE DEVELOPMENT**

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Campus site development has been controlled by the steep and rolling topography of the 62 acre property. The highest and most level areas of the site are occupied by the hospital buildings. View potential from the buildings is not maximized because very few patient activity areas are located to take advantage of the views. The best views are to the west, toward the ocean and surrounding hills.

The site development is characterized by the two principal hospital buildings, the Main Building and Clarendon Hall. Each is situated on a knoll, and the two are connected by a bridge which spans Clarendon Valley. Support facilities for the campus are located between the Main Building and Clarendon Hall in the valley.

Of the two hospital buildings, the Main Building is the most prominent and most visible. This 534,000 square foot Mediterranean style building varies from 4 to 6 stories tall as it steps up the hill. It is organized as a series of parallel wings connected by an internal circulation spine 600 feet in length. Only its main entry is located to take maximum advantage of the views to the west.

Clarendon Hall is much smaller at approximately 118,000 square feet. This three story building is the oldest on campus.

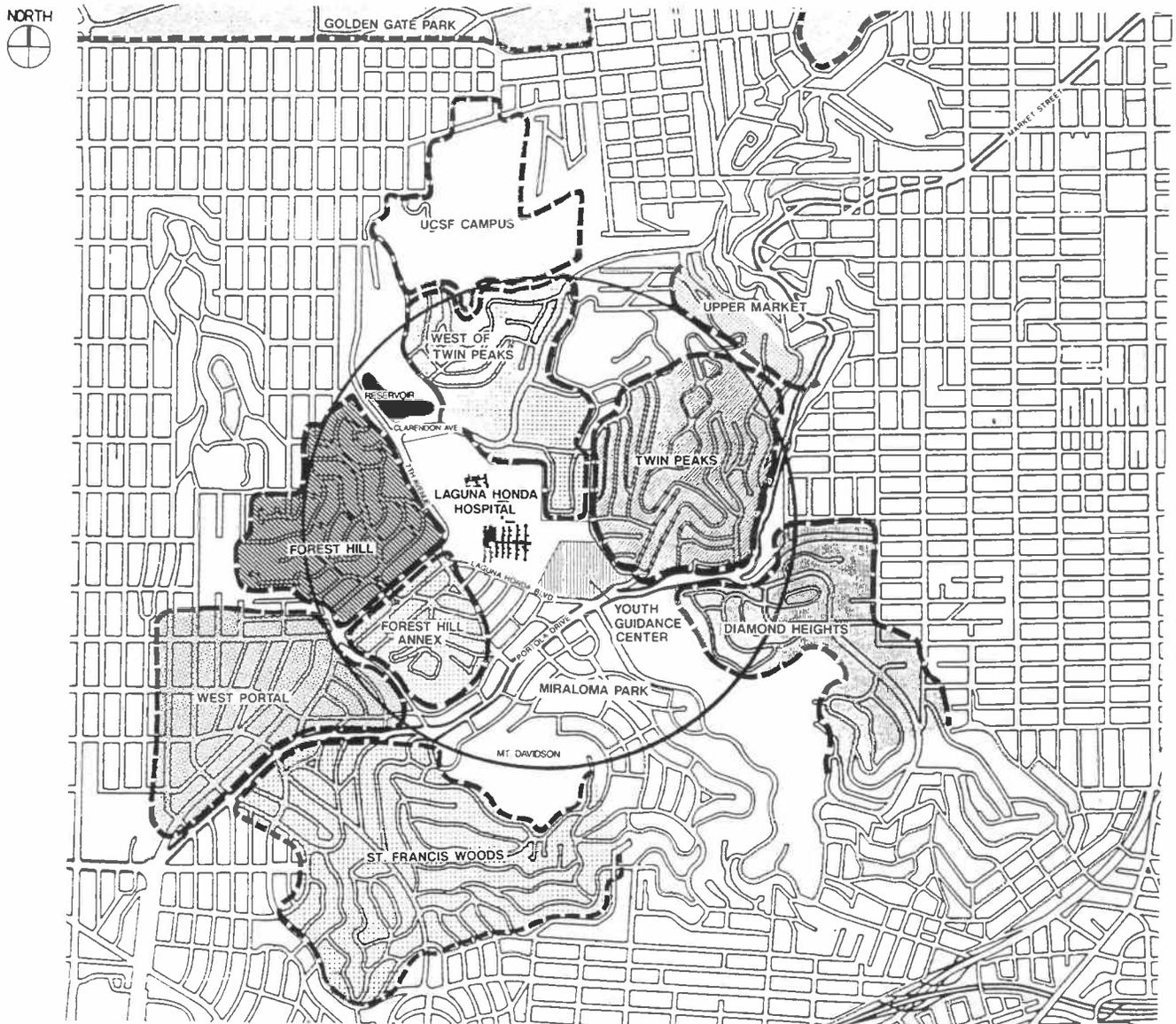
The bridge structure which connects the two hospital building sites, or knolls, provides vehicular and pedestrian circulation above, and contains storage rooms, shops, and utility connections within. Utilities from the Boiler Plant located in Clarendon Valley are piped through the bridge to each building. The Laundry Building and garage are also located in Clarendon Valley.

Much of the site is characterized by forested, steep terrain. Both the forested edge of the property and the location of the buildings far up the hill, above the surrounding streets, helps to separate and buffer this large institution from the surrounding residential neighborhood.

## Institutional Master Plan

## NEIGHBORHOOD

The character of the surrounding neighborhood is that of a dense suburban area, with small lots, winding streets, sloping terrain and pleasant vistas. The Hospital grounds are forested and hilly, and just to the north is the Laguna Honda Reservoir, also well forested. This "green" open space provides a pleasant backdrop to the neighborhood districts of detached single family homes. The map below identifies the districts immediately surrounding the Hospital. The districts of Forest Hill and St. Francis Wood are characterized by larger, upper middle class homes on sloping lots. West of Twin Peaks and Twin Peaks homes vary in size, but most are characterized by steeply sloping lots, many of which enjoy sweeping views. The homes in the Miraloma Park district are smaller, single family dwellings stepping up the hill to Mt. Davidson.



Institutional Master Plan

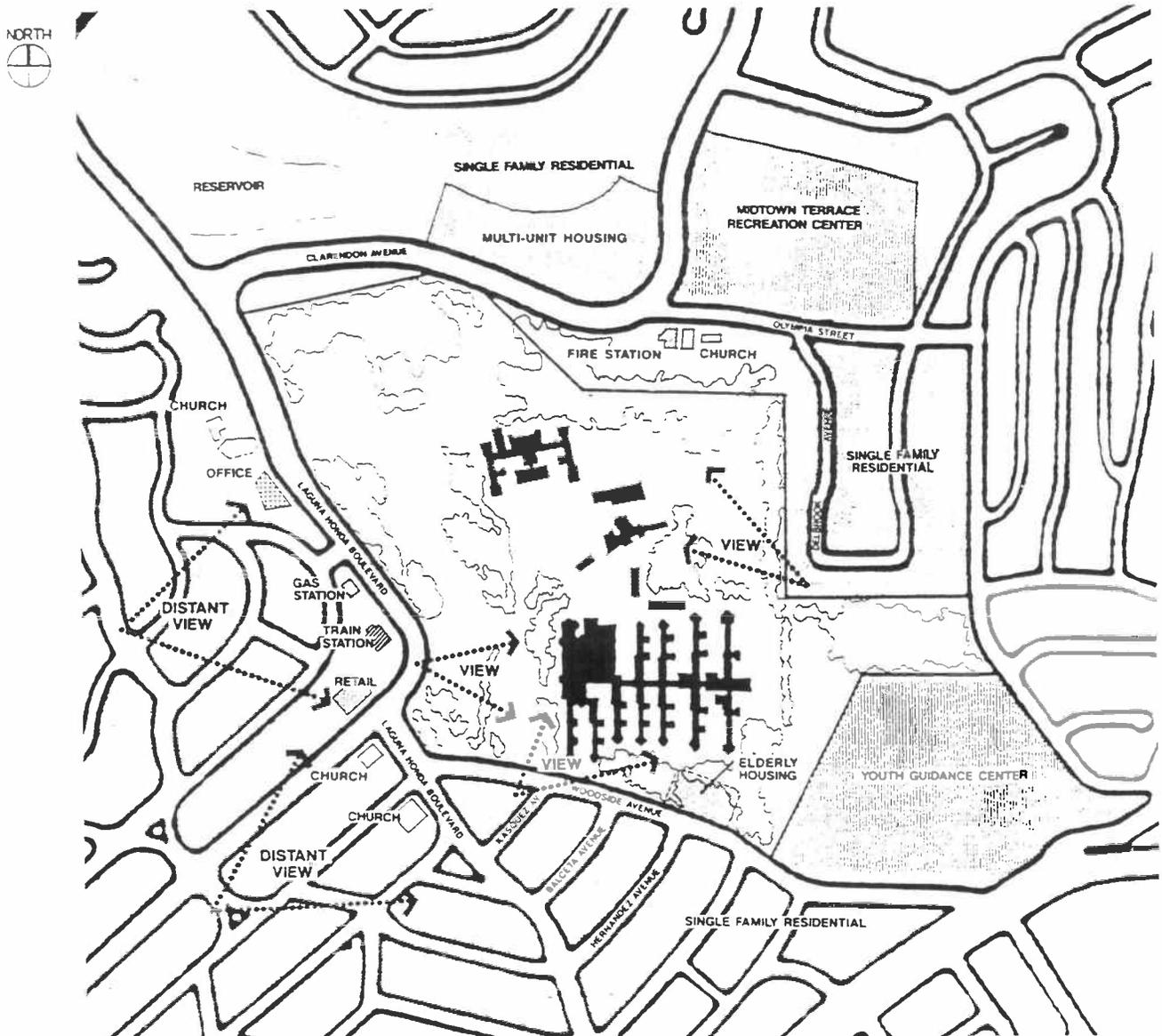
NEIGHBORHOOD LAND USES/VIEWS OF SITE

LAND USE

This diagram indicates uses of properties immediately surrounding the Hospital. The major surrounding land use is single family residential. Some commercial uses occur along Laguna Honda Boulevard, near the entrance to the Hospital. These include a restaurant, florist, dry cleaners, and gas station. Also, there are four different churches. Major activity is generated by the Forest Hill MUNI Light Rail Station. Public property use dominates the remaining land area, containing the Youth Guidance Center, multi-unit elderly housing, Midtown Recreation Center, a fire station, and the Laguna Honda Reservoir.

VIEWS OF THE CAMPUS

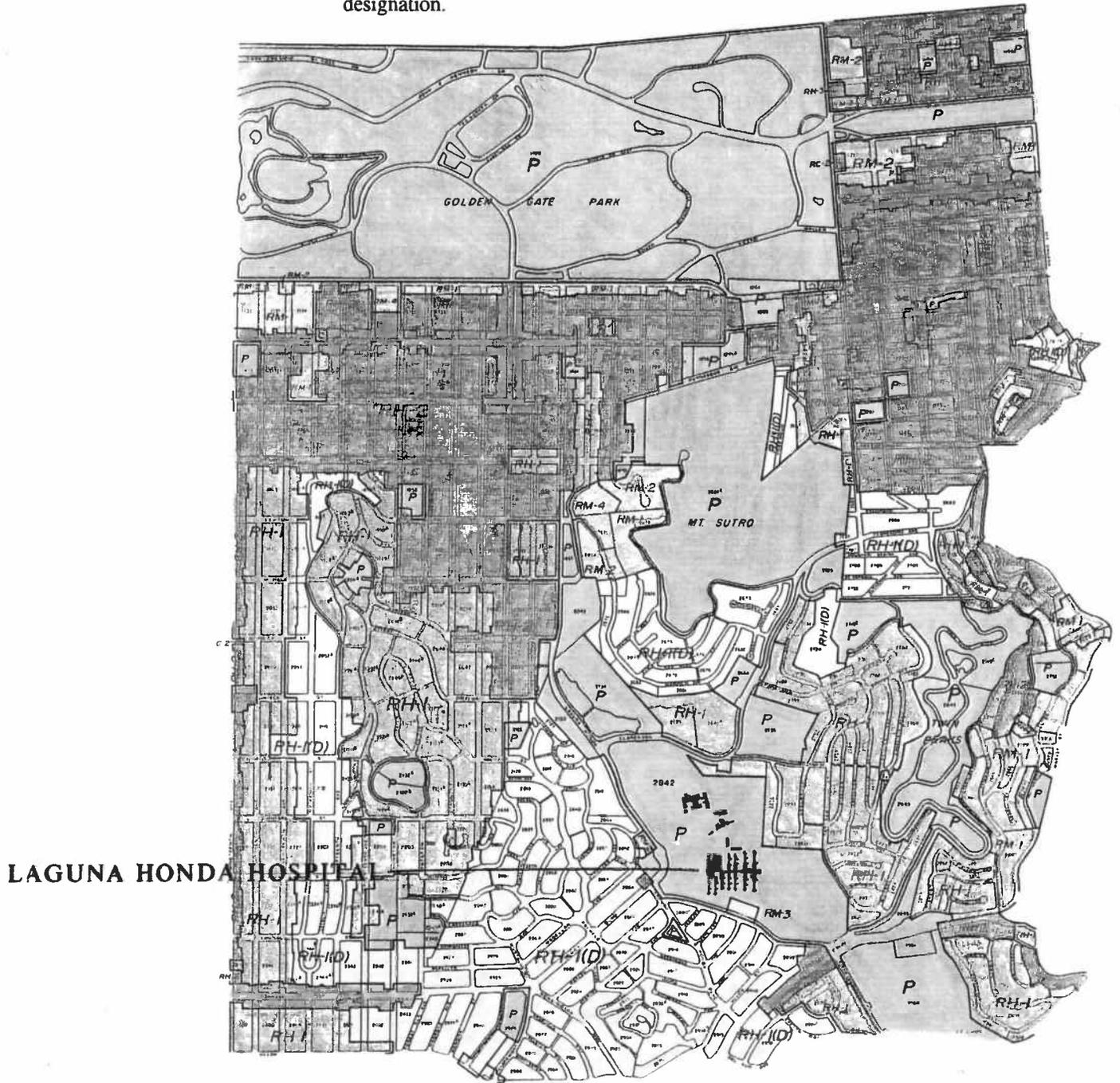
The campus with its landscaped grounds and Mediterranean style buildings provides a pleasant view for many of the surrounding neighborhoods. The arrows on this diagram indicate areas which have views of the Hospital grounds.



Institutional Master Plan

ZONING MAP

The Hospital is in a PUBLIC DISTRICT zone (green color). Refer to page 2.11 for additional information regarding height and bulk restrictions and open space designation.



LEGEND

HOUSE CHARACTER DISTRICTS

[RH-1(D)] [RH-1(S)] [RH-1(S)] [RH-1(S)]

MIXED HOUSE & APARTMENT CHARACTER DISTRICTS

[RM-1] [RM-2] [RM-3] [RM-4]

RESIDENTIAL COMMERCIAL COMBINED DISTRICTS

[RC-1] [RC-2] [RC-3] [RC-4]

COMMERCIAL DISTRICTS

INDUSTRIAL DISTRICTS

[M-1] [M-2]

PUBLIC DISTRICT

[P]

## Institutional Master Plan

### ZONING REGULATIONS

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The City and County of San Francisco's City Planning Code directs and regulates growth and development of the City to comply with the City's Master Plan. The regulations are intended to protect the character of existing areas within the City and to promote the consistent and sound development of all areas. The zoning map designates districts within which properties must conform in use and other specified characteristics to the requirements set forth.

The Laguna Honda Hospital site, including the adjacent Youth Guidance Center, is located within a Public Use District, indicating that it is owned by a governmental agency and used for public purposes. As a city and county operated institution, the Hospital is a permitted principal use for a Public Use District ("P") District. There are several other large open tracts of land in the immediate vicinity which are also classified as "P" Districts.

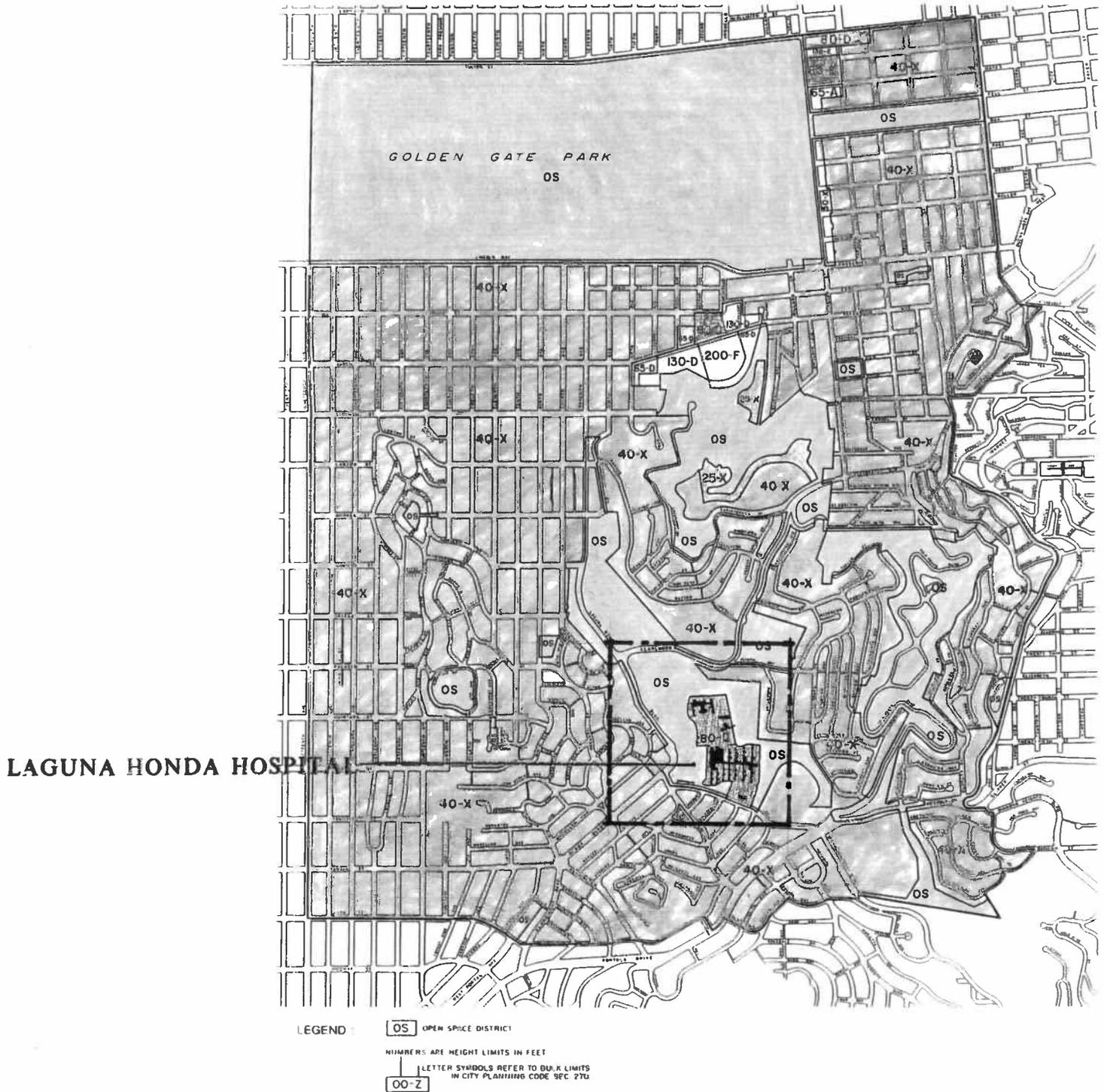
The immediately surrounding residential areas are zoned RH-1(D) and RH-1. Two small enclaves designed RM-2 and RM-3 are located at Laguna Honda Boulevard and Woodside Avenue respectively. Small C-1 Districts, intended for neighborhood retail and personal services are located at the intersections of Laguna Honda Boulevard and Dewey Boulevard and at Portola Drive and Woodside Avenue. The zoning designations for these primary areas surrounding the Hospital's property are defined as follows:

RH-1(D)	One-Family Detached Dwelling
RH-1	One-Family Dwelling
RH-2	Two Family Dwelling
RH-3	Three Family Dweller
RM	Residential Mixed
RM-1	Low Density Residential
RM-2	Moderate Density Residential
RM-3	Medium Density Residential
RM-4	High Density Residential
C-1	Neighborhood Shopping
C-2	Community Business
P	Public District

Institutional Master Plan

HEIGHT & BULK RESTRICTIONS

The majority of the Hospital campus has been designated as Open Space by City Planning Code (green color). The area occupied by hospital buildings has an 80 foot height limit (red color). The neighborhood surrounding the campus has a 40 foot height limit (blue color). Refer to page 2.9 for additional zoning information.



**Institutional Master Plan****TRAFFIC & TRANSPORTATION ANALYSIS**

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**EXISTING STREETS NETWORK** The Hospital's irregularly shaped site is bounded by the major traffic arterials of Clarendon Avenue, Laguna Honda Boulevard and Woodside Avenue on three sides. Currently, the main access to the site occurs at the intersection of Laguna Honda Boulevard and Woodside Avenue. Woodside Avenue provides two-lane traffic in both directions. There is an existing traffic signal near the intersection of Hernandez and Woodside. The primary purpose of this signal is for pedestrian crossover for an existing bus stop.

Laguna Honda Boulevard also provides two way traffic in both directions. The main entrance to Laguna Honda Hospital is at the intersection of Laguna Honda Boulevard and Dewey Boulevard near the convergence with Woodside Drive. The intersection is complicated by five left turn lanes, six "must-turn" lanes and is controlled by three-way traffic signals. Entering the campus from Laguna Honda Boulevard requires a left turn, unprotected by traffic lights, crossing a blind corner and Woodside Avenue traffic. Cars approaching the entrance from Woodside Drive must make a hairpin turn into the campus drive to the north of the campus. Laguna Honda Boulevard becomes 7th Avenue, a major arterial for traffic approaching from within the city.

