

Appendix I1

Transportation Analysis



City of San José

Kaiser San Jose Campus Master Plan and New Hospital

TRANSPORTATION ANALYSIS (TA)

PREPARED FOR

KAISER PERMANENTE
CITY OF SAN JOSÉ

FEBRUARY 2024

FEHR PEERS

Kaiser San José Campus Master Plan and New Hospital Draft Transportation Analysis (TA)

Prepared for:
Kaiser Permanente
City of San José

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1. Introduction

This report presents the results of the Transportation Analysis (TA) for the Kaiser San Jose Campus Master Plan and New Hospital development at 250 Hospital Parkway in San José, California. Consistent with the City of San José Transportation Analysis Policy (Council Policy 5-1) and associated *Transportation Analysis Handbook* ("Handbook"), the purpose of the TA is to identify potentially significant impacts of the proposed Project on the surrounding transportation system per the California Environmental Quality Act (CEQA) and to recommend measures to mitigate significant impacts.

A separate Local Transportation Analysis (LTA) report was also prepared for the City of San José per Council Policy 5-1 and transportation analysis guidelines from the Santa Clara Valley Transportation Authority (VTA), the congestion management agency for Santa Clara County. The LTA evaluates the effects of a development project on transportation, access, circulation, and related safety elements in the proximate area of the Project.

Project Description

The San José Kaiser Medical Center is located at the Cottle Road/Hospital Parkway intersection just south of the State Route 85 and Cottle Road interchange (see **Figure 1-1**).

Land Use Program

As part of the seismic replacement, Kaiser plans to demolish the existing approximately 250,000 square foot (s.f.) main hospital building at the center of the Medical Center and add a 685,000 s.f. new hospital building, a 35,000 s.f. energy center (central utilities plant (CUP)), and 1,040 parking spaces. Of the 1,040 spaces, 1,015 are provided in a new structure on existing surface parking lots near the south and southwest areas of the Medical Center and 25 surface parking spaces are provided adjacent to the hospital. In total, the hospital replacement Project would increase the number of beds from 247 licensed beds up to potentially 303 beds, a net increase of up to 56 beds. In addition, Kaiser has long-term plans to demolish a total of 20,200 s.f. of existing MOB uses and construct a 250,000 s.f. MOB (for a new increase of 229,800 s.f. of MOB). The long-term plans also include the construction of an additional 575 parking spaces.

The Project is divided into the Project-level and Program-level components as outlined below:

- **Project-level:** 685,000 s.f. new hospital building (303 beds), 35,000 s.f. CUP,
 - and 1,040 parking spaces. Of the 1,040 spaces, 1,015 spaces are provided in a the new five-level parking garage and 25 at grade surface parking spaces are provided the new hospital site)
- **Program-level:** 250,000 s.f. MOB, and installing an additional 575 parking spaces



In addition, the Project is providing 26 short-term bicycle parking spots (open bike racks near building entries) and 48 long-term bicycle parking spots. The transportation effects of the hospital (Project-level components) and MOB uses (Program-level components) are evaluated in both the near-term and future scenarios. The site plan for the project-level components is presented in **Figure 1-2**. These have also been summarized in **Table 1-1**.

Table 1-1: Proposed Medical Center Land Use Program

| Project Component | Existing | Proposed | Net New |
|--|---------------------------|---------------------------|-------------------------|
| Hospital, Energy Center, and Parking Garage | | | |
| Hospital | 250,000 sf | 685,000 sf | +435,000 sf |
| -Beds | 247 beds | 303 beds | +56 beds |
| -Employees | 2,055 | 2,877 | +822 |
| Energy Center | — ¹ | 35,000 sf | +35,000 sf |
| Parking Structure | 606 spaces ² | 1,040 spaces ³ | +434 spaces |
| -Structure Size | — | 350,000 sf | +350,000 sf |
| Total | 250,000 sf | 1,139,320 sf | +889,320 sf |
| Projected MOB Improvements | | | |
| Medical Office | 425,000 sf ⁴ | 250,000 sf (4–6 stories) | 229,800 sf ⁵ |
| Employees | 1,700 | 2,700 | 1,000 |
| Parking | 1,982 spaces ⁶ | 2,557 spaces ⁷ | 575 spaces |

Notes:

- The existing energy center is part of the hospital's 250,000 sf.
 - Includes only surface parking spaces displaced by the new hospital and parking garage.
 - 1,015 spaces in the five-level parking garage and 25 at grade spaces at the new hospital site..4. 20,200 sf of medical office would be demolished.
 - (20,200 sf) demolished + 250,000 sf new construction = 229,800 net new sf
 - Includes 471 surface parking spaces displaced by the new medical office and parking garage.
 - 1,982 existing spaces retained – 471 spaces displaced + