

Section 5

2005 MASTER PLAN

The 2005 Long Beach Memorial Medical Center Master Plan of Land Uses (2005 Master Plan) provides for refinements to the existing pattern of land uses that accommodate a new building to house the Todd Cancer Institute (TCI), a component of Long Beach Memorial Medical Center (LBMMC), and the comprehensive expansion of the Miller Children's Hospital (MCH) through construction of new buildings to house inpatient and outpatient services. These improvements would address the existing and anticipated demands of the Long Beach community for health care services through the year 2020. The Southern California Association of Governments (SCAG) and the Housing element of the City of Long Beach General Plan forecast a 6- to 9-percent growth rate to the year 2020, adding approximately 65,000 people to the City of Long Beach. The 2005 Master Plan identifies a series of capital improvements to provide expanded capacity for inpatient and outpatient services in conjunction with ambient population growth, in a manner that conforms to the requirements of California Senate Bill (SB) 1953 and the state's health care licensing requirements. Although compliance with the City of Long Beach Zoning Code would normally require the Long-Range Development Plan for the institution to address a 20-year planning horizon, this 2005 Master Plan was undertaken consistent with the census data provided by SCAG and the General Plan, which provide information through the year 2020 planning horizon. The 2005 Master Plan incorporates the work that was undertaken between years 2000 and 2005, pursuant to the adopted 1999 Master Plan.

GENERAL PLAN

The 2005 Master Plan is consistent with the land used designation (LUD) for the 54-acre LBMMC campus (Campus) as LUD No. 7 Mixed-Use District, as specified in the City of Long Beach General Plan (Figure 3.03, *General Plan Land Use Designation*).

ZONING

The proposed land uses are consistent with the existing Institutional (I) zoning that applies to the portion of the Campus bounded by 29th Street on the north, Atlantic Avenue on the east, 27th Street on the south, and Long Beach Boulevard on the west (Figure 3.04, *2004 Zoning Districts*). The proposed expansion of the MCH and a new parking structure are allowable uses within the I zoning. LBMMC has requested that the City of Long Beach extend the eastern edge of the Planned Development (PD-29) zoning, between Spring Street (on the north) and 29th Street (on the south), from its current location approximately 100 feet east of Long Beach Boulevard to the western edge of Pasadena Avenue in order to accommodate the construction of a new building to house the TCI (Figure 5.01, *Proposed Zoning Districts*). That land is currently zoned as a Regional

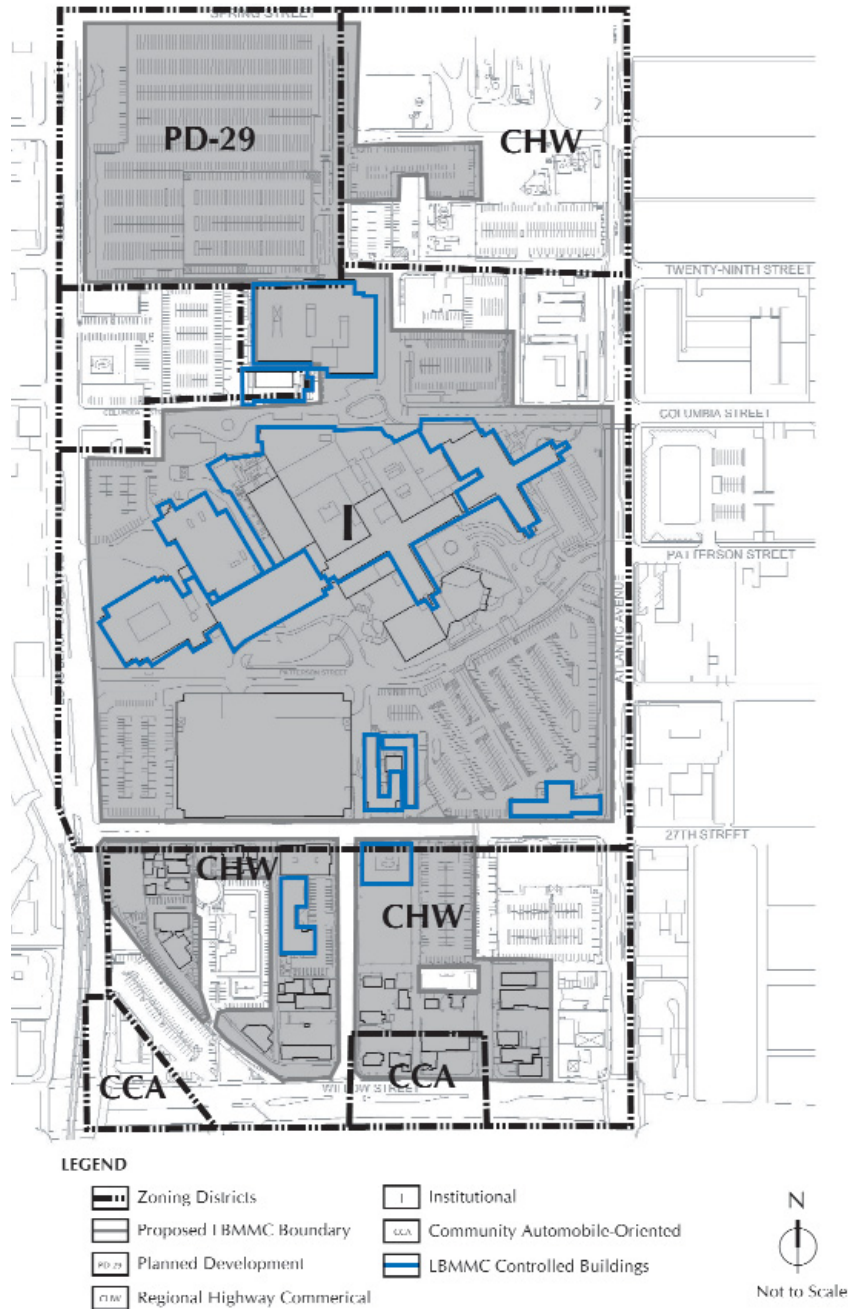


FIGURE 5.01 - Proposed Zoning Districts



Highway (CHW) District. The proposed inpatient, outpatient, and mixed-use development within the Campus would require the development of additional surface parking lots. LBMMC proposes to demolish mixed-use properties, including residential units and vacant lots, to create additional surface parking lots south of 27th Street. This use would be consistent with the existing zoning between 27th Street (to the north) and Willow Street (to the south), as a CHW District and as a Community Automobile-Oriented (CCA) District (Figure 3.04).

RECOMMENDATIONS

This 2005 Master Plan addresses the priority improvements identified by LBMMC and MCH to achieve the goals and objectives identified to support the continued mission of improving the health and well-being of individuals, families, and the community through innovation and the pursuit of excellence, and to making LBMMC into Southern California’s preferred, operationally excellent, and fiscally sound provider of comprehensive, high-quality health services. The total estimated cost of capital improvements described in this 2005 Master Plan is in excess of \$276 million (Table 5.01, *Estimated Capital Improvement Costs*).

EFFECTIVE PROPERTY UTILIZATION

The site evaluation identified existing underutilized property southeast of the intersection of Spring Street and Long Beach Boulevard, east of Long Beach Boulevard and south of the MCH, in the western portion of Parking Lot K, and in the mixed-use properties located south of 27th Street (Figure 5.02, *Effective Property Utilization*). The area located south of the MCH was identified as the most suitable to accommodate the need for additional pediatric inpatient and outpatient facilities. Specifically, the MCH pediatric inpatient tower Phases I and II, the MCH pediatric outpatient building, and the MCH link building would be best placed immediately south of the existing MCH because the pediatric inpatient tower needs to be placed immediately adjacent to and be connected to the existing MCH to maintain operational efficiencies related to patient care, staffing, and equipment (Figure 5.03, *Miller Children’s Hospital Expansion*).

The parking lot on the northwest corner of the Campus provides the most suitable location for the development of a dedicated structure for consolidating the TCI programming functions, currently located in 24 diverse locations (Figure 5.02). This location would allow the

Project Element	Total Cost in Million
Todd Cancer Institute, Phase I	\$34.30
Todd Cancer Institute, Phase II	\$17.30
Miller Children’s Hospital—Pediatric Inpatient Tower, Phase I	\$92.00
Miller Children’s Hospital—Pediatric Inpatient Tower, Phase II	\$61.30
Utility Trench	\$1.00
Central Plant Building	\$5.00
Miller Children’s Hospital—Pediatric Outpatient Building	\$19.00
Miller Children’s Hospital—Link Building	\$14.20
Roadway Realignment	\$3.00
Parking Program	
• On-site parking (N, P, Q, R, S, and T) 515 spaces at \$10,000 per car space	\$5.15
• 1,700 space structure at \$14,000 per car space	\$23.80
TOTAL COST	\$276.05

NOTE:
All costs are at 2004 dollar value.
Above costs include equipment.