Clarendon Avenue, bordering the site to the north, also provides two lanes of traffic in both directions. Although considered a major arterial within the city, traffic on Clarendon does not directly impact the entrance to the hospital.

Peak travel times are during shift changes. Because Laguna Honda is served by one major entry and exit, congestion occurs, resulting in lengthy delays for staff and visitors.

Traffic on Laguna Honda Boulevard, Clarendon Avenue and Woodside Avenue flows at a moderate level. Congestion occurs only at the traffic signal at Laguna Honda Boulevard and Dewey Boulevard. Severe congestion occurs at shift changes for vehicles leaving the site. To avoid the resulting delay for vehicles leaving the Laguna Honda campus at the shift change, some Laguna Honda employees park along the north side of Woodside Avenue and walk onto the campus. The north side of Woodside Avenue is the only adjacent street with unrestricted parking. The other adjacent streets offer only 2-hour parking or require a neighborhood residential parking permit.

**EXISTING TRANSIT NETWORK** Laguna Honda Hospital is served by several public transportation lines, making it readily accessible from various parts of the city. Three lines of the MUNI (K, L & M) stop at the Forest Hill Station located across Laguna Honda Boulevard from the campus. During peak periods, these lines run every 8 to 12 minutes. Four bus lines also serve the station. During peak periods, the #36 and #52 run every 20 minutes, and the #43 and #44 run every 10 minutes. An additional stop is located at the Woodside Avenue entrance to the campus. A shuttle bus (Line #89), operated by MUNI, delivers passengers from the Forest Hill Station to the Hospital entrance, but operates only from 10:00 am to 3:00 pm. The distance from the hospital to the Forest Hill Station is approximately 1000 feet but entails a change in elevation of 100 feet.

**Institutional Master Plan****TRAFFIC & TRANSPORTATION ANALYSIS**

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The MUNI line K-Ingleside provides service between the hours of 5:00 am and Midnight, from the Balboa Park Station to the Embarcadero Station. Frequency of service is every 10 minutes between the hours of 7:00 am and 4:00 pm and every 12 minutes between the hours of 4:00 pm and Midnight. Night Owl service is provided by Bus #91 via surface streets.

The MUNI line L-Taraval provides 24 hour service from 46th and Wawona (S.F. Zoo) and the Embarcadero. Frequency of service is every 5 minutes between the hours of 7:00 am and 9:00 am, every 10 minutes between the hours of 9 am and 4:00 pm, every 6 minutes between the hours of 4:00 pm and 6:00 pm, every 12 minutes between the hours of 6:00 pm and Midnight and every 30 minutes during the hours of 1:00 am to 5:00 am. Night Owl service is via surface streets, not the MUNI tunnel.

The MUNI line M-Ocean View provides service between the hours of 5:30 am and Midnight from Balboa Park Station to the Embarcadero. Frequency of service is every 10 minutes between the hours of 7:00 am and 6:00 pm and every 12 minutes between the hours of 4:00 pm and Midnight.

**EXISTING PARKING**

Staff and visitor on campus parking is concentrated in three large parking lots, four small designated parking areas and in the service driveways between wings of the main building. There are approximately 580 parking stalls currently on the campus. Spillover occurs from one on campus lot to other on campus lots. Spillover does not occur on to the surrounding streets. The distribution of the existing lots are as follows:

Main East Lot	235 Stalls
Main Front Entry	38
Service Driveways	54
Shop Lots (2)	40
Clarendon Hall Entry	16
Clarendon East Lot	82
Clarendon Valley	115

Parking demand is directly related to staffing requirements for each shift, patient population, average number of visits per day, and a number of other influences. Parking demand is heavily impacted by the percentage of employees who use public transportation, carpool, walk or bicycle to work. It may be necessary for a transportation consultant to do a traffic and parking analysis during an environmental review.

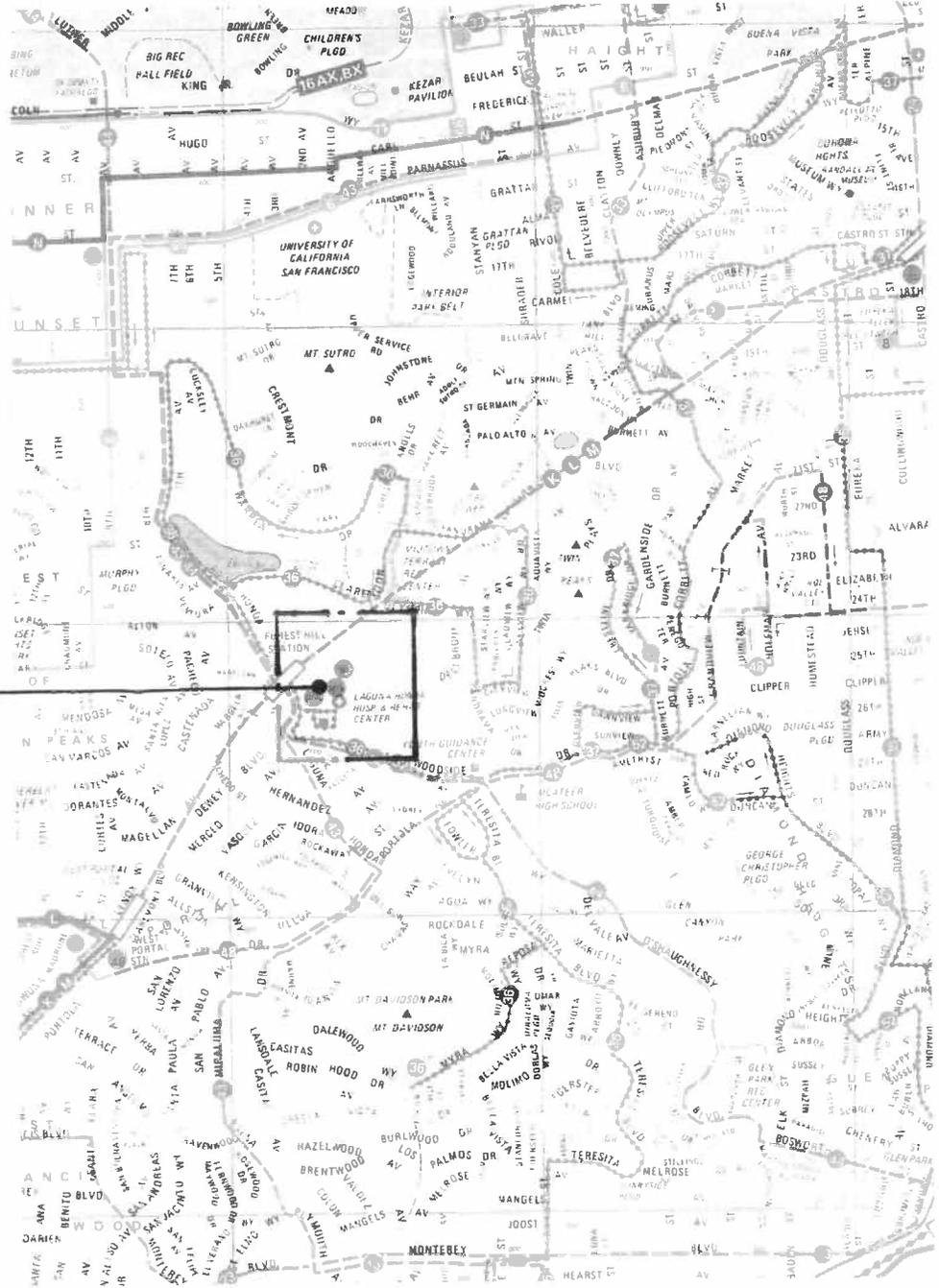
The current parking situation at Laguna Honda Hospital adequately meets the needs of the Institution. Anticipated development at Laguna Honda Hospital will primarily be associated with replacement beds rather than additional beds. Therefore, any substantial increase in parking need is not anticipated.

Institutional Master Plan

CIRCULATION & PARKING ANALYSIS

TRANSIT PLAN

LAGUNA HONDA HOSPITAL



The above diagram is from the Street & Transit Map published by the San Francisco Municipal Railway.



## Institutional Master Plan

## TRAFFIC &amp; TRANSPORTATION ANALYSIS

## EXISTING PEDESTRIAN ENVIRONMENT

The principal connecting and loop roads have sidewalks on at least one side for most of their length. There is an existing network of walkways, mainly on the west side of the campus, providing pedestrian access from the Forest Hill Station to the main entrance of the Hospital complex and to the Clarendon Hall area. The walkways combine ramps with steps to account for considerable differences in the ground elevations. Handrails are provided for stairs and steeper inclines although few comply with current standards. No unattended non motorized wheelchair traffic seems feasible due to the excessively steep slopes. There are a few accessible patient therapeutic and recreational activity areas.

## EXISTING TRAVEL DEMAND

In order to reduce travel demand, particularly single occupant vehicles on campus, the Hospital encourages use of public transportation by employees and visitors. LHH is centrally located in the City and is readily accessible by Muni. The Forest Hill Station is located directly across from the Hospital's Main Entrance. The Hospital serves as a Muni Fast Pass Broker to stimulate use of public transit. References encouraging use of public transportation are publicized in Volunteer recruitment literature. The Hospital also encourages carpooling and ride-sharing by employees and volunteers. Although a Travel Demand Management Plan does not currently exist, when mandated Laguna Honda Hospital will comply.

In order to lessen the site congestion at peak shift changes, the Hospital utilizes slightly staggered shifts for some departments.

Average Daily Travel Demand is reflected in the following table. The actual parking demand and transportation impact on the site are reduced by the number of staff and visitors who use public transportation, carpool, bicycle, or walk to the campus. The hospital plans to assess transportation and parking as necessary during an environmental review process. The survey will also examine the impact of Day Programs on transportation and parking demand.

	Day Shift 7 am - 3 pm	Evening Shift 3 pm - 11 pm	Night Shift 11 pm - 7 am
Staff FTEs	1057 67% of staff	316 20% of staff	205 13% of staff
Visitors <sup>1</sup>	75	50	2
Adult Day Health Center	50 <sup>2</sup>		
Senior Nutrition Program (lunch only)	45 <sup>3</sup>		

<sup>1</sup>Visiting hours are 10 am to 9 pm, and other hours by special arrangement.

<sup>2</sup>These seniors are transported in hospital vans.

<sup>3</sup>These participants are self-transported via various transportation modalities. These participants are not present during peak parking demand at 3 pm shift change.

**Institutional Master Plan****TRAFFIC & TRANSPORTATION ANALYSIS**

---

**EXISTING LOADING FACILITIES****TRUCK TRAFFIC**

Existing service access to the site is through the main entry at the intersection of Laguna Honda Boulevard and Dewey Boulevard near the convergence of Woodside Avenue. The loading dock is located on the east side of the 'H' wing of the main hospital building. All service vehicles use the main drive to access both the hospital and Clarendon Hall. The existing loading dock is adequate for current uses.

## Institutional Master Plan

## TRAFFIC &amp; TRANSPORTATION ANALYSIS

**TEN YEAR PLAN  
CHANGES IN TRAFFIC LEVELS  
& CIRCULATION PATTERNS**

Laguna Honda Hospital is currently accessed through the main entry located at the intersection of Laguna Honda Boulevard and Dewey Boulevard near the convergence with Woodside Avenue. There is a secondary entry on Woodside Avenue, which provides one lane for incoming traffic and pedestrians from Woodside Lane. All traffic exiting the site must use the primary entry/exit point on Laguna Honda Boulevard. Congestion occurs at this point during shift changes, resulting in lengthy delays for staff and visitors.

The development plan for the hospital includes demolition and replacement of the facility. The total additional capacity for the hospital is 60 beds, just over 5% of the existing bed capacity. This minimal increase in capacity should have little, if any, effect on traffic levels. Circulation patterns should actually be improved after the initial phase of construction. Pursuant to a traffic analysis and environmental review process, the proposed development on the site includes improvements to the Woodside Avenue access. A signal may be beneficial at the intersection of Woodside Avenue and Woodside Drive. This road would then serve as a secondary entry and exit for most of the Laguna Honda Hospital traffic at peak times.

**TRANSIT DEMAND**

Although encouraged, public transportation demand will not likely increase due to the development at Laguna Honda Hospital. Minimal increase in bed capacity and minimal increase in staffing levels as a direct result of the development plan will not cause a discernable increase in demand for public transit.

**PARKING AVAILABILITY**

There are currently 580 total parking stalls on the Laguna Honda Campus. The recommended Project provides 648 parking spaces distributed as follows:

Main Parking Lot East	460 Spaces
New Hospital Main Entry	113 Spaces
Existing Main Entry	25 Spaces
Residential Care Facility	50 Spaces

This represents an increase of 68 parking stalls. The recommended Project involves primarily demolition and replacement of existing services and therefore will not require substantial increases in parking.

**PEDESTRIAN ENVIRONMENT**

The proposed building program will have little effect on the overall pedestrian environment except for accessibility provisions as required for all new construction. The sidewalks on the principal connecting roads will remain as the primary pedestrian access to the hospital. The new access road at Woodside Drive may effectively reduce the traffic at the main entry thereby reducing the pedestrian and vehicular crossover near the main entry.

**LOADING FACILITIES  
TRUCK TRAFFIC**

The proposed building program separates the service traffic from the staff and visitor traffic by providing a dedicated service road along the southeastern edge of the site. The loading dock will remain in its current location. The existing facilities will be retrofitted and improved for increased efficiency .

**Institutional Master Plan****TRAFFIC & TRANSPORTATION ANALYSIS**

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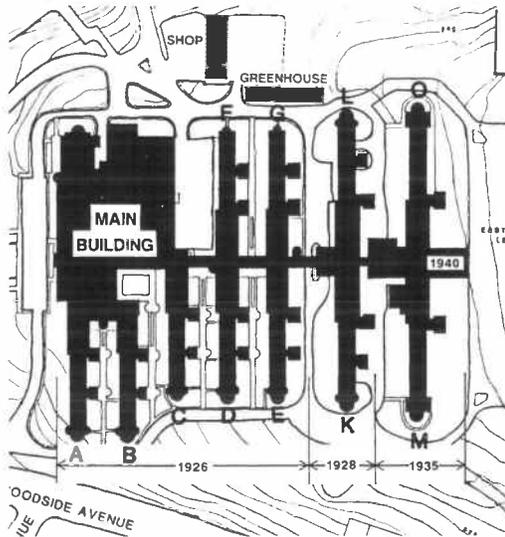
**FIVE YEAR PLAN  
CHANGES IN TRAFFIC LEVELS  
& CIRCULATION PATTERNS**

Within the first five years of the proposed building program, the bulk of the site improvements will be completed. The proposed access road at Woodside Drive will access the existing parking lot on the southeast edge of the site. The completion of the new service road separates the service vehicle traffic to the main building from the staff and visitor traffic. This road will also be the primary access for the construction traffic associated with the construction of the new hospital.

## Institutional Master Plan

## BUILDING LOCATIONS &amp; DESCRIPTIONS

## MAIN BUILDING COMPLEX



The main building complex, which includes eleven nursing wings and ancillary services wings is situated in the south central portion of the site on a long, approximately 20% slope rising from Laguna Honda Blvd. toward the east.

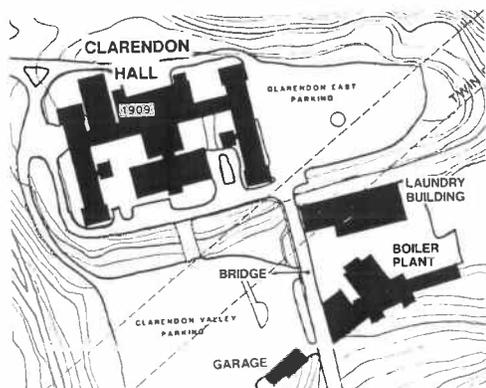
The building organization of the Laguna Honda Hospital main complex can be characterized as a modified pavilion type: a series of parallel wings/pavilions connected with an internal circulation spine, running the full length of the building. All corridors in nursing units and major intra-departmental circulation branch off from that main connecting spine.

The main wing and wings "A", "B", "C", "D", "E", "F" and "G" are the oldest in the main hospital complex dating back to 1926. The structure of the building is reinforced concrete with some structural steel. Many interior walls are of unreinforced clay tile construction. The wings "K" and "L" were added in 1928 and wings "M" and "O" in 1935. The last addition in 1940 was built at the extreme east end of the complex. All these buildings were constructed in reinforced concrete. Over the years various areas of the complex were updated and remodeled at different times in response to changing functional and regulatory requirements of the facility. The most important renovation took place in 1959-1960.

The original part of the building was designed in the Mediterranean, neo-romanesque style prevalent at the time. The style was extended to later additions to the complex. Massive pastel stucco walls relieved by occasional curvilinear forms and detail, and clay tile roofs dominate the architectural character of both the campus and the surrounding neighborhood. The prominence of the building is accentuated by its great bulk (over 500,000 square feet of floor area), slender proportions of building wings and its elevated location on the hillside.

The Building's principal deficiency is its lack of compliance to current codes and lack of flexibility in being adaptable to meet these codes. This is due to physical configuration of each of the wings. The very narrow and long shape (approximately 20' x 120') does not provide the appropriate amount of code complying bedrooms and circulation.

## CLARENDON HALL



Clarendon Hall is located in the north central part of the site on a knoll separated from the main hospital complex by a depression bisecting the site east to west.

The terrain slopes away from the building at about 30% to the west and 10% toward Clarendon Avenue.

**Institutional Master Plan****BUILDING LOCATIONS & DESCRIPTIONS**

---

Clarendon Hall is a three-story structure with a basement, constructed of reinforced concrete. It was built in 1909. Over the years, various areas of the building were updated and remodeled, with the most important alterations and renovations taking place in 1958 and 1978. The building consists of several wings interconnected with narrow corridors and forms a modified quadrangle. In addition, there are separate bathroom/utility towers linked to the east and west wings of the building. The building is located on relatively level ground with the first floor elevated about three feet above grade.

The interior of Clarendon Hall sustained substantial damage during the 1989 earthquake, but remained functional. These damaged areas are being repaired through FEMA funding.

**LAUNDRY BUILDING**

The Laundry Building consists of a one story structure built in 1940 and an addition constructed in 1957. The walls of the original structure are of reinforced concrete with embedded steel columns. Steel and concrete trusses support a wood roof. The later addition has a steel frame with metal roof deck. The walls are reinforced concrete with metal siding.

The building accommodates the laundry functions of sorting, sanitizing, washing, pressing and dispatch. Employee facilities and office space are also provided.

**BRIDGE STRUCTURE**

The Bridge, built in 1925, is a two-story, 10,700 square foot structure of reinforced concrete. It spans the topographic depression in the central area of the site. The roof slab supports the roadway and walkway that connects the main hospital complex and Clarendon Hall. Both floors of the structure are used for storage and shops.

According to the Roof Condition Study undertaken in 1988 the walls of the Bridge Building need to be waterproofed. Cracking in the walls has lead to leakage. 1988 costs for this work was estimated at \$97,000.

**SHOP BUILDING**

The Shop Building is a two-story, reinforced concrete structure built in 1957. The building is set into an embankment between two parking lots and service yards. The lower level is at grade on the west side, the upper on the east. The building accommodates shops with attendant offices and storage space.

**ANCILLARY BUILDINGS**

Ancillary buildings include a greenhouse for patient use of approximately 1,000 square feet located just north of Wings F and G, and a six car garage/storage building located in Clarendon Valley. There is extensive water leakage through the skylights of the greenhouse, which make-up 75% of the roof area.

**Institutional Master Plan****BUILDING LOCATIONS & DESCRIPTIONS**

---

**BOILER PLANT**

The boiler plant consists of a one-story boiler room with several catwalks, a mezzanine built in 1934 and two one-story structures added in 1957. The boiler room is constructed of reinforced concrete walls with embedded steel columns and beams supporting steel roof trusses and beams. The roof slab is reinforced concrete. The later additions are of reinforced concrete construction. The building houses a machine shop and an emergency generator room in addition to the boiler room.

According to the Roof Condition Study undertaken in 1988, the roof the Boiler Plant will need replacement soon due to its age and improperly constructed pipe penetrations. Repair measures are provided but will not correct the major source of leaks. Costs for replacement is estimated at \$70,000 to \$100,000, in 1988 dollars.

## Institutional Master Plan

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**BUILDING LOCATIONS & DESCRIPTIONS**

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**CONCLUSIONS****MAIN BUILDING**

The Main Building contains a number of architectural deficiencies. Several cannot be rectified without essentially gutting and rebuilding the facility.

The first of these, detailed in the code evaluation section, is the lack of compliance of the present building to current code and regulatory requirements coupled with the lack of flexibility in the inherent "wings on a stick" configuration of the main building. The long and very narrow shape of the wings (20' x 120') cannot be efficiently remodeled to meet code requirements. This is elaborated in Section VI of the Facility Assessment Report, Volume 1 of the Laguna Honda Hospital Facilities Master Plan.

The second major deficiency lies in the placement of the vertical and horizontal circulation elements in the building. Material, for instance, requires a four step trip to an elevator core up to, and across, a level, then up another elevator and to a patient area. The major circulation elements cannot be adjusted to provide efficient flow or material handling (See Section V of the Facility Assessment Report, Subsection: Material Management for a more detailed description of the problems.

The third major deficiency is the lack of on-unit storage, office and support space. This is exacerbated by the open ward configuration.

The fourth major deficiency is the lack of seismic resistance in the structural system, which is both disruptive and costly to rectify, to meet current requirements, and the lack of Heating, Ventilating and Air Conditioning (HVAC) that could address current HVAC requirements for patient care areas.

