

TOWN OF WEYMOUTH
PLANNING BOARD
MINUTES

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OFFICE OF TOWN CLERK
WEYMOUTH, MASS.

There was a Planning Board meeting held on Monday, November 3, 1999 at 7:30 P.M. at DPW.

Members present: Susan Abbott, Chairwoman
Mary S. McElroy, Vice-Chairman
Mary Sue Ryan, Clerk
Paul M. Dillon
Paul Hurley
Paul F. Lynch, Sr.

Staff present: James Clarke, Director of Planning & Community Development
Roderick M. Fuqua, Principal Planner
Paul Halkiotis, Economic Development Planner

The meeting was called to order at 7:30 P.M. by Chairman Abbott.

1. Public Hearing – 7:30 P.M. (cont.)

Petr: South Shore Hospital

Locus: 55 Fogg Road

Sheet 45, Block 515, Lot 2; Block 518, Lots 11, 14;

Block 519, Lots 1, 3, 5; Block 520, Lots 1, 3, 8, 9, 19, 11, 12, 14

Zoning: MSD (Medical Service District)

Special permit to construct an addition adjacent to and on top of the Emilson Building and to renovate existing interior space at the 55 Fogg Road campus

Upon motion made by Mr. Hurley and seconded by Mrs. McElroy, it was:

UNANIMOUSLY VOTED: to continue the public hearing at 7:35 P.M.

Mr. David Kelly, attorney for South Shore Hospital, thanked the Board for meeting with them this evening. He also wants to thank the Board for going late into the night on October 25th to try to conclude this hearing.

Mr. Kelly stated that since the last meeting on October 25th they have met with staff and worked on the issues that came about during the October 25th hearing. Staff memorialized those issues in a letter to Mr. Holiver to which Mr. Holiver responded to in writing on November 2, 1999.

Mr. Kelly stated that he will go over those items and the hospital's response.

The Town Engineer requested a copy of the drainage calculations for stormwater management system that is proposed to be altered for the proposed addition to the hospital. Mr. Kelly stated that he will defer to Mr. Hoyer for the answer.

Mr. Hoyer from TRO stated that they have had a series of meetings with the Town Engineer. The latest revisions dated October 26, 1999 are reflected in the Stormwater Management submittal. It has the drawings that depict both the existing conditions and also the proposed drainage solutions. The extent of impervious material due to the new addition does not change what is impervious material on campus and therefore the runoff is not exceeded. There were two concerns that they collectively had. The first was the low point drainage at Fogg Road and the second was some existing lines in what they call the main hospital discharge in the campus – the pitch and adequacy of the lines. To mitigate those two problems, they addressed them by increasing the size of the line in the main hospital discharge to 18". They separated the roof drainage system from the stormwater system and that discharges out across Columbian Street. In terms of the low point at Fogg Road, the south lot drainage currently surcharges that point. Rather than allow that, they have redirected the drainage of what is known as the south lot onto Columbian Street and eventually down to Burton Terrace. The Main Street portion of the drainage system on the campus is totally unaffected by this proposal. All details can be found in their Stormwater Management Report.

Mrs. Ryan stated that what Mr. Hoyer is saying is that this system has been approved by the Town Engineer to redirect water to Columbian Street and down Burton Terrace. Mr. Halkiotis replied that this information was submitted to the Town Engineer on Monday, and he spoke to Chip Fontaine today and Mr. Fontaine is in the process of reviewing it.

Mr. Hoyer stated that as a point of clarification, they did meet with Chip Fontaine and the entire design reflects his input.

Mr. Clarke stated that we think this is the appropriate solution, but Mr. Fontaine has not signed off on this yet.

The hospital should reiterate its commitment to limit hours of construction to 7:00 A.M. to 3:30 P.M. as stated in the 9/20/99 letter from Perini Construction Co. Mr. Kelly stated the hospital's response is that the construction hours will be limited to 7:00 A.M. to 3:30 P.M. If any utility relocation or any other unavoidable issue requires increased hours, abutters will be notified in a timely way.

Mrs. Ryan asked how abutters would be notified in a timely fashion of construction work during off hours. Mr. Kelly replied that notification would come from the hospital.

Mr. Lynch asked how many of the abutters would be notified. Mr. Holiver replied that all of the abutters included in the original abutters notification list would be notified of additional work during off hours.

Address the neighborhood residents' complaints concerning noise from ambulance back-up beepers and maintenance operations, such as parking lot sweeping, during evening and early morning hours. Mr. Kelly replied that South Shore Hospital personnel contacted the Office of Emergency Services who stated that ambulances are required to have safety beepers. In addition, due to the movement of emergency –stretcher patients in and around the ER ambulance entrance, the elimination of safety beepers would put patient safety at risk and therefore, this suggestion is inadvisable. Volume controls for these devices are unheard of in the ambulance industry. Mr. Kelly stated that maintenance operations such as parking lot sweeping will occur during the hours of 7 A.M. and 6 P.M. Weekend work will be limited to 8 A.M. to 6 P.M. The hospital is committed to timely removal of litter from its property including the landscaped area ringing the Fogg Road lot. In addition the hospital has provided abutters with a contact person who can be reached at any time to voice concerns.

The hospital's consulting transportation engineer should provide the following information: (1) projections of the number of accidents that could be reduced at the intersection of Fogg Road and Route 18 if the proposed sign prohibiting left turns at peak hours is installed; (2) recent accident data at the intersection of Columbian Street and Route 18, since the phase changes were implemented at the light; (3) provide any available accident data for Fogg Road in the area where the road width narrows. Mr. Kelly stated that he will defer to Ms. Bonsignore from VHB for a response.