TABLE 5.01 - Estimated Capital Improvement Costs

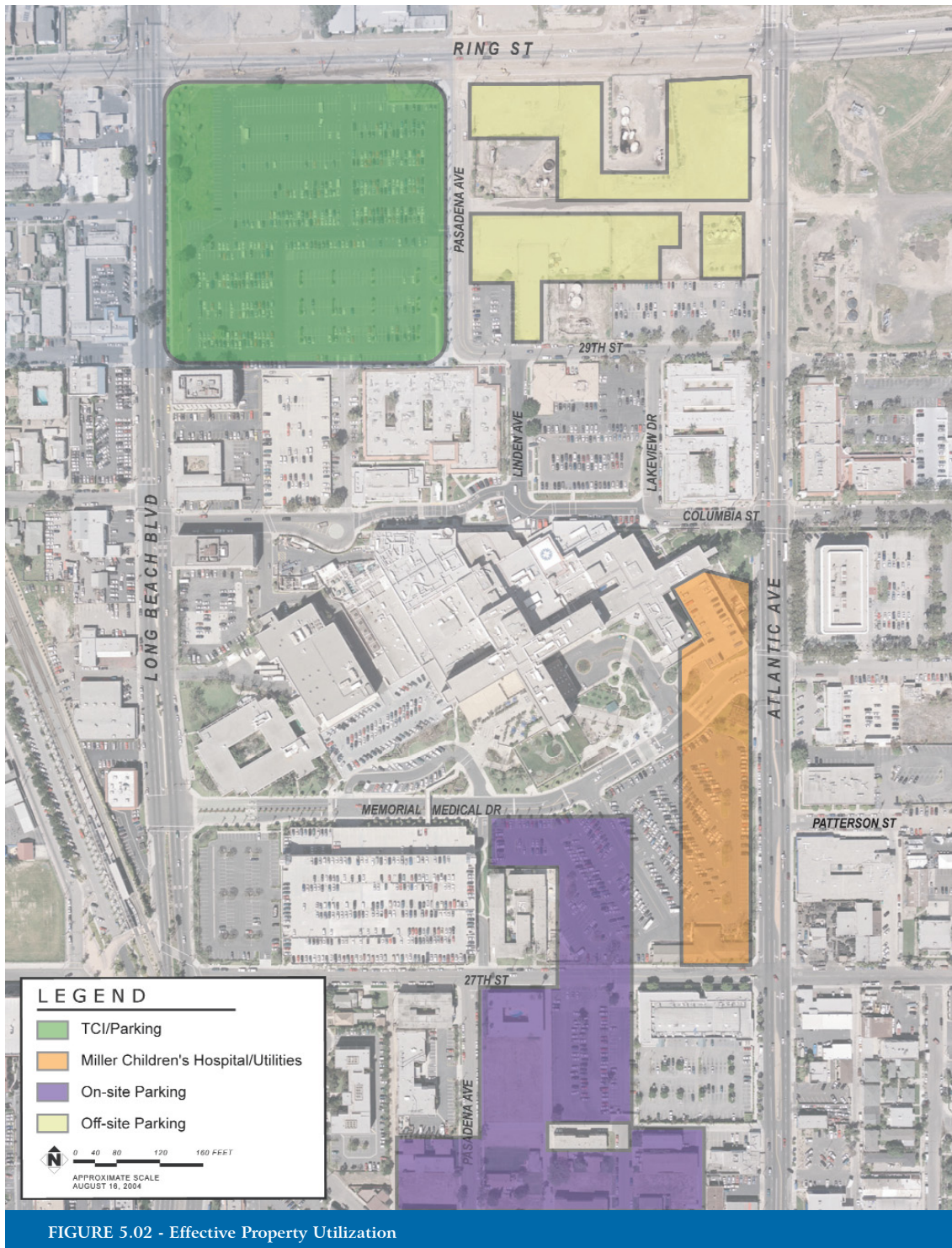


FIGURE 5.02 - Effective Property Utilization

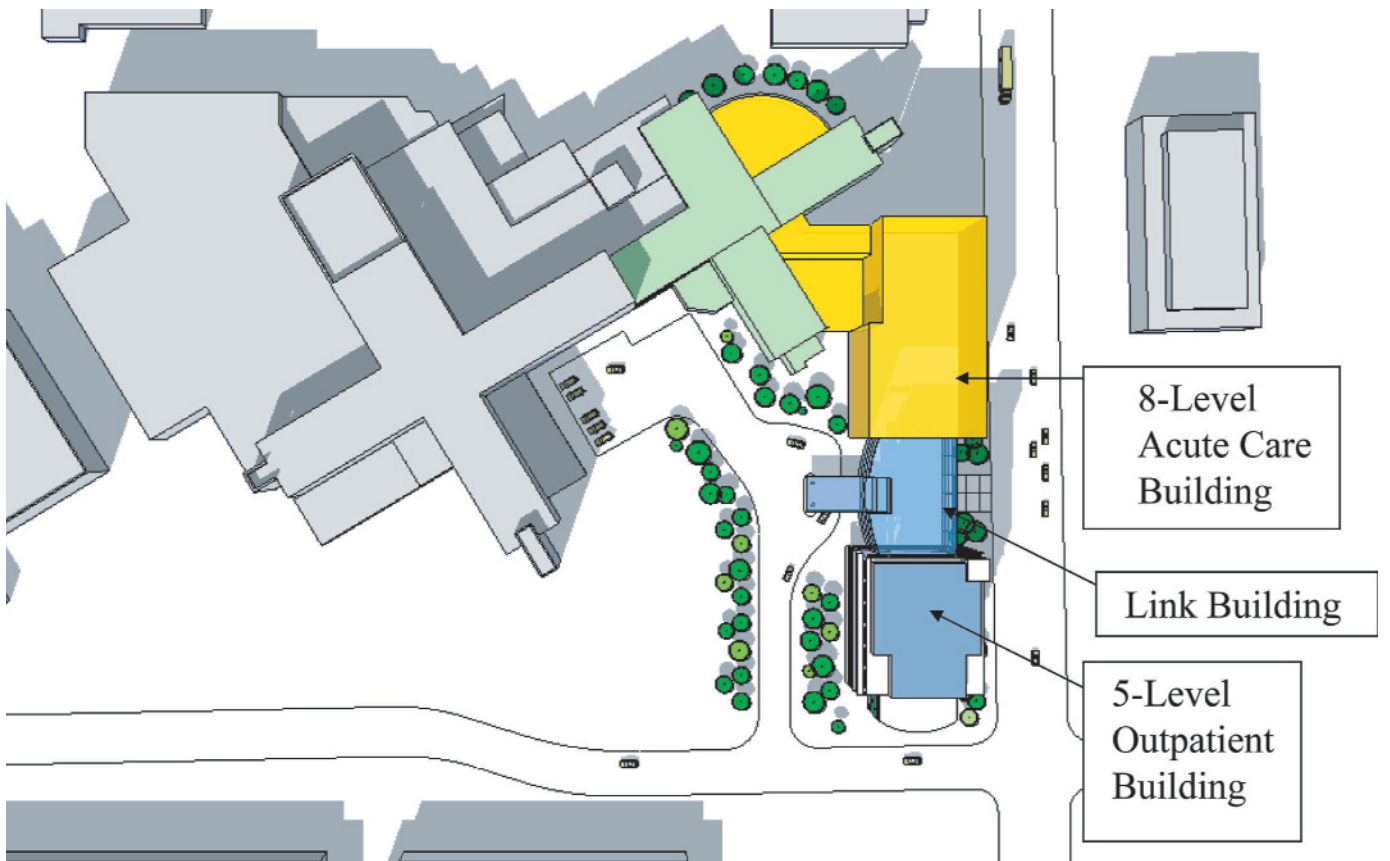


FIGURE 5.03 - Miller Children's Hospital Expansion

building to serve as a gateway to the Campus. There is sufficient space at this location to promote sufficient on-site parking and allow for future (Phase II) expansion of the facility to accommodate projected population growth and health care demographic trends.

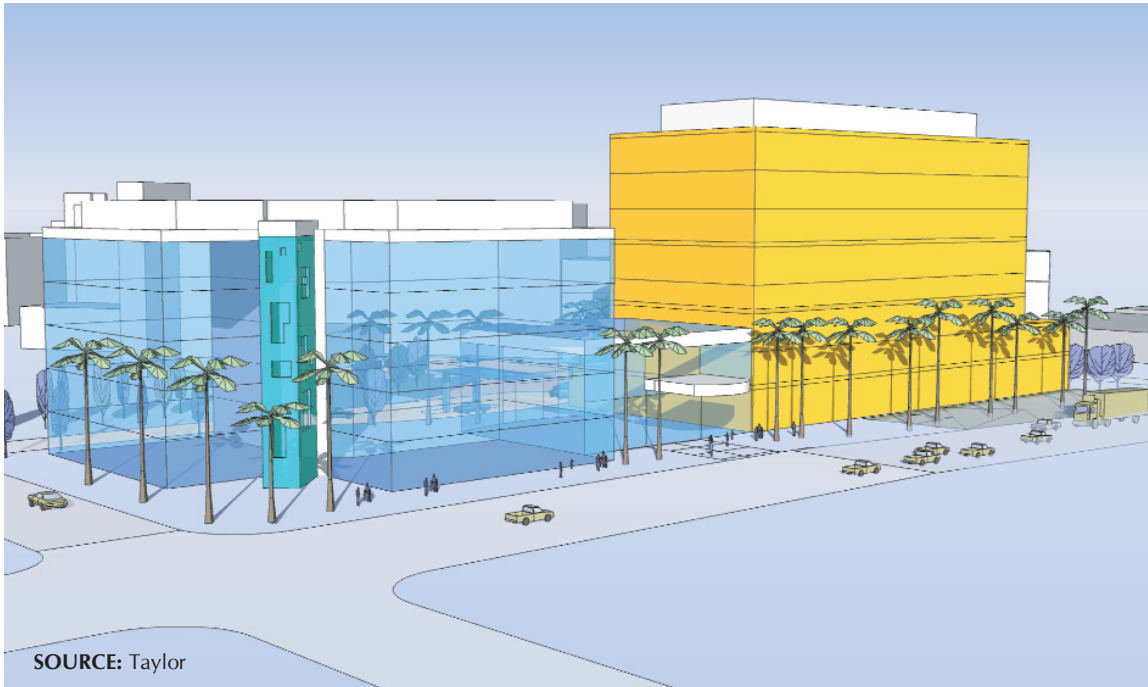
PRIORITIES

Miller Children's Hospital

MCH proposes to expand its services through the development of a new pediatric inpatient tower, a pediatric outpatient building, and a third building that would link these first two buildings and be suitable for the provision of appurtenant retail services for medical staff, employees, outpatients, and visitors (Figure 5.04A, *Miller Children's Hospital Expansion Phase II, View of South and East Conceptual Massing Study*, and Figure 5.04B, *Miller Children's Hospital Expansion Phase II, View of South and West Conceptual Massing*

Study). The need to construct a new building to support pediatric inpatient services (beds and operating rooms) emerged as a priority that must be achieved by December 2007 to conform to State of California licensing requirements for MCH. Pursuant to the SB 1953 regulations of the Office of Statewide Health and Planning Development (OSHPD), a new central plant building would be required to support the pediatric inpatient services facility.

MCH recognized that the quality of pediatric health care services could ultimately be improved through the development of a dedicated facility to house pediatric outpatient services in close proximity to the proposed inpatient services. Given the large medical professional staff, several thousand employees, and nearly a thousand inpatient beds that will ultimately be present on the Campus, MCH identified the need for space to



SOURCE: Taylor

FIGURE 5.04A - Miller Children's Hospital Expansion Phase II, View of South and East Conceptual Massing Study



SOURCE: Taylor

FIGURE 5.04B - Miller Children's Hospital Expansion Phase II, View of South and West Conceptual Massing Study



accommodate appurtenant mixed uses such as food services and a gift shop. The ability to accommodate these facilities in close proximity to the existing and proposed inpatient services requires realignment of the easterly portion of Memorial Drive to the south to align with Patterson Street. The parking required to support these improvements would exceed the existing excess 259 parking spaces within the Campus and would require additional parking to be secured or developed.

Todd Cancer Institute

The ability to consolidate the TCI treatment modalities from the existing 24 locations on and off the Campus into a single dedicated facility emerged as a second immediate priority. Demographic data for cancer treatment clearly demonstrate that there will be an increasing segment of the population that will require treatment for cancer and that a greater number of those treated will be likely to survive; thus, there will be a continually expanding population of patients requiring outpatient services including long-term treatment and monitoring. Therefore, the building constructed for TCI services would need to be placed at a location that could accommodate expansion within the year 2020 planning horizon. It is anticipated that the spaces vacated by TCI services within LBMHC would be backfilled with other inpatient and appurtenant services; thus, the TCI would require additional parking to be secured or developed.

MASTER PLAN OF LAND USES

This 2005 Master Plan provides a conceptual framework for the reorganization of the six existing land uses: (1) inpatient medical facilities, (2) outpatient medical facilities, (3) mixed-use facilities, (4) utilities, (5) circulation, and (6) parking (Figure 5.05, *Master Plan of Land Uses*). Within this conceptual framework, six capital improvements could be constructed between years 2005 and 2013.