The fifth deficiency is the lack of logical intradepartmental adjacencies and the "scattering" of department components throughout the facility. This scattering leads to a lack of storage where it is needed, long travel distances between departments. It also makes the facility difficult to manage.

**CLARENDON HALL**

Clarendon Hall, because of the fairly recent remodel completed in 1978, does not have the architectural code deficiencies of the Main Building. It's bed configuration and exiting arrangements are code complying. However, its mechanical and structural systems do not meet code requirements.

The damage suffered by Clarendon Hall in the 1989 earthquake will require time and sizable investment to repair.

As the site of the Adult Day Health Care Center, Clarendon Hall provides minimum accommodations for that program. Missing are adequate toilet facilities, office space and outdoor recreation area.

**Institutional Master Plan****BUILDING LOCATIONS & DESCRIPTIONS**

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**SUPPORT BUILDINGS**

None of the remaining buildings on the Laguna Honda Hospital campus are in good repair. The Laundry Building, with its rusted structural steel joists due to the Laundry's high internal humidity is the most questionable. The other buildings are in need of repair to meet minimum code requirements. All of the ancillary buildings are past their useful life and are continuing to be patched on "as funds become available" basis. Consideration should be given to their reconstruction or replacement.

**ASBESTOS ASSESSMENT**

In January of 1990 the City commissioned Clayton Environmental Consultants, Inc. to investigate asbestos containing materials at the Hospital. Their report, Assessment of Suspect Asbestos Containing Building Materials at Laguna Honda Hospital provides an analysis and description of the asbestos containing materials at the facility. It also outlines abatement and removal measures, as well as associated costs.

Clayton Environmental Consultants, Inc. found asbestos containing materials in all buildings at the Hospital except for the Greenhouse. Their preliminary cost estimates for abatement measures total up to \$3 million for construction only. Removal and replacement of asbestos containing materials was estimated at up to \$4 million for construction only. Other costs, such as relocation of staff and patients and administrative costs, are not included.

A summary of asbestos removal construction cost by building is provided on page 2.21 of this report.

## Institutional Master Plan

## BUILDING DATA SUMMARY TABLE

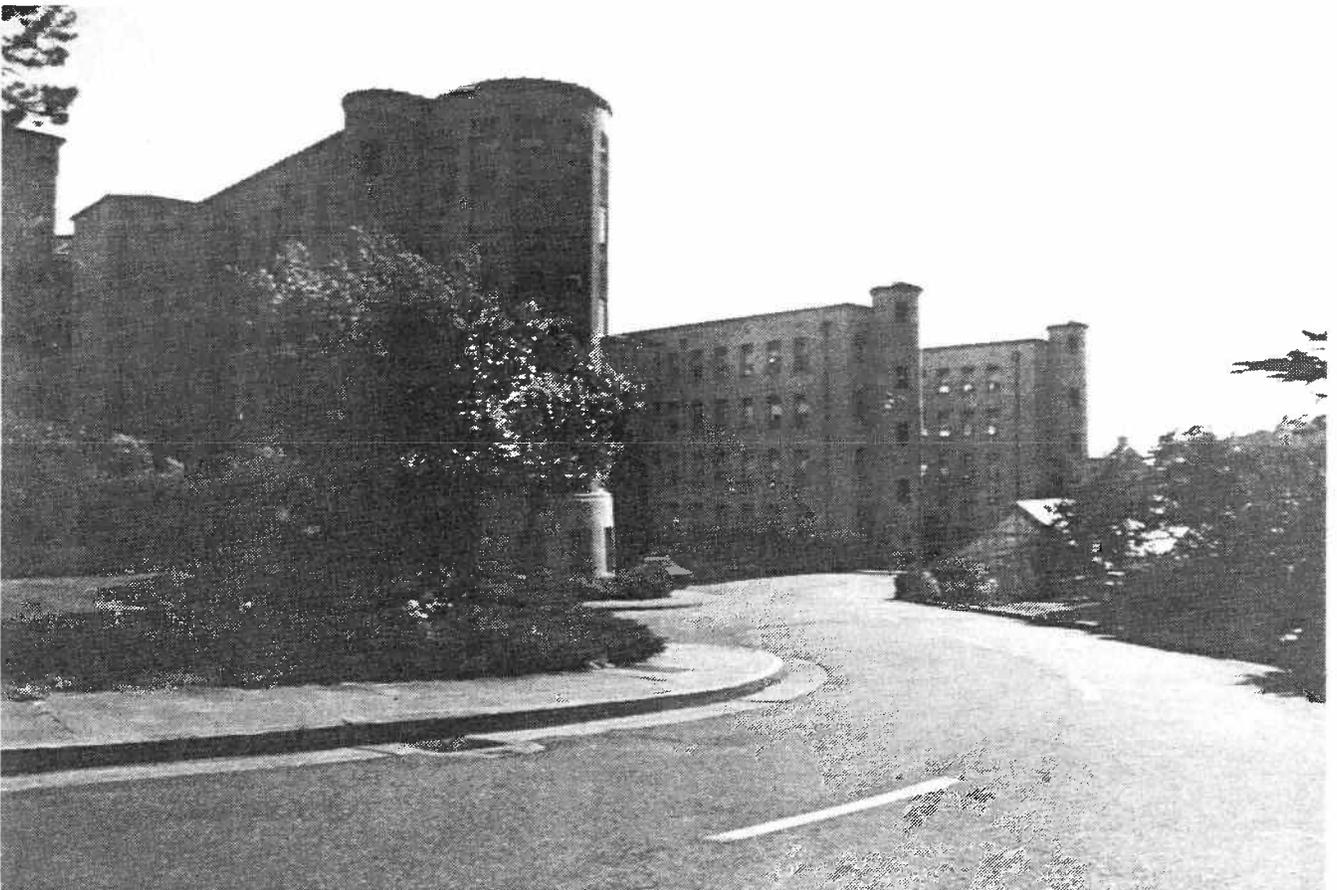
	BEDS AVAILABLE	GROSS SQ. FT.	NET SQ. FT.	NO. OF STORIES/ CONSTRUCTION	YEAR BUILT	COMMENTS
<b>MAIN BUILDING</b> 31 Wards	860 in wards 1 5-bed rms 3 3-bed rms 32 2-bed rms 33 1-bed rms 6 isolation 977 BEDS	533,000	401,400	3 - 7  Reinforced Concrete and Steel	1926 Wings A-G and Admin. 1928 Wings K & L 1935 Wings M & O	Roof needs replacement cost: \$3.5-4.0 million*  Asbestos Removal \$1.6-2.0 million**
<b>CLARENDON HALL</b>	12 1-bed rms 52 2-bed rms 2 3-bed rms 12 4-bed rms 170 BEDS	112,800	82,150	3+ Basement  Reinforced Concrete and Steel	1909	Roof needs replacement cost: \$1.1-1.3 million*  Asbestos Removal \$330,000-\$600,000**
<b>LAUNDRY BUILDING</b>		9,500	8,400	1  Reinforced Concrete and Steel	1940 and 1957	Asbestos Removal \$80,000-100,000**
<b>BOILER PLANT</b>		8,200	7,420	1 + Mezzanine  Reinforced Concrete and Steel	1934 Boiler Room Steel	Roof needs replacement cost: \$70,000-100,000*  Asbestos Removal \$175,000-\$350,000**
<b>BRIDGE STRUCTURE</b>		13,900	10,700	2  Reinforced Concrete	1925	Walls need to be waterproofed cost: \$163,000-\$175,000*  Asbestos Removal \$800,000-\$1.3 million**
<b>SHOP BUILDING</b>		7,500	6,200	2  Reinforced Concrete	1957	Asbestos Removal \$65,000-\$90,000**
<b>GARAGE</b>		1,842		1		
<b>GREENHOUSE</b>		1,000		1		Exterior skylight repair required cost: \$168,000-\$180,000*
<b>TOTAL</b>		<b>687,472</b>	<b>516,270</b>			<b>\$8,051,000 - \$8,200,000</b>

\* from Emergency Roof Condition Study by Technical Roof Services, Inc., Nov./Dec. 1988, escalated to 1992 midpoint of construction and adjusted to reflect a range project costs.

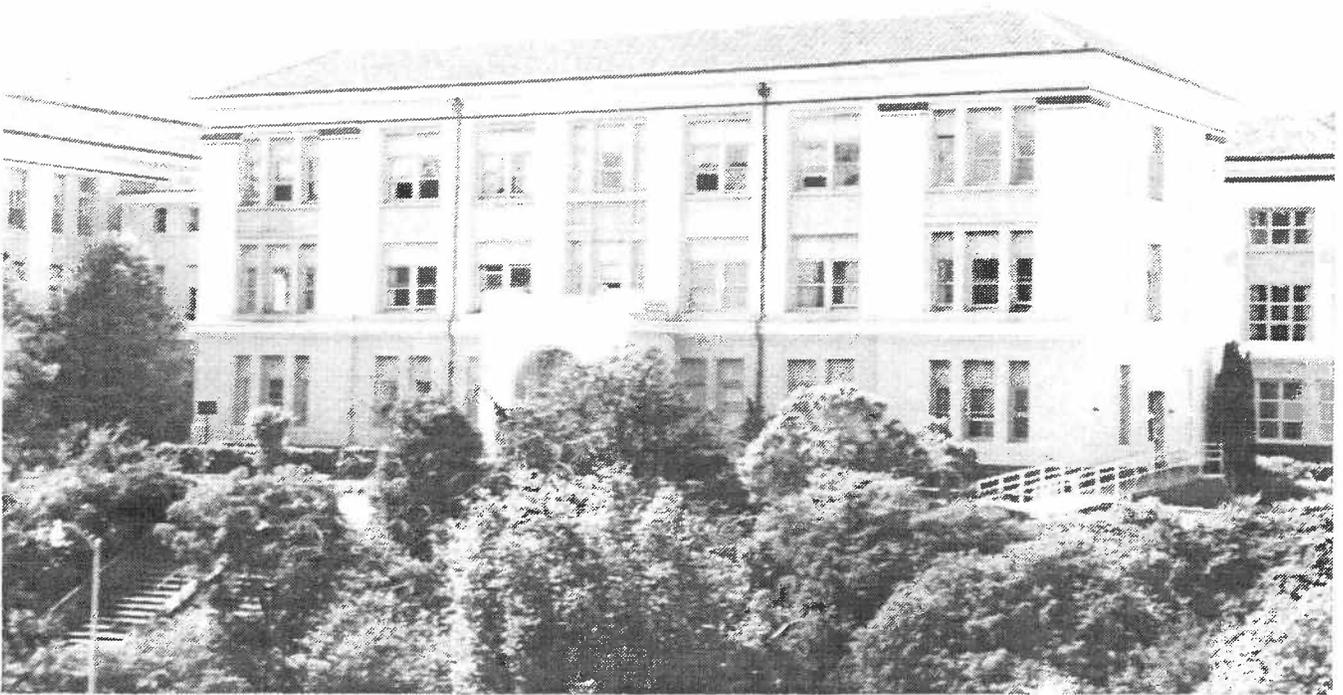
\*\* from Assessment of Suspect Asbestos Containing Building Materials at the Laguna Honda Hospital report by Clayton Environmental Consultants, Inc. in Jan. 1990, costs escalated to 1992.



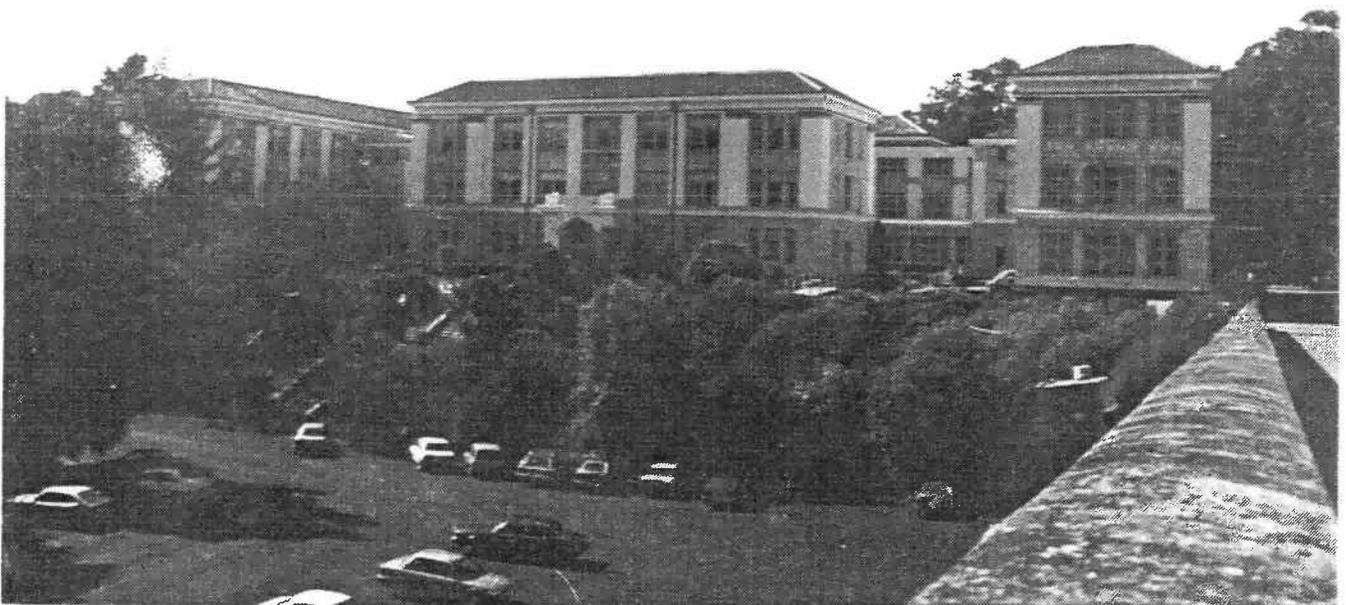
**MAIN BUILDING, Main Entry Side**



**Wings L, F and G of Main Building**



**Clarendon Hall**



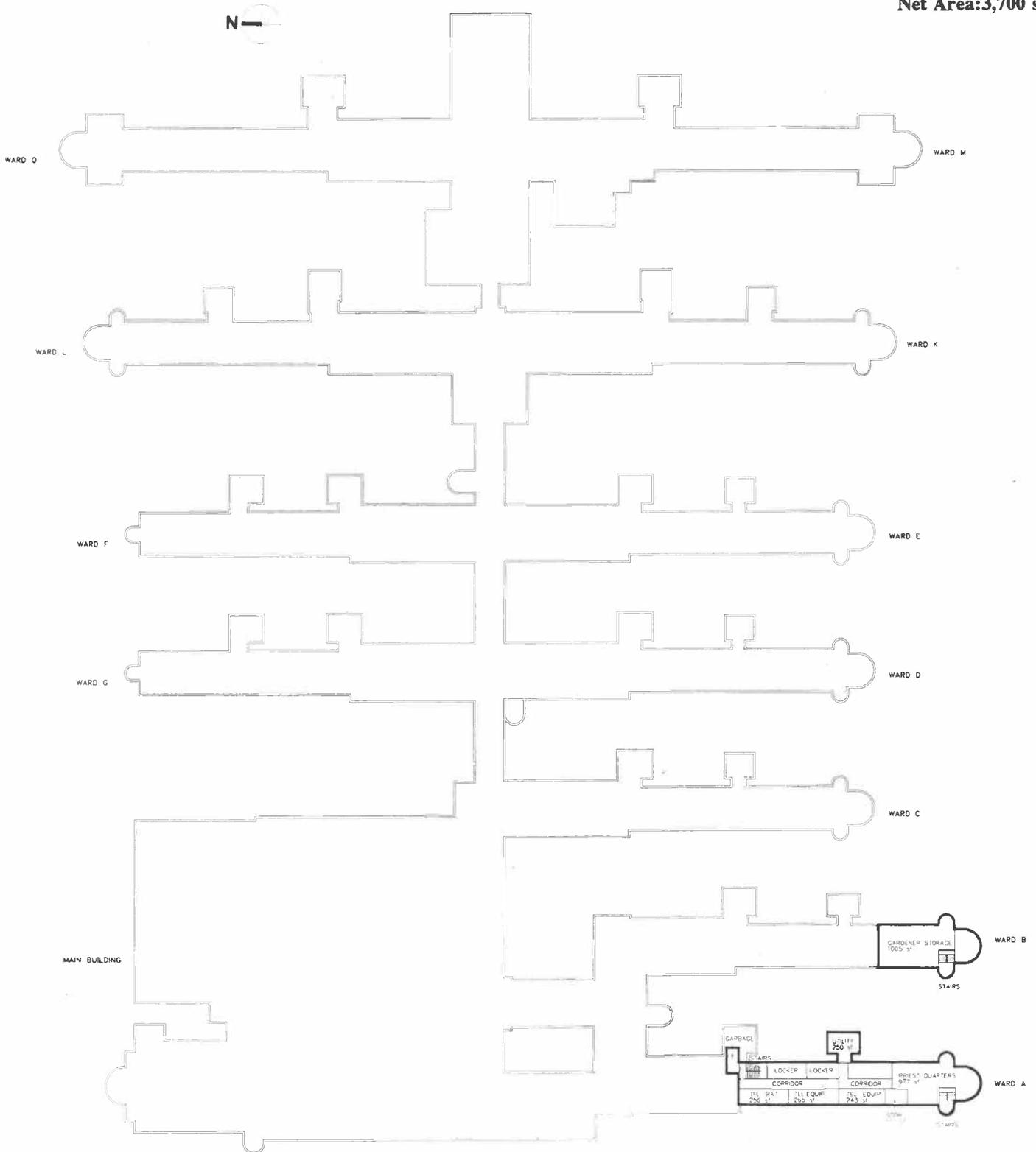
**Clarendon Hall, with Bridge on right, Clarendon Valley Parking Lot below.**

Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING

Basement • Elevation 512'-6"

Gross Area: 5,200 sf  
Net Area: 3,700 sf



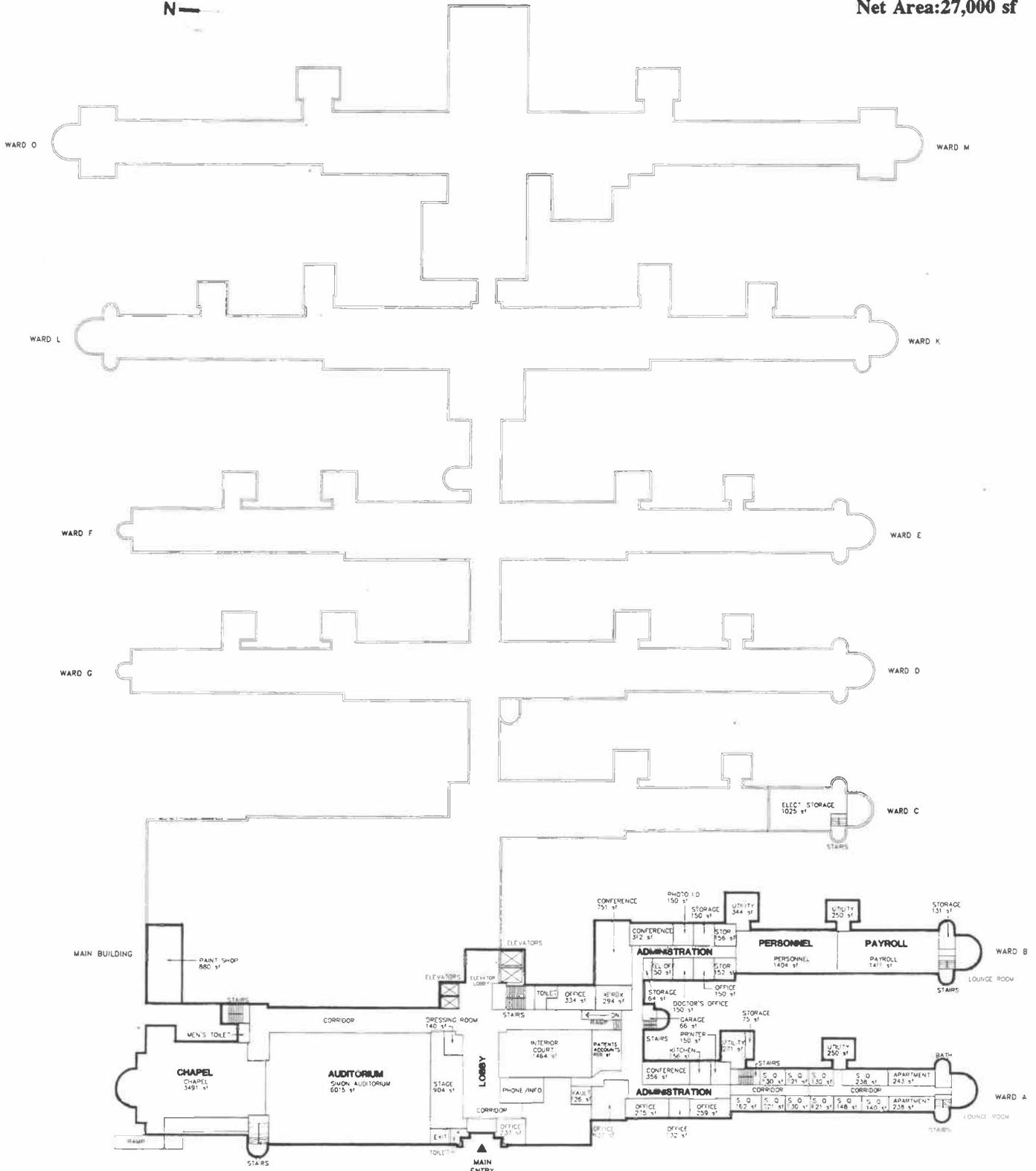
Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING

Level One • Elevation 523'-0"

