September 27, 2021

Mr. Justin Rabe ZGF 925 Fourth Avenue Suite 2400 Seattle, Washington 98104

LLG Reference: 3-21-3337

Subject: Rady Children's Hospital & Health Center

Mr. Rabe:

Linscott, Law & Greenspan, Engineers (LLG) has prepared this preliminary transportation assessment for the Rady Children's Hospital and Health Center projects. The property is located at 3020 Children's Way within the Serra Mesa Community Planning Area of the City of San Diego. Previously approved permits include Conditional Use Permit (CUP) No. 4741 (Amending Conditional Use, Hillside Review, and Resource Protection Overlay Zone Permit No. 87-1096), Site Development Permit (SDP) No. 4742, and Planned Development Permit (PDP) No. 267312 - all are tied the site. These previous permits were superseded by PDP 268049, CUP 268050, and SDP 413591 in 2007.

The Long Range Plan for Expansion and Improvement (LRPEI) establishes an agreement with Children's Hospital and Health Center (CHHC), Sharp HealthCare/Sharp Memorial Hospital (SHC/SMH), and the San Diego Medical Center to assure that public transportation infrastructure needs are met in connection with future expansion.

The following is a discussion of the relationship between the square footage increase and the actual bed increase.

There is a total of 555,500sf of new construction proposed. Of that total, there is a 36,000sf new central plant that serves the entire campus, and 33,500sf Connector that is circulation space between the new and existing portions of campus. Neither of these spaces are trip generating. The remaining area 555,500sf - 36,000sf - 33,500sf = 486,000sf is the new hospital building.

The 486,000sf in the new hospital building is comprised of 256,000sf of space directly on the bed floors and 230,000sf of spaces that provides supporting services for the bed floors (Emergency Department, Radiology Shell, Kitchen shell, Facilities Support, and Mechanical). These are all ordinary and customary uses within a hospital building.

Hospitals built under current regulations require more area per bed than hospitals built 40+ years ago. For example, the attached patient room study compares the area of an existing patient room compared to the proposed patient room designed to current

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Linscott, Law & Greenspan, Engineers

4542 Ruffner Street Suite 100 San Diego , CA 92111 **858.300.8800 τ** 858.300.8810 F www.llgengineers.com

Pasadena Irvine San Diego Woodland Hills

Philip M. Linscott, PE (1924-2000) William A. Law, PE (1921-2018) Jack M. Greenspan, PE (Ret.) Paul W. Wilkinson, PE (Ret.) John P. Keating, PE David S. Shender, PE John A. Boarman, PE Clare M. Look-Jaeger, PE Richard E. Barretto, PE Keil D. Maberry, PE Walter B. Musial, PE Kalyan C. Yellapu, PE Mr. Justin Rabe 9/27/21 Page 2

codes. The area of the new patient spaces are 168% of the previous (See Attachment A). Similar increases can also be seen in the requirements for supporting functions.

All of the proposed and shelled program spaces are in support of the licensed patient beds. The shelled patient bed floor will be filled with beds that are removed from the existing campus and will not result in an increased licensed bed count.

Staffing counts for the campus will be nearly the same as current. The area of the buildings have increased, but the programs/departments will not be changing. There will be a very modest increase in staffing for the housekeeping and maintenance staff numbers that are related more to building size than the clinical functions.

As noted in the submitted narrative, the changes on campus are not about expansion; instead they are about 1) replacing services that are in structures that will no longer meet the seismic compliance requirements, and 2) replacing older patient spaces with larger spaces that meet current code requirements and patient expectations.

In addition, no additional parking will be provided which will limit the amount of new trips that will be generated.

For the reasons discussed above, beds are the best predictor of future trip generation increases.

The current bed count is 387, and the subject project will add a net of 14 new beds for a total of 401.

Table 1 contains a trip generation summary for the project using City of San Diego trip rates. This Table shows that this project will generate 280 ADT with 25 AM peak hour trips and 28 PM peak hour trips.

Based on City of San Diego September 2020 Guidelines, a Vehicle Miles Traveled (VMT) Analysis is not necessary for projects that generate under 300 ADT and a Local Mobility Analysis (LMA) is not necessary for projects that generate under 500 ADT. Therefore, neither analysis is planned to be prepared.

Lastly, the attached *Table A* shows the current status of LRPEI from an overall ADT basis. The addition of 280 ADT results in the overall ADT remaining within Stage 1 (less than 9946 ADT). Therefore, the Stage 1 transportation improvements would not need to be completed prior to the subject project going forward.

Please call me with any questions.

Sincerely, Linscott, Law & Greenspan, Engineers

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John Boarman, P.E. Principal California Registration: C50033

Table 1 Trip Generation

	Size	Daily Trip Ends (ADTs)		AM Peak Hour				PM Peak Hour					
Land Use		Rate	Volume	% of ADT	In:Out Split	Volume		% of	In:Out	Volume			
						In	Out	Total	ADT	Split	In	Out	Total
Hospital (General)	14 beds	20 /bed ^a	280	9%	70 : 30	18	7	25	10%	30 : 70	8	20	28

Footnotes:

a. Per City of San Diego trip generation rates, the general hospital rate of 20/bed was used.

TABLE A

ADT / LRPEI Status as of March 2021

Development Since 2004 (No development subject to LRPEI prior to 2004)	ADT Generation				
Rady Children's Hospital (2007) - Acute Care Expansion: 84 new beds *20 ADT/bed	1,680 ADT				
Sharp Hospital - Acute Care Expansion: 44 new beds *20 ADT/bed	880 ADT				
Cambridge Medical - Office Buildings	5,750 ADT				
Rady Children's Hospital - Education and Office Building	548 ADT				
Sharp Mary Birch Hospital - Bed Expansion: 37 beds	740 ADT				
Sharp Memorial Hospital ICU - Bed Reduction: (9) beds	(180) ADT				
Sharp Memorial Rehab - Bed Reduction: (10) beds	(200) ADT				
Sharp Mesa Vista Hospital - Bed Expansion: 10 beds	200 ADT				
Rady Children's Hospital (2021) - Acute Care Reduction: (126) beds *20 ADT/bed	(2,520) ADT				
Rady Children's Hospital (2021) - Acute Care Expansion: 140 beds *20 ADT/bed	2,800 ADT				
Total	9,698 ADT				

Stage	LRPEI ADT Threshold
1	9,946 ADT
2	17,017 ADT
3	32,275 ADT

Patient Room Size Comparison



Patient Room Comparison

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