

December 29, 2010, prior to Final Approval by Staff.

5. *Address comments from Public Services memos dated November 18 and January 24, 2010, prior to Construction Plans commencing.*
6. *Address comments from the Fire Department memo dated December 22, 2010, prior to Final approval by Staff.*
7. *That the applicant receives Oakland County Health Department approvals for the septic system, prior to issuance of a Land Improvement Permit.*
8. *That the front of the building shall be all brick.*

Mr. Reece asked if the issue with the legal description had been resolved. Mr. Delacourt assured that it would be clarified. Mr. Yukon asked why they were using well water. Mr. Delacourt explained that it had to do with the length of the line. Engineering would not allow the long length for a dead end water line. The Fire Department was fine with it; it provided the appropriate gallons per minute for fire fighting purposes, but it did not meet the standard for domestic service. The well was considered a better service for the water.

A motion was made by Kaltsounis, seconded by Schroeder, that this matter be Approved. The motion carried by the following vote.

Aye 8 - Boswell, Brnabic, Hetrick, Hooper, Kaltsounis, Reece, Schroeder and Yukon

Absent 1 - Dettloff

Chairperson Boswell stated for the record that the motion had passed, and he wished the applicants good luck.

DISCUSSION

2011-0046 Proposed South Tower - City File No. 89-153.9 - Crittenton Hospital Medical Center, applicant

(Reference: Memo prepared by Ed Anzek, dated February 18, 2011 had been placed on file and by reference became part of the record thereof.)

Present for the applicant was Monte Oberlee, Director of Environmental Care, Crittenton Hospital Medical Center, 1100 W. University Dr.,

Rochester, MI 48307 and Deborah Axelrod, Harvey Ellis Devereaux, 26913 Northwestern Hwy., Suite 200, Southfield, MI 48033.

Mr. Anzek advised that Crittenton Hospital had been planning a new phase, known as the south tower, which commenced about eight months ago. He had been invited to participate in weekly meetings with them, and he thought it would be good to get the Commission's input and guidance on what had been accomplished to date. He said that Mr. Oberlee would walk them through the details and explain how the demands of medical care had driven the design of the building.

Mr. Oberlee commented that they were very excited about the project. It would be a significant addition to health care in the community, and they were happy to see it starting to come to fruition. Their desire was to be the best community hospital in one of the best communities. He noted that Crittenton was not on a mission to increase its bed count. They had a 290-bed licensure, and the project would create 90 private rooms that would allow them to take the B beds out of semi-private rooms and move them into private rooms and change them all into private rooms. He had been asked by people how someone could afford a private room. He answered that less than 10% of the insurance companies talked about a private or semi-private room; it was not an issue. The issue for health care was that the hospital was paid according to a patient's diagnosis - the room did not matter. One of the provisions of health care reform was that after patients had services, they would be asked via a survey to rate those services. According to the scores, consumers could shop the computer and see in which hospital they wished to stay. They did know that patients in a private room were more satisfied. The clinical outcome was important, as was the ability to keep someone's situation confidential, maintenance of infection control, and other things. The new legislation for healthcare reform was that the amount of money healthcare received would be directly tied to the performance of the scores. If a hospital maintained the old style and did not come up to the new standards, they would see less money. There were financial reasons why it made sense for Crittenton to be doing private rooms, and it was a part of the future of the organization.

Mr. Oberlee said that if two people were in a patient room currently and the doctor came in to take care of one, they would excuse the families of the other. In the future, the private rooms would be a "family zone." There would be a couch in each room, and someone could spend the night if they wished. They could stay in the room to see how a dressing was changed, so they would know how to do it at home, for example, and the

patient would go home much faster. It was about educating people about care. He advised that Crittenton was always ready for an emergency. If something happened, they were asked what type of surge capacity could be brought into the facility, which was about 30-40 patients. When the tower was built, they could double the size of the building by changing the semi-private rooms to private rooms with a couch and adding new private rooms.

Ms. Axelrod showed an overhead of the Site Plan. She pointed out the tower, which would be six stories initially, with capacity to go to eight. It would be 155,000 square feet, and a portion would have a green roof people could walk on. There were a number of amenities proposed. One was a bridge that linked the existing parking garage with the tower. They would need an emergency generator and chillers, which would be located on the east side of the building, screened by a masonry wall. The drive would be realigned to go into the parking structure. They would relocate the loading dock, with a maneuvering area in the City of Rochester. She indicated that there would be plenty of parking for the new structure. She pointed out the electrical equipment in the area that would be raised to the loading dock. She showed where the oxygen tank would be placed behind the parking structure, which would be screened naturally and be away from the neighbors. She added that they would repave two parking lots.