Gross Area:39,100 sf

Net Area:27,000 sf

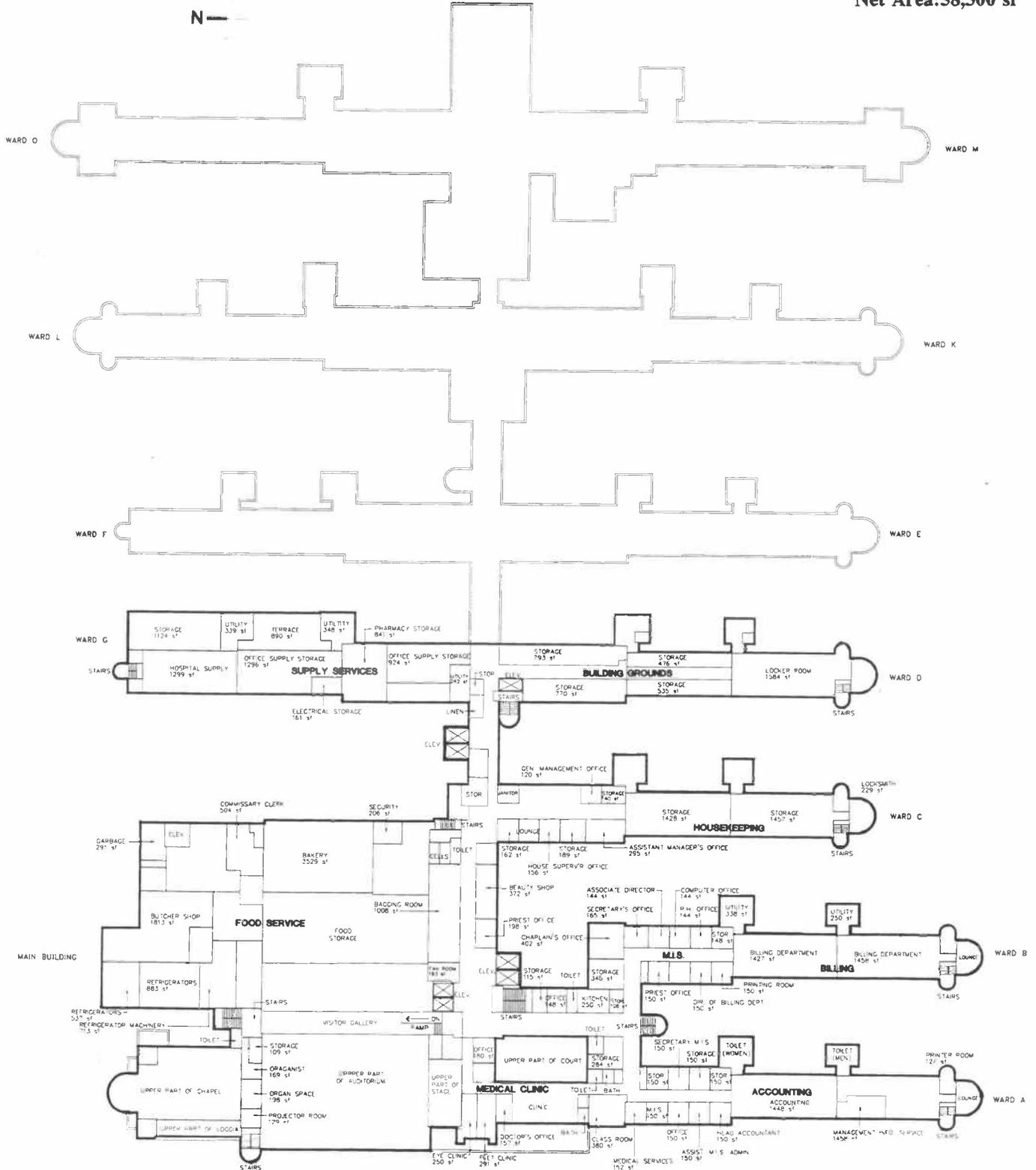


Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING

Level Two • Elevation 534'-6"

Gross Area:82,000 sf  
Net Area:58,300 sf

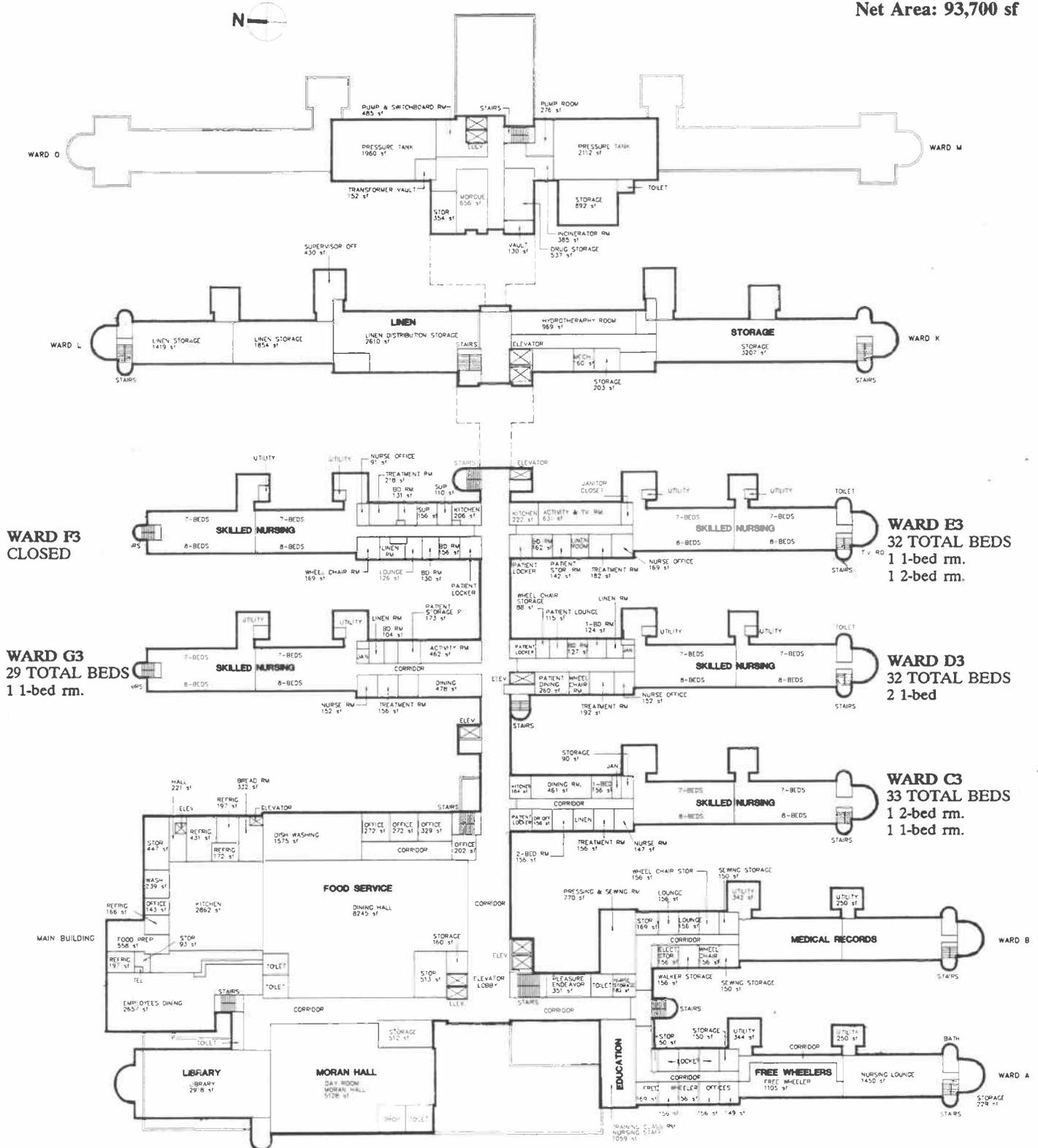


Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING

Level Three • Elevation 546'-0"

Gross Area: 122,000 sf  
Net Area: 93,700 sf



Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING

Level Four • Elevation 557'-6"

Gross Area:96,100 sf

Net Area:74,000 sf

WARD O4  
28 TOTAL BEDS  
1 5-bed room  
2 2-bed room  
1 1-bed room

WARD I4  
29 TOTAL BEDS

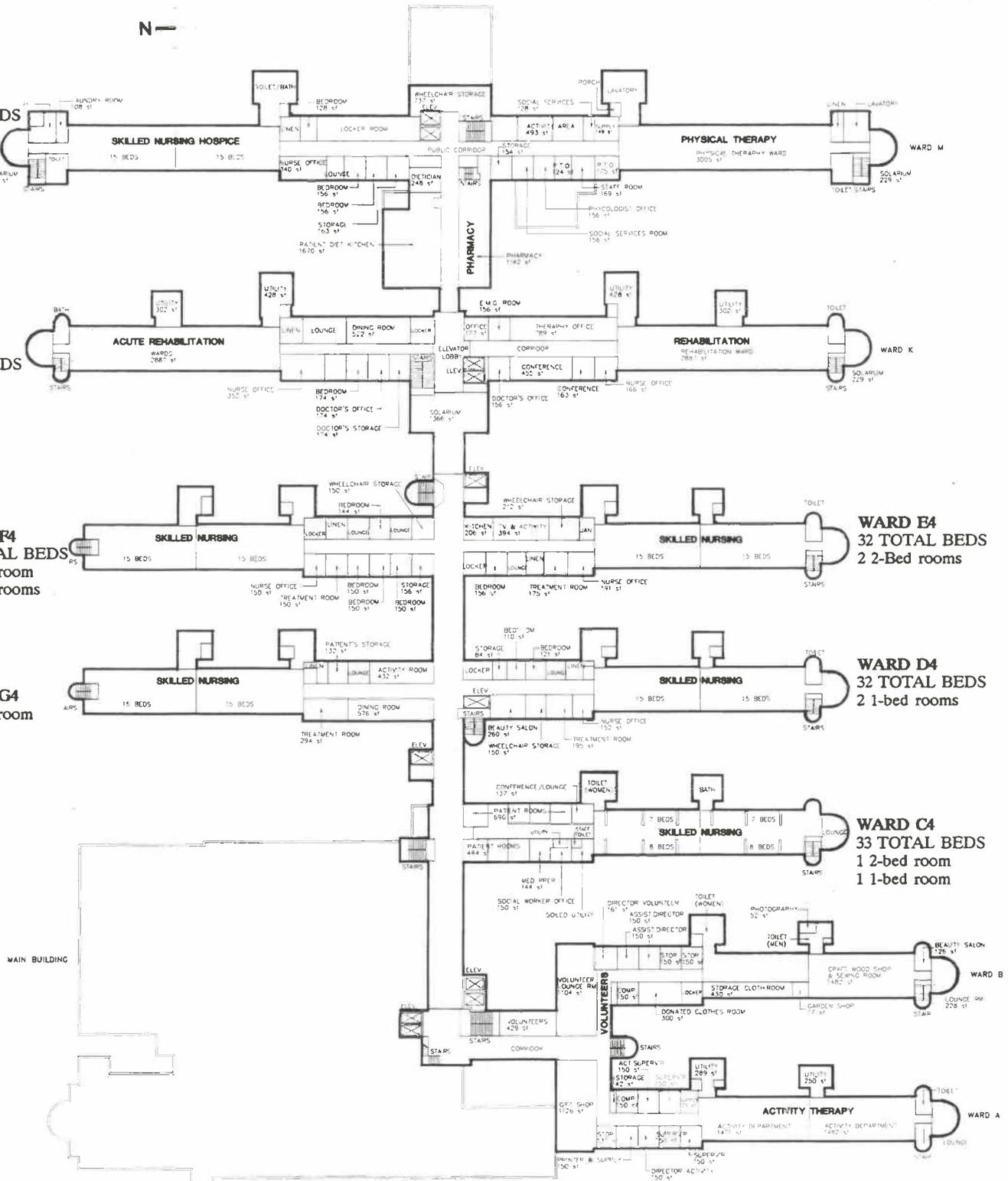
WARD F4  
34 TOTAL BEDS  
1 2-bed room  
3 1-bed rooms

WARD G4  
1 1-bed room

WARD E4  
32 TOTAL BEDS  
2 2-Bed rooms

WARD D4  
32 TOTAL BEDS  
2 1-bed rooms

WARD C4  
33 TOTAL BEDS  
1 2-bed room  
1 1-bed room





Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING

Level Six • Elevation 580'-6"

Gross Area: 67,200 sf  
Net Area: 53,300 sf



**WARD O6**  
30 TOTAL BEDS  
1 2-bed room  
3 1-bed rooms

**WARD M6**  
33 TOTAL BEDS  
1 2-bed room  
1 1-bed room

**WARD L6**  
34 TOTAL BEDS  
1 3-bed room  
3 2-bed rooms

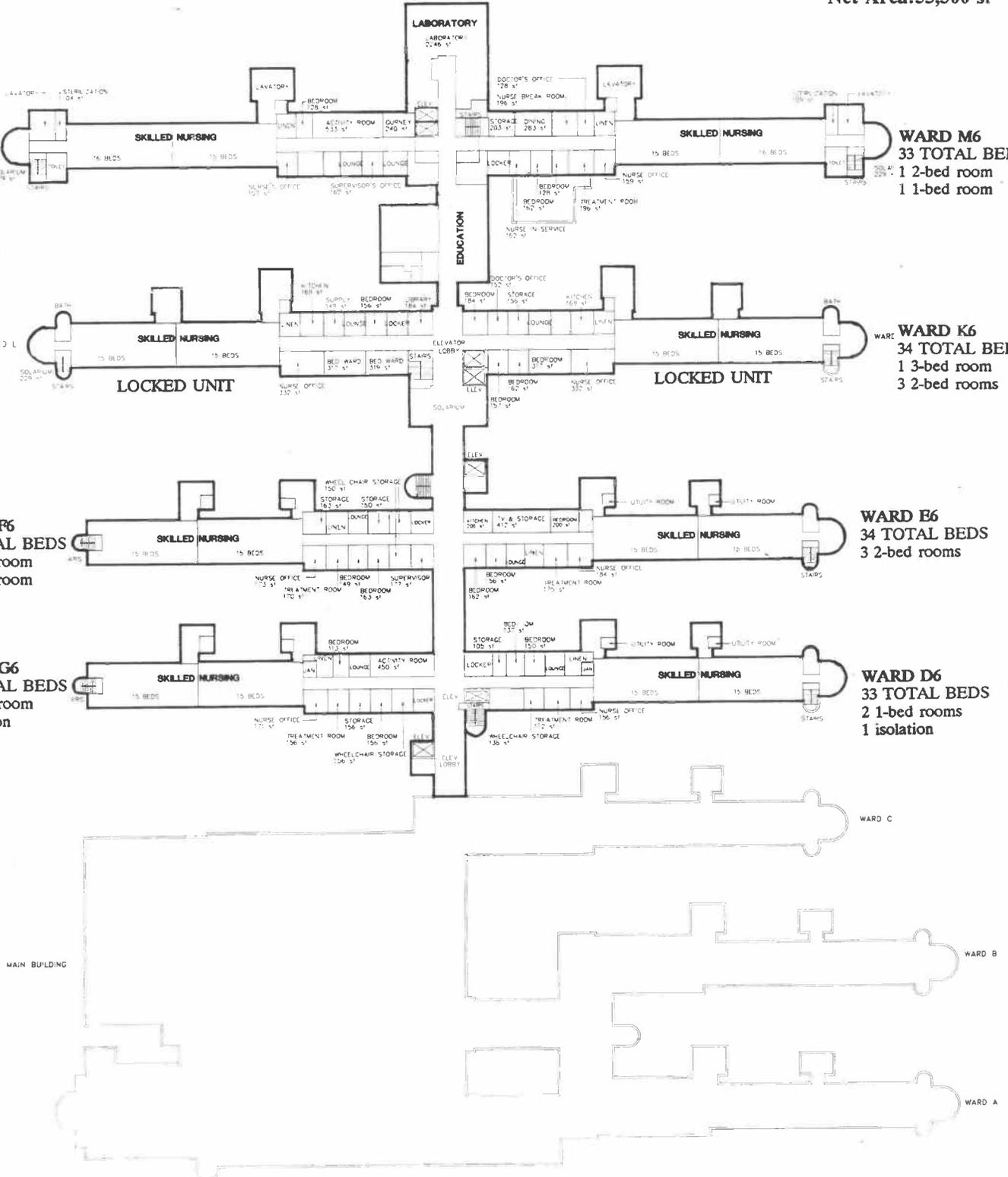
**WARD K6**  
34 TOTAL BEDS  
1 3-bed room  
3 2-bed rooms

**WARD F6**  
31 TOTAL BEDS  
1 2-bed room  
1 1-bed room

**WARD E6**  
34 TOTAL BEDS  
3 2-bed rooms

**WARD G6**  
32 TOTAL BEDS  
1 1-bed room  
2 isolation

**WARD D6**  
33 TOTAL BEDS  
2 1-bed rooms  
1 isolation

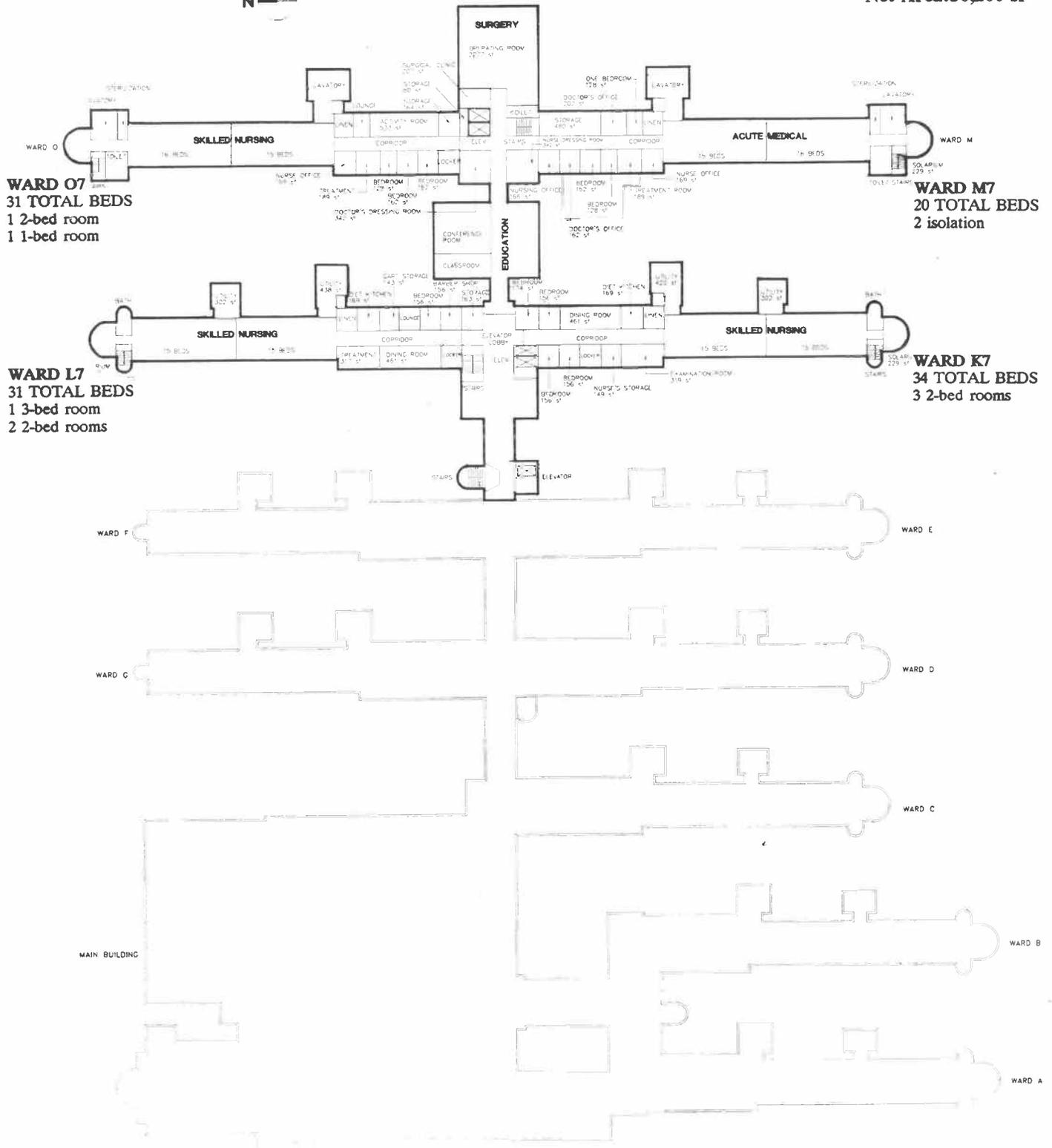


Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING

Level Seven • Elevation 592'-0"