Ms. Bonsignore, traffic consultant from VHB, stated that for clarification on the first issue, what they suggested was putting up signs as you are exiting Fogg Road to Route 18 prohibiting left turns during A.M. and P.M. peak hours. This action was not identified because that location was noted as a high accident location. The intersection of Fogg and Route 18 – the accident rate was lower than the expected rate for similar intersections by state statistics. They recommended to sustain safe operations into the future to provide that left turn prohibition. About 25% or 5 of the 9 accidents at Fogg Road were exiting Fogg Road during peak hours. They would expect a reduction of accidents at Fogg Road in the future with the prohibition of the left turn during peak hours.

Ms. Bonsignore stated that the second issue had to do with the Route 18/Columbian Street intersection. Improvements were made to that intersection during late 1997. They did receive official accident data from

Mass Highway for 1998 which is all that is available and there were 20 accidents reported in 1998 for that location and this is up from 23 in the prior year. The third issue concerned the width of Fogg Road. It was noted at the last meeting that the width of Fogg Road changes as you are travelling along Fogg Road towards Columbian Street, essentially when you get to the emergency room access, the road essentially does narrow. They reviewed accidents for the last four year for along Fogg Road and found there were no accidents associated with the narrowing of Fogg Road.

Mrs. Ryan stated that there may not be any accident statistics with regards to the narrowing of Fogg Road, however, when you have a situation like that with an obscure view, do we have to wait until accidents occur to know that presents a very unsafe situation.

Ms. Bonsignore stated that in actuality it happens quite a lot where you have a curb line change. It also happens in areas where you have on street parking versus areas with no on street parking so it is not a unique phenomenon in roadway design. They reviewed it and found it was a fairly well lit area and there were no accidents associated with the narrowing of the roadway.

Reiterate your commitment to work with the town and meet with Mass. Highway to discuss restoring the cross-walk at the intersection of Fogg Road and Route 18. Mr. Kelly stated that their response is that while the issues of sidewalks and cross-walks along Route 18 are outside of their control, the hospital reiterates its commitment to work with the town and Mass. Highway to discuss restoring the cross-walk at the intersection of Fogg Road and Route 18, and related pedestrian improvements.

Please indicate if the hospital will agree to prohibit ambulances from using Fogg Road, except in the case of responding to emergencies.

Mr. Kelly replied that their answer is that many steps will be taken to reduce ambulance traffic on Fogg Road. The proposed site to the hospital expansion project includes a consolidated ambulance driveway at Columbian Street serving a relocated ambulance bay on the Columbian Street side of the hospital. The reconfigured and enhanced driveway will accommodate entering and exiting ambulances and provide a short, direct connection from Columbian Street and the ambulance bay. The present hospital driveway is one way. The hospital will encourage the independently owned ambulance companies serving the hospital to use the Columbian Street entrance for all emergency and non-emergency trips, however they neither own nor control the vast majority of emergency vehicles using their Emergency Department.

Mrs. Abbott asked how the hospital will encourage emergency vehicles to use the Columbian Street entrance. Mr. Holiver replied that they will encourage the use of the Columbian Street entrance by sending them

notice and by the communication meetings they have with them on a monthly basis.

Address the zoning status pertaining to the number of spaces at the Fogg Road parking lot. Mr. Kelly replied that their response is in 1983 at a time when the hospital campus was within the Residential R-1 Zoning District, the Zoning Board of Appeals granted a special permit for 103 parking spaces and a variance allowing that 34 of such parking spaces have reduced striping dimensions of 10' by 17' rather than the then required dimensions of 10' by 20'. In 1987 Town Meeting amended the Zoning Code Section 120-71 to require that each individual parking space have minimum dimensions of 9' by 18' rather than 10' by 20'. In 1990, Town Meeting adopted the Medical Services District and rezoning the general hospital campus including the Fogg lot, as within the MSD. The intent of Town Meeting was to assure that medial uses requiring zoning relief and site plan review within the MSD be principally within the jurisdiction of the Planning Board. This procedure takes precedence, rather than the then required procedure within the R-1 District of seeking zoning relief at the Zoning Board of Appeals as an extension or change by special permit of no-conforming use pursuant to Zoning Code Section 120-40.

Mr. Kelly stated that 1993 the Planning Board granted a special permit pursuant to MSD zoning set forth in Weymouth Code Section 120-22.13 to the hospital with respect to its Lab/Stores Project on Columbian Street. The VHB/Vanasse Hangen Brustlin Traffic Study submitted in connection therewith indicates 116 parking spaces at the Fogg Road lot. That special permit contains no restriction as to hours of operation of the Fogg Road lot. Consistent with the interest of MSD zoning, this provision also provided a buffer zone for residential abutters as protection from the lot. The existing zoning of the Fogg Road lot is governed by the Lab/Stores special permit with reference to the VHB Lab Stores Report. The VHB report before the Board tonight is presented in connection with this application indicates that 113 existing parking spaces are available at the Fogg Road lot. The VHB Report also indicates that the number of available parking spaces at the Fogg Road lot decreases to 74 spaces due to the exclusion of the parking area within the Fogg Road lot to be dedicated to assisted parking. Their use of the Fogg Road lot and the number of spaces indicated in the VHB Report and the VHB Lab Stores Report is consistent with the MSD requirements and the Lab Stores special permit.