Ms. Axelrod next showed elevations and a view from the north, with clearer elevations of the green roof and bed tower. Mr. Oberlee noted that they would be putting 30 beds on each of the three floors, and the highest floor would be shelf space for an additional 30 beds for some point in the future. Referring to the height of the mechanical and electrical equipment, he said they were trying to align up the equipment on the east side of the building on a level plane. Even the taller pieces would not appear as tall from the outside. He pointed out the bridge connector between the new south tower and the existing east tower. There were eight floors shown, and the elevator tower would go the full eight stories to match the east tower. They currently had four elevators that serviced all eight floors. They were 40 years old and had one electrical service that fed all four. Two of the four elevators held beds and two did not. The ICU and critical care was on the eighth floor of the existing east tower. They needed a second set of elevators with its own electrical feed to service the upper floors. The new elevators would service both of the towers and come down to the server area on the first floor. It would be much safer and better for patient transport.

Mr. Reece noted for the record that he had been an employee of Harley Ellis, and he had worked with both of the joint ventures building the hospital, but he had no current affiliation or ties with either. He was not asked to recuse himself. He asked if a sound study would be done for the generators, which was confirmed. They would wait until the vegetation was out in the spring, because snow absorbed a lot of sound. Mr. Reece asked where the stack for the generator would go. Mr. Oberlee advised that the discharge area out of the building would be along the east side. Mr. Reece asked if an air flow study would be done, which was also confirmed. Mr. Oberlee added that the generator would be for emergencies only. Mr. Reece asked if the chillers would be air cooled, to which Ms. Axelrood agreed, and they would be included in the sound study.

Mr. Kaltsounis recalled that Crittenton was one development that brought out the most "love and hate" from the residents. The residents had come out and some were happy and some were not. In the future, he thought he would probably see Crittenton back with the green roof becoming part of the tower to get more beds. Mr. Oberlee advised that the new tower had to be so many feet from the existing tower because of the patient windows. Mr. Kaltsounis said his biggest concern was the residents. In the past, he did not feel that Crittenton had not reached out to the residents in a manner that helped out much.

Mr. Oberlee said he was glad Mr. Kaltsounis brought that up. He produced an invitation sent to everyone on both sides of Alice Street in Rochester, inviting them to the hospital to meet with the architects, the CEO, Lynn Orfgen, he and others for a question and answer session and to see a first hand account. At this point, they had only received one reply. He assured that they had made an attempt to meet with the residents, and they were doing everything possible about noise. They had worked hard on the acoustics and placement and how to shield the headlights of the trucks.

Ms. Axelrood advised that they were putting in a landscape buffer at the end of the maneuvering area to block the activities. There would be trees separating the parking area from the drive. Mr. Kaltsounis asked about retention. Mr. Oberlee said that the retention pond built at the southeast corner had enough capacity. Ms. Axelrood said the runoff would be negligible because they were doing the green roof, and they would actually be losing pavement.

Mr. Schroeder asked if they had a lot of extra beds in storage in case of

an emergency. Mr. Oberlee said they had a warehouse in Rochester where they kept about 30 beds. They planned to do away with that building. Once they put a couch in each room, in a crisis, it would only take a sheet and a blanket. Mr. Schroeder commented that his daughter was very impressed that they got the nurses' input.

Mr. Reece asked if there would be equipment on the roof. Mr. Oberlee said that the tower was being prepared for a future generation, so that if they wanted to talk about two additional floors, they could. They were not going to have any type of penthouse, except for over the elevator piece. Mr. Reece asked if they would use geared traction elevators, and he was informed they would use Gen 2's. They would have one super-sized elevator that a team could enter with a patient with all the mechanicals to move to an ICU area. Mr. Reece said that the overrides for the Gen 2's were a lot less, so they did not stick up above the roof line, which he felt was good.

Mr. Hooper referred to the outpatient wing, and he asked if that would be moved. Mr. Oberlee said it would remain. They would remove the glass, not the use. Mr. Oberlee said there was a little shelf space programmed so that as things developed in those areas, they would have room to move. Mr. Hooper asked if there would be additional surgical units. Mr. Oberlee advised that in the future, they might need a couple of more ERs. It was hard to get approval from the State for those, however. Until all ten operating rooms were busy from 7:00 a.m. in the morning until midnight, it would be very hard to add more. Mr. Hooper observed that if they had a huge increase in outpatient activity, it would justify the need to add more.