Gross Area:37,700 sf  
Net Area:30,200 sf



**WARD O7**  
31 TOTAL BEDS  
1 2-bed room  
1 1-bed room

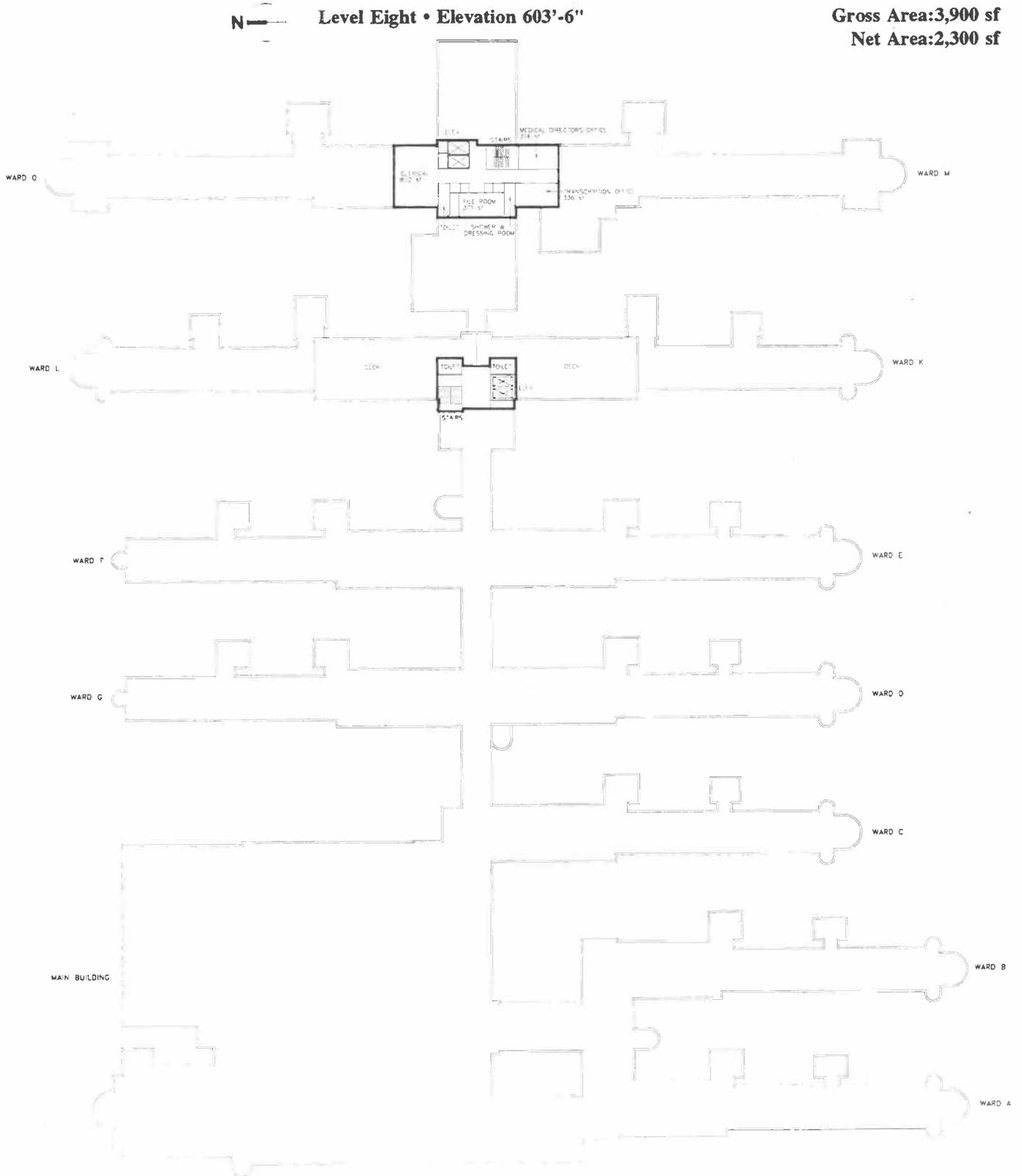
**WARD M7**  
20 TOTAL BEDS  
2 isolation

**WARD L7**  
31 TOTAL BEDS  
1 3-bed room  
2 2-bed rooms

**WARD K7**  
34 TOTAL BEDS  
3 2-bed rooms

Institutional Master Plan

MAIN BUILDING & WARDS FLOOR PLAN - EXISTING



Level Eight • Elevation 603'-6"

Gross Area: 3,900 sf  
Net Area: 2,300 sf

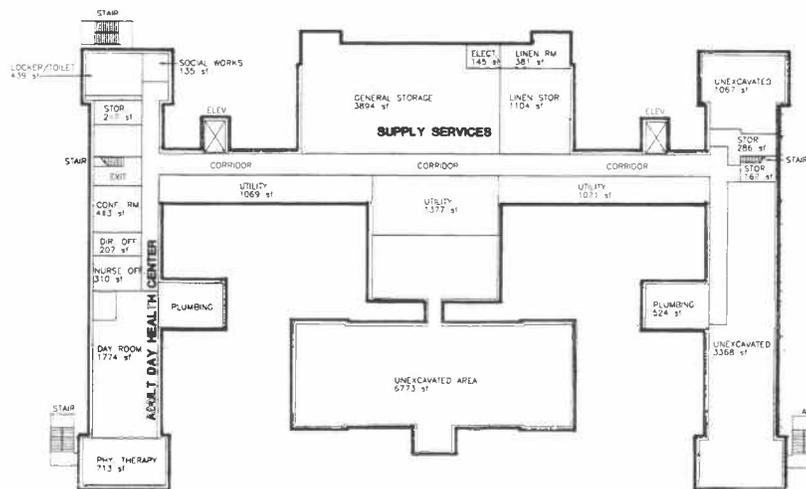
Institutional Master Plan

CLARENDON HALL FLOOR PLANS

Basement

Net Area: 14,200 sf

Gross Area: 21,200 sf

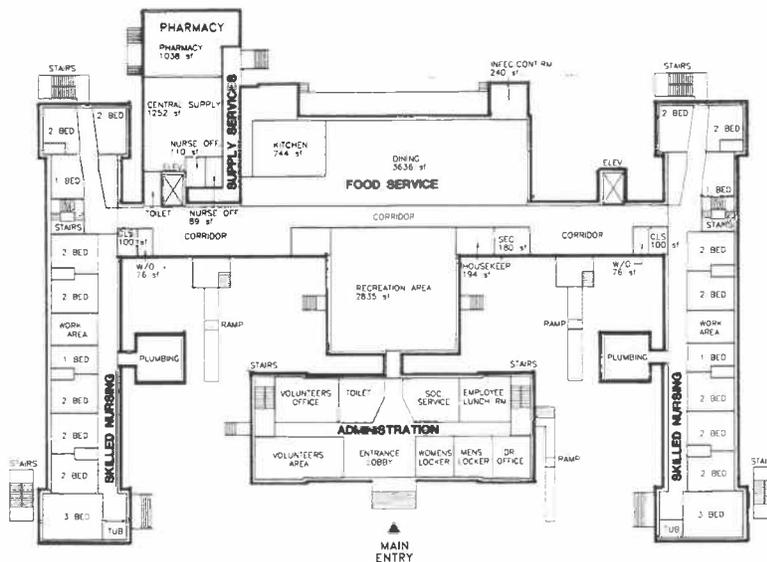


BASEMENT PLAN  
CLARENDON HALL

First Floor

Net Area: 27,150 sf

Gross Area: 36,200 sf



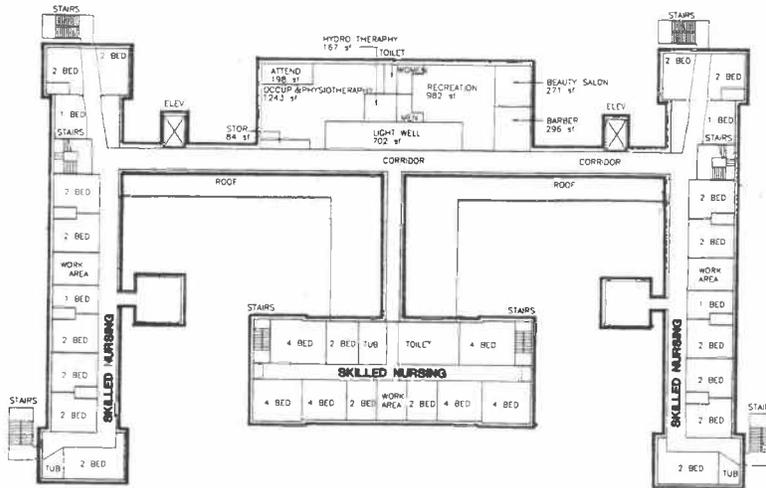
LEVEL 1 PLAN  
CLARENDON HALL

Institutional Master Plan

CLARENDON HALL FLOOR PLANS

Second Floor

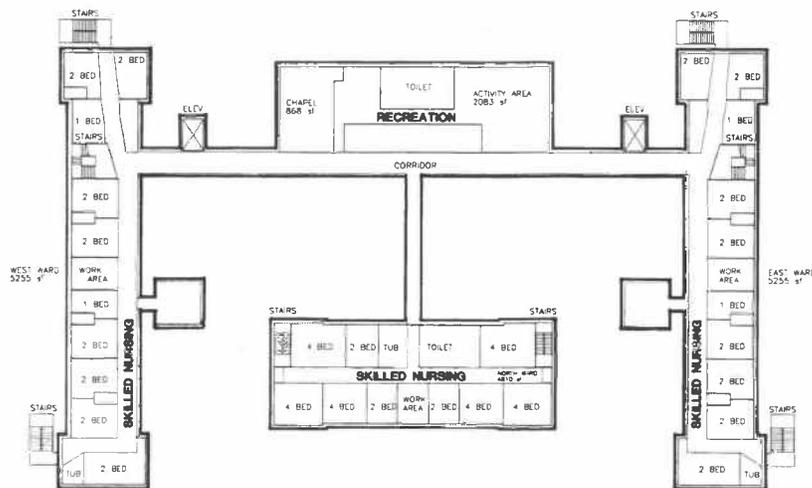
Net Area: 20,400 sf  
Gross Area: 27,700 sf



LEVEL 2 PLAN  
CLARENDON HALL

Third Floor

Net Area: 20,400 sf  
Gross Area: 27,700 sf



LEVEL 3 PLAN  
CLARENDON HALL

## Institutional Master Plan

**BUILDING LOCATIONS & DESCRIPTIONS****HISTORICAL/ARCHITECTURAL SIGNIFICANCE**

Priority Policy 7 of the City of San Francisco's Master Plan states "That landmarks and historic buildings be preserved"; and 8. "That our parks and open space and their access to sunlight and vistas be protected from development." To this end the City Planning Department has compiled a list, or survey, of architecturally significant building, representing the best ten percent of San Francisco's buildings. These buildings have been rated numerically according to their overall architectural significance. The ratings range from a low of "0" to a high of "5". Factors considered in this rating include separate rankings in the areas of architectural significance, urban design context, and overall environmental significance. Buildings rated "3" or better overall represent approximately the best two percent of the City's Architecture.

The following is the analysis for Laguna Honda Hospital as listed in the Architectural Survey:

**RELATIONSHIP WITH SURROUNDING BUILDINGS**

Relationship of setting to building	4
Importance as contribution (alone) to a cluster/streetscape	2

**ARCHITECTURAL DESIGN VALUATION**

Facade proportion	1
Richness/Excellence of detailing/decoration	1
Unique visual feature of interest (rear view)	4
Example of a rare or unusual style or design	3
Overall architectural quality	1

Also noted on the analysis: "Apse form ending of wings flanked by round smoke towers. Repetition of this makes a very imposing elevation."

The following page contains a copy of the rating sheet for the Hospital as it appears in the City's Architectural Survey.

**The Main Building at Laguna Honda Hospital has been given an overall rating of "2".**

In the case of Laguna Honda Hospital, while no single building is considered outstanding, the Main Building, as an ensemble, is deemed to present an asset to the City's urban fabric. To that end, removal or major alteration to the existing building will need to be reviewed by the Landmarks Preservation Advisory Board, the City Planning Department, and the City Planning Commission.

Institutional Master Plan

BUILDING LOCATIONS & DESCRIPTIONS

HISTORICAL/ARCHITECTURAL SIGNIFICANCE

Rating sheet from Architectural Survey regarding Laguna Honda Hospital.

LAGUNA HONDA BLVD/WOODSIDE AVE 2842 ptn. 7 2  
 street address block number lot number summary

LAGUNA HONDA HOSPITAL landmark number  
 building type/use/number of floors

RELATIONSHIP WITH SURROUNDING BUILDINGS

Relationship of setting to building	-2 -1 0 1 2 3 4 5	<input type="checkbox"/> PROPOSED FOR FURTHER INVESTIGATION
Importance as contribution to a cluster/streetscape	-2 -1 0 1 2 3 4 5	<input type="checkbox"/> CORNICE, PARAPET, APPENDAGE
		Importance of cornice to building design
		Cornice contribution to streetscape
		Physical condition
		Paint/Material color
		Appropriateness of improvements

ARCHITECTURAL DESIGN VALUATION

Facade proportions	-2 -1 0 1 2 3 4 5
Richness/Excellence of detailing/decoration	-2 -1 0 1 2 3 4 5
Unique visual feature of interest	0 1 2 3 4 5
Example of a rare or unusual style or design	0 1 2 3 4 5
Overall architectural quality	-2 -1 0 1 2 3 4 5

REAR VIEW

CHAU 4-12-76 date

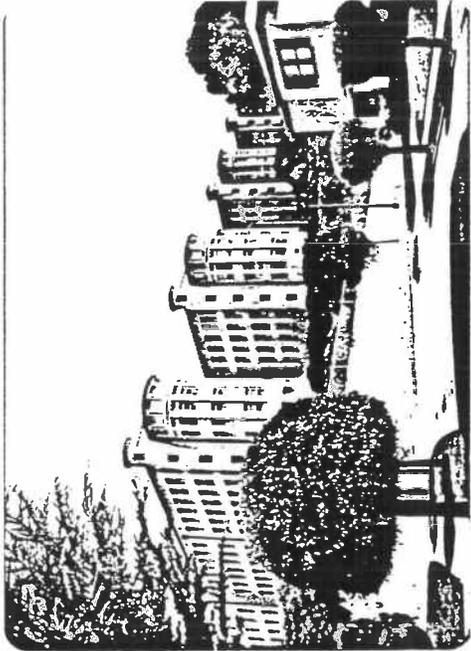


photo 242-5

Field Notes

ARISE FORM ENDING OF WINGS  
 FLANKED BY ROUND SMOKE  
 TOWERS  
 REPETITION OF THIS MAKES A  
 VERY IMPOSING ELEVATION.

Review Notes

Junior League Listing  
 text  index  file  
 Northern California Guide  
 Other Listing \_\_\_\_\_

BY JOHN REID, JR. 1987  
 CITY ARCH. AT THAT TIME

## Institutional Master Plan

**BUILDING LOCATIONS & DESCRIPTIONS****ARCHITECTURAL CODE EVALUATION****BASIS OF THE EVALUATION**

This analysis is limited to the code compliance of the existing buildings and site conditions and specifically excludes code implications for any future renovation or new construction. It considers therefore, only the codes or their portions that are directly applicable to the existing facilities. The analysis was based on existing building documentation supplemented by visual observation. No detailed and no "invasive" survey was done for verification purposes.

The bulk of the existing buildings dates back to the late twenties. Clarendon Hall was built in 1909 and other auxiliary buildings at various times, the latest in 1957. Many parts of the buildings were renovated over the years to account for changing healthcare requirements and evolving regulatory standards and codes.

**CODE COMPLIANCE IMPACTS**

- The facilities at Laguna Honda Hospital are all being operated under special waivers from regulatory agencies. These can be revoked at any time. Addressing these waivers requires major remodeling of the facility. **Major remodeling of any area triggers mandated upgrading of all building systems serving that area.** Due to this regulatory principle, any remodeling (other than painting and patching) within the existing buildings will become a very expensive proposition.
- Though the Hospital Administration has carefully detailed evacuation plans, the current facility does not conform to fire exiting requirements. Distances from patient wards to the exit stairs exceed the required amount. This is exacerbated by the number of dead end corridors created by the open ward configuration of the patient care areas. The wards are at least 120 feet in length. These deficiencies cannot be corrected without total reconstruction of the interior.
- The open ward arrangement of patient care areas in Laguna Honda Hospital, in which 28 to 32 patients are cared for in one large room is not permitted by current State and Federal regulations. Open wards are no longer permitted for reasons of infection control, patient management, and patient dignity and privacy. Current codes allow no more than four patients in the same bedroom. Further, the length of the wards far exceeds the regulatory 90 foot distance of travel from a nurses' station to a patient bed area. Due to ongoing dialogue with regulatory agencies, the Hospital Administration has been able to operate with a waiver to these regulations. However, this waiver may, and probably will be, revoked in the near future. In anticipation of such a revocation, a plan to convert the patient care areas to four bed rooms was explored. Such a plan, assuming no new expansion was involved, would reduce the total bed capacity by approximately 50%, and would make operation of the facility extremely inefficient because there would be very few beds per nursing station. That is, one nurse station would serve only 19 beds, where as 30 beds per nurse station is a more standard ratio. Staffing could not be provided in a cost effective manner with this configuration.

**Institutional Master Plan****BUILDING LOCATIONS & DESCRIPTIONS**

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- Patient accessibility around the campus grounds and within the buildings on campus is severely compromised. Mandated code requirements for handicapped accessibility are not achievable without major remodeling.
- Current codes mandate mechanical ventilation filtration and air conditioning (HVAC) of patient spaces. This is intended to both reduce the flow of air from one patient space to another (so as to reduce potential airborne transmission of germs) as well as to keep patients comfortable throughout the year. None of Laguna Honda's principal patient care areas (the open wards) are mechanically ventilated. To provide such ventilation would require shutting down the hospital one wing at a time, inserting vertical and horizontal ductwork, new dropped ceilings, and air handling equipment on the roof of each wing.
- The structural systems of Clarendon Hall and the Main Building do not meet minimum requirements for seismic resistance. Detailed analysis has been done which demonstrated that, while strengthening to meet the minimum requirements is possible, it would prove very costly and disruptive. To accomplish this strengthening would necessitate closing entire wings of both buildings sequentially while the strengthening is completed.

**Institutional Master Plan****BUILDING SYSTEMS DESCRIPTION**

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This section provides an overview of the current status, and code compliance impacts of that status, on those portions of the existing facilities which support or service the occupied spaces, namely the Buildings Structural, Heating, Ventilation and Air Conditioning (HVAC), Fire Protection, and Electrical Systems and, on a more "global scale," the way in which material is processed and reaches its final destination within the campus. Each of these "systems" is interlinked, and any upgrade to meet code in one system will trigger upgrades in the others, including architectural code compliance.

**Principal Observations:**

- The Structures of both the Main Building and Clarendon Hall do not meet requirements for seismic restraint. In addition, Clarendon Hall suffered significant damage in the Loma Prieta earthquake. To correct these deficiencies will require sequentially "shutting down" sections of the buildings while the seismic upgrade is completed.
- There is generally no mechanical ventilation or air conditioning at Laguna Honda. Mechanical ventilation is required in patient care areas under current codes. Such ventilation has to be balanced so that air does not flow from one patient room to another. To correct this major deficiency, new air handling, heating and cooling units will have to be inserted in each patient area. This will necessitate closing down the buildings section by section.
- The existing main boilers, and most of the principal electrical equipment is past its useful life, and is not energy efficient. They should be replaced in the near future.
- The Fire Alarm System is out of date and will need to be fully replaced in the near future.
- The Materials Handling and Management functions at Laguna Honda Hospital are constrained by the limitations and characteristics of the existing buildings. The existing building designs are simply not conducive to good material purchasing/handling transport and inventory control techniques.
- The elevators in the main building do not have the capacity to move passengers and material adequately, particularly at peak demand.

**Principal Conclusions:**

- The existing building systems are not in conformance to code. As with the architectural elements, the deficiencies are allowed under regulatory waivers that can be revoked at any time. Planning for the future should incorporate the probability of such a revocation.
- Most of the building systems' parts are past their useful life. Consideration must be given to planning for their replacement in the near future.
- The physical characteristics of Laguna Honda Hospital work against the ability to provide quality patient care.

**Institutional Master Plan****BUILDING DEVELOPMENT PLAN**

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**RECOMMENDED PROJECT: THREE-PHASE REPLACEMENT**

The recommended Project creates more efficient, integrated, and functional new facilities in three interdependent phases of construction. The proposed project locates the main hospital building on site in the Clarendon Valley, as shown in BUILDING DEVELOPMENT PLAN-PHASE TWO on page 3.7.

Altogether, the recommended Project provides a total of about 900,000 new square feet for patient care and support services, 1,207 patient beds -- 60 more than present -- and a new 50-unit residential care facility with two beds per unit. Approximately three years would be required for planning, design, and mandated agency reviews. It is estimated that the construction of the project would then span the next seven years. If planning began in January 1995, the final phases of the project would be complete late in 2004. Based on this schedule, the total cost of the Project over a 10 year period is estimated at \$486.1 million dollars, escalated to the midpoint of construction.

**PHASE 1 - 31 MONTHS**

The first phase of construction includes plans to relocate those utility services currently in the Clarendon Valley to locations behind Clarendon Hall and Laguna Honda Hospital. A new Power Plant will be built north of the existing main hospital building. This will be the permanent location of the replacement Power Plant, however it will serve the existing hospital only during construction of the new hospital. A temporary generator and boiler will be leased and installed in the east parking lot of Clarendon Hall to serve that building during construction of the new hospital.

The project proposes to upgrade the existing one-way access at Woodside Drive, and to provide a signal at its intersection with Woodside Avenue. This road would serve as a secondary entry and exit for employees, repeat visitors, and service. A service road would also be developed from this entrance to the site to provide access for construction traffic, and would then be retained as a dedicated service road at the completion of the project. The proposed improvements are subject further study during an environmental review process. The project plans for a new laundry facility to be constructed along the service road. This would serve as the permanent laundry facility for the new hospital.

The recommended project also proposes to upgrade the existing lower drive during this phase. A new road would be developed to provide access to Clarendon Hall. This road would eventually become the drop-off and short term parking for the new facility.

Clarendon Valley would be cleared by demolishing the existing boiler plant, laundry and bridge to clear the way for construction of the new hospital.

**Institutional Master Plan****BUILDING DEVELOPMENT PLAN****PHASE 2 - 43 MONTHS**

This phase of construction would provide approximately 837,000 square feet of new construction including 1207 new patient beds. After the new construction is complete, patients from Clarendon Hall and all nursing wings of the main building would relocate into the new construction. Clarendon Hall and Nursing Wings E, F, K, L, M & O would then be demolished. All administrative functions would be temporarily moved to wings C, D & G.