MCH Pediatric Inpatient Tower

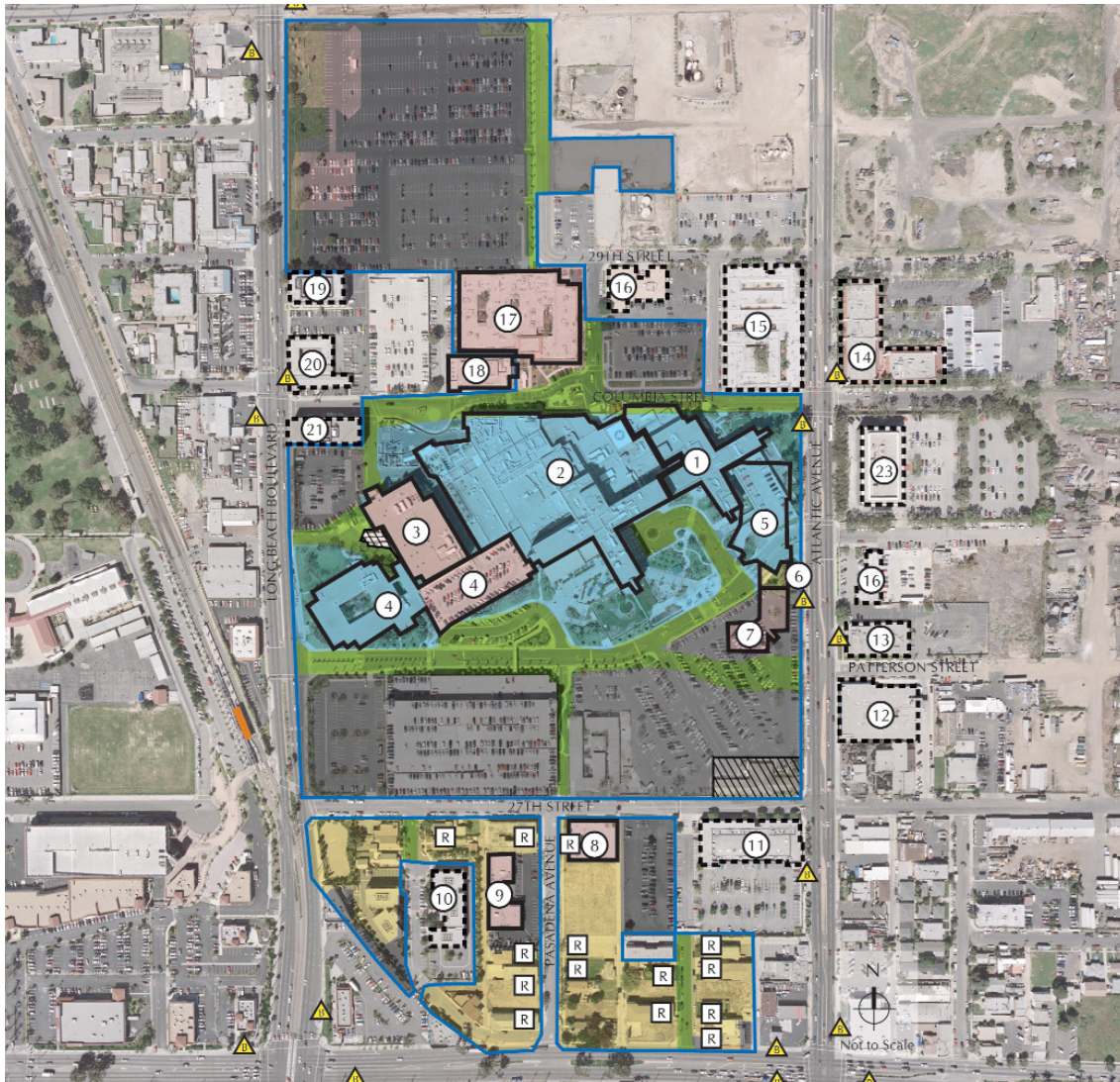
Operation of the MCH pediatric inpatient tower by January 2008 would allow the hospital to meet the state-mandated licensing requirements for operating rooms and pediatric beds. The pediatric inpatient tower expansion of MCH would be located immediately adjacent to and connected to the existing MCH facility, southwest of the intersection of Atlantic Avenue and Columbia Street (Figures 5.02 and

5.05). The existing land use at this location is an 86-stall, multilevel parking structure. The parking structure would be demolished to accommodate the additional area dedicated to the proposed pediatric inpatient tower. Access to the pediatric inpatient tower would be provided on multiple floors of the existing MCH facility and by a new pedestrian entrance on the west facade of the building. At build-out, the MCH would provide 205,250 gross square feet.

Phase I of the MCH pediatric inpatient tower would provide approximately 129,220 square feet of new space for pediatric surgical services, imaging, lobby, newborn intensive care services, and general pediatric inpatient care services. Phase I would consist of a four-story building with one story below grade and three stories above grade (Figure 5.06A, *Miller Children's Hospital Pediatric Inpatient Building North and East Elevations*, and Figure 5.06B, *Miller Children's Hospital Pediatric Inpatient Building South and West Elevations*). The highest point of the Phase I structure would be 84 feet above grade. The Phase I portion of the building would require 144 parking spaces. Phase I of the new pediatric inpatient tower is proposed to initiate construction in October 2005, with completion in January 2008. Phase II would provide approximately 86,030 square feet in a vertical expansion of the Phase I structure. The highest point of the combined Phase I and Phase II structure would be approximately 148 feet above grade. The Phase II portion of the building would require 192 parking spaces. Construction of Phase II is contingent on the growth of inpatient pediatric cancer services, the needs of the Long Beach community, and philanthropy. The likely dates to initiate and complete construction of Phase II of the MCH pediatric inpatient tower are January 2012 and June 2013, respectively.

The MCH pediatric inpatient tower would be served by the existing service area and loading dock for the LBMHC and MCH.

The MCH pediatric inpatient building design would conform to the design specifications for the Campus provided in this 2005 Master Plan. The building would be identified by three illuminated building signs reading "Miller Children's Hospital" and by ground-level monument signs. All signs would conform to the design guidelines for signs



LEGEND

- Inpatient
- Outpatient
- Mixed Use
- Utilities
- Circulation
- Parking
- LBMCC Boundary
- Buildings Controlled by LBMCC

- Buildings Controlled by Others
- Blue Line (Willow Station)
- Bus Stop (Long Beach Transit)
- 1 Miller Children's Hospital
- 2 Long Beach Memorial Medical Center
- 3 Administration Building
- 4 West Facility/Rehabilitation Building
- 5 Pediatric Inpatient Tower

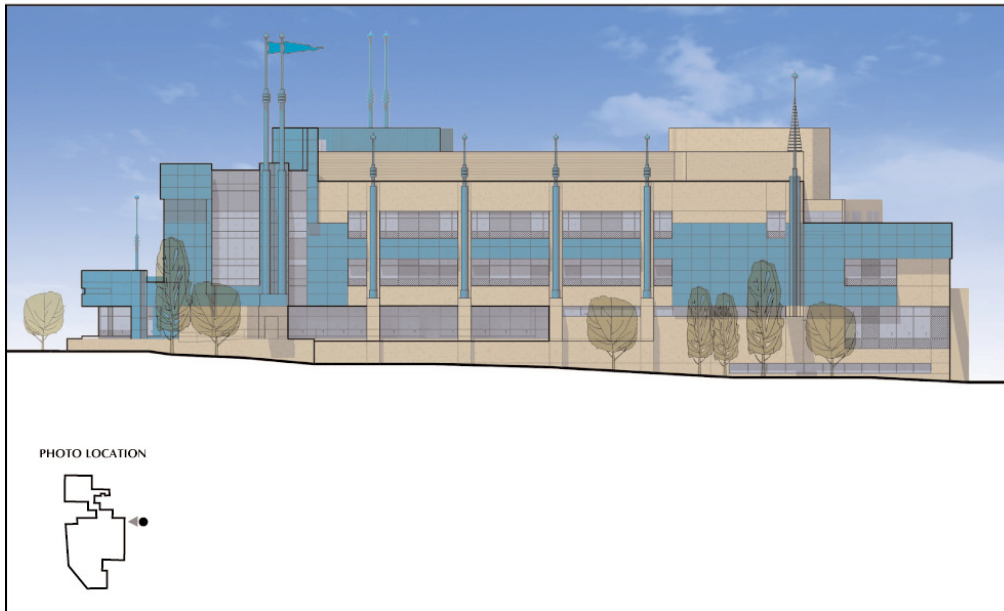
- 6 Link Building
- 7 Pediatric Outpatient Building
- 8 Memorial Guest Residence
- 9 Research Building
- 10 Elm Medical Plaza
- 11 3-Story Medical Office Building
- 12 Convalescent Home
- 13 MOB with CT & MRI Orthopedics
- 14 Hillside Medical Plaza

- 15 2-Story Atlantic MOB
- 16 Medical Office Building - 1 Story
- 17 Buffums Plaza - 1 Story
- 18 CT & MRI Center
- 19 Medical Office Building
- 20 Aloha Motel
- 21 Medical Office Building
- 23 4-Story Atlantic MOB
- R Residential Buildings

FIGURE 5.05 - Master Plan of Land Uses



North Elevation
As seen from Columbia Street



East Elevation
As seen from Atlantic Avenue

FIGURE 5.06A - Miller Children's Hospital Pediatric Inpatient Building North and East Elevations



South Elevation

As seen from Memorial Drive/Patterson Street



West Elevation

As seen from Miller Children's Hospital Courtyard

FIGURE 5.06B - Miller Children's Hospital Pediatric Inpatient Building South and West Elevations



contained in this 2005 Master Plan. Landscaping would be provided along Atlantic Avenue and 27th Street frontages consistent with the design guidelines for landscaping as contained in this 2005 Master Plan.

Outpatient

The ability to address the continued increase in demand for outpatient services through the year 2020 planning horizon would be addressed by designating existing underutilized property in Parking Lots A and K as outpatient (Figure 5.05). These areas would then be designated for development of the TCI and the MCH pediatric outpatient building.

Todd Cancer Institute

LBMCC seeks to create, through the development of a dedicated facility to house the TCI, a center crafted to improve both patient and family experience while going through the long process of cancer treatment. The design of the building would depart from a traditional health care

environment, with architecture reflective of a warm, inviting, and comfortable space to create a relaxing, familiar atmosphere for the patients who it would serve. Infusion bays and family spaces would be organized in relation to an outdoor healing garden, embracing nature as part of the therapeutic healing environment.

The TCI would be located on the northwestern corner of the Campus, southeast of the intersection of Long Beach Boulevard and Spring Street (Figure 5.07, *Todd Cancer Institute Conceptual Site Plan*; Figure 5.08A, *Todd Cancer Institute Conceptual North and South Elevations*; and Figure 5.08B, *Todd Cancer Institute Conceptual West and East Elevations*). The existing land use at this location is an 872-stall surface parking lot. The TCI building would provide comprehensive outpatient cancer services in a single facility designed for the unique requirements of cancer patients and their families. These services are currently provided in approximately 24 distinct locations distributed throughout the Campus and in nearby, leased facilities. The TCI

