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Hon. Meenakshi Srinivasan, Chair
New York City Board of Standards and Appeals
250 Broadway, 29th Floor

Re: New York Methodist Hospital New Center for Community Health Traffic Study and Community Comments (PHA No. 1284)

Chair Srinivasan and Commissioners,

This letter summarizes the key points and findings presented in the October 28, 2013 *Traffic Assessment for New York Methodist Hospital New Center for Community Health Technical Memorandum* prepared by Philip Habib & Associates (the "*Traffic Assessment*"). This letter also addresses questions and concerns regarding the Traffic Assessment, which were raised by Preserve Park Slope in its March 24, 2014 letter and Environmental Project Data Statements Company (EPDSCO) in its February 2014 letter to the Board.

The Transportation attachment prepared for New York Methodist Hospital Center for Community Health EAS fully complies with the guidelines set forth in the *CEQR Technical Manual*. As required by the *CEQR Technical Manual*, the EAS transportation analysis, compares the incremental difference between the complying development (the No Action condition) and the proposed development (the With Action Condition). The results of this comparison did not warrant any further detailed analysis of any transportation elements based on the *CEQR Technical Manual* in the study area as compared to the No-Action condition and no significant adverse transportation impacts would likely occur with the construction of the proposed development.

Even though not required by CEQR guidelines, NYM engaged Philip Habib & Associates to conduct a separate *Traffic Assessment*, which compared the proposed project to existing 2013 conditions. As described below, the additional *Traffic Assessment* also concludes that there would be no significant adverse transportation impacts resulting from the proposed development. Although Preserve Park Slope describes traffic and circulation in the neighborhood and presents a number of photographs of ambulance queuing, this is not relevant to the proposed project, as the new Center for Community Health would be used only to perform outpatient treatment, would not receive any patients arriving by ambulance, and would not add any new additional ambulances to the neighborhood.

Traffic Analysis Methodology and Findings

The *Traffic Assessment* presented a forecast of anticipated travel demand from the proposed development and assessed the potential for this new travel demand to result in significant adverse

traffic and pedestrian impacts. The traffic analysis examined conditions at six intersections in the vicinity of the project site where project-generated traffic is expected to be most concentrated. The analysis looked at the existing 2013 conditions (using actual traffic counts) and future conditions in 2017, which was selected for analysis as it is the year when the proposed development is expected to open and become fully operational. (Assessing long-term traffic conditions 10 to 20 years in the future is beyond the scope of this study, and beyond what is required under the CEQR Technical Manual.)

The traffic analysis was based on the *Highway Capacity Manual* methodology for determining intersection level of service (LOS), and followed the guidelines presented in the *City Environmental Quality Review (CEQR) Technical Manual* for determining if the proposed development would create any traffic impacts when compared to existing conditions at any of the six analyzed intersection. The weekday AM, midday and PM peak periods were selected for analysis, because those are the periods when the highest volume of new project-generated trips would occur combined with the highest levels of existing traffic on the study area street network. Therefore, these "peak" periods represent the time periods most likely for the proposed development to result in significant adverse traffic impacts. Overall, the analysis showed that all approaches at all analyzed intersections currently operate at acceptable levels of service during these periods and would continue to do so in the future with the proposed development. No significant adverse traffic impacts are projected to occur with the proposed development in any analyzed peak hour based on *CEQR Technical Manual* impact criteria.

As discussed below, the incremental increase in pedestrian demand, over existing conditions resulting from the proposed development is expected to be less than the *CEQR Technical Manual* threshold for a detailed pedestrian analysis. However, a level of service analysis of pedestrian conditions on the north sidewalk on 6th Street adjacent to the main entrance to the proposed development was also conducted in the Traffic Assessment. This analysis also found that there would not be any significant adverse pedestrian impacts to this sidewalk in any analyzed peak hour as a result of the proposed development.

The *Traffic Assessment for New York Methodist Hospital New Center for Community Health Technical Memorandum* was submitted for New York City Department of Transportation (NYCDOT) review in November of 2013. Review questions on the *Traffic Assessment* by NYCDOT were subsequently addressed, and additional information and backup materials requested by the NYCDOT were provided. This backup material is available upon request.