**PHASE 3 - 21 MONTHS**

The project includes construction of a new 50-unit two-bed per room Residential Care Facility on the former site of Clarendon Hall. The front part of the Main Hospital and Wings A & B are planned to be renovated for Administrative functions. The remainder of the vacated hospital wings would be demolished, and a new surface parking lot would be developed in its place.

**Recommended Project Best Meets Planning Guidelines**

Of the many alternatives considered, the recommended Project best meets the planning guidelines for a facility that would enable San Francisco to maintain its commitment to provide long-term, comprehensive health care and residential services into the 21st Century.

**Commitment to Long Term Care**

The recommended Project results in new patient care areas that meet Federal and State standards for hospital design, building systems, and seismic safety. The three-phase construction approach provides the shortest time to completion by overlapping critical stages of the process. This approach also allows for the construction of the new hospital to be in one uninterrupted period, thereby reducing operational disruption.

The recommended Project provides an increase of 60 skilled nursing and 100 residential care beds at Laguna Honda Hospital to address known demand, and could accommodate further expansion in the future if health care policy and funding dictate. Other San Francisco facilities may also be expected to provide additional long-term care in the future.

**Functionality and Operational Efficiency**

This approach ensures continuous health care delivery by preventing any department from being put out of service during construction. At all times, new construction is completed before existing buildings are demolished, ensuring that no one is displaced.

At completion, the recommended Project provides an up-to-date facility offering greatly improved accessibility, efficiency, integration, and functionality for better care of patients.

**Neighborhood Compatibility**

The recommended Project received unanimous approval by the Community Advisory Group during the concept development process. Its location inside Clarendon Valley provides the opportunity to have only a minimal impact on neighboring views despite being a seven-story building.

## Institutional Master Plan

**BUILDING DEVELOPMENT PLAN****Improved Circulation  
Patterns**

The recommended Project develops a new main entry to the hospital while maintaining the current "front door" entry for administration and staff. The public continues to gain vehicular access via the existing main drive from Laguna Honda Boulevard near the corner of Dewey, but an additional visitor, staff, and service access drive, from Woodside Avenue at the southeastern tip of the site, leads directly to a convenient new main parking lot serving the facility.

**Off-Street Parking**

The recommended Project provides 648 parking spaces distributed as follows:

Main Parking Lot East	460 Spaces
New Hospital Main Entry	113 Spaces
Existing Main Entry	25 Spaces
Residential Care Facility	50 Spaces

This represents an increase of 68 parking stalls. The recommended Project involves primarily demolition and replacement of existing services and therefore will not require substantial increases in parking.

**Areas for Land Acquisition**

The recommended Project will not require the acquisition of any land areas. All development occurs within the existing Laguna Honda Site.

**Cost Effectiveness**

The recommended Project is the least costly of the feasible options. When escalated to the mid-point of anticipated construction (when actual dollars are, on average, paid out), the total cost of the recommended Project is estimated at \$486.1 million over ten years. This estimate includes all costs of construction, consultants, studies likely to be required during an environmental review process, inspection, testing, permits, bond issuance, and management. At the time of the original study, this proposed alternative was shown to be substantially less costly than alternatives A & B by \$211.4 million and \$25.6 million respectively. Further reduction in costs were achieved by reducing the number of years necessary for new construction as well as by adjusting inflation rates to reflect recent trends. See chart on page 3.4.

Moreover, the per-square-foot construction cost in 1994 dollars is approximately \$333, based on a total project cost. This figure falls in the middle of the range of such costs for comparable facilities, considering the acuity of patient needs, local cost indexes, and regulatory requirements.

Because Laguna Honda is already fully functional, the proposed Project does not incur substantial new staffing and operating costs, short-term or long-term. Due to forecasted changes in MediCal reimbursement rates, operating subsidies from the General Fund may be reduced.

**Institutional Master Plan****BUILDING DEVELOPMENT PLAN**

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**Re-affirming  
San Francisco's 125-  
Year History of Care**

The recommended Project represents the best option for enabling San Francisco to provide a core of comprehensive and coordinated services for the elderly and disabled in need of supervised long-term health care.

It meets the criteria of supporting long-standing public policy, enhancing operational efficiency and functionality, achieving neighborhood compatibility, and accomplishing all of these cost-effectively.

With the proposed new Laguna Honda Hospital facility, San Francisco can re-affirm its commitment to a 125-year history of care for its elderly and disabled. This Phased Replacement of Laguna Honda Hospital will reassure San Franciscans that a tradition of health care uninterrupted for over a century will continue into the 21st Century.

## Institutional Master Plan

## BUILDING DEVELOPMENT PLAN

FIGURE 1.

	Initial 1992 Study		
	Alternate A	Alternate B	Alternate C
1992 Dollars	\$377,300,00	\$344,400,000	\$332,600,000
Escalated to Midpoint of Construction	\$759,800,000	\$574,000,000	\$548,400,000

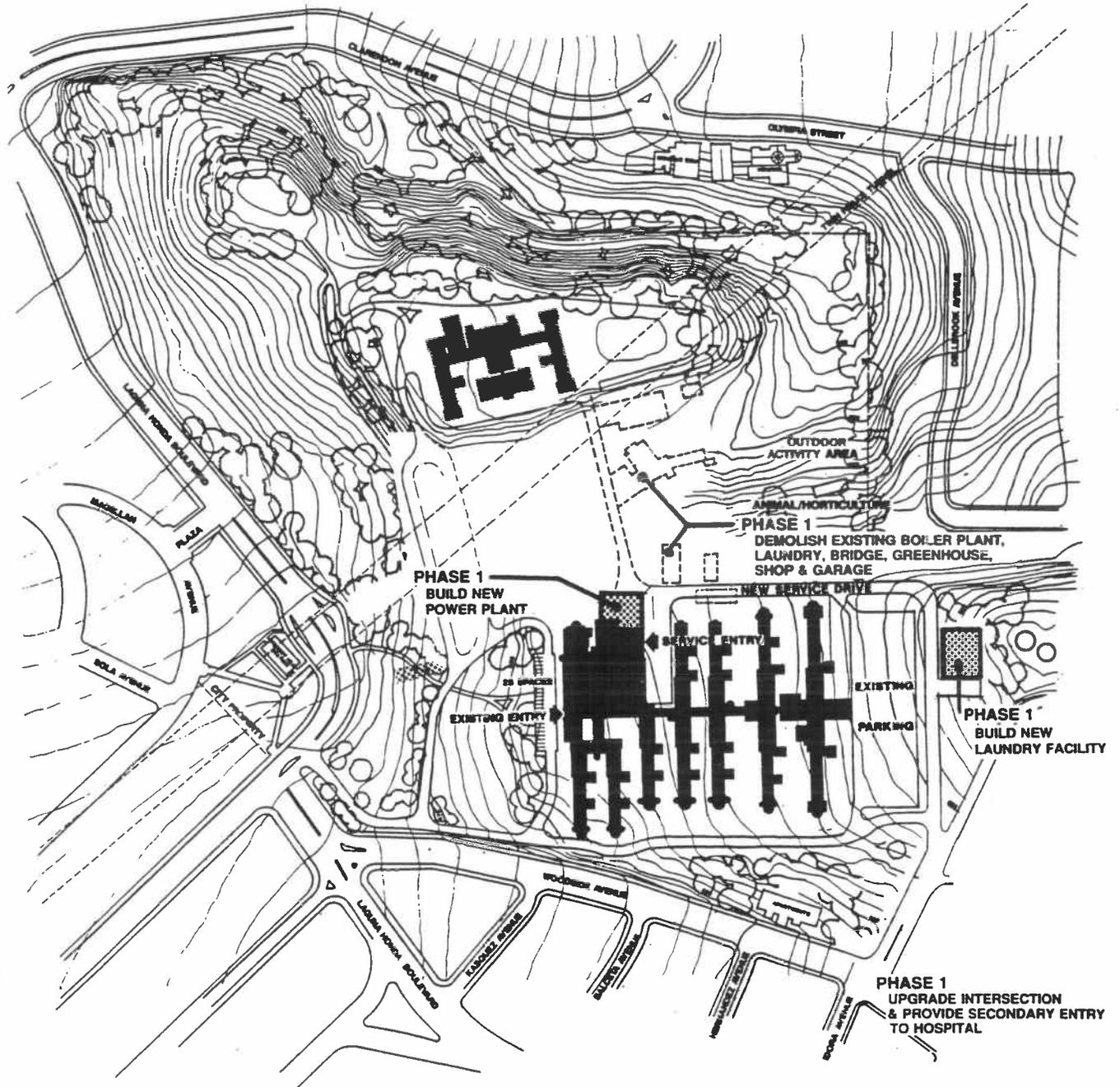
FIGURE 2.

	1994 Revisions
	Alternate C
1994 Dollars	\$348,747,000
Escalated to Midpoint of Construction	\$481,775,000

Institutional Master Plan

BUILDING DEVELOPMENT PLAN

PHASE ONE



SITE PLAN

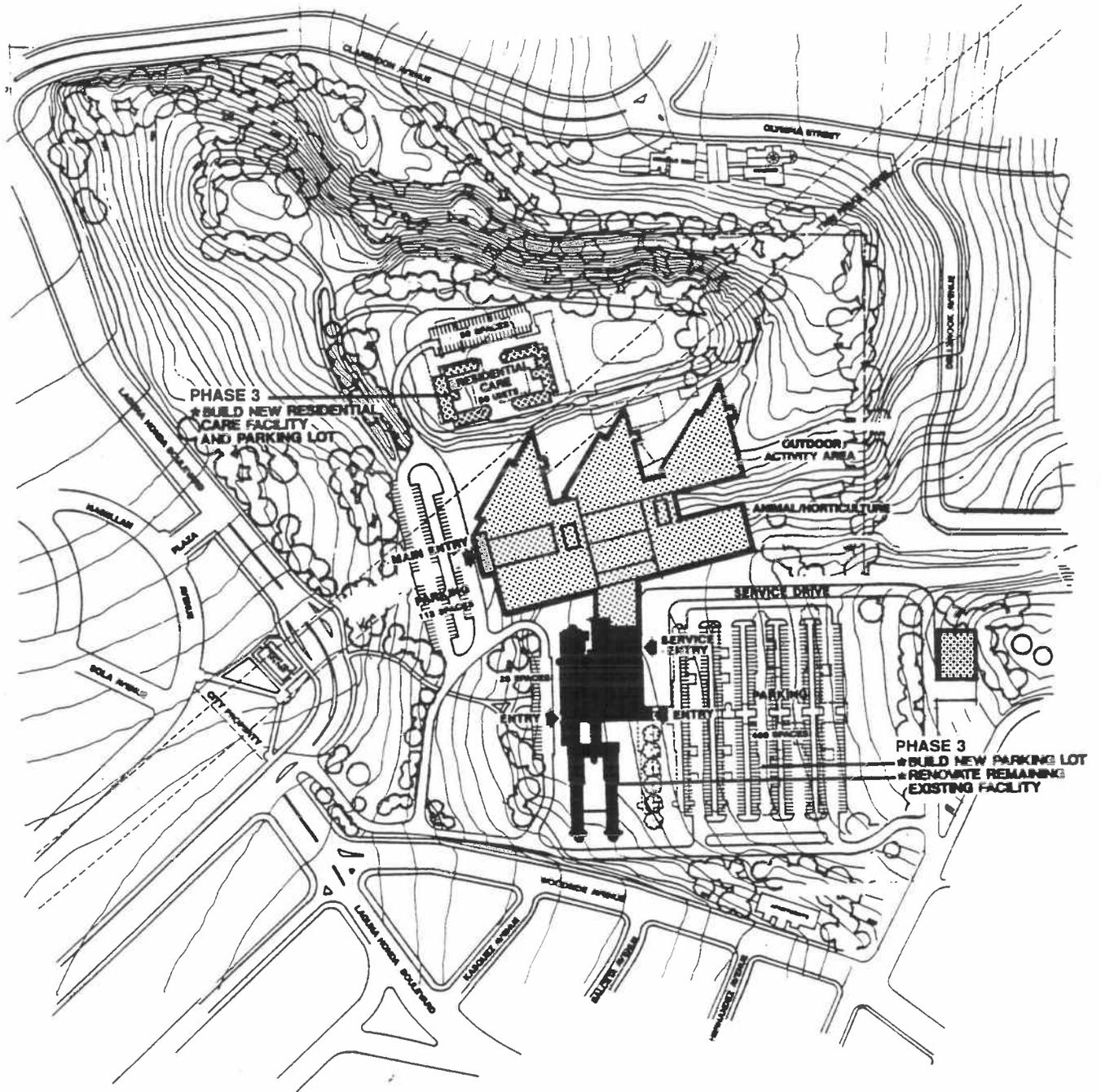
ALTERNATE C - PHASE 1 PHASED REPLACEMENT



Institutional Master Plan

BUILDING DEVELOPMENT PLAN

PHASE THREE

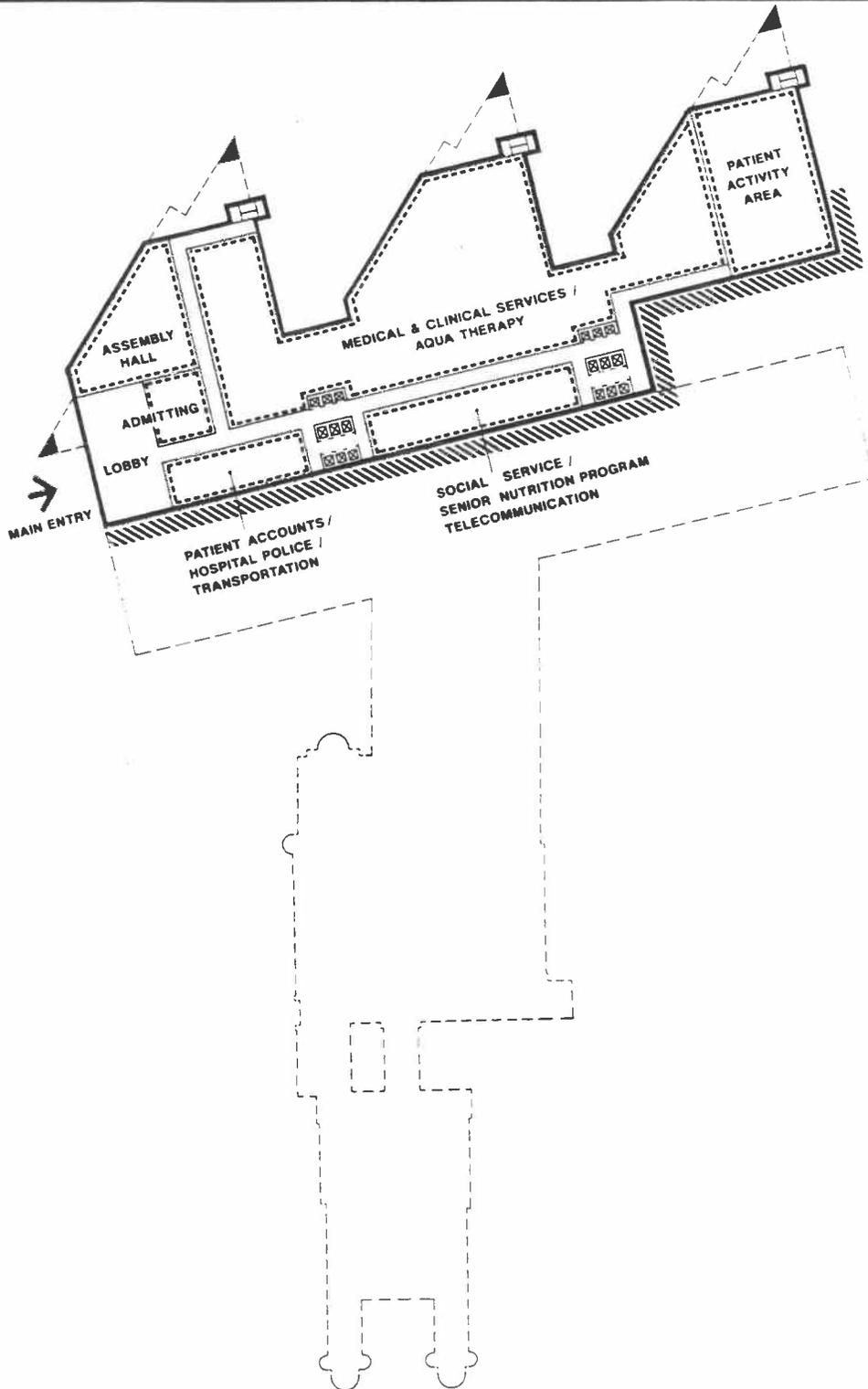


SITE PLAN

ALTERNATE C - PHASE 3  
PHASED REPLACEMENT

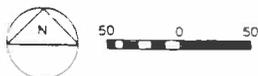
Institutional Master Plan

BUILDING DEVELOPMENT PLAN



**1ST FLOOR**  
ELEV. 483'-3"  
85,525 S.F.

**NEW CONSTRUCTION**

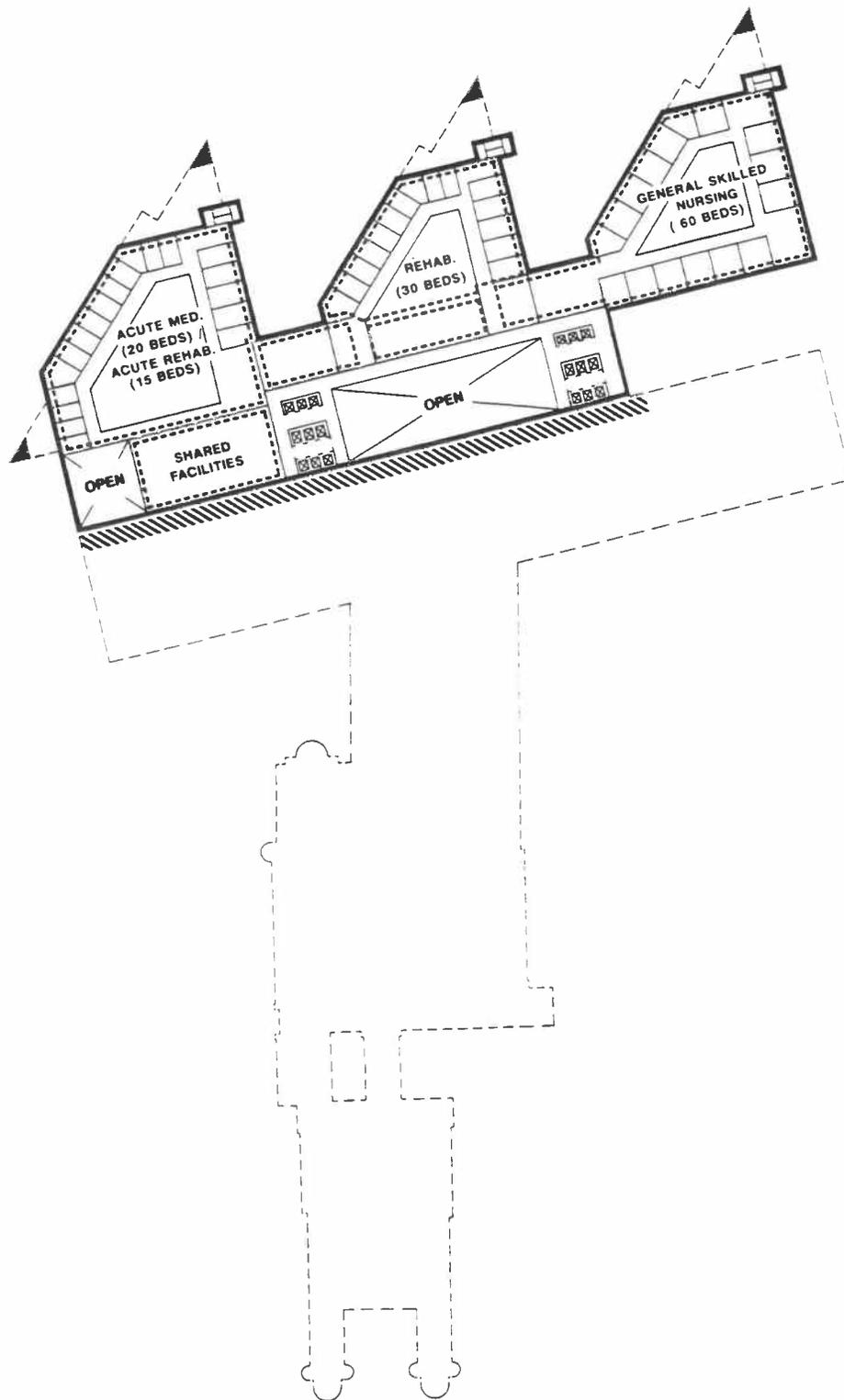


**BLOCK DIAGRAM**

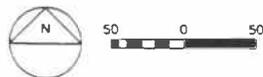
**Alternate C**

Institutional Master Plan

BUILDING DEVELOPMENT PLAN



**2ND FLOOR**  
ELEV. 496'-3"  
69,475 S.F.  
NEW CONSTRUCTION

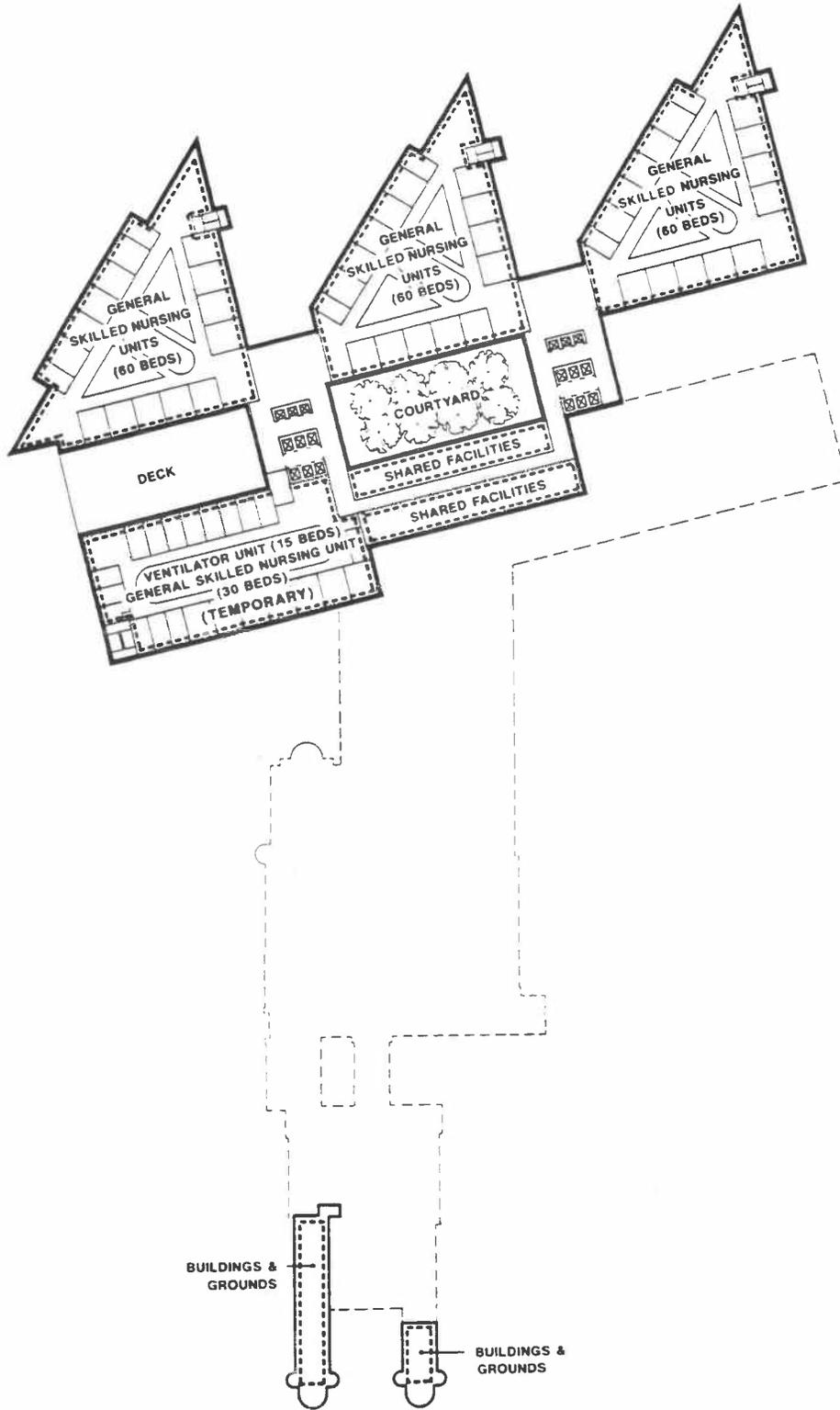


**BLOCK DIAGRAM**

**Alternate C**

Institutional Master Plan

BUILDING DEVELOPMENT PLAN



**3RD FLOOR**

ELEV. 509'-3"

110,689 S.F.