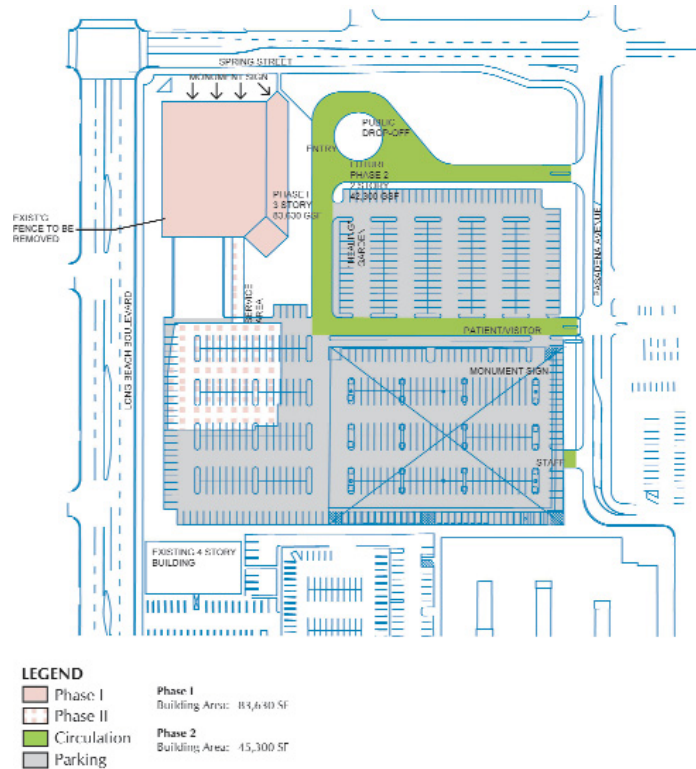


FIGURE 5.07 - Todd Cancer Institute Conceptual Site Plan

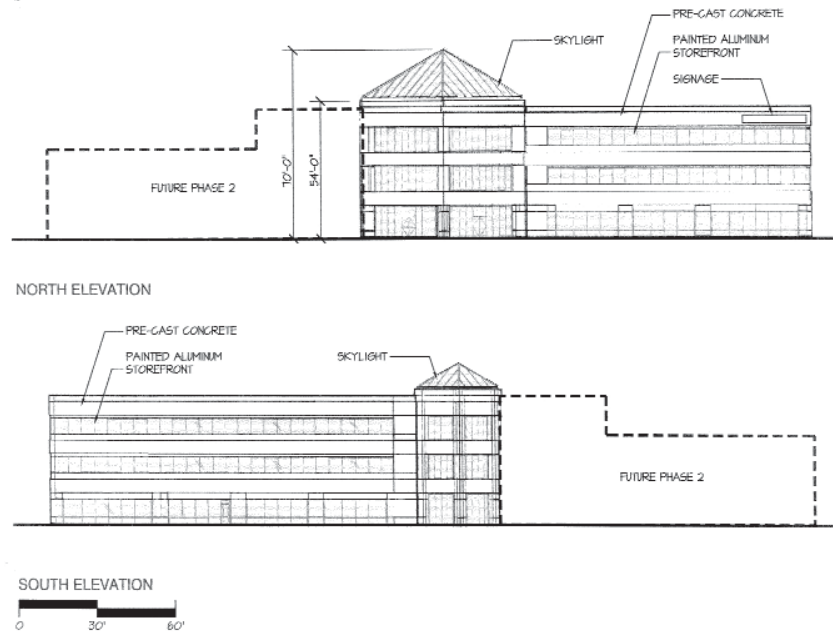


FIGURE 5.08A - Todd Cancer Institute Conceptual North and South Elevations

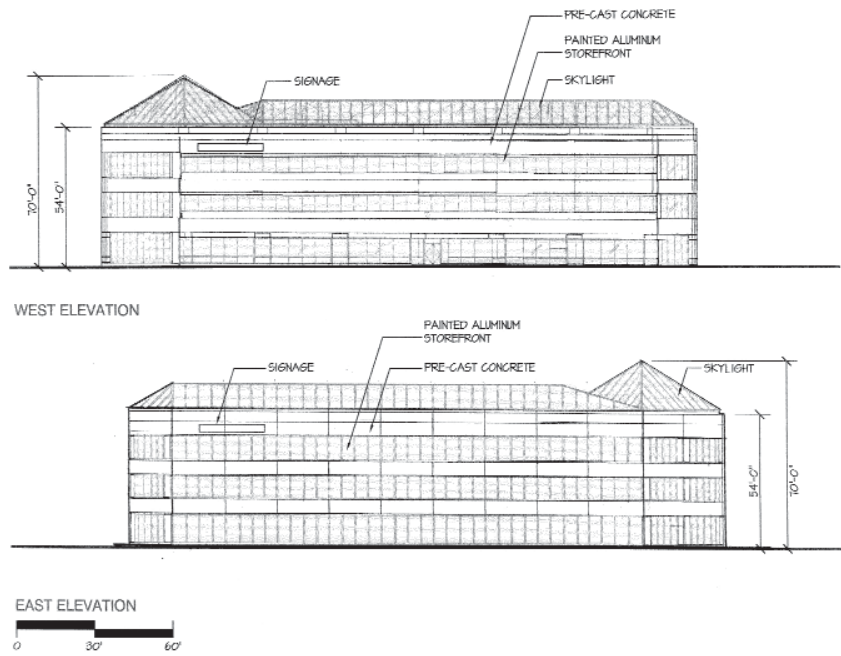


FIGURE 5.08B - Todd Cancer Institute Conceptual West and East Elevations



building would also be designed to reinforce a sense of arrival and activate this corner of the Campus. Visitors would access the TCI from entry driveways located on Pasadena Avenue. The entry driveways would also provide staff and service access. Outpatient cancer services would ultimately encompass approximately 125,930 gross square feet of new space constructed in two phases.

Phase I of the TCI would provide 83,630 gross square feet in a 54-foot-high, three-story building and an atrium featuring a 70-foot-high skylight. The Phase I portion of the building would require 419 parking spaces. It is anticipated that there would be a maximum of approximately 120 employees working in the building at one time. Phase I of the TCI is proposed to initiate construction in July 2005. Upon completion of Phase I in September 2006, the undeveloped portions of the site would accommodate approximately 700 parking stalls.

Phase II of the TCI would provide an additional 42,300 gross square feet in a new 33-foot-high, two-story horizontal expansion. The Phase II portion of the building would require 212 parking spaces. Upon completion of Phase II, the undeveloped portions of the site would accommodate approximately 642 parking stalls. Construction of Phase II of the TCI is contingent on the

growth of outpatient cancer services, the needs of the Long Beach community, and philanthropy. The likely dates to initiate and complete construction are July 2010 through June 2011.

The TCI would be designed to include a service area and loading dock on the south side of the Phase I building. It would be screened from Long Beach Boulevard through the use of a screen wall and landscape material.

The TCI outpatient building design would conform to the design specifications for the Campus provided in this 2005 Master Plan. Landscaping would be provided along Long Beach Boulevard and Spring Street frontages consistent with the design guidelines for landscaping contained in this 2005 Master Plan. A healing garden would be developed adjacent to the TCI on the east side of the building (Figure 5.09, *Healing Garden*). Amenities and plant selections would be sensitive to the needs of cancer patients and would accentuate the healing and medicinal properties of certain plants. Landscaped pedestrian pathways would link the TCI to LBMCC and MCH. The building would be identified by two illuminated building signs reading “Todd Cancer Institute” and by ground-level monument signs. All signs would conform to the design guidelines for signs contained in this 2005 Master Plan.



FIGURE 5.09 - Healing Garden



Miller Children's Hospital Pediatric Outpatient Building

A new pediatric outpatient building would be located south of the existing MCH facility, west of Atlantic Avenue, and approximately midway between the realigned section of Memorial Drive/Patterson Street and 27th Street (Figures 5.03, 5.04A, and 5.04B). The existing land use at this location is a portion of Parking Lot K. Approximately 43 parking spaces would be demolished to accommodate the proposed pediatric outpatient building. Pedestrian access to the pediatric outpatient building would be provided from an entrance on the northwest facade of the building. The MCH pediatric outpatient building would house an array of pediatric care clinics and support services in an approximately 80,000-gross-square-foot, five-story, B-occupancy, medical office building. It is anticipated that there would be a maximum of approximately 140 employees working in the building at one time. The highest point of the building would be approximately 84 feet above grade. The MCH pediatric outpatient building is proposed to initiate construction in June 2006 and finish construction in December 2007. The building would be developed as a shell building, with internal tenant improvements for MCH-operated services and private physician practices. Four types of uses and clinics are under consideration for the pediatric outpatient building: (1) dental clinic, (2) pediatric rehabilitation, (3) children's and specialty care clinic, and (4) support space, including physician's offices. Building design would be consistent with the City of Long Beach–approved design guidelines for the Campus.

The pediatric outpatient building would require approximately 400 parking spaces. Construction of the pediatric outpatient building is contingent on the identification of funding, philanthropy, and lease agreements with private physician groups.

The MCH pediatric outpatient building design would conform to the design specifications for the Campus provided in this 2005 Master Plan. Landscaping would be provided along the Atlantic Avenue frontage consistent with the design guidelines for landscaping contained in this 2005 Master Plan. The building would be identified by two illuminated building signs reading “Miller Children's Hospital” and by ground-level monument signs. All signs

would conform to the design guidelines for signs contained in this 2005 Master Plan.

MIXED USE

Approximately 0.5 to 1.0 acre between the proposed location of the MCH pediatric inpatient tower and the MCH pediatric outpatient building would be dedicated for mixed use (Figure 5.05).

The City of Long Beach and the LBMMC recognize the value and importance of senior and worker housing in close proximity to major employment centers and public transit. The LBMMC will continue to work with the City of Long Beach to discuss opportunities for senior and worker housing.

Miller Children's Hospital-Link Building

A new mixed-use building connecting the pediatric inpatient tower and the pediatric outpatient building would be located southwest of the intersection of Atlantic Avenue and Patterson Street (Figures 5.03, 5.04A, and 5.04B). The existing land use at this location is the main vehicular entrance from Atlantic Avenue. Access to the mixed-use building would be provided on multiple floors from the proposed inpatient hospital addition to the north and the outpatient building to the south. Grade-level pedestrian entrances would also be provided on the east and west facades. The MCH link building would provide approximately 20,000 gross square feet. The link building would consist of a 50-foot-high, three-story building that would contain retail spaces, offices, and retail food service for users of the adjacent pediatric inpatient tower and pediatric outpatient building. The MCH link building is proposed to initiate construction in July 2010 and finish construction in June 2011.

The mixed-use building would require 10 parking spaces. Construction of the link building is contingent on the identification of a funding source.

The MCH link building design would conform to the design specifications for the Campus provided in this 2005 Master Plan. Landscaping would be provided along the



Atlantic Avenue frontage consistent with the design guidelines for landscaping contained in this 2005 Master Plan. The building would be identified by a ground-level monument sign conforming to the design guidelines contained in this 2005 Master Plan.

UTILITIES

In accordance with OSHPD requirements, a new central plant building would need to be constructed in conjunction with the MCH pediatric inpatient tower. A central plant building designed to support Phases I and II of the MCH pediatric inpatient tower would be constructed northwest of the intersection of Atlantic Avenue and 27th Street (Figures 5.03, 5.04A, and 5.04B). The existing land use at this location is a small, wood-framed building referred to as the WIC Building and Ranch House on the southeastern portion of the surface parking lot located north of 27th Street. The uses currently provided at the Ranch House, including women's, children's, and infant food and nutrition programs, would be relocated elsewhere on the Campus prior to the initiation of demolition activities. Development of the central plant building within a portion of the existing surface parking lot would displace 14 parking spaces. The central plant building would consist of a single-level structure of approximately 3,500 square feet, an open yard of approximately 5,000 gross square feet, and eight parking stalls (Figure 5.10A, *Miller Children's Hospital Central Plant North and East Elevations*, and Figure 5.10B, *Miller Children's Hospital Central Plant South and West Elevations*). The central plant building would have a dedicated service area that would be screened from 27th Street and Atlantic Avenue by the central plant building itself and by landscape materials (Figure 5.11, *Conceptual Central Plant Service Area*). Construction of the central plant building is proposed to begin in June 2006 and finish in August 2007.

The central plant building would contain equipment and storage for the provision of emergency power, chilled water, and bulk medical oxygen for the pediatric inpatient tower. The central plant building would be staffed by existing engineering staff; therefore, no additional parking would be required for the central plant building. Vehicular access to the central plant building would be from within the existing parking area.

The MCH pediatric inpatient tower would be served by the central plant building via a 1,000-linear-foot underground utility trench along the eastern edge of the Campus, parallel to Atlantic Avenue. Utility piping between the central plant building and the pediatric inpatient tower would be direct-buried within a protected, slurry back-filled trench. The utility trench would be a permanent, underground facility that would not generate any additional demand for parking.