Travel Demand Forecast

The travel demand forecast prepared for the proposed development was based on New York Methodist Hospital data on the projected annual number of patient visits that would be accommodated in the new building. As shown in Table 7 of the *Traffic Assessment*, it is anticipated that the proposed development would be able to accommodate approximately 221,317 patient visits annually when fully staffed and utilized. This total number of annual patient visits can be broken down in to three distinct categories. These include visits related to departments and services relocated from the existing building across 6th Street (approximately 119,072 annual visits or 53.8 percent of total projected visits to the proposed development); visits related to departments and services relocated from other off-site locations in Brooklyn including clinical offices on 4th Avenue and 1st Street (approximately 40,284 annual visits or 18.2 percent of the total projected visits to the proposed development); and the incremental increase in visits resulting from the expansion of existing departments and services at the project site (approximately 61,961 annual visits or 28

percent of total projected visits). Only the travel demand generated by the latter two categories (i.e., the relocation of departments and services from off-site locations and the expansion of existing departments at the project site) would represent new travel demand within the study area, accounting for a total of only 46.2 percent of projected annual visits to the proposed development. (A comparable percentage of staff trips would also be new to the study area.) The majority of projected annual patient visits to the project site (approximately 53.8 percent) would therefore not represent new study area travel demand as these are being relocated from the existing facility on the south side of 6th street.

Table 8 in the *Traffic Assessment* shows the transportation planning factors used to forecast the incremental increase in vehicle, transit and pedestrian trips that are expected to be generated by the proposed development. Based on these factors, it is estimated that on a typical weekday there would be a total of approximately 690 new vehicle trips (arrivals plus departures) and a combined total of approximately 494 new person trips by the transit (subway and bus) and walk-only modes. As shown in Table 9 in the *Traffic Assessment*, the numbers of new vehicle trips (auto, taxi and truck) would total 91 or fewer over existing conditions in any one peak hour, while the combined number of new person trips by the transit and walk-only modes would total 55 or fewer in any one peak hour. As the proposed development would be an out-patient ambulatory care facility, it is not expected to generate any new ambulance trips and would therefore not increase ambulance traffic at New York Methodist Hospital's emergency room.

Under *CEQR Technical Manual* guidelines, detailed transit and pedestrian analyses are typically not warranted if a project is expected to generate fewer than 200 transit trips or 200 pedestrian trips in any one peak hour, as these numbers of new trips would be unlikely to result in significant adverse impacts. The proposed development is expected to result in no more than 55 new peak hour transit and walk-only trips (combined). Therefore, new significant adverse transit impacts are considered unlikely, and a detailed transit impact analysis would not be warranted under *CEQR Technical Manual* guidelines. Persons traveling to and from the project site by auto are expected to park on-site, thus, these new trips are not expected to add appreciable demand to sidewalks and crosswalks in the vicinity. In addition, as noted above, the combined number of new person trips by the transit and walk-only modes would total 55 or fewer in any one peak hour. Therefore, significant adverse pedestrian impacts are also considered unlikely, and a detailed pedestrian impact analysis is not warranted under *CEQR Technical Manual* guidelines. A detailed analysis of pedestrian conditions on the sidewalk adjacent to the entrance to the proposed development was, however, provided in the *Traffic Assessment*, as noted previously and no impacts were found.

Parking

The proposed development will provide up to 350 on-site parking spaces in a below-grade garage. Construction of the proposed development would eliminate a total of approximately 117 existing on-site parking spaces. Therefore, the proposed development would result in a net increase in on-site parking capacity of 233 spaces. Table 12 in the *Traffic Assessment* shows the incremental increase in parking demand which is expected to be generated by the proposed development. As shown in Table 12, the incremental increase in parking demand (employees and patients) would peak at approximately 104 spaces during the late morning period. Therefore, the 233 additional on-site parking spaces provided under the proposed development would be more than sufficient to fully accommodate this incremental increase in future parking demand. Consequently, the proposed development is unlikely to result in an increase in the numbers of autos cruising along local streets in search of on-street parking, but rather provide some additional space for those that cannot be accommodated in the existing garage.