Mrs. Ryan asked if it was correct that the 103 parking spaces were readjusted to 116 existing parking spaces at the Fogg Road lot in 1993 because the Planning Board granted a special permit and in doing so they took VHB's statistics that there were 116 parking spaces. Mr. Kelly replied that the zoning changed. Mrs. Ryan asked if it was correct that in making that change to 9' by 18' they picked up those additional parking spaces.

Mr. Kelly replied in the affirmative.

Mrs. Ryan stated that she had the April 28, 1983 Minutes. With regard to the Fogg Road parking lot, the last paragraph of the application said "this parking area will help provide enough parking so that on street parking on Columbian Street and the use of the Church parking lot will be eliminated. In addition, cruising for spaces in the major existing lots will be reduced. Due to the location of the access/egress on Fogg Road, no significant traffic pattern expected."

Mr. Kelly stated that the decision for that special permit referred to by Mrs. Ryan also said that the hospital hopes to have accommodations for 433 beds by 1990 and that didn't happen. Mrs. Ryan stated that there were also supposed to have a parking garage and that didn't happen either. Mr. Kelly replied that is correct. Mr. Kelly stated that there are 266 beds today, and the medical district has changed dramatically. Mrs. Ryan stated that of course it has changed and there is no doubt at all that the zoning regulations should have changed drastically in this town because it is totally ridiculous to base your parking spaces on per bed unit or square footage. There is no mention of employees or the fact that the whole medical industry has changed. There certainly is more need for parking and yet the parking garage was never addressed.

Address all aspects of the proposed use of the Bailey's Package Store lot for hospital parking. Mr. Kelly stated that the hospital is withdrawing that as part of the proposal. The Bailey's lot is not part of the proposal.

Mrs. Ryan stated that at the last hearing the hospital stated that 30 vehicles would be parked there for non-union construction workers. What is the hospital's plan with regard to relocating non-union construction workers. Mr. Holiver replied that they will be part of the program that is parked at Sharp Street. Mrs. Ryan asked if that is the total number of non-union workers. Mr. Holiver replied that 30 is the maximum.

Mr. Dillon asked with regards to non-union, are those people maintenance workers or construction workers. Mr. Holiver replied that the non-union workers would be people in the building who are doing minor construction in the building that has nothing to do with this project.

Mrs. Abbott asked where these non-union workers are parked now. Mr. Holiver replied that presently they are parking at Bailey's. Mrs. Abbott asked how long they have been parking at Bailey's. Mr. Holiver replied about a month. Mrs. Abbott asked if Bailey's has been used before for parking. Mr. Holiver replied that they have used Bailey's in the past.

Mr. Dillon stated that the use of Bailey's parking lot is not part of this permit, and questioned why we are discussing it.

Mrs. Ryan stated that Bailey's is part of the report and she thinks it's very applicable because these are the statistics and information we have been supplied by the hospital and she feels we have every right to address any issue that concerns traffic. When you are talking about putting in 30 parking spaces on Pleasant Street with a one way in and out, it certainly does have effect on a very impacted area. She feels it is certainly important to address it. She feels it is very relative to this.

Please address all issues identified in the 9/22/99 letter from Fire Chief Madden. Mr. Kelly stated that the first response is that the hospital will agree to purchase and install a TXRX radio amplification and receiving system to facilitate clear communication between the firefighters' radios being used inside the building with apparatus stationed outside the hospital. The system will cost an estimated \$20,000.

Mr. Lynch asked if there will be an extra antenna on the building. Mr. Holiver replied that there will be a small repeater system on the roof. Mr. Lynch asked how big the antenna will be. Mr. James Doyle from the hospital replied that it will be a 20' to 25' repeater system to replace the existing antenna.

Mr. Kelly stated that the next item concerns an optical system. Chief Madden also requested in paragraph 2 of his September 22, 1999 letter that the traffic signal at the intersection of Route 18 and Columbian Street be equipped with an optical system which allows the control of traffic lights by emergency apparatus. The cost of the optical device is estimated to be about \$15,000. Chief Madden stated in his letter "the addition to the hospital will obviously impact traffic conditions in the area". Mr. Kelly stated that they do not agree that the negligible traffic increase, as set forth in the VHB Report, warrants a special condition tantamount to an impact fee. While they recognize the benefit of an optical device, they do not find the necessary nexus to our expansion to require an optical device as a condition to the issuance of a special permit. The town might consider designating a portion of the hospital's voluntary PILOT payment to fund the expense of the system. They are willing to work with the town to determine if the state Highway Department will install the device.

Mrs. Ryan stated that she read this and then she re-read it because she could not believe the arrogance of this statement. Our Fire Chief as stated that he considers that this will impact traffic conditions in the area. By the hospital's own report and by the traffic analysis that we have been given, the hospital is going to have signage starting at Park Avenue/Route 18 that will indicate that traffic should get into the left lane to take that left turn into Columbian Street. She feels that is good because it will re-direct traffic into Columbian Street to the entrance instead of going down to Fogg Road. Yet the hospital is telling us that this is not going to create additional

traffic in that area. The Fire Chief has asked for \$15,000 for this optical device because he considers this a safety requirement for the residents of this area. The hospital is telling us this evening that they will not go along with this recommendation because the hospital considers this tantamount to extortion or something that this is an impact fee and should be deducted from the payment in lieu of taxes. She cannot believe that for \$15,000 the hospital would not recognize the importance of this. When a Fire Chief who is responsible for the safety of the inhabitants of this area, and she does not care what VHB states – they don't live in the community nor go through that intersection like the Fire Department does. VHB's own criteria calls for increased traffic to go through there. For the hospital to suggest that the \$15,000 be deducted from the PILOT payment instead of the hospital paying for this which the Fire Chief considers a safety issue, it blows her mind.