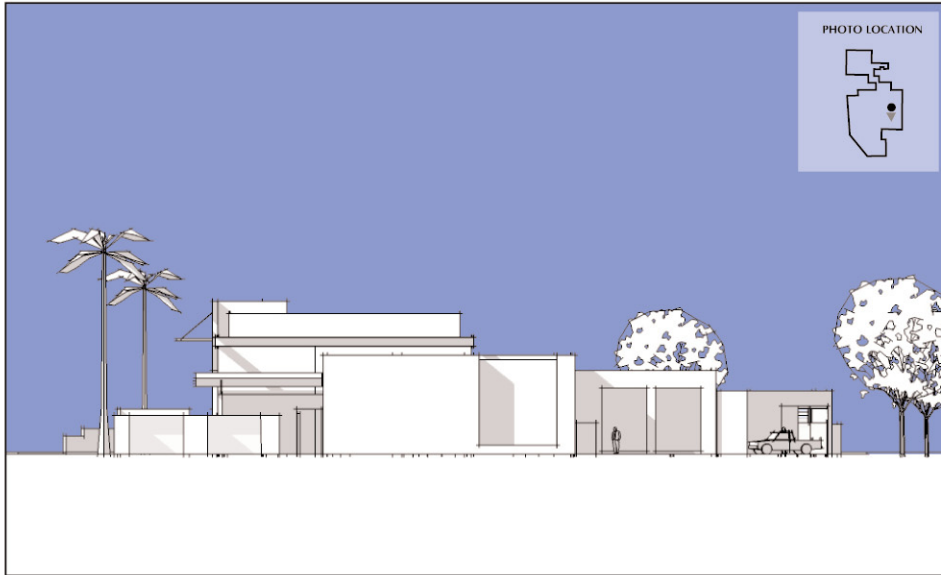
The central plant building design would conform to the design specifications for the Campus provided in this 2005 Master Plan. Landscaping would be provided along the Atlantic Avenue frontage consistent with the design guidelines for landscaping contained in this 2005 Master Plan. The building would be identified by a ground-level monument sign conforming to the design guidelines contained in this 2005 Master Plan.

CIRCULATION

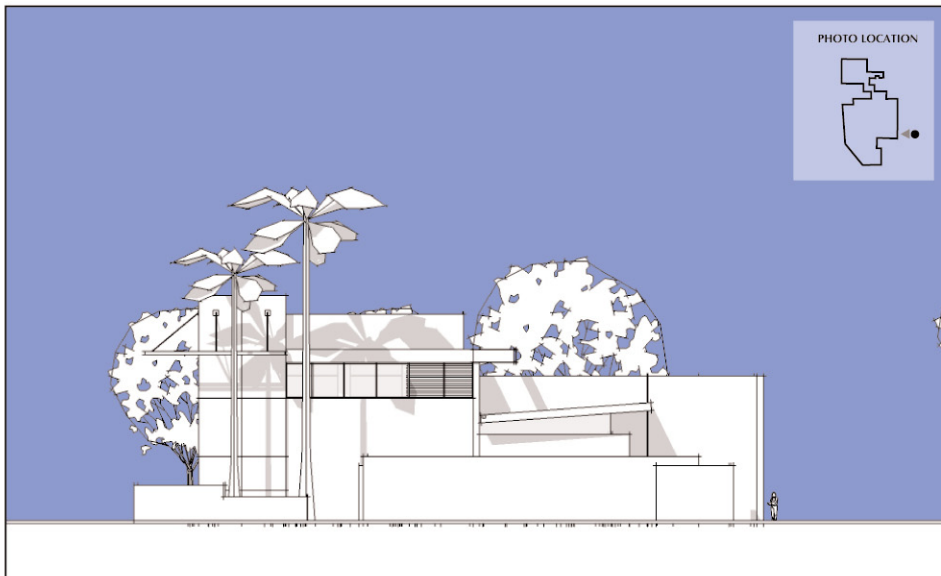
The Campus is equally accessible from two adjacent public roadways: Atlantic Avenue on the east and Long Beach Boulevard on the west. As with LBMMC and MCH, the TCI and MCH expansion would be served by a network of public streets and sidewalks, further augmented by landscaped and lighted private driveways and sidewalks. Proposed entries provide convenient access to inpatient and outpatient services from parking areas, surrounding public sidewalks, and nearby public transit stops. The proposed expansion of the MCH requires realignment of Memorial Drive/Patterson Street within the Campus. The vehicular entrance at Pasadena Avenue and Spring Street would provide access to the TCI.

Roadway Realignment

Vehicular circulation patterns would be improved through the realignment of selected internal roadways (Figure 5.12, *Roadway Realignment*). Specifically, a 520-linear-foot section of the alignment of Memorial Drive/Patterson Street as it extends through the Campus would be realigned southward by approximately 300 feet from its current intersection, at Atlantic Avenue near 28th Street on the east side of the Campus, to make a connection with the existing alignment of Patterson Street at Atlantic Avenue. As a result, 28th Street westbound would terminate at Atlantic Avenue as a



North Elevation
As seen from Parking Lot K



East Elevation
As seen from Atlantic Avenue

FIGURE 5.10A - Miller Children's Hospital Central Plant North and East Elevations



South Elevation
As seen from 27th Street



West Elevation
As seen from Parking Lot K

FIGURE 5.10B - Miller Children's Hospital Central Plant South and West Elevations

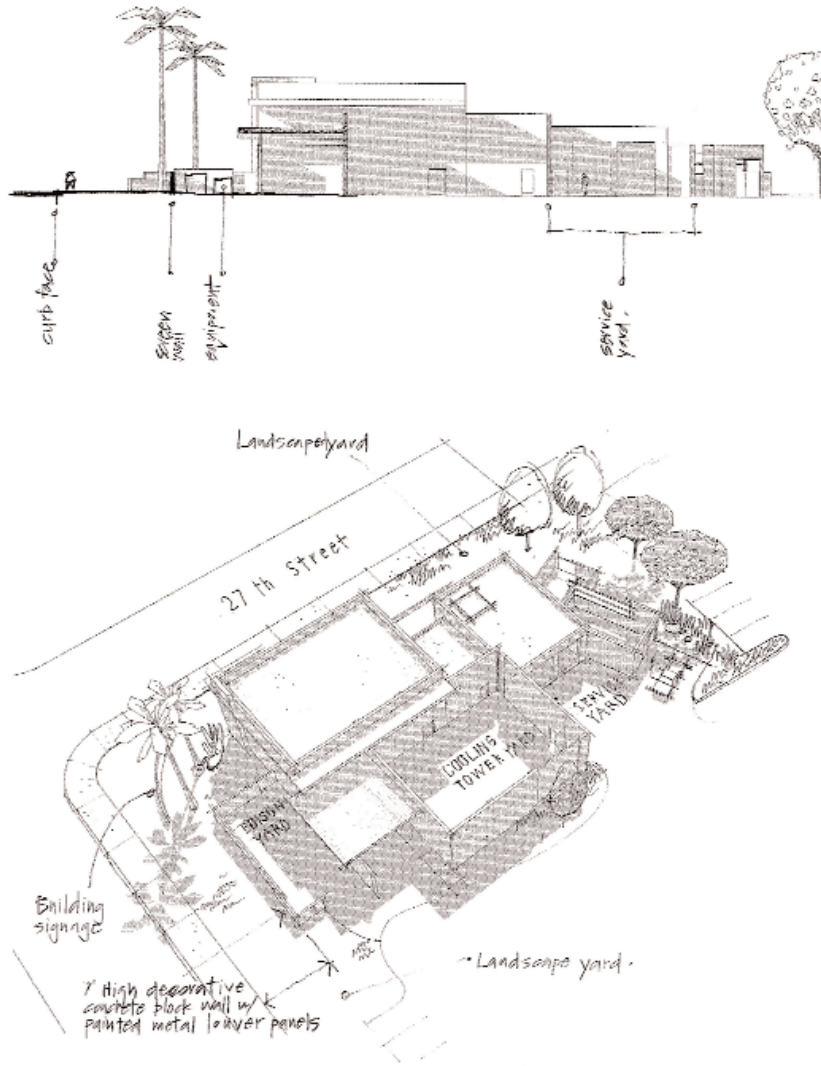


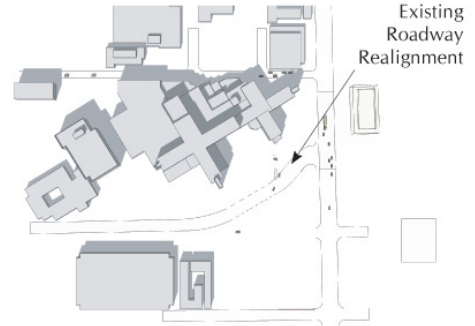
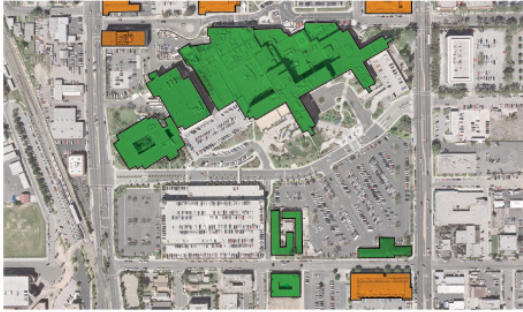
FIGURE 5.11 - Conceptual Central Plant Service Area

T-intersection. The realigned roadway would consist of two site entry lanes and three site exit lanes with an automated traffic control gate for each lane. The present roadway is approximately 85 feet wide at Atlantic Avenue. The roadway would narrow to 40 feet where it transitions to the existing alignment of Patterson Street near Pasadena Avenue. The road curvature has a radius of approximately 500 feet to transition from Patterson Street to the existing roadway

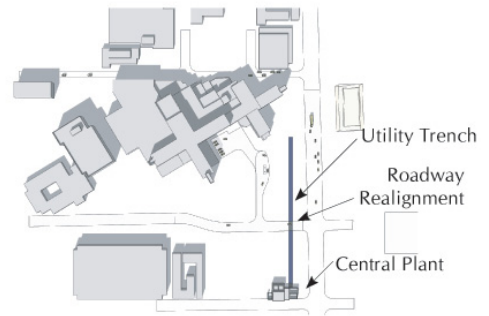
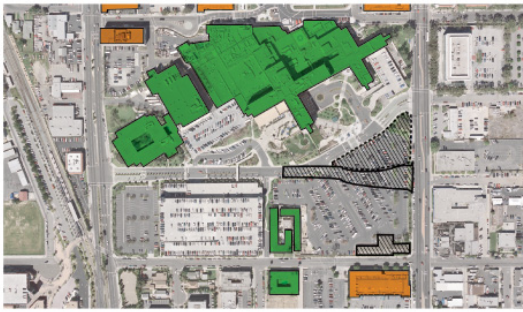
alignment. The roadway realignment would result in the loss of 195 parking spaces from the surface parking lot located north of 27th Street. The existing T-intersection at Atlantic Avenue and Patterson Street would be replaced by a signalized through intersection. The grading and realignment would be undertaken such that the roadway and curbs are adjusted to provide access to adjacent buildings at the first-floor level. The roadway realignment is



Existing Condition



Roadway Realignment



Final Configuration

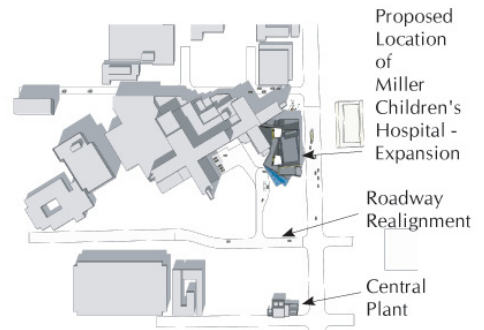


FIGURE 5.12 - Roadway Realignment



proposed to initiate construction in July 2005 and finish construction in October 2005.

Pedestrian Plan

Existing pedestrian routes of travel would be improved to provide safe paths of travel between the TCI; designated parking areas; and other inpatient, outpatient, and mixed-use areas within the Campus (Figure 5.13, *Pedestrian Plan*). Clearly identified on-site pedestrian pathways would link the Campus medical facilities to neighboring off-campus destinations such as medical office buildings, retail complexes, and public transit facilities.

The pedestrian plan provides unobstructed and direct pathways between arrival areas (e.g., parking areas and mass-transit stations) and destinations such as building entrances. Complementary spaces may be developed along the pathways. Each space would have a defined function, and some space would directly relate to a major service or clientele of the Campus. For example, facilities focusing on the treatment of cancer patients may employ exterior “healing gardens” or other outdoor spaces in which patients, family members, and staff can relax. The medicinal value of certain plants might be described by signs or special displays, adding a unique educational element. Other areas may employ seating areas in which patients, visitors, and staff may gather and interact. A “courtyard oasis” may provide an opportunity for staff to conduct a meeting outdoors rather than in a crowded indoor conference room. Some degree of flexibility in the use of such spaces will be preserved. The pedestrian plan provides safe, well-lit connections between parking facilities and hospital buildings.

PARKING

A net increase of 1,159 parking spaces would be required in conjunction with the capital improvements anticipated in conjunction with this 2005 Master Plan, to conform to the City of Long Beach Code parking requirements, beyond the existing 259 excess parking spaces (Table 5.02, *City Code Parking Requirements*). Parking requirements were calculated in accordance with the City of Long Beach standards for inpatient, outpatient, and mixed-use land uses.

A phased parking program would be designed to offset the 1,394 parking stalls displaced by the proposed project and accommodate the additional demand for 1,418 parking stalls resulting from the 2005 Master Plan capital improvements. A total of 577 parking spaces would be permanently lost due to development of five project elements: (1) TCI Phase I; (2) MCH patient inpatient tower Phase I, central plant building, and utility trench; (3) roadway realignment; (4) MCH pediatric outpatient building; and (5) TCI Phase II (Table 5.03, *Existing Parking Spaces Converted to Development*). Concurrent staging for TCI Phase I and the MCH pediatric inpatient tower, central plant building, and utility trench would be expected to result in temporary impacts to an additional 207 parking spaces (Table 5.04, *Additional Parking Spaces Required During Construction*). In recognition of the demand for parking generated by the elements of the proposed project, LBMMC has identified opportunities to accommodate additional parking within and immediately adjacent to the Campus (Table 5.05, *Parking Opportunities*). LBMMC has defined a parking program to accommodate the parking demand resulting from construction and operation of the elements of the proposed project (Table 5.06, *Construction Parking Program*, and Table 5.07, *Operation Parking Program*).

It is anticipated that the phased parking program would consider the development of surface parking areas on property owned by the LBMMC (Figure 5.14, *On-Site Parking Opportunities*), nearby off-site surface parking areas (Figure 5.15, *Off-Site Parking Opportunities*) that is lot L and M that could be leased by the LBMMC for a period of five year or longer. Construction of hospital buildings on the Campus would not take place until adequate parking is secured. Possible future construction of one or more parking structures when justified by demand. All on-site parking would be developed in areas designated for interim or permanent use of parking in this 2005 Master Plan. If determined necessary, a multilevel parking structure capable of accommodating up to 400 spaces per level would be sited in an area designated for long-term parking.

LBMMC is requesting a variance from the City of Long Beach ordinance that requires the planting of one 24-inch



FIGURE 5.13 - Pedestrian Plan



Project Description	Size (square footage or number of beds)		City of Long Beach Code Parking Ratio	Spaces Required
Existing Development				
LBMCC	462	Beds	2 spaces per bed	924
Miller Children's Hospital	281	Beds	2 spaces per bed	562
LBMCC remaining medical facilities	341,153	SI'	5 spaces per 1,000 SI'	1,707
Subtotal—Existing Development Code Parking Requirement:				3,193
Existing Parking Supply:				3,452
Parking Surplus/Deficiency (+/-):				+259
Proposed Development				
Todd Cancer Institute	125,930	SF	5 spaces per 1,000 SF	630
Miller Children's Hospital Pediatric Inpatient Tower	164	Beds	2 spaces per bed	328
Miller Children's Hospital Pediatric Outpatient Building	80,000	SF	5 spaces per 1,000 SF	400
Miller Children's Hospital Link Building	20,000	SF	—	50
Central Plant Building	3,500	SI'	—	10
Subtotal—Proposed Development Code Parking Requirement:				1,418
Total Code Parking Requirement (Existing 3,193 spaces + Proposed 1,418 spaces):				4,611
Existing Parking Supply:				3,452
Net Parking Surplus/Deficiency (+/-) per Code:				-1,159

NOTE:

SF = square feet

SOURCE:

City of Long Beach, Department of Planning and Building, 1988. Title 21, Zoning Regulations, Chapter 21.41: "Off-Street Parking and Loading Requirements." Prepared by: City of Long Beach, Department of Planning and Building, City Hall, 333 West Ocean Boulevard, Long Beach, CA 90802. Available at: <http://www.longbeach.gov/apps/cityclerk/lbmc/title-21/frame.htm>

TABLE 5.02 - City Code Parking Requirements

Project Element	Construction Schedule	Parking Spaces Removed
Construction Parking Requirements July 2005 to December 2007		
Todd Cancer Institute Phase I	Jul 2005 to Dec 2007	171
Miller Children's Hospital pediatric inpatient tower Phase I, utility trench, and central plant building	Jul 2005 to Dec 2007	100
Roadway realignment	Jul 2005 to Jun 2006	195
Total Parking Converted During Construction July 2005 to December 2007		466
Construction Parking Requirements January 2006 to June 2007		
Miller Children's Hospital pediatric outpatient building	Jan 2006 to Jun 2007	43
Total Parking Converted During Construction January 2006 to June 2007		43
Construction Parking Requirements January 2010 to June 2011		
Todd Cancer Institute Phase II	Jul 2010 to Jun 2011	68
Miller Children's Hospital link building	Jul 2010 to Jun 2011	—
Total Parking Converted During Construction July 2010 to June 2011		68
Construction Parking Requirements January 2012 to June 2013		
Miller Children's Hospital pediatric inpatient tower Phase II	Jan 2012 to Jun 2013	—
Total Parking Converted During Construction July 2010 to June 2011		—
Net Reduction of Existing Parking Spaces		577

TABLE 5.03 - Existing Parking Spaces Converted to Development



Project Element	Construction Schedule	Temporary Construction Impacts to Parking Spaces
Construction Parking Requirements July 2005 to December 2007		
Todd Cancer Institute Phase I	Jul 2005 to Dec 2007	135
Miller Children's Hospital pediatric inpatient tower Phase I, utility trench, and central plant building	Jul 2005 to Dec 2007	55
Roadway realignment	Jul 2005 to Jun 2006	—
Total Additional Parking Required During Construction July 2005 to December 2007		190
Construction Parking Requirements January 2006 to June 2007		
Miller Children's Hospital pediatric outpatient building	Jan 2006 to Jun 2007	—
Total Additional Parking Required During Construction January 2006 to June 2007		—
Construction Parking Requirements January 2010 to June 2011		
Todd Cancer Institute Phase II	Jul 2010 to Jun 2011	207
Miller Children's Hospital link building	Jul 2010 to Jun 2011	—
Total Additional Parking Required During Construction July 2010 to June 2011		207
Construction Parking Requirements January 2012 to June 2013		
Miller Children's Hospital pediatric inpatient tower Phase II	Jan 2012 to Jun 2013	20
Total Additional Parking Required During Construction July 2010 to June 2011		20
Maximum Temporary Construction Impacts to Parking		207

TABLE 5.04 - Additional Parking Spaces Required During Construction

Proposed Parking Site	Potential Surface Parking
Off-Site Lease Opportunities	
Site L	296
Site M	238
Capacity of Off-Site Lease Opportunities	534
On-Site Conversion to Surface Parking	
Site N	121
Site P	68
Site Q	71
Site R	96
Site S	72
Site T	87
Capacity of On-Site Conversion to Surface Parking	515
Total Available Parking Opportunities	1,049

TABLE 5.05 - Parking Opportunities



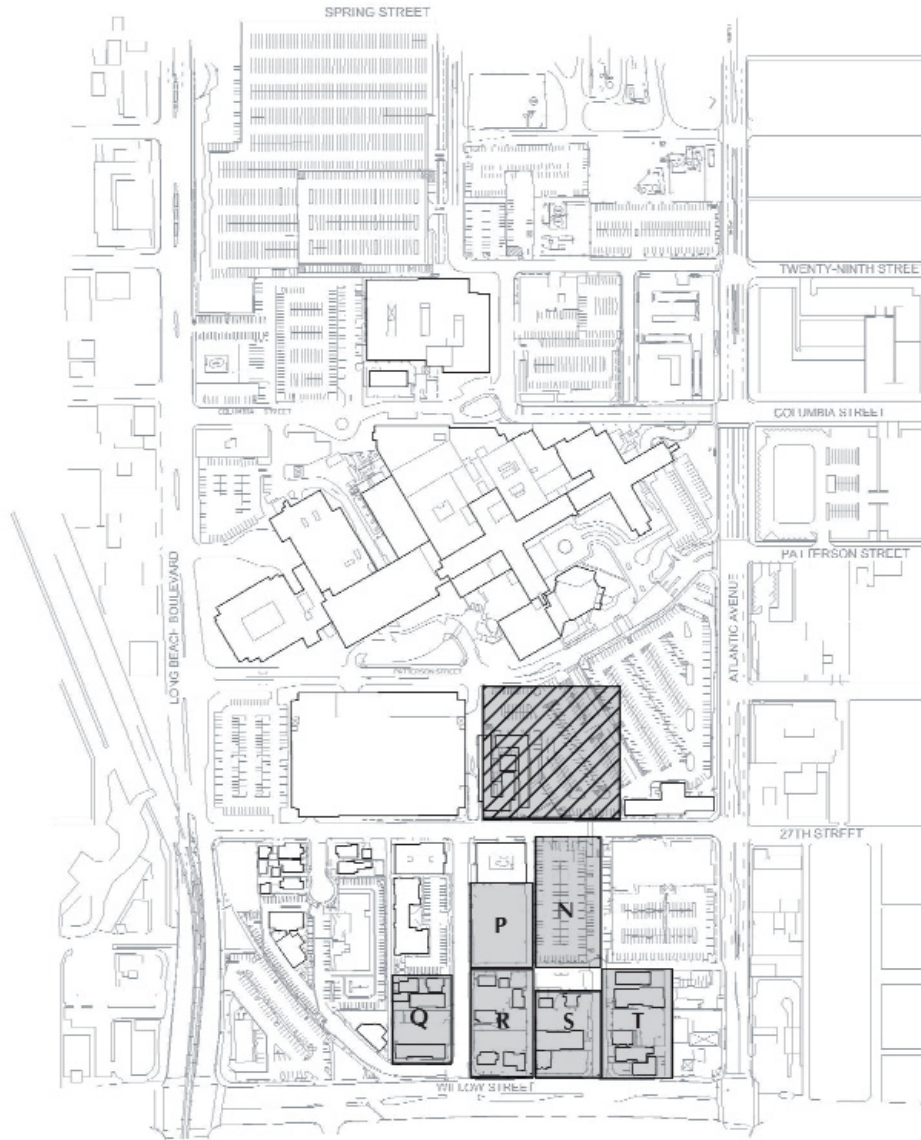
	Period	Parking Required	Parking Program
STEP A	Roadway realignment: July 2005 to October 2005	195	
	Existing available capacity (259)		195
	MCH pediatric inpatient tower Phase I, central plant building, and utility trench: October 2005 to January 2008	155	
	Existing available capacity (259)		64
	On-site Parking Lot N (121)		91
	TCI Phase I: July 2005 to December 2006	306	
	Off-site Parking Lot L(296)		163
	Off-site Parking Lot M (238)		143
STEP B	MCH pediatric outpatient building: October 2005 to May 2007	43	
	On site Parking Lot R (68)		43
STEP C	TCI Phase II: July 2010 to June 2011	275	
	Parking structure at Lot K (1,404)		275
	MCH link building: July 2010 June 2011	0	
STEP D	MCH pediatric inpatient tower Phase II: January 2012 to June 2013	20	
	Parking Structure at Lot K (1,404)		20