Mr. Anzek asked the Commissioners about doing some initial approvals by Staff. He pointed to the maneuvering area, and said that it was raised about a foot on the north and four feet on the south to create a level platform for trucks to be able to pull into the loading docks. Based on input from the truck drivers, they liked to use the left mirror rather than the right to back up. Crittenton had talked with Rochester officials about that element, and the matter would be going before the Rochester Planning Commission soon, but Mr. Anzek said he did not feel safe approving something in Rochester. He recalled talking with the Commissioners about relocating the oxygen tanks a while ago. As mentioned, he had sat in on weekly meetings with Crittenton, and they had discussed a Phase Zero. Phase Zero would get the site ready to begin construction. It included the realignment of the road, the truck docks being angled, and the relocation of the tank farm and some other utilities. Mr. Anzek said that those were the type of things he would normally approve

administratively, but he wanted to discuss it. The loading docks were not being increased in intensity, just moved to be on an angle. He thought that if the Planning Commission did not have a problem allowing those elements to be approved administratively, it would enable Crittenton to break ground this spring and get some things out of the way before the Site Plan approval process.

Mr. Oberlee mentioned the receiving area they had in Rochester, and said that it was truly a blessing. It was opened when the east tower was built as a temporary measure; the east tower was built in 1976. They could still get deliveries there and stage what was brought to the hospital to keep them operational around construction. The benefit was that with one receiving bay open, they would be able to manage through the project. A key piece of the Phase Zero work was figuring out how to keep supplies coming to the hospital during the work. They wanted to get the concrete platform area under the green roof done and be able to back a truck up and receive supplies.

Mr. Reece assessed that the trucks would come in from the north along the east drive and pull into the turnaround area, back in and pull back out into the turnaround area. He asked how they would exit the site. Mr. Oberlee explained that where the road proceeded south, it went through the parking deck. A truck could go through the deck and out or turn around. A truck could come in from the south as well, and pull into the turnaround and still back into the dock. Mr. Anzek noted that the east drive on Walton was a right-in, right-out only. Mr. Anzek recalled that the truck traffic really worked out when the parking deck was being built. Mr. Reece asked if they were going for Site Plan Approval on March 7 in Rochester. Ms. Axelrood agreed. Mr. Reece presumed they wanted to get approval for the turnaround portion at that time. He asked if they were doing any additional screening along the eastern property line. Mr. Oberlee said that it was dense already. When they did the parking deck, they were required to irrigate the berm there, and they added a lot of trees. If they died, they were replaced. Mr. Reece said that the sound study and air quality study would not be done by the March 7 meeting in Rochester, if any questions came up. He was informed that they would develop a baseline so that if there were complaints in the future, they could tell them what it was when it was first measured and compare it again. They felt that the equipment they were selecting would not increase the noise level, and that they should be able to test the generator at different times.

Mr. Reece wished them luck in Rochester. Mr. Oberlee said he was surprised there were so few responses to the invitation, and he presumed

that the residents were not really upset with the proposal.

Mr. Hooper said that regarding the Phase Zero work, he did not have an issue with Staff approval. He asked what the plans were for the site for the next ten to twenty years. Mr. Oberlee said that they could possibly add two more floors, and the one-story portion could one day go up. It was not adjacent to anything else in-patient related. He did not think they would see many hospitals increasing bed counts. Mr. Hooper asked if that was because the market was saturated. Mr. Oberlee recalled that with the east tower renovation, they took 44 beds offline and restructured it to be the orthopedic unit. They put in as many private rooms as they could, which was 20. He remarked that the other 24 beds were floating out there in "never land." The State had been patiently asking when they would get the beds back into the facility. That was a piece of the puzzle - getting the beds back into the count so they could maintain the 290-bed count. He did not think they would ever double the bed count on the site.

Mr. Hooper asked if the existing retention area would ever need to be enclosed for underground storage so they could capture more surface area. Mr. Oberlee said he could not imagine there would be, and he noted that there were wetlands nearby. Ms. Axelrood reminded that the area was not contiguous to the hospital. Mr. Hooper suggested that it could be used for doctor's offices in the future. Mr. Oberlee thought that the area along Walton, where his current office was, could be used for that someday more than the area in the back.

Mr. Kaltsounis asked what type of fuel they would use in the underground tank, and Mr. Oberlee answered diesel. He said it could be used for the boilers as well as the generator. Mr. Kaltsounis also said he did not have a problem with Staff approving things in Phase Zero, he just requested that they looked closely at the access to the fuel tank. Mr. Anzek was not sure it had been located yet, and Mr. Oberlee said it would be in the turnaround area. Mr. Kaltsounis said he had asked because the parking lot at the top would now be dead-ended. Mr. Anzek said it would be higher (parking lower), and that it was intended that way. He reiterated that there would be a green screen wall at the end.

Mr. Reece said that he did not necessarily have an issue with administrative review. He offered to look at the drawings when they came. Mr. Schroeder agreed that administrative review would be fine.

Mr. Anzek stated that the construction phase would begin this spring and continue until the fall of 2014. After the new tower was built, the existing

tower would be renovated. It would be a significant investment - \$65 million or so - and there would be a lot of activity in the area for quite a while. Mr. Oberlee said that to the extent possible, they would try to utilize local firms and suppliers. There might be a bigger named company, but there were companies with a presence in the area to which they were committed.

