

Hospital Stakeholders Meeting

Synopsis

December 9, 2009

6:30 – 8:00 p.m.

San Jose City Hall Room T-1854



Meeting Attendees: Andrew Crabtree (CSJ Planning), Lee Butler (CSJ Planning), Gary Schoennauer (Representing HCA – Regional Medical Center and Good Samaritan), Andrew Quintero (Representing Supervisor Shirakawa), Paul Murphy (Representing Supervisor Kniss), Jim Murphy (Valley Medical Center), Beth Nikels (O’Conner Hospital), Kathy Douglass (O’Conner Hospital), Rosylin Dean (Coalition for a Downtown Hospital), Lara McCabe (Supervisor Cortese), Sam Liccardo (CSJ Councilmember for District 3), Khanh Bui (CSJ Council District 3), Bob Lenninger, Jean Marlow (Council District 4), Darcie Green (Kaiser Permanente), Lisa Jafferries (Kaiser Permanente)

Meeting Agenda:

I. Introductions / Purpose of Meeting (5 minutes)

Andrew Crabtree reviewed the meeting agenda and highlighted the goals for the Stakeholders Group as set forth in the City Council memo that initiated the Group’s formation.

II. Background Info / Timeline / Updates (10 minutes)

Lee Butler provided a synopsis of the current Envision San Jose 2040 General Plan Update process and how City health care policies are being addressed within that process.

III. Review Potential Hospital Sites (35 minutes)

Lee Butler reviewed with the Stakeholders Group a map of potential hospital sites and the criteria used to identify those sites. The following comments were received from the meeting participants:

A. Parcel Size Considerations:

- i. Some participants requested that parcels as small as 5 acres be considered:
 1. The former City Hall site should be included as a potential future hospital site.
 2. A trend of smaller hospitals feeding into larger hospitals supports smaller hospital sites.
- ii. Several participants indicated that parcels much larger than 5 acres are needed to accommodate a new hospital, citing recent trends towards facilities on large campuses and consistent with the size of other existing hospitals within Santa Clara County, noting that:

1. Large, full-service hospitals with an emergency room and acute care typically require approximately 35 acres.
 2. The average Santa Clara County hospital site is 26 acres.
 3. The smallest hospital site in the County is 17 acres.
 4. 30-40 acres is considered feasible for new hospital sites.
- iii. The ability to expand a facility in the future is important for hospitals.
 - iv. Parking is a common concern, as these facilities need large numbers of parking spaces and parking takes up much space, thus creating the need for larger parcel sizes.
 - v. The analysis shows only single parcels of 10 acres or more. It should be expanded to consider potential assembly of multiple, adjacent, parcels to form a larger site of sufficient size to accommodate a hospital.

B. Demand Analysis:

- i. One participant produced maps showing what they considered the service radius of each existing hospital. Analysis of customer/patient Zip Codes data indicated a 3.5 mile radius typical service area for hospitals in San Jose, suggesting that:
 1. Downtown has service area overlaps.
 2. North San Jose has a large service area gap.
 3. South San Jose has a large service area gap, particularly southeast San Jose outside of the Kaiser Santa Teresa service area.
- ii. All participants generally agreed that North San Jose should be the focus of a search for a new hospital location. The greater Downtown area was also noted as an area that could potentially support a new hospital facility.
- iii. The community demographics need to be considered when hospital demand is projected and evaluated.

C. Specific Site Criteria/Suggestions:

- i. The former City Hall site should be considered in order to serve both North San Jose and the Downtown.
- ii. Any site with an approved residential project (even if not currently built) should be removed from the list of available sites.
- iii. Areas with large amounts of new or planned housing suggest increasing demand.
- iv. Evergreen is not easily accessible, and the Campus Industrial spaces in Evergreen are not feasible locations.
- v. Coordination of traffic issues can be difficult when a facility is close to multiple jurisdictions. – Will the traffic pattern in North San Jose work if the 49ers and Earthquakes stadiums are built?
- vi. Consider both vehicular road access and transit access.
- vii. The Santa Clara Valley hospital CEOs have quarterly meetings. It may be useful to have this group discuss the topic of potential future hospital locations.
- viii. Staff clarified that the purpose of the Hospital Stakeholder process is not to preserve certain properties for a future hospital use, but rather to simply the identification of potential sites and to help

analyze whether additional flexibility is needed to accommodate future hospitals.

IV. Review Draft Goals, Policies, & Actions on Health Care for General Plan Update (35 minutes)

Participants provided comments on the Envision San Jose 2040 draft Goals, Policies, and Implementation Actions for Health Care. As appropriate, comments from this portion of the meeting are incorporated into the revised draft policy document. General comments and staff's response were/are as follows:

- A. Hire a health care "futurist" to assist in our analysis and evaluation of future health care needs. *Staff will take this into consideration.*
- B. Consider the impacts that a new facility will have on existing facilities (service area, demand, capacity, etc.) *To address this, a new policy has been added to the draft Goals, Policies, and Implementation Actions document.*
- C. Talk with County Communications to solicit comments on how long it currently takes to get to medical care from various incident sites. *The General Plan Update is being coordinated with County executive and planning staff. City staff will consider how to further coordinate on this topic.*
- D. Consider training and education needs of future health care providers. *Staff will take this into consideration. Some of the Economic Development Goals, Policies, and Actions help to address this as well.*
- E. Consider how emergency preparedness fits within these health care goals/policies. *Staff will take this into consideration and will incorporate appropriate language into the Emergency Management section of the Update.*
- F. Consider the trend towards increased in-home care using technology. *Draft Policy HC-1.4 addresses this point.*

V. Next Steps (5 minutes)

The meeting concluded with staff indicating that a meeting synopsis would be sent out to all attendees, along with a revised set of goals, policies, and actions. Attendees can review the notes and revised goals, policies, and actions and forward any comments to staff. The Envision San Jose 2040 General Plan Update Task Force will discuss health care policies for San Jose at an upcoming meeting.

City Contact:

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