Mr. Kelly stated that if you look at the difference between the benefit and the relationship to the expansion between the TXRX radio system and the optical system, it is one is related to the expansion and one isn't. The \$15,000 is immaterial in the sense that the cost of this project being 40 some odd million dollar project, but he does not see the connection between the special permit and the request. Mr. Kelly stated that he would like to comment about the PILOT program. It is estimated that on an annual basis the hospital will make a voluntary payment to the town of \$100,000 per year, as a voluntary payment; not something required under law. He thinks those two things weighted against this request, he does not find it arrogant at all. He understands Mrs. Ryan's point and it is well taken, but he sees distinct difference between an optical system and TRX radio system.

Mrs. Ryan stated that obviously the hospital sees a distinction between it, and obviously the Fire Chief doesn't see the distinction. It certainly makes sense to her and she would imagine it makes sense to many of the people who live in the area.

Mr. Kelly stated that regarding item #3, a complete set of sprinkler/standpipe plans of the entire hospital facility will be supplied to the Weymouth Fire Department prior to construction. The hospital will work closely with the Fire Department during the design/build phase of the project. Mr. Kelly stated that with regards to timely plan submission, all fire alarm and sprinkler plans will be submitted to the Fire Department in a timely fashion, for their comments, during the design/build phase of the project. In keeping with hospital protocol, all new fire alarm system equipment will be tied into the existing fire alarm control panel.

Address all issues identified in the 9/27/99 memo from Chip Fontaine, Town Engineer. Mr. Kelly stated that for this item, he will defer to Mr. Robert Hoyer and Mr. Mark Gagnon from TRO.

Mr. Hoyer stated that regarding the first item concerning drainage, he discussed that earlier. Items 2, 3, and 4 relate to water and sewer flows. They did meet and get approval from DPW on the figures that are included.

DPW has a 2 for 1 mandate regarding water usage bringing the gallon total to 11,650. The hospital actually, through conservation measures, exceeds that by 573 gallons per day. They also met on the sewer infiltration ratio of 8 to 1 and that is dealt with by the DPW sewer connection fees. Items 5, 6, and 7 are probably more relevant and have to do with flow tests on hydrants at different areas surrounding the hospital. Those flow tests were conducted last night at 10 P.M. with DPW personnel on site. Their engineers had their consultants there as well. They ran their calculations this morning and submitted their calculations as well as their conclusions in a report to DPW today at about noon. Their conclusion is there is sufficient water flow in the mains in the areas surrounding the hospital.

Mrs. Abbott asked if we are waiting for a report from DPW as to their conclusions. Mr. Clarke replied in the affirmative.

Mrs. Ryan stated that she noticed that these fire flow tests were conducted at 10 P.M. She asked if it wouldn't make sense to conduct the tests at peak time, early in the morning. Mr. Hoyer replied that they ran the tests when DPW asked them to run them.

Mr. Hurley stated that normally flow tests are done in the evening so that it doesn't interrupt people's services and have an impact on the residents. He explained how the tests are done.

Mr. Clarke stated that he talked to Steve Olson this afternoon, and he can assure the Board that Mr. Olson is very concerned about making sure that the information is correct. His concern has to do with the neighborhood and to make sure the pressure remains proper for everyone in the area. There will be one of three recommendations: (1) everything is fine and the system is appropriate for what is being proposed; (2) Mr. Olson might require some changes in the Fogg Road line; and (3) require some type of water storage system at the hospital.

Mr. Hoyer stated that the last item had to do with the Highway Division regarding new curbing. He stated that all proposed new curbing with accessible ramps will be ADA compliant.

In order for the town to determine if the parking calculations are correct, the bed count question must be answered. Provide a breakdown of number of beds licensed by the State Department of Public Health, by type including transitional care and beds in the leased Olympus Specialty Care Hospital. Mr. Kelly replied that the response is that the hospital's total official bed count is 266 which includes

the 23 bed Olympus Specialty Unit and the 25 bed Transitional Care Center. Newborn bassinets are not counted against the hospital's bed supply. They are considered part and parcel with the maternity bed count. Each licensed maternity bed includes a bassinet. The hospital bed capacity continually changes in response to demand for services and new technology. Because the count changes, literature from the hospital can be dated and thus inaccurate. This is evidenced yearly as they issue their Annual Report and Community Benefits Report. For example, South Shore Hospital has, over the years, changed its bed supply. This project before the Board is a prime example. They are adding more maternity beds and special care nursery beds to respond to the increasing demand for maternity services.

Mr. Kelly further stated that the Department of Public Health recognizes that hospitals need to respond quickly to market conditions. It allows hospitals to bring beds in and out of active status so beds can be considered part of the licensed bed capacity while not actively being used for patient care.

Mr. Kelly stated that as clarification, the physical bed count at the South Shore Hospital is 282 beds. The 16 bed difference represents those maternity beds which are on a temporary DPH waiver and which will remain in place until the maternity suite is built.

Mrs. Abbott asked if when the project is completed they could expect the bed count to be 282. Mr. Holiver replied it will be 290.