TABLE 5.06 - Construction Parking Program



	Period	Parking Required	Parking Program
STEP A	Roadway realignment: November 2005	195	
	Existing available capacity (259)		195
	MCH pediatric inpatient tower Phase I, Central Plant Building, and Utility Trench: January 2008	254	
	Existing available capacity (259)		64
	On-site Parking Lot N (121)		121
	Off-site Parking Lot L (296)		59
	Central plant building parking (10)		10
	TCI Phase I: January 2007	589	
	Lot L		237
	Lot M		238
STEP B	MCH pediatric outpatient building: June 2007	443	
	On site Parking Lot Q (71)		25
	On-site Parking Lot R (96)		96
	On-site Parking Lot S (72)		72
	On-site Parking Lot T (87)		87
	Parking structure at Lot K (1,410)		161
STEP C	TCI Phase II: July 2011	280	
	Parking structure at Lot K (1,410)		280
	MCH link building: July 2011	50	
Parking structure at Lot K (1,410)		50	
STEP D	MCH pediatric inpatient tower Phase II: July 2013	184	
	Parking structure at Lot K (1,410)		184

TABLE 5.07 - Operation Parking Program



LEGEND

- | | | |
|------------------------------------|-----------------|-----------------|
| Proposed On-Site Surface Parking | Patient/Visitor | Patient/Visitor |
| Proposed On-Site Parking Structure | Patient/Visitor | |
| Patient/Visitor | Patient/Visitor | |
| Staff/Doctor/Visitor/Patient | Patient/Visitor | |



FIGURE 5.14 - On-Site Parking Opportunities

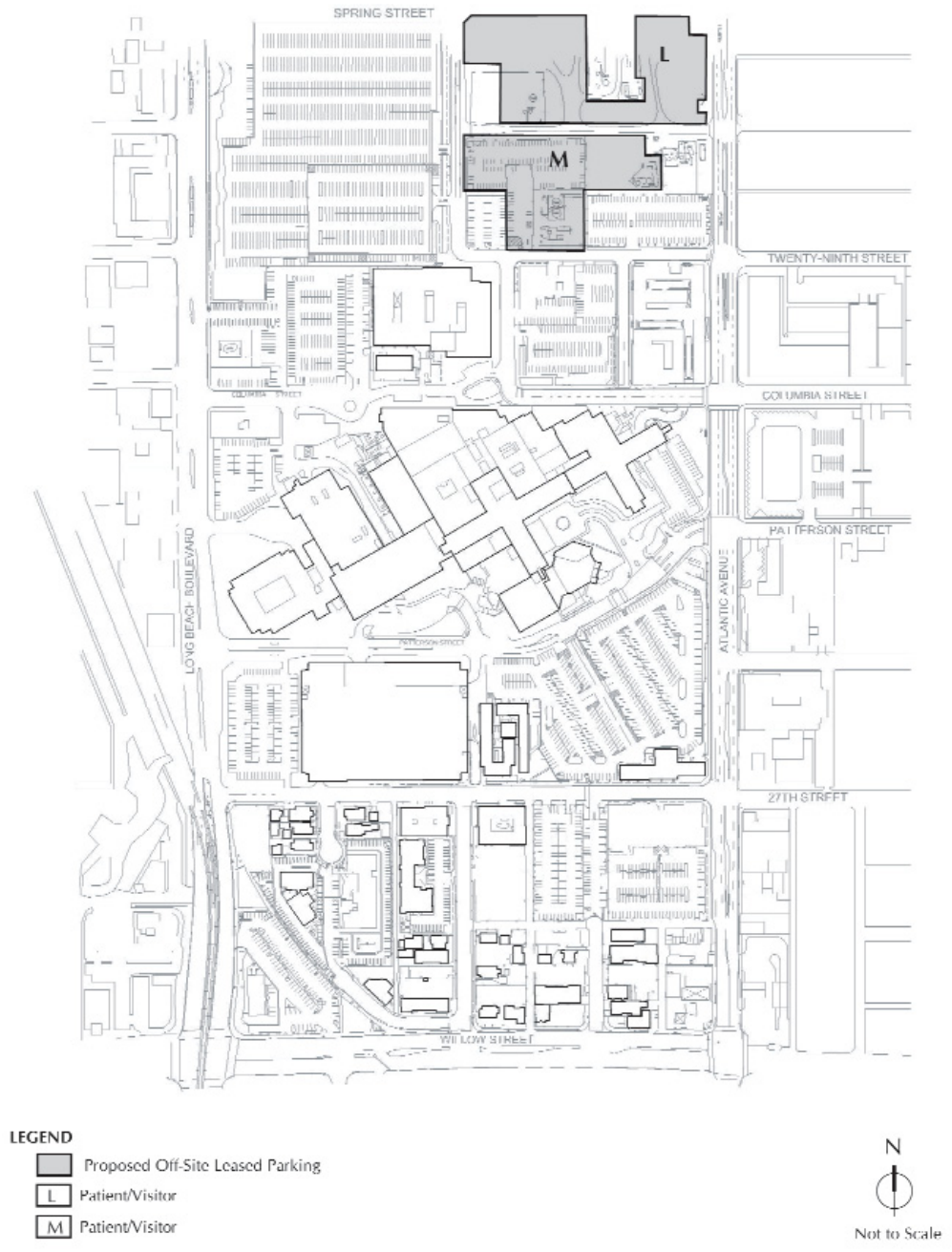


FIGURE 5.15 - Off-Site Parking Opportunities



box tree per four surface parking spaces. The exterior design of parking structures would be sensitive to and compatible with adjacent buildings and design guidelines. All parking facilities constructed by the LBMMC would incorporate best management practices consistent with the requirements of the Regional Water Quality Control Board.

PROJECT PHASING

Project phasing is envisioned as a 10-step process to be completed in eight years between 2005 and 2013, where construction of certain elements is contingent on the availability of funding (Figures 5.16A through 5.16J, *Construction Scenarios, Steps 1–10*).

Miller Children's Hospital Pediatric Inpatient Tower, Utility Trench, and Central Plant Building

The 198,000-gross-square-foot pediatric inpatient tower would be constructed in two phases. Phase I of the pediatric inpatient tower consists of the construction of 124,500 gross square feet. Construction of Phase I would be anticipated to be initiated in July 2005 and completed by December 2007. Phase II consists of 73,500 gross square feet. Construction of Phase II would be undertaken on an as-needed basis that is anticipated to occur no sooner than year 2012. The estimated duration of construction for Phase II is two years. The pediatric inpatient tower requires construction of a central plant building concurrently with Phase I of the pediatric inpatient tower. The central plant building would be constructed with sufficient capacity to support the anticipated ultimate build-out of Phase II pediatric inpatient services. The central plant building would also provide redundant support to other inpatient services on the Campus. The link building and the pediatric outpatient building would be constructed with their own utility connections and would function independently of the hospital buildings. The central plant building would consist of a single-level structure of approximately 5,014 gross square feet, an open yard of approximately 4,571 gross square feet, and eight parking stalls. The pediatric inpatient tower would be served by the central plant building via a 1,000-linear-foot underground utility trench along the eastern edge of the Campus, parallel to Atlantic Avenue, which would be constructed concurrently with the pediatric inpatient tower.

Phase I Pediatric Inpatient Tower

Construction of Phase I of the pediatric inpatient tower would be anticipated to be initiated in July 2005 and completed by December 2007. Construction of Phase I of the pediatric inpatient tower would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; building construction; landscaping; and fencing. Approximately 144 workers would be expected to be on site during peak construction activity periods. Fewer than 140 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking area of Phase I of the pediatric inpatient tower.

Phase II Pediatric Inpatient Tower

Construction of Phase II of the pediatric inpatient tower would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 85 workers would be expected to be on site during peak construction activity periods. Fewer than 85 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking and the build-out area of Phase II of the pediatric inpatient tower.

Utility Trench

Construction of Phase I would be anticipated to be initiated in August 2006 and completed by March 2007. Construction of the utility trench to support the MCH expansion would require connection to existing utilities, sewer facilities, and storm water drain facilities; paving; and building construction. Approximately 20 workers would be expected to be on site during peak construction activity periods. Fewer than 20 workers would be expected to be on site during nonpeak construction activity periods. Construction staging would be accomplished within the parking and build-out areas of the MCH.

Central Plant Building

Construction of the central plant building would be anticipated to be initiated in March 2007 and completed by December 2007. Construction of the central plant building to support the MCH expansion would require connection