Chairperson Boswell thanked the applicants.

Discussed

- 2010-0557 Complete Streets Legislation - Providing New Tools for Communities to Use in Road and Street Design
(Reference: Memo prepared by Derek Delacourt, dated February 18, 2011, and associated documents had been placed on file and by reference became part of the record thereof.)

Mr. Delacourt advised that this matter had been recently brought to City Council's attention. The State of Michigan had passed legislation that allowed cities to have more input on the design of road projects at the local, County and State levels. Complete Streets Legislation included that when roads were designed, all modes of transportation could be considered. City Council asked for an update, and he brought a member from the Michigan Municipal League, who helped write the legislation, to explain what it meant and the City's options. The options ran from doing nothing to adopting Ordinances that required certain design elements to be incorporated into road projects. They showed Council three options. MDOT was required to develop model Ordinances and languages for cities to consider within the next two years. A City could consider developing a policy or statement of desire and nothing would be required. The policy would acknowledge the Complete Streets Legislation and would incorporate elements the City felt was important for road projects. Some cities had adopted an Ordinance with requirements. Council liked the idea of the Legislation, and they wanted the Planning Commission to review it and make a recommendation as to whether a policy or an Ordinance was the right way to go. Council appeared to prefer a policy. There were some examples of Ordinances and Resolutions in the packet that other cities had done. The City of Midland passed a Resolution desiring a policy, but he noted that the policy language was not included in the packet. Before Staff put together a policy, they wanted to bring it

forward for a discussion.

Chairperson Boswell asked Mr. Delacourt what advantages there would be to doing an Ordinance. Mr. Delacourt said that he did not see any, especially until MDOT came up with implementation. Staff had the ability to discuss road projects with appropriate agencies now, and Staff felt a Policy was a better direction to take.

Mr. Schroeder said that one of the biggest concerns was dedicated bike lanes in the roads. Mr. Hooper agreed that a Resolution and policy was the way to go, not an Ordinance. He thought it could be similar to what Midland had done. The City of Saline had passed an Ordinance, and he felt that there could be a few items from that they could use in the Resolution, but he did not see the need for an Ordinance.

Mr. Hetrick agreed that it made sense to have a policy. The way it had been presented, they would be suggesting places that should have a certain type of treatment. Having a bike path in some roads might not be a good idea.

Mr. Delacourt thought that a policy could answer some of that. It would say that "these items would be considered in designing a road." If not appropriate, they would not be put in place. The next Master Thoroughfare Plan could identify where and where not something should be put. When the Plan was done, perhaps an Ordinance could be looked at. Mr. Hetrick agreed that made more sense. If there were a more strategic view of how traffic would flow, be it vehicles, pedestrians or bikes, they would have a better shot at making something more workable. Mr. Delacourt said that the intent was to give local communities more of a say when it came to County and State road projects. It did not mean those agencies would have to implement something.

Chairperson Boswell said the Commissioners were all in agreement that Staff should develop a Policy for Complete Streets. He agreed that the Policy Midland used looked pretty good. Mr. Delacourt said that if everyone looked through that one and the Ordinance from Saline and they wanted to see something incorporated, they should let him know. The City had always looked to make connections other than motorized for pedestrians, and a Policy would put into words

what the City and Planning Commission had done over the years.

Mr. Anzek brought up a concern with unfunded mandates for Complete Streets, and he thought that the City deserved a pat on the back. There was the foresight to develop a pathway system and connectivity from the trails and parks. He was concerned that some standards might get imposed upon them which would cause a great cost, so he thought a Policy was good because it would not lock them in. Staff would take its time with the Policy, and the next Master Thoroughfare Plan and what came from MDOT would add to it.

Discussed

ANY OTHER BUSINESS

Mr. Schroeder mentioned that the Detroit Water Board settlement had come after 30 plus years after going to court. The new judge, Cox, cut it all off and said that in six months he wanted to be out of there. Mayor Bing had agreed to the new board. Mr. Schroeder felt that it was amazing that after all the lawsuits, it had been settled. The suburbs now had three people on the Board and Detroit had four. It took five people to approve expenditures, and the Detroit City Council still had the final say.

Mr. Schroeder commented on the City's proposed water reservoir. He felt it should have passed, and that it would save the citizens and the City money. He said it was sad that it became a political solution, and that a very select group of people could create a compromise. He stated that it was not for the common good of the people. It benefited a small interest group, and it cost everyone money. It was like the garbage collection issue. It took so long to straighten it out, but it was now saving him money personally.

Mr. Hooper said that his was the only dissenting vote. Ms. Brnabic said that she heard there were hundreds of people picketing in the parking lot, and she asked if that was true. Mr. Hooper said that the paper reported that 350 people were there, but there were actually 203 seats, so there were about 203 people. There were people with signs out front.