Mrs. Ryan stated that she can understand how the bed count could change from year to year. She stated this is from the hospital 1999 Annual Report and it states that the hospital operates 298 beds as well as 25 transitional care center beds, 43 well baby, newborn bassinets, and 23 bed Olympus Specialty Care hospital. When she adds those up, she gets considerably more than the figures the hospital has in their report. Mr. Holiver replied that the figures in the 1999 Annual Report are wrong. This report is correct. Mrs. Ryan stated that the Annual Report is incorrect, but the report the hospital has given us is correct. Mr. Holiver replied that is correct. Mrs. Ryan stated that is very interesting. These inconsistencies are very troubling. Mr. Holiver stated that they also verify the bed count with Jeff Coates who comes in on a yearly basis and counts the beds.

Mr. Clarke stated that the Building Department certifies the bed count every two years. He thinks the Annual Report information is troubling.

Mr. Kelly stated that he thinks the best evidence on the number of beds is the license from the Mass. Department of Health. They audit those beds as well.

Mrs. Ryan stated that it is very troubling to her that the hospital's Annual Report is wrong. She asked if their count includes pediatrics. It does not include the emergency room beds. Is this all inclusive – critical care unit, pediatric care unit, etc. Mr. Holiver replied that emergency room beds are not overnight stays.

Mr. Halkiotis stated that the bed count is based on patients admitted that stay overnight. The Inspector of Buildings provided information to the office today. The certificate of inspection from the Building Department is dated November 15, 1998 and it is good through November 15, 1999. The total the Building Department came up with was 284 beds.

Mr. Kelly stated that they currently have 282 – 266 licensed plus 16 temporary.

In an effort to address abutters' concerns with the location of the proposed valet stacked parking lot, provide information supporting the decision for locating the valet parking in the Fogg lot. Mr. Kelly stated that he will defer to Ruth Bonsignore from VHB.

Ms. Bonsignore stated that there were essentially three options for locating the assisted parking. They consisted of the Fogg lot, Cameo lot and main lot. The Cameo lot under the lease agreement can only be used up to 6 P.M. so that was ruled out immediately for valet parking. The main lot is physically not conducive for valet parking. They also recommended that the spaces closest to the front door remain available to self parkers. The Fogg lot then became the recommendation of choice and they feel that its proximity to the front door, the distance between the front door and the lot, and its visibility all make it an ideal location for assisted parking. The most important thing to note is that there will be active management now both at the main lot and the Fogg lot. The booth has good visibility and will be controlling access to the Fogg lot from the booth in the main lot. The distance between the Fogg lot and the front door minimizes the wait time people will have when coming out of the hospital waiting to retrieve their car. There was an issue with respect to noise and they feel that the control of the lot and the valet parking will have the potential to reduce noise because there won't be the congregation of parties after visiting hours in that lot. They will be instead standing at the front door of the hospital waiting for the return of their car.

Mrs. Abbott asked if there was any consideration for prioritizing the lots for the length of parking. Mr. Doyle replied that when you get to the hospital, the attendant will ask you how long you anticipate being there and will park the vehicle accordingly.

Mrs. Abbott stated that she thinks the hospital should have a laid out operational procedure for parking.

Mrs. Ryan stated that what concerns her still is the fact that the hospital will be using the Fogg Road parking lot as the main source of valet parking which is going to require constant crossing back and forth from the hospital to Fogg Road. In the meantime you will be having traffic coming in and out in both directions on Fogg Road which is a very narrow road. She questions how this is going to run smoothly on a very small street that doesn't have sidewalks on both sides, that is narrow, that has an obscured view as you come into it off Columbian Street, and is going to be operating basically as it has in the past. She thinks the signage for peak hours will help but she would like to see the signage all of the time. It concerns her very much that people will be going back and forth on a constant basis for valet parking across Fogg Road. That is very problematic to her.

Mr. Holiver stated that he would like to speak to Mrs. Ryan's concern over using the Fogg lot for valet parking. He stated that the people who will be doing the valet parking will be employees of the hospital or subcontractors to the hospital. They will make frequent trips back and forth to the lot during the day. They will be more familiar with the area and Fogg Road at this intersection than someone who came to the hospital for perhaps the first time so the familiarity with that would make for a safer condition than exists now. A person going to the hospital will be able to leave their car at the front and have someone who has made many trips back and forth park their car.

Mrs. Ryan stated that she understands what Mr. Holiver is saying, but it is a matter of interpretation. To her, she still sees elderly people coming in, perhaps queuing up on Fogg Road depending on just how well this process works. She still sees additional traffic back and forth to Fogg Road on a regular basis. Fogg Road was never meant to handle this type of situation.

Mrs. Ryan stated that there is one other thing she would like to address. It was mentioned that they couldn't use the Cameo lot for valet parking because the lease agreement says the hospital can't use the lot after 6 P.M. The Cameo lot is included in the hospital's parking criteria. To her if they are going to use the Cameo lot as part of their parking and criteria for required parking spaces, she questions whether they can do that if they can only use the lot until 6 P.M. It seems to her that the hospital is claiming parking spaces at the Cameo lot that is limited to 6 P.M. Mr. Holiver replied that the Cameo lot covers the peak periods of the day when they have parking needs on campus. Mrs. Ryan stated that the hospital is using the Cameo spaces as part of their required parking spaces that is incorporated into the hospital's parking plan, and yet there are limits on that parking. She does not see how the hospital can use the Cameo lot as part of their parking plan since it is limited to 6 P.M. Mr. Holiver stated that his reply is that the Cameo lot is used during the day from 6 A.M. to 6 P.M. and it is used as their overflow lot to get them through the peak

periods of the day. Mrs. Ryan stated that requirements for parking spaces are based on certain criteria and the hospital has used the Cameo lot as part of that criteria to meet the hospital's needs. She does not feel the spaces at the Cameo lot should be included in the hospital's parking assessment because it is limited. Mr. Holiver stated that because they use the Cameo lot 12 hours a day, he disagrees with Mrs. Ryan.