NEW CONSTRUCTION

BUILDINGS &  
GROUNDS

BUILDINGS &  
GROUNDS

**EX. BASEMENT**

ELEV. 512'-6"

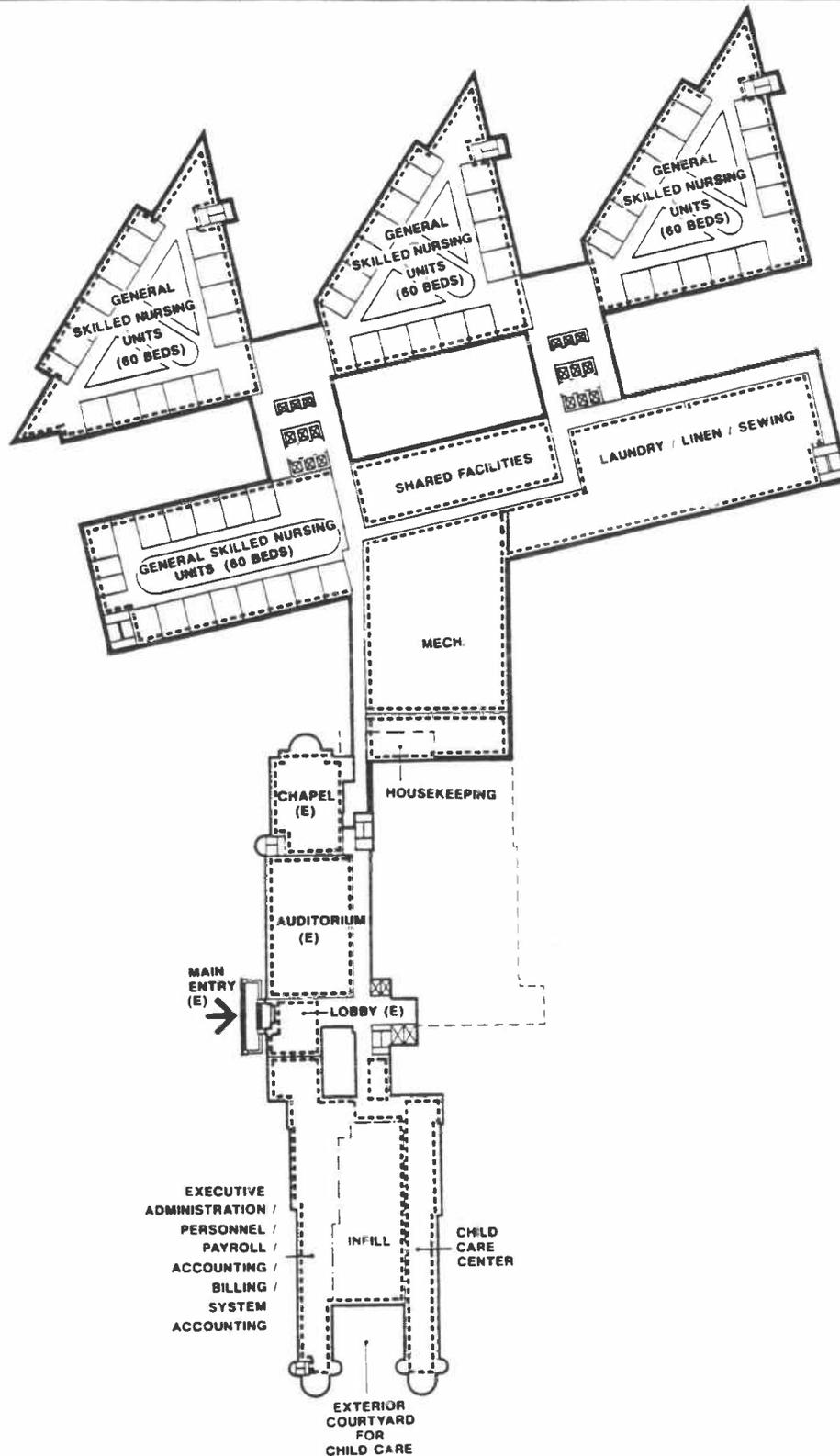


**BLOCK DIAGRAM**

**Alternate C**

Institutional Master Plan

BUILDING DEVELOPMENT PLAN



**4TH FLOOR**

ELEV. 522'-3"

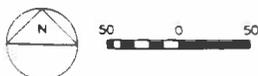
178,685 S.F.

NEW CONSTRUCTION

EX. 1ST FLOOR

ELEV. 523'-0"

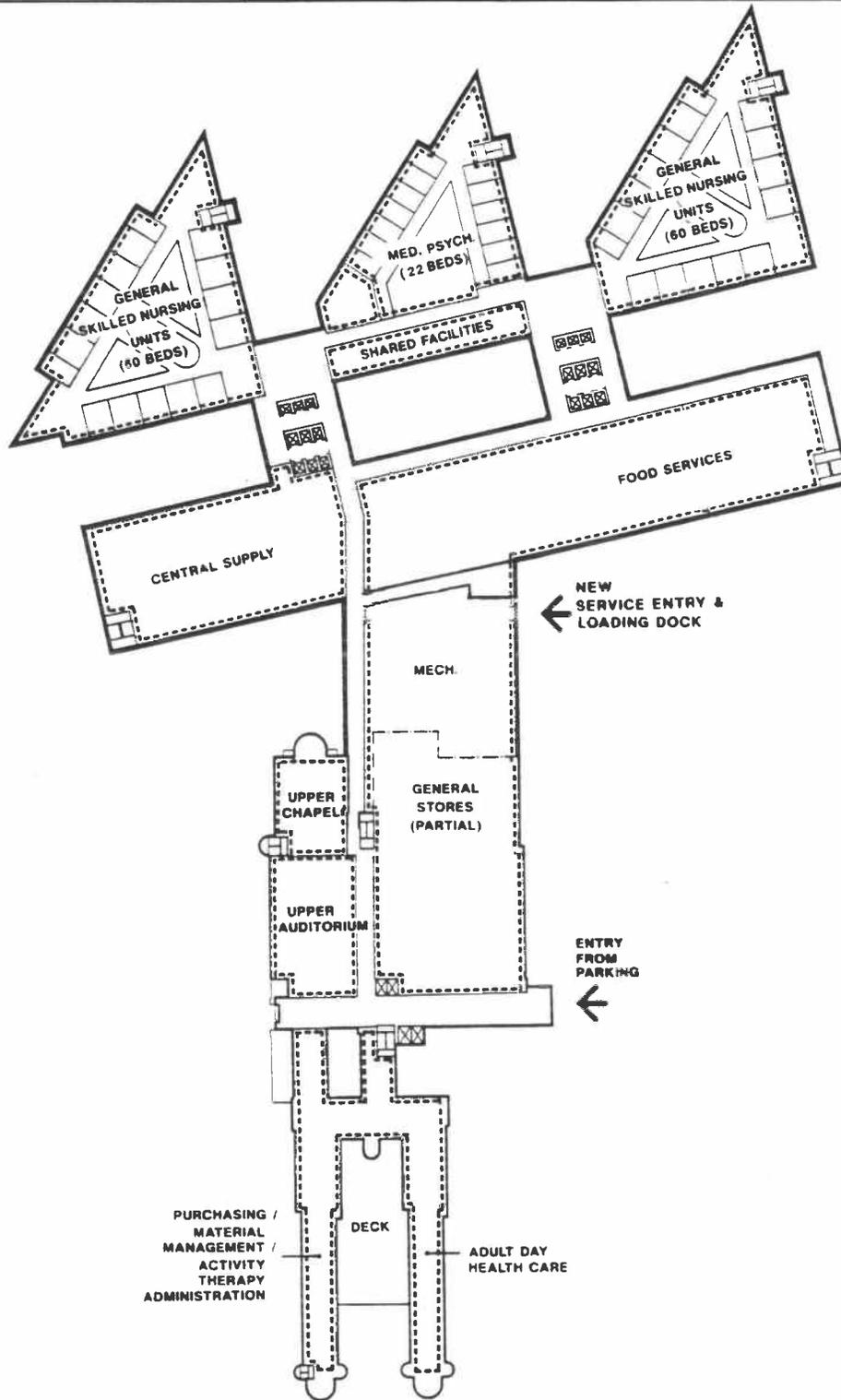
Alternate C



**BLOCK DIAGRAM**

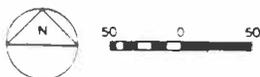
Institutional Master Plan

BUILDING DEVELOPMENT PLAN



**5TH FLOOR**  
 ELEV. 535'-3"  
 178,397 S.F.  
 NEW CONSTRUCTION

EX. 2ND FLOOR  
 ELEV. 534'-6"

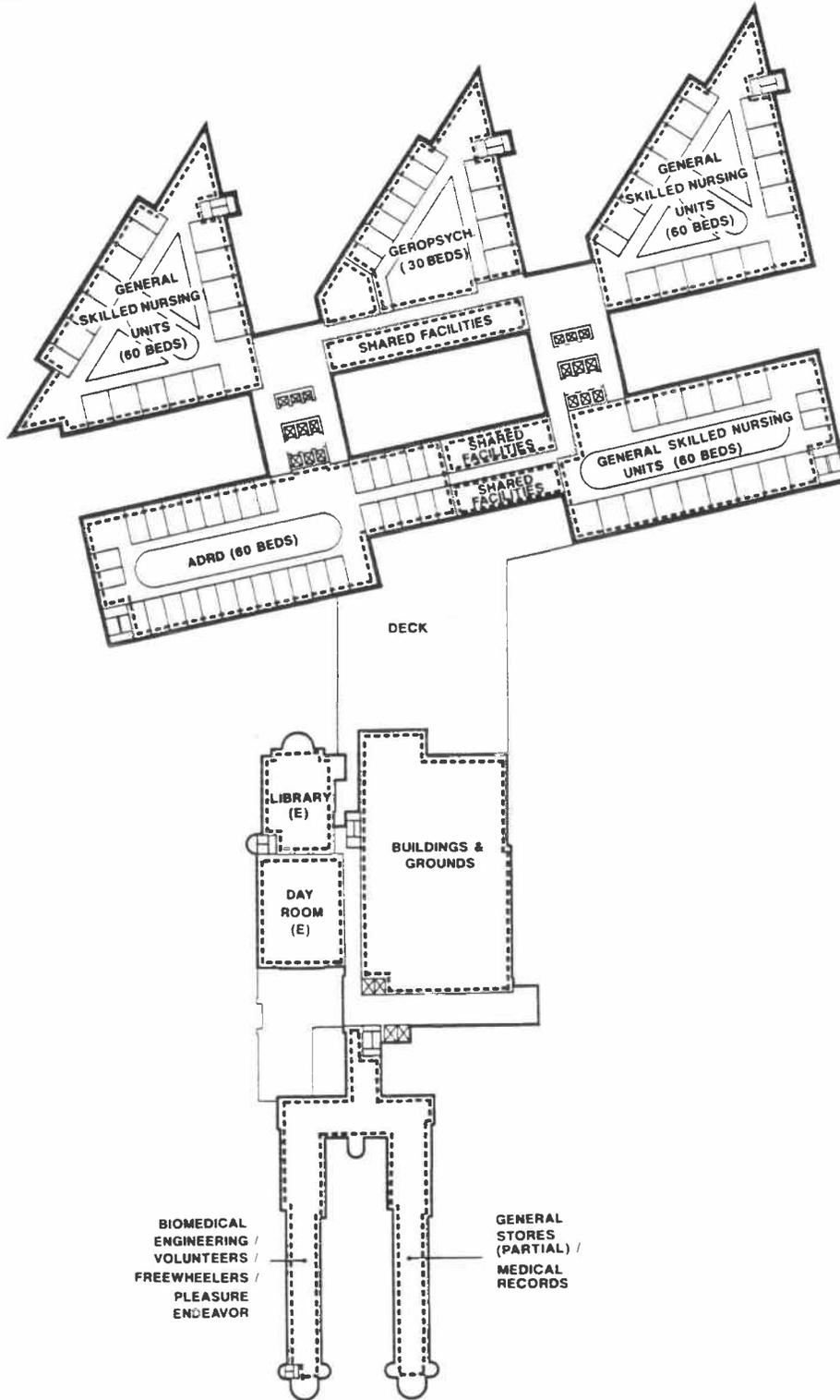


**BLOCK DIAGRAM**

**Alternate C**

Institutional Master Plan

BUILDING DEVELOPMENT PLAN



**6TH FLOOR**

ELEV. 548'-3"

171,997 S.F.

**NEW CONSTRUCTION**

**EX. 3RD FLOOR**

ELEV. 546'-0"

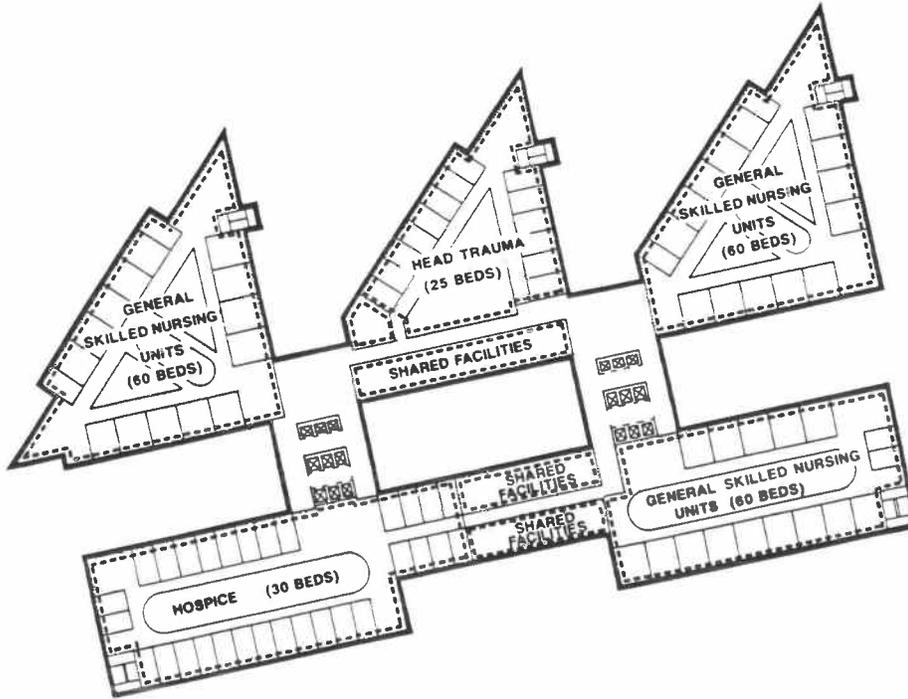
**BLOCK DIAGRAM**

**Alternate C**



Institutional Master Plan

BUILDING DEVELOPMENT PLAN

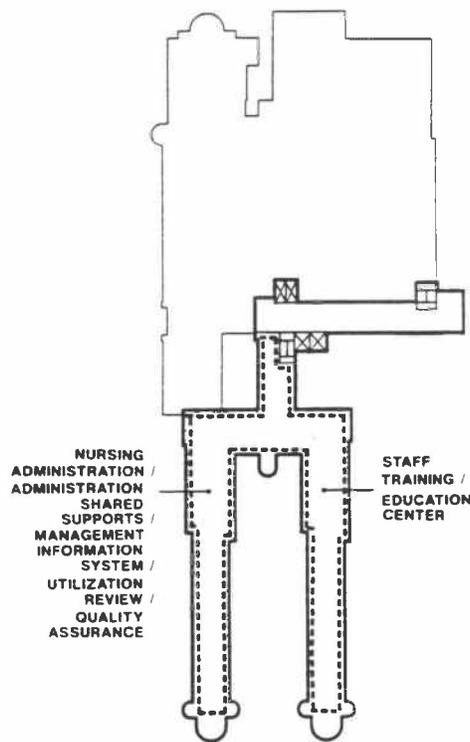


**7TH FLOOR**

ELEV. 561'-3"

144,639 S.F.

NEW CONSTRUCTION



EX. 4TH FLOOR

ELEV. 557'-6"

**BLOCK DIAGRAM**

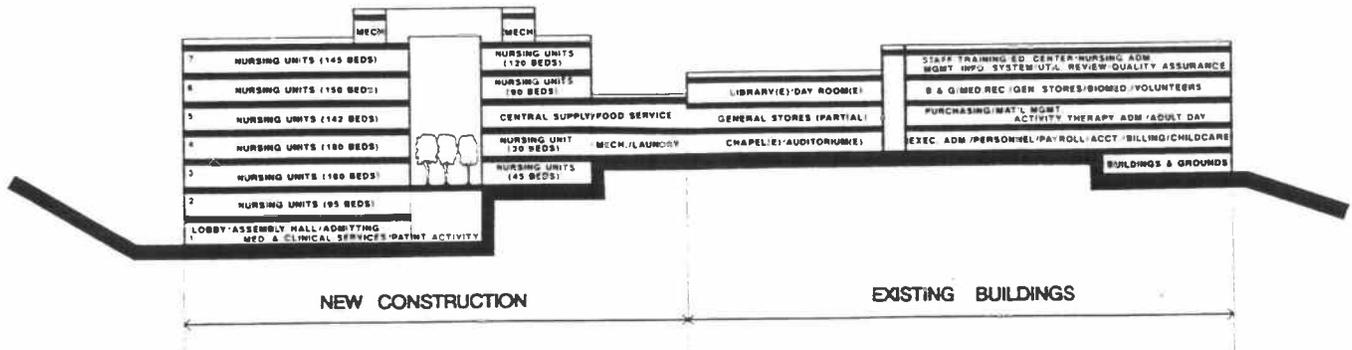
**Alternate C**



Institutional Master Plan

BUILDING DEVELOPMENT PLAN

STACKING DIAGRAM



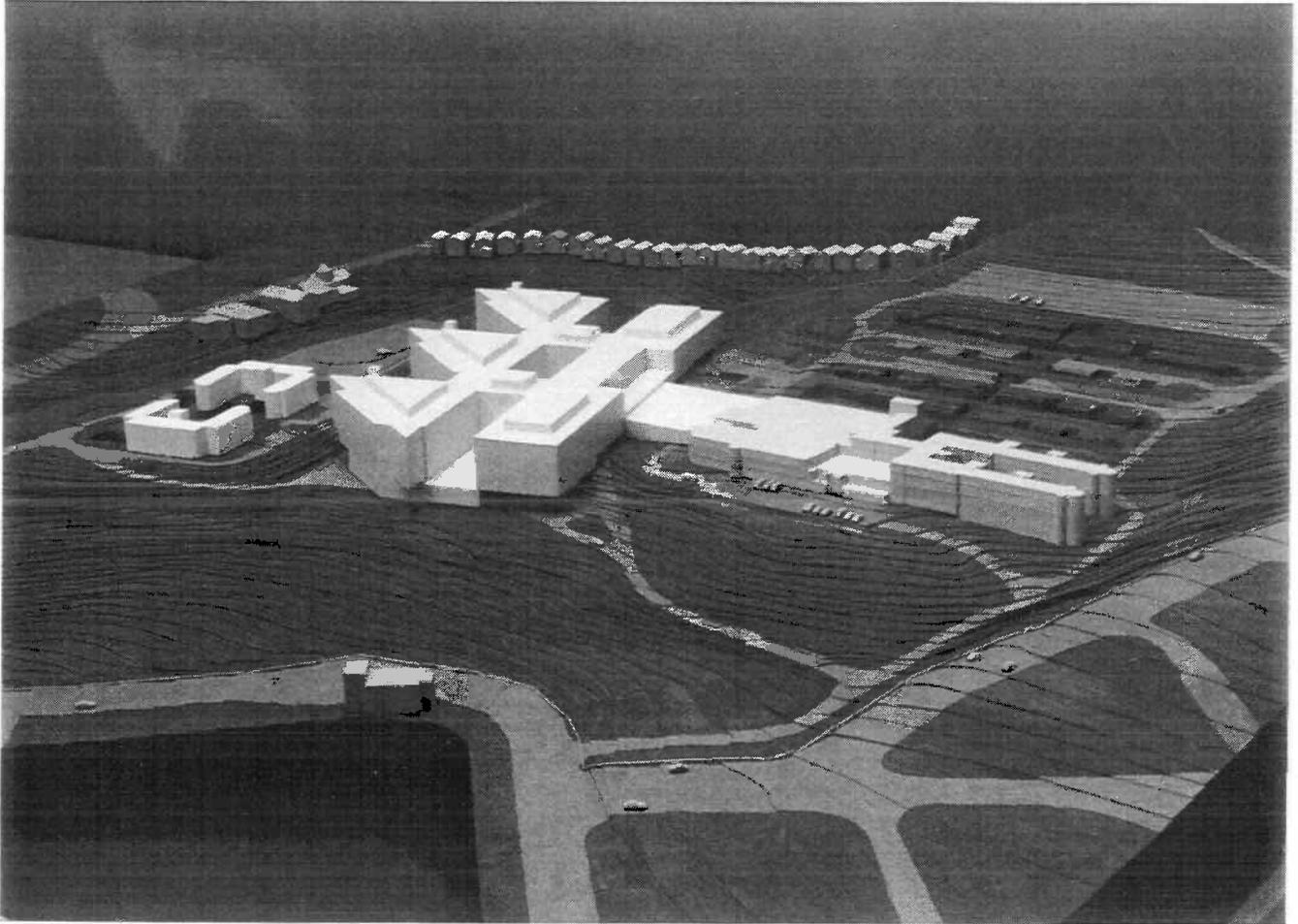
STACKING DIAGRAM

Alternate C

Institutional Master Plan

**BUILDING DEVELOPMENT PLAN**

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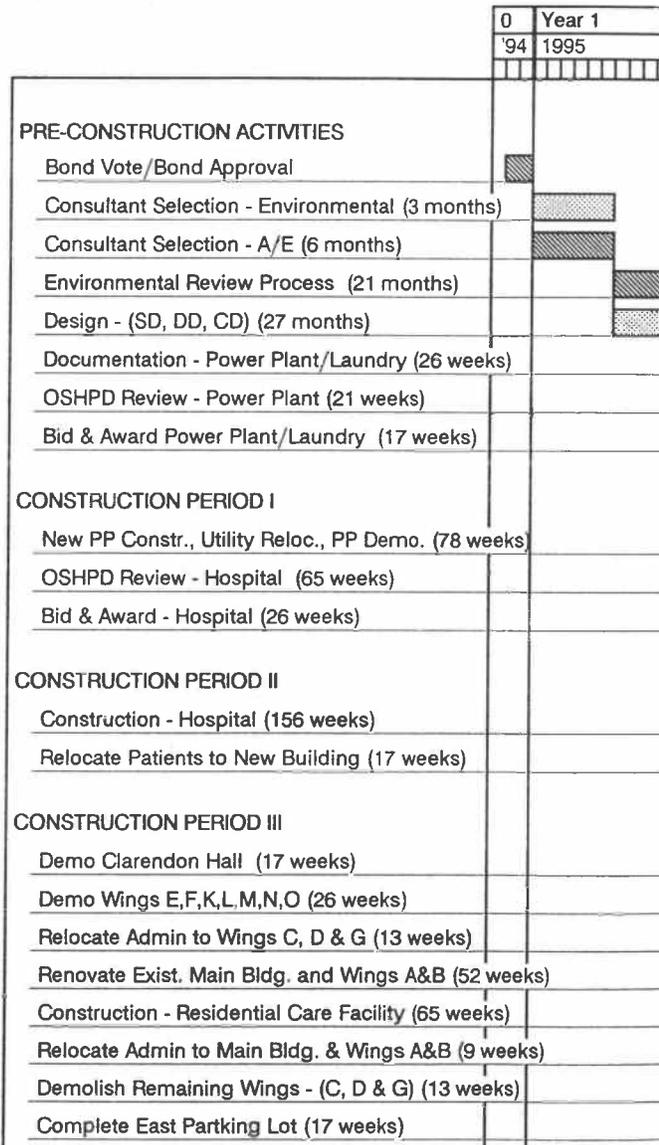


**MODEL OF ALTERNATE C**

BUILDING DEVELOPMENT

PROJECT SCHEDULE

LAGUNA HONDA HOSPITAL  
 BOND PROGRAM REPORT & INSTITUTIONAL MASTER PLAN  
 PROJECT SCHEDULE



■ Indicates critical path events

**Institutional Master Plan****IMPACT ON SURROUNDING NEIGHBORHOOD**

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**EFFECTS ON HOUSING**

The neighborhood districts immediately surrounding the grounds of Laguna Honda Hospital include Forest Hill and St. Francis Wood, characterized by larger, upper middle class homes on sloping lots, West of Twin Peaks and Twin Peaks, where homes vary in size, and the Miraloma Park neighborhood with single family dwellings stepping up the hill to Mt. Davidson.

The proposed development at Laguna Honda Hospital would occur within the existing site boundaries owned by the City & County of San Francisco, therefore no existing housing units would be lost due to construction.

At no time during the development of the Laguna Honda site will any housing occupants, commercial tenants or industrial tenants be relocated in the surrounding neighborhoods.

**CHANGES IN TRAFFIC LEVELS  
& CIRCULATION PATTERNS**

Laguna Honda Hospital is currently accessed through the main entry located at the intersection of Laguna Honda Boulevard and Dewey Boulevard near the convergence with Woodside Avenue. There is a secondary entry on Woodside Avenue, which due to security considerations, is open only at limited times, and which provides one lane for incoming traffic and pedestrians from Woodside Lane. All traffic exiting the site must use the primary entry/exit point on Laguna Honda Boulevard. Congestion occurs at this point during shift changes, resulting in lengthy delays for staff and visitors.

The development plan for the hospital includes demolition and replacement of the facility. The total additional capacity for the hospital is 60 beds, just over 5% of the existing bed capacity. This minimal increase in capacity should have little, if any, effect on traffic levels. Circulation patterns should actually be improved after the initial phase of construction. Pursuant to a traffic analysis and environmental review process, the proposed development on the site includes improvements to the Woodside Avenue access. A signal is planned at the intersection of Woodside Avenue and Woodside Drive. This road would then serve as a secondary entry and exit for most of the Laguna Honda Hospital traffic at peak times.

**TRANSIT DEMAND**

Although encouraged, public transportation demand will not likely increase due to the development at Laguna Honda Hospital. Minimal increase in bed capacity and minimal increase in staffing levels as a direct result of the development plan will not cause a discernable increase in demand for public transit.

**PARKING AVAILABILITY**

There are currently 580 total parking stalls on the Laguna Honda Campus. The new development provides for 648 parking stalls, a net increase of approximately 12%.

**Institutional Master Plan****IMPACT ON SURROUNDING NEIGHBORHOOD**

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**CHARACTER & SCALE OF  
DEVELOPMENT IN THE  
NEIGHBORHOOD**

The recommended development alternative for the replacement of Laguna Honda Hospital respects the character and scale of the surrounding neighborhood. By locating the Hospital at the south edge of the valley, in the center of the site, it becomes possible to build at the lowest level of the site, so that the new buildings are less visible from surrounding areas. The Hospital can therefore be seven stories tall while not exceeding the top elevation of the existing buildings which remain.

The proposed location of the new Laundry Facility is at the eastern edge of the sloping site along the new service drive. This keeps the building far from the adjoining neighborhoods.

The development alternative does not appear to block any significant existing views from the surrounding neighborhoods.

**PROPOSED MEASURES TO  
LESSEN IMPACT**

The first phase of the proposed development at Laguna Honda is planned to effectively reduce the congestion that occurs in and around the site. During this phase, the existing one-way access at Woodside Drive would be upgraded, a signal would be provided and this road would serve as a second entry and exit for Laguna Honda Hospital. A service road would also be provided at this location to provide access for construction traffic. It would be retained as a dedicated service road at the end of the project. This phase also includes an upgrade to the existing lower drive. This drive would become the primary circulation for staff and visitors during subsequent phases, effectively separating staff and visitors from construction traffic.

**Institutional Master Plan**

**IMPACT ON SURROUNDING NEIGHBORHOOD**

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Related services and physical development by others as a result of the Laguna Honda Hospital Development Plan are not anticipated. The proposed development is a demolition and replacement project, not a substantial increase in services. Any development by others, including but not limited to office space and medical outpatient facilities would not be the result of the implementation of Laguna Honda's Institutional Master plan. There is nothing contained within the recommended Laguna Honda replacement project that would encourage the development of office space or medical outpatient facilities, either by others or by the City.

**Institutional Master Plan****CONFORMITY WITH SAN FRANCISCO COMPREHENSIVE MASTER PLAN**

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The Comprehensive Plan for the City and County of San Francisco is a long term general plan for the improvement and development of the City and County. The plan functions as a guide in coordinating development throughout the City and County.

The Comprehensive Plan includes sections that are relevant to the Laguna Honda Hospital's intended Development Plans. The following identifies the policies in these sections of the Comprehensive Plan which are addressed in this Institutional Master Plan.

**RESIDENCE PLAN:  
COMPREHENSIVE PLAN  
OF THE CITY & COUNTY  
OF SAN FRANCISCO**

*Neighborhood Environment: Policy 3 - Minimize disruption caused by expansion of institutions into residential areas.*

This policy is addressed in the Development Plans of the Institutional Master Plan. The IMP reflects this policy in its commitment to the following:

- The recommended Development Plan for Laguna Honda only replaces the aging facility within the boundaries of the existing hospital site.
- Locating new construction inside the Clarendon Valley avoids any possible conflict with neighborhood views, despite being a seven story building.
- The recommended development requires minimal new service roads and no changes in circulation patterns, thus minimizing impacts on traffic in the Hospital area.

*Conservation: Policy 4 - Preserve notable landmarks and areas of historic, architectural or aesthetic value, and promote the preservation of other buildings and features that provide continuity with past development.*

In the case of Laguna Honda Hospital, while no single building is considered outstanding, the Main Building, as an ensemble, is deemed to present an asset to the City's urban fabric. The recommended development at Laguna Honda Hospital responds to this policy by preserving the front portion of the Main Building as well as Wings A & B for administrative functions.

**Institutional Master Plan****DEVELOPMENT ALTERNATIVES**

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During the final phases of the master planning efforts, three alternative approaches that responded to the need to reconstruct or replace existing facilities were studied and compared. The alternatives represented "Minimum New Construction" (Alternate A), "Multi-Phased Replacement" (Alternate B), and "Three-Phase Replacement" (Alternate C).

The planning team had first studied a full spectrum of options, from renovation without new construction to completely new construction on a different site (or sites). No alternative location offered the advantages of the current site: geographic location, plentiful access by public transportation, an established and accepted presence, economies of scale, and the opportunities to preserve some of the existing building in consideration of the value neighbors and San Franciscans, have placed on its architectural features and historic standing.

In addition to being less desirable, none of the alternatives met all the Hospital's needs, including that for space. They also presented potentially contentious issues of ownership, land use jurisdiction, and environmental impact that would make timely relocation extremely difficult.

Financial comparisons of operational costs provided further support that maintaining the Hospital on the current site is also the most cost effective solution.

Once it was decided that the existing site would be used, the alternatives were then evaluated on the basis of their availability to address the issues of project cost, operational efficiency, disruption to operations, constructibility, capability for expansion, traffic and circulation, and potential impacts on neighborhood and city-wide amenities.

Based on detailed review by the Hospital Task Force and the Community Advisory Group, comparison of the three alternates identified Alternate C (Three-Phased Replacement) as the preferred approach.

For comparative purposes, the following is a brief description of Alternate A & Alternate B.

**ALTERNATE A**

In Alternate A, the existing Hospital is retained and the entire facility would be renovated. Some new space would be added. An initial addition would be provided in order to allow two wings of the existing hospital to be vacated. Thereupon renovation can begin. Subsequent phases of infill construction are proposed between each two wings in order to create adequately sized and configured nursing units. All areas within the existing building would be seismically upgraded as well as renovated.

The estimated cost of construction for Alternate A in 1992 dollars was \$377,300,000 and with escalation would have been \$759,800,000. Because of the sequential nature of this Alternate, the period of construction was projected at eleven and one half years.

**Institutional Master Plan****DEVELOPMENT ALTERNATIVES**

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Alternate A was the most costly of the three alternates studied for the following reasons:

- The required combination of both seismic upgrade and renovation of the existing buildings is more costly than new construction.
- The cost of the infill construction is high due to the constrained and limited areas within which the work must take place.
- The effect of inflation is great since the length of time required to complete the renovation is longer than in the other approaches.

Alternate A was determined in the evaluation process to be the least desirable of the three alternates. In addition to its greater construction cost, extended construction duration, and the prospect of ongoing disruption to operations during construction, there would be continual operational costs which would continue to suffer from the long stretched-out, terraced, building configuration. Operational cost savings would never be realized with the Alternate A concept.

**ALTERNATE B**

In Alternate B, a partial replacement of the patient care component would be constructed initially. Two later phases of new construction would occur after portions of the existing facility have been vacated and demolished. The existing front wings of the Main Building (Wings A & B) would be preserved in order to maintain their architecturally significant elements and would be renovated to house administrative and support functions.

The estimated construction cost for Alternate B in 1992 dollars was \$344,400,000 and with escalation would have been \$574,000,000. The projected construction period was seven and one half years.

Alternate B provides almost complete replacement of existing hospital facilities over four construction phases. The primary disadvantages of Alternate B are as follows:

- The Replacement Hospital rises 4 stories above existing building, obstructing neighborhood views and engendering community opposition;
- Seven and one half years estimated construction time;
- Increased cost due to escalation resulting from long phasing periods;
- Extensive sitework and paving for new service drive increase cost and site disruptions;
- Hospital operations disrupted during seven and one half year construction phasing time; and
- Construction in areas steeply sloped or confined by other structures difficult and more expensive.

**Institutional Master Plan****DEVELOPMENT ALTERNATIVES**

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In summary, Alternate B ranked second in the evaluations; less costly and more rapidly and easily constructed than Alternate A, but more expensive, lengthier, more disruptive and less functional ultimately than Alternate C.

**NEIGHBORHOOD FACILITIES**

As an alternative to replacement of Laguna Honda Hospital on its current site, the planning team investigated the replacement of the existing Laguna Honda Hospital Services by 12 smaller facilities located throughout the City and County of San Francisco.

The team researched both the capital and operational costs associated with this alternative. Due to several factors including the cost of purchasing land, and the necessary duplication of certain building elements, services, and staff, the Neighborhood Facilities Alternative appeared to be significantly more expensive to build and operate than any of the single-facility options.

## Institutional Master Plan

## DEVELOPMENT ALTERNATIVES

## NO NEW DEVELOPMENT

The alternative of no new development on the Laguna Honda Campus would seriously jeopardize the future of the hospital. The facilities at Laguna Honda Hospital are being operated under special waivers from regulatory agencies. These can be revoked at any time. Addressing these waivers requires major remodeling of the facility. **Major remodeling of any area triggers mandated upgrading of all building systems serving that area.** Due to this regulatory principle, any remodeling (other than painting and patching) within the existing buildings would be very expensive proposition.

- Though the Hospital Administration has carefully detailed evacuation plans, the current facility does not conform to fire exiting requirements. Distances from patient wards to the exit stairs exceed the required amount. This is exacerbated by the number of dead end corridors created by the open ward configuration of the patient care areas. (The wards are at least 120 feet in length). These deficiencies cannot be corrected without total reconstruction of the interior.
- The open ward arrangement of patient care areas in Laguna Honda Hospital, in which 26 to 30 patients are provided care in one large room is not permitted by current State and Federal regulations. Open wards are no longer permitted for reasons of infection control, patient management, and patient privacy and dignity. Current codes allow no more than four patients in the same bedroom. Further, the length of the wards far exceeds the regulatory 90 foot distance of travel from a nurses' station to a patient bed area. Due to ongoing dialogue with regulatory agencies, the Hospital Administration has been able to operate with a waiver to these regulations, however this waiver may, and probably will be revoked in the near future. In anticipation of such a revocation, a plan to convert the patient care areas to four bed rooms was explored. Such a plan, assuming no new expansion was involved, would reduce the total bed capacity by approximately 50%, and would make operation of the facility extremely inefficient because there would be very few beds per nursing station. That is, one nurse station would serve only 19 beds, whereas 30 beds per nurse station is a more standard ratio.
- Patient accessibility around the campus grounds and within the buildings on campus is severely compromised. Mandated code requirements for handicapped accessibility are not achievable without major change in site utilization.
- Current codes mandate mechanical ventilation, filtration and air conditioning (HVAC) of patient spaces. This is intended to both reduce the flow of air from one patient space to another (so as to reduce potential airborne transmission of germs) as well as to keep patients comfortable throughout the year. None of Laguna Honda's principal patient care areas (the open wards) are mechanically ventilated. To provide such ventilation would require shutting down the hospital one wing at a time, inserting vertical and horizontal ductwork, new dropped ceilings, and air handling equipment on the roof of each wing.

**Institutional Master Plan****DEVELOPMENT ALTERNATIVES**

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- The structures of Clarendon Hall and the Main Building do not meet current minimum requirements for seismic resistance. A detailed analysis has been undertaken which shows that, while strengthening to meet the minimum requirements is possible, it would prove very costly and disruptive. This strengthening would necessitate closing entire wings of both buildings sequentially while the strengthening is completed.

The physical characteristics of the existing Laguna Honda Hospital work against the basic philosophy of providing good quality patient care. The structures were never intended to be utilized to provide the levels of patient care to the unique mix of patients and programs that now must be addressed.

Long-term healthcare delivery is expected to change dramatically in the coming years. The trends already indicate a need for more services that support a rise in patient acuity level. Laguna Honda Hospital is a very unique institution, because of its size, location and type of patient care. It will require major reconstruction, addition or replacement if it is to meet the needs of the residents of San Francisco in the future.

**Institutional Master Plan****COST COMPARISONS**

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The four Alternate Development Schemes (Alternate A, Alternate B, Decentralized Neighborhood Facilities and the alternative of no new development) were evaluated for construction and project costs. The cost comparisons are documented below.

The estimated costs for Alternates A & B were initially developed and evaluated during the Facilities Master Planning Process and documented in third Volume *Facility and Site Development Analysis*, of the 3-volume Facilities Master Plan. This report was completed in 1992, therefore the costs are described in both 1992 dollars and project costs escalated to midpoint of construction. Additional background information regarding these Alternates can be found in the Facilities Master Plan.

The estimated costs for the alternative of no new development were also developed during the Facilities Master Planning process, therefore these figures are in 1992 dollars.

The estimated costs for the proposed development plan (Alternate C) are provided for both the original construction cost figures developed in 1992 as well as the revised figures for 1994, including the revised escalated project costs.

**ALTERNATE A**

The estimated construction cost for Alternate A is \$377,300,000 in 1992 dollars (non escalated). This would escalate to a cost of 759,800,000 based on a construction duration of eleven and one half years and inflation rates of 3 1/2% per 6 months, compounded over the duration of the project.

**ALTERNATE B**

The estimated construction cost for Alternate B is \$344,400,000 in 1992 dollars (non escalated). This would escalate to a cost of \$574,000,000 based on a construction duration of seven and one half years construction time, and inflation rates of 3 1/2% per 6 months compounded over the duration of the project.

**NO NEW DEVELOPMENT**

The project costs for the alternative of no new development were evaluated only for the work necessary to bring the existing nursing wings into code conformance. The construction costs for these nursing unit renovations would exceed \$150 per square foot or \$100 million for all nursing wings. The overall project cost was estimated at approximately \$160 million in unescalated 1992 dollars. In addition to these costs, this type of remodeling would trigger mandated updating of all building systems serving those areas. The result of these renovations will reduce the overall bed capacity by 50%. This proposition is therefore cost prohibitive.

**Institutional Master Plan****COST COMPARISONS**

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**NEIGHBORHOOD FACILITIES**

The estimated construction costs for the Neighborhood Facilities Alternative were based on the following assumptions:

- Twelve Facilities of 99 beds each would be built.
- These facilities would be divided into 3 groups of 4 facilities.
- Each group of 4 facilities would be built simultaneously.
- Each group of 4 facilities would start one year apart. The first group would be completed in 2000, the second in 2001 and the third in 2003.
- The construction schedule for the second group of 4 facilities would be used to estimate the cost of the average facility.

The estimated construction cost for one typical 99 Bed Neighborhood Facility, including land purchase \$39,161,682 (non escalated, 1993 dollars). This would escalate to an average cost of \$53,436,000 with midpoint of construction in 2001.

The total cost to replace Laguna Honda Hospital with 99-bed facilities, locating one of those facilities on the existing Laguna Honda site, would be \$653,111,000, escalated to the midpoint of construction.