On-Site Drop-off Area

The proposed development would include a new on-site drop-off/pick-area with access from 6th Street only. Consequently, much of the vehicular traffic generated by the proposed development would be concentrated on 6th Street as opposed to 5th Street which is the location of the John Jay Educational Complex.

Much of the drop-off/pick-up activity associated with out-patient services at the hospital currently takes place at curbside on 6th Street and on 7th Avenue. As the proposed development would accommodate most of these out-patient services, it is anticipated that much of this drop-off/pick-up activity would shift from these curbside locations to the new on-site drop-off/pick-up area. As the on-site drop-off area is directly adjacent to the proposed development's lobby and patient elevators, this location would be the shortest distance a patient would have to walk to reach their intended destination within the building. This would actually reduce the traffic congestion on both 6th Street and 7th Avenue that currently results from existing patients being dropped-off and picked-up along these streets.

Loading Dock

The loading dock for the proposed development would be located within the existing parking deck with access from 5th Street. Sufficient space would be provided within the loading dock area to accommodate all truck maneuvers and allow for head-in/head-out operation. By comparison, the existing 7th Avenue loading dock cannot accommodate head-in/head-out operation and trucks using this loading dock typically maneuver within the public street, occasionally hindering traffic flow.

Community Comments on Analysis Methodology

The following addresses additional public questions/concerns regarding the *Traffic Assessment for New York Methodist Hospital New Center for Community Health Technical Memorandum.*

Future Conditions Without the Proposed Development

As described above, transportation impact assessments under *CEQR* typically identify impacts based on the incremental change between future conditions without a proposed action (the No-Action condition) and with a proposed action. In the absence of the proposed development, it is anticipated that New York Methodist Hospital would build the complying development, an as-of-right ambulatory care center on the project site, which would potentially be larger than the proposed development. The travel demand generated by this as-of-right facility would therefore be comparable to or greater than would be generated under the proposed development. Therefore, assuming this condition as a No-Action baseline, there would be no incremental increase in travel demand as a result of the proposed development.

By contrast the *Traffic Assessment* takes a much more conservative approach by assuming the existing condition as a baseline from which to measure the incremental increase in travel demand resulting from the proposed development. A 0.5 percent per year background growth rate (as per *CEQR Technical Manual* guidelines) for the 2013 through 2017 period was also applied to existing volumes and conservatively included as part of this incremental increase. This background growth rate accounts for any travel demand generating projects may be constructed during this same period. This approach results in a substantially greater incremental increase in travel demand (and therefore a greater potential for resulting in significant adverse impacts) than if the as-of-right condition were

assumed as a No-Action baseline. As discussed in the *Traffic Assessment*, even using this highly conservative approach, the proposed development was not found to result in significant adverse traffic, transit or pedestrian impacts based on *CEQR Technical Manual* methodologies.

Travel Demand Forecasts

As discussed in the *Traffic Assessment*, the proposed development is needed to accommodate anticipated future growth in outpatient visits as evidenced by the historical data presented in Table 6 in the *Traffic Assessment.* The incremental change in staffing and annual outpatient visits resulting from the proposed development and shown in Table 7 in the *Traffic Assessment* reflect conditions with full utilization of the proposed facility based upon its anticipated capacity.

Effects of Curbside Activity

With regard to the effects of curbside drop-off/pick-up activity and truck maneuvers on traffic flow in the vicinity of the project site, it is important to note that the proposed development would include both an on-site drop-off/pick-up area, and an on-site truck loading area capable of accommodating head-in/head-out operation. Therefore, the proposed development is expected to reduce curbside activity and congestion compared to existing conditions on streets in the vicinity of the project site.

Pedestrian and Vehicular Safety

Under *CEQR Technical Manual* guidelines, an evaluation of vehicular and pedestrian safety is needed for locations within the traffic and pedestrian study areas that have been identified as high accident locations. These are defined as locations where 48 or more total reportable and non-reportable crashes or five or more pedestrian/bicyclist injury crashes have occurred in any consecutive 12 months of the most recent three-year period for which data are available. A review of accident data for the 2009 through 2011 period provided by NYCDOT indicate that no study area intersection experienced more than a total of four crashes in any one year (see Table 1, attached). Therefore, none of these intersections are considered a high accident location based on *CEQR Technical Manual* criteria. The proposed development would include both an on-site drop-off/pick-up area, and an on-site truck loading area capable of accommodating head-in/head-out operation. Therefore, the proposed development is expected to reduce curbside activity and on-street truck maneuvers compared existing conditions, and thereby reduce the potential for vehicle/vehicle and vehicle/pedestrian conflicts.

On-Street Parking

As discussed above, the proposed development would result in a net increase in parking demand of 104 spaces and a net increase in on-site parking capacity of 233 spaces compared to existing conditions. Therefore, sufficient parking capacity would be provided on-site to accommodate all project-generated parking demand, and an analysis of on-street parking conditions is not warranted. In addition, with a peak project-generated demand of 104 spaces, a total of 129 or more spaces would be available in the proposed on-site garage to potentially accommodate some of the hospital demand that is currently parking on-street.

Ambulance Circulation

Although Preserve Park Slope's letter describes vehicles circling in the neighborhood, ambulance traffic and queuing and submits a number of photographs of ambulance queuing, these are not relevant to the proposed development. The New Center for Community Health would only be used to perform outpatient treatment and would therefore not receive any patients arriving by ambulance, and would not otherwise generate any ambulance-related trips. The proposed development,

therefore, would have no effect on the numbers of ambulances coming to the hospital or the ambulance circulation patterns in the area surrounding the NYM campus.

The *Traffic Assessment* demonstrates that the proposed development would not likely result in any significant adverse transportation impacts. The proposed development would be able to accommodate all of its parking demand within the proposed on-site below grade garage. Therefore, the proposed development would not add to the current on-street parking demand within the study area. The proposed development would include both an on-site drop-off/pick-up area, and an on-site truck loading area capable of accommodating head-in/head-out operation. Therefore, the proposed development is expected to reduce curbside activity and on-street truck maneuvers compared existing conditions, and thereby reduce the potential for vehicle/vehicle and vehicle/pedestrian conflicts.

Respectfully Submitted,

Philip Habib
Principal

Prospect Park West and 5th Street

YEAR	Total Number of Crashes	Total Number of Injury Crashes	# of Injuries			
			Pedestrian	Bike	Motor Vehicle Occupant	Total
2009	1	1	1	0	0	1
2010	2	0	0	0	0	0
2011	1	0	0	0	0	0

Prospect Park West and 6th Street

YEAR	Total Number of Crashes	Total Number of Injury Crashes	# of Injuries			
			Pedestrian	Bike	Motor Vehicle Occupant	Total
2009	0	0	0	0	0	0
2010	1	0	0	0	0	0
2011	0	0	0	0	0	0

7th Avenue and 5th Street

YEAR	Total Number of Crashes	Total Number of Injury Crashes	# of Injuries			
			Pedestrian	Bike	Motor Vehicle Occupant	Total
2009	1	1	0	0	2	2
2010	1	0	0	0	0	0
2011	1	0	0	0	0	0

7th Avenue and 6th Street

YEAR	Total Number of Crashes	Total Number of Injury Crashes	# of Injuries			Total
			Pedestrian	Bike	Motor Vehicle Occupant	
2009	2	2	1	0	1	2
2010	0	0	0	0	0	0
2011	4	3	0	0	3	3

8th Avenue and 5th Street

YEAR	Total Number of Crashes	Total Number of Injury Crashes	# of Injuries			
			Pedestrian	Bike	Motor Vehicle Occupant	Total
2009	0	0	0	0	0	0
2010	2	2	0	0	5	5
2011	2	1	0	1	0	1

8th Avenue and 6th Street

YEAR	Total Number of Crashes	Total Number of Injury Crashes	# of Injuries			
			Pedestrian	Bike	Motor Vehicle Occupant	Total
2009	3	1	1	0	0	1
2010	1	0	0	0	0	0
2011	3	2	1	0	3	4

Source-NYCDOT