State the proposed hours of operation for the valet parking. Mr. Kelly stated that parking at the Fogg Road lot today is unrestricted. Under this proposal the lot will be gated and assisted parking provided from 7 A.M. to 9 P.M. on weekdays and from 8 A.M. to 9 P.M. on weekends. They are aware of the abutters request that they keep the lot closed until 8 A.M. on weekdays and 10 A.M. on weekends and holidays, however, due the number of patients who arrive early to the hospital and the pattern of visitor arrival, this is not possible. South Shore Hospital is committed to closing the lot by 10 P.M. daily. The hospital will also restrict all of its maintenance activities except snow removal to these hours.

Please provide supplemental information on the total area of buildings on campus. A breakdown of building size for all buildings on campus should be provided to support the 490,000 square foot total. Mr. Kelly stated that their written response is that there was an attachment documenting the 490,000 square footage of the hospital dated 2/24/99. There has been no change since then.

In an effort to respond to issues related to hospital employees parking in the surrounding neighborhood and in public and merchant's parking lots, describe the hospital's ongoing parking enforcement program. Mr. Kelly stated that Mr. Taylor will answer this.

Mr. Paul Taylor stated that to summarize this, employees of the hospital are required, as a condition of employment, to park where they are assigned to park. They have made enormous efforts in recent years to work closely with their neighbors to make sure their employees understand that.

Occasionally there is a problem and they have to jump right on it. They have designated Jim Doyle who is the Director of Public Safety as their contact person. They monitor this everyday. Rick Pozniak is also in touch with neighbors throughout the area to make sure that even though some employees might argue they have a right to park where parking is allowed, they do not allow that as a condition of employment at the hospital. They make their best efforts to address this. They are aware that there are people who park in the area who are not associated with the hospital who work for other enterprises and may look like hospital employees, and that remains an issue that they are unable to do anything about.

Please discuss the payments that the hospital will be making to the town triggered by this project, as agreed upon in the Pilot Agreement.

Mr. Kelly stated that the written response is as stated previously the voluntary Pilot Program payments attributable to the project are expected to be in excess of \$100,000 per year. The proposed addition is the first major expansion project subject to the voluntary Pilot Program.

Mrs. Ryan stated that she has a copy of the Pilot Program Agreement. She is confused as to how this will take place. Who will make the determination as to the value since it is based on the value of the property.

Mr. Kelly replied that in part it may be related to the building permit application which is a fee involved in this expansion. The building permit fee is over \$500,000 for this project.

Mr. Taylor stated that the \$100,000 estimate is their estimate based on what they believe to be the value of the building.

Mrs. Ryan asked if the town just takes the hospital's word on the value. Mr. Taylor replied that they will work with the Assessors on the value of the property.

Mr. Clarke stated that the Pilot Program payment is a combination of the building construction permit and the assessment which says the valuation is based on the building permit and the assessment of the completion as of January 1st. One of the things in the agreement that is probably unclear is that it just says agreed to by the town and does not designate anyone specific such as the Inspector of Buildings, the Assessor or Board of Selectmen.

Mrs. Ryan stated that the hospital has agreed to the Pilot Agreement and goes back to 1992. Mr. Holiver replied that is correct. The hospital has paid \$12,000 a year for two projects that have already been completed four or five years ago.

Mr. Halkiotis stated that he has a memo dated November 1, 1999 addressed to him from Pamela Nolan, Executive Administrator regarding the Pilot Agreement. The total of the Pilot payments for 1998 and 1999 was \$18,139.56. It was noted in the letter that a Selectmen appointed committee is studying the Pilot policies and is considering writing a new policy. Mr. Halkiotis stated that he has a copy of the Pilot Agreement, copies of Pilot payments and a list of the members of the Tax Exempt Steering committee.

Mr. Halkiotis stated that he followed up on the question regarding the taxes the day after the last hearing, and all of the taxes have been paid and are current as of this date.

Please clarify the hospital's response to questions on the former Logan Nursing Home proposed development. Mr. Kelly stated that the written

response is that the hospital has been contacted several times as a potential acquirer of this property and determined that acquisition of the property is not desired. They understand that a developer has entered into a Purchase and Sale Agreement with Logan Healthcare and has filed a special permit application with this Board to change the use of the building to medical office space and to provide for increased parking area to satisfy medical office use parking requirements as required by the zoning code. They are not interested in acquiring this property. They have been contacted by that developer as their interest as a potential tenant. No agreement exists as to whether they will lease any office space in the event the Board grants the special permit application filed by that developer. In fact, they view their interest as mild or casual regarding additional medical office space. Nonetheless, it must be emphasized that any use of the Logan Healthcare property is subject to the special permit process by the Board and that even if they became a tenant, their use would be as a medical office tenant, and therefore any parking spaces assigned to the tenant, must be for that use and would not be available for patient use or hospital employees. No connection exists between the hospital's special permit before the Board and the developer's interest at the Logan Healthcare property.

Mr. Kelly stated that they were also asked if the hospital has any other interests in properties locally. They wish to be clear that the hospital leases property elsewhere in Weymouth as well as Braintree, Pembroke, Hingham, Hanson, Middleborough, Quincy and elsewhere. They recently leased space at 561 Main Street, the medical office building immediately adjacent to the Stetson Center and previously occupied by doctors from St. Elizabeth's Medical Center.

Mrs. Abbott asked if in no way the Logan program would be bought or leased by the hospital. Mr. Kelly replied not at all and even if it were it must meet the requirements of this Board as a medical office building. It cannot be connected to the hospital's campus for parking issues talked about in connection to this application.

Mrs. Ryan stated that the special permit application for the Logan program is extremely vague as to what the intent is for the property.

Please respond to the abutters complaints of snow being deposited in their driveway from the hospital's sidewalk plow. Mr. Kelly stated that the written response is that they will notify all operators of snow equipment under contract by the hospital to redouble efforts to assure that abutters do not have this problem. Additionally they have provided abutters with a contact person to voice their concern if any problem arises. However, with respect to the specific issue which arose at their public hearing of October 25th regarding snow removal on the sidewalk south of Fogg Road, they will no longer plow this area as a voluntary service and will notify the Mass.

Highway Department and the town of their decision.

Mrs. Abbott asked who is their contact person. Mr. Taylor replied that Rick Pozniak, Director of Public Affairs is the contact person.

Mr. Kelly stated that with the Board's permission he will ask that Dr. Ayes be permitted to address the Board. Dr. Ayes is the President of the Medical Staff at the hospital.

Dr. Fred Ayes stated that he is an orthopedic surgeon, landowner and taxpayer in Weymouth at 797 Main Street. He is not a hospital employee, but he is President of the Medical Staff, and as such he represents 650 physicians, nurse midwives, nurse practitioners and nurses. He is here to speak in favor of the hospital. He has spent pretty much all of his medical and professional career at the hospital. He grew up on the South Shore, he was educated on the South Shore and his kids grew up on the South Shore. There is a fantastic need for operating rooms to be replaced. They are totally inadequate for the state of the art. They have to fix the operating rooms. The maternity is overburdened. The demand is great, but the projected need is even greater. There is no question that the need is just not going to go away. All of us should realize it is our hospital and we should all make sure that our hospital is the very best hospital. When he came here 30 years ago, South Shore Hospital was a very good, small community hospital. Now 30 years later, it is a very large, very successful, regional medical center. He thinks the town should be credited for being host to the hospital. He asked the Board to consider approving this special permit.

Mrs. Abbott stated that it is also our responsibility to at least deal with the safety issues. The Board must ask these questions and have them addressed.

Mrs. Ryan stated that she appreciates Dr. Ayes' comments and she certainly doesn't dispute the very good work the South Shore Hospital does. She thinks it's a fine institution. She does not dispute their need for what they are requesting, but as a Planning Board member what she is very concerned about is that she thinks that over the years South Shore Hospital have been very derelict about addressing their parking issues. She finds it extremely troubling that the South Shore Hospital will sit there and say that a request by our Fire Chief for an optical device on the traffic signal at the intersection of Columbian Street and Route 18 for \$15,000 is being looked at as something not relative to this.

Dr. Ayes stated that the Medical Staff at South Shore Hospital will commit \$15,000 to buy that optical device.

Mrs. Ryan responded that it is a worthwhile proposition on your part. She

stated that if that had been addressed at the beginning, it wouldn't have come to this and that arrogant statement would not have appeared in this response. Mrs. Ryan stated that she has one other thing to say besides their parking spaces which she doesn't think they have addressed, and what concerns her is the South Shore Hospital acquires property in the area and uses it for other things instead of using some of these facilities for their parking needs. As a resident of the town who lives within walking distance, this concerns her very much. A long time ago there should have been a parking garage.

Dr. Ayes stated that he knows parking has been discussed many times in the past. He thinks that when you prioritize, there are other things needed more such as operating rooms. They can't do surgery in a parking garage. We all know that parking is a problem and has been for 30 years

Mrs. Ryan stated that Dr. Ayes brought up some very good points tonight; she does appreciate them, but at the same time we have some overall concerns and she thinks that those are things that the South Shore Hospital should be aware of. They are genuine planning concerns which is also in the Pilot Program that there should be a Master Plan. We have never received a copy of the Master Plan for the hospital; the hospital said they don't have one.

Mrs. Ryan thanked Dr. Ayes and stated that he should be commended for the \$15,000.

Mrs. Abbott asked if the staff had any comments.

Mr. Halkiotis stated that since the last hearing, we have received three pieces of correspondence in addition to the letter that was reviewed this evening. The first was a letter dated October 29th to Jim Clarke from Charles Deacon, Acting Fire Chief. This letter states the same issues that were previously addressed at the previous submission that was withdrawn. The second piece of correspondence received was a petition addressed to the Chairwoman with a list of their concerns and recommendations for the hospital. Mr. Halkiotis stated that there were eighteen signatures on the petition. The Board received copies of the last letter dated October 30th from Dana Elbert, 38 Torrey Street. The letter explains concerns related to noise from the hospital.