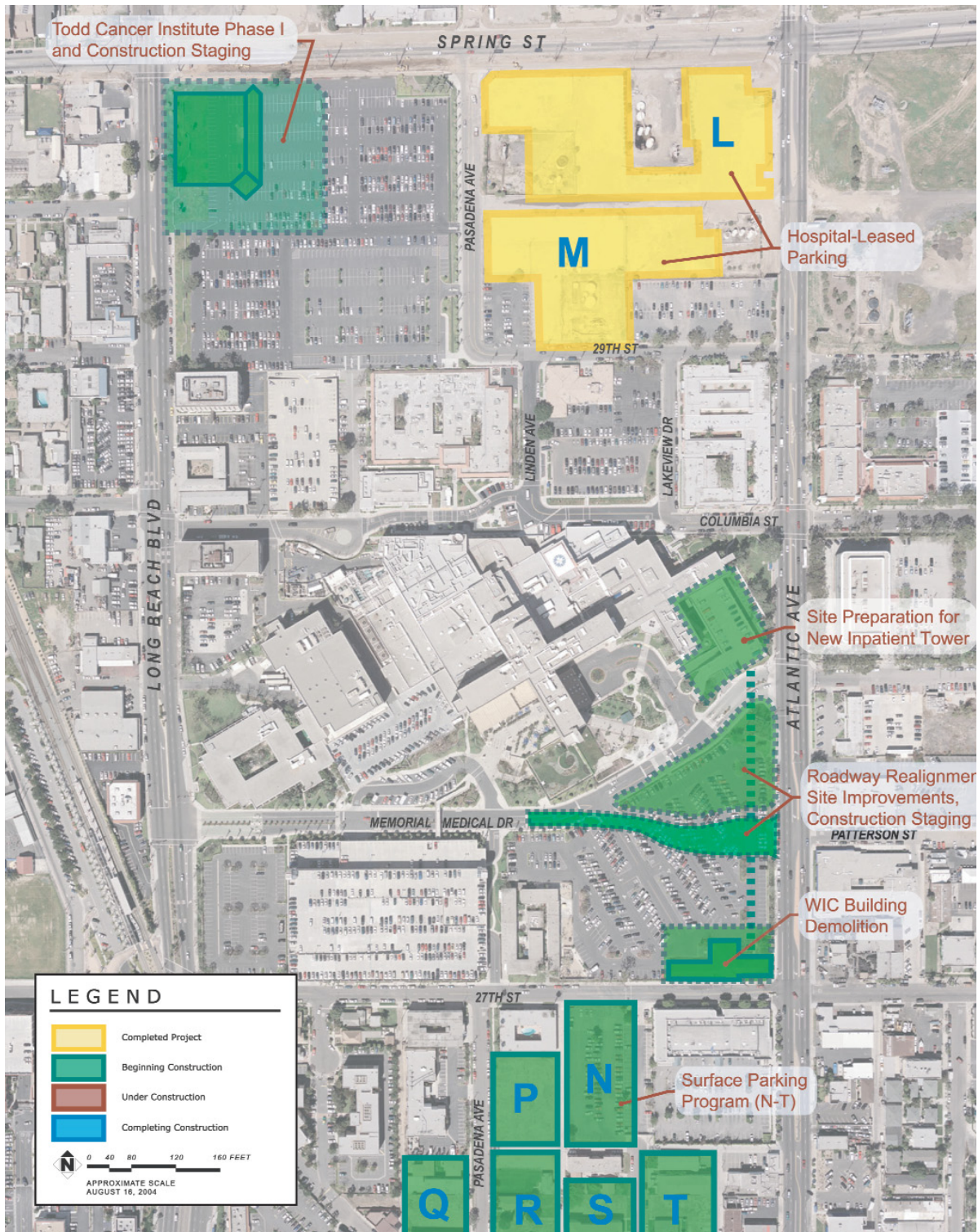


FIGURE 5.16A - Construction Scenario, Step 1, July 2005 to October 2005

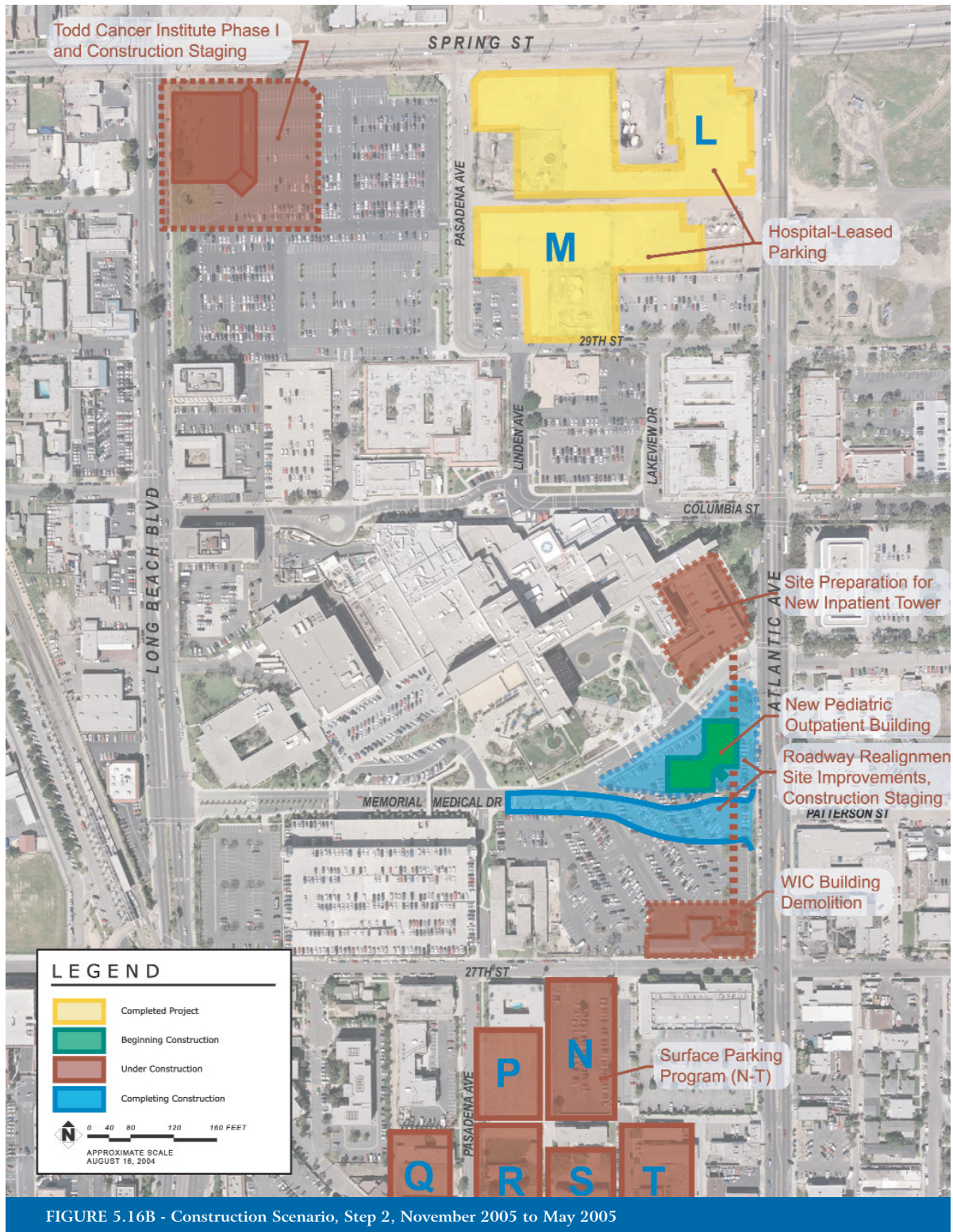


FIGURE 5.16B - Construction Scenario, Step 2, November 2005 to May 2005

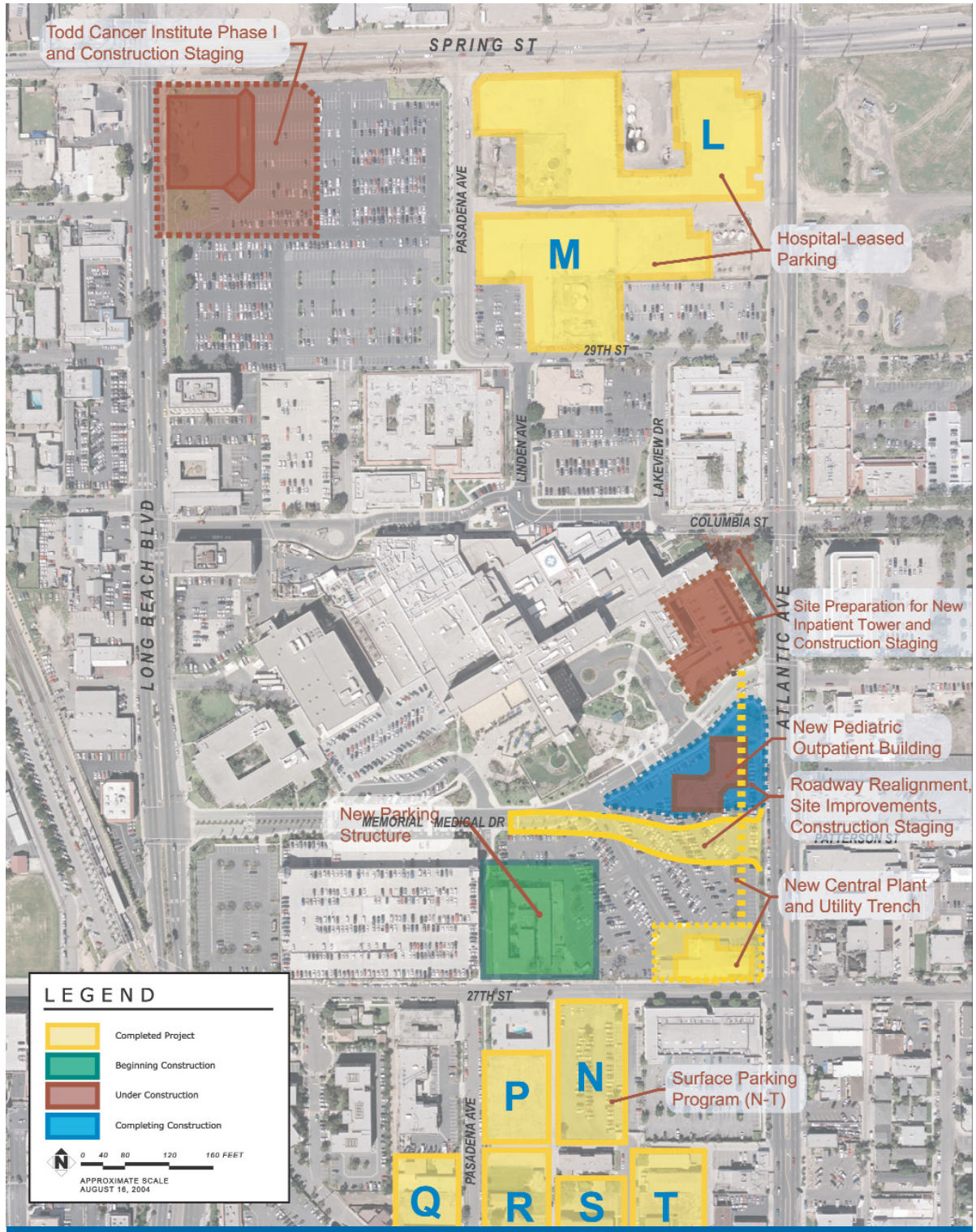


FIGURE 5.16C - Construction Scenario, Step 3, June 2006 to September 2006

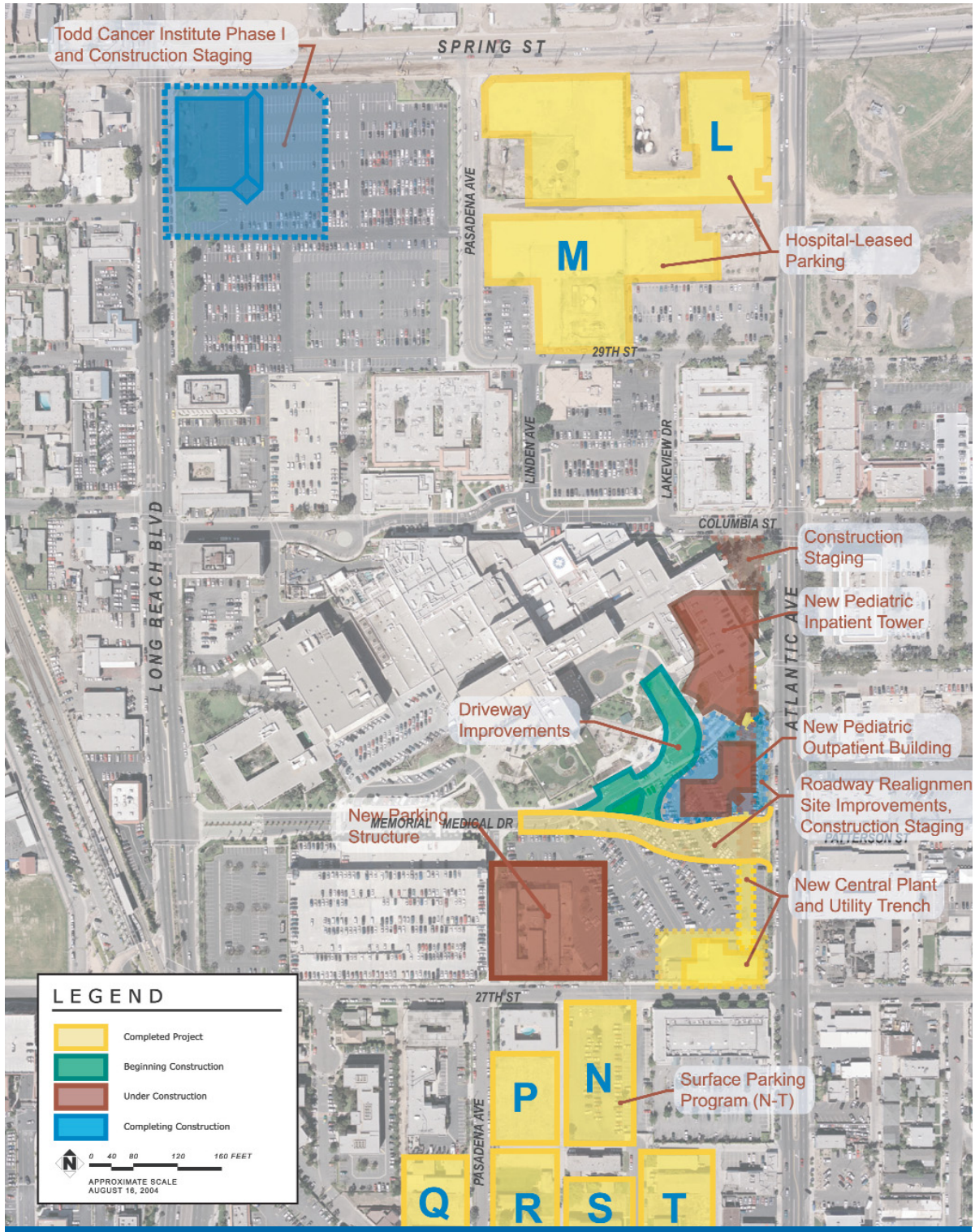


FIGURE 5.16D - Construction Scenario, Step 4, October 2006 to May 2007