Mr. Halkiotis stated that we did receive attachments to the letter from the hospital and one of those attachments was referenced earlier this evening, and that is the breakdown of the square footage of each of the structures in the hospital campus. This information was reviewed and it was determined that the Cottage Shop was not included in the total calculations. It was also determined that the total building footprint on the campus is 490,450 square feet, and that is 450 square feet greater than what was presented in

the report submitted by the hospital. The significance of the Cottage Shop and the 450 square feet amounts to two additional parking spaces. The parking calculations that was submitted indicates that there are 30 additional spaces above and beyond what is required by the Zoning Bylaw, and there, having reviewed this information that 30 would be reduced to 28 spaces above required by the Zoning Bylaw.

Mrs. Abbott opened the meeting for questions/comments from the public.

Mr. Joe Sheehan stated that he is the Business Agent for Electricians Union in Boston. They have 5,000 members in Local 103 and probably more than half of them live in the South Shore and utilize the South Shore Hospital. They think it is a great idea to expand the hospital. They have in the South Shore building trades 17 different building trade unions, and they represent people that live in the South Shore. They thinks this is a good and they will be in partners with the Perini Corporation for the construction of this project. The job will be under a project labor agreement which means that the job will be done on time, on budget, and under the rules that the Planning Board is asking for. They think it is pretty exciting that the South Shore Building Trades will be in partnership with South Shore Hospital and they are in favor of the project.

Mr. Dana Elbert, 38 Torrey Street, stated that he thinks that the town of Weymouth has given up quite a bit for the hospital. We have had historic sites removed as part of the medical expansion for this area. He does not think addressing a concern is dismissing it by some State law. There must be other options to noise regarding ambulances. One option – possibly how long the approach is to the door. He would like to hear what consideration has been given to reduce noise from ambulances.

Mr. Kevin Walsh stated that they did research into the matter. They called the Mass. Office of Emergency Services and he also called various ambulance companies, and no one has ever heard of volume controls for backup vehicles. Without the backup beepers, there could be major safety issues.

Mr. Elbert suggested that it might be more efficient to drive up and park on the side rather than take the time to back up to the door. Mr. Walsh replied that the problem with that is that you may have 3 or 4 ambulances dropping off people at one time, and also by backing up to the door, they are under cover. They are looking to see if there are any acoustical things they can do to buffer the noise.

Ms. Gael Sullivan, 175 Forest Street, asked if it was correct that the parking at Bailey's has been removed or if there will just not be any parking there by non-union construction workers. Mr. Doyle replied that the hospital will not assign people to park at Bailey's.

Mr. Ed Foley, 54 Harding Avenue, thanked the Board for all they have done and stated that he is in favor of the project.

Discussion ensued between Mrs. Ryan and Mr. Taylor regarding the hospital's incinerator which has been off line for over 1½ years. Mr. Taylor stated that the hospital has no plans to start the incinerator again. Mrs. Ryan stated that when the incinerator goes back on line, she would hope that the town would be notified.

Upon motion made by Mr. Lynch and seconded by Mrs. McElroy, it was:

UNANIMOUSLY VOTED: to close the public hearing at 9:20 P.M.

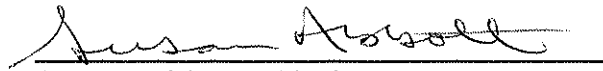
Upon motion made by Mr. Hurley and seconded by Mr. Lynch, it was:

UNANIMOUSLY VOTED: to take the special permit application under advisement.

Upon motion made by Mrs. McElroy and seconded by Mr. Hurley, it was:

UNANIMOUSLY VOTED: to adjourn the meeting at 9:25 P.M.

This is to certify that the foregoing is a true and complete statement of all actions and votes taken at this meeting on November 3, 1999.



Susan Abbott, Chairwoman

**Public Meeting
Citizen Attendance**

Date: Nov 3, 1999
Location: DPL

Name	Address	Organization	Phone #
Clare Cunningham	28 Norma Ave		
William C. Phypers	10 Alandale Pkwy	Harwood Ma 02062	781-762-5120
James A. Phypers	10 Alandale Pkwy	Harwood Ma 02062	781-762-5120
Betty Fred Cury	297 Main St.	S. Weymouth	781-335-4444
Robert W. Hoge	80 Bridge St	Norton MA TRC	617-969-9400
Mark Gagnon	80 Bridge St	Norton Ma TRC	617-969-9400
Ruth Borsignine	101 Walnut St	W'ton	617-924-7770
Paul O'Sullivan	63 Jessica Ln.	S. Weymouth	781-331-1161
Mike Nash	60 Horstead Ave	Weymouth	781-335-8665
Dana Albert	38 Torrey St.	S Wey.	337-1950
Edward J. Foley	54 Harding Ave	Wey	331-9936
Bill Winow	925 Commercial St.		337-9176
Bobby Shugart	11 Hart Ave		331-2037
James J. Coffey	26 Diana Dr		337-9789
Thomas J. Mackey	35 Travis St	Allston ma	781-5370
Joe Shuchan	L.P. 103	IREW	1-617-436-3710
Paul Sullivan	175 Forest St.		335-2374
George Raymond	31 Alroy Rd		331-3535
Michael Holland	38 Fogg Rd		331-6728
Margaret Holland	38 Fogg Rd		331-6728
Albert Pellegrini	16 Pepper Bl		337-8891
Donna Wolfe	918 Main St	S. Wey	UNLISTED

Public Meeting Citizen Attendance

Date: _____

Location: _____

Name _____

Address

Organization

Phone #

WILLIAM EMANUELLO 26 KIRKLAND RD SWFY 331-0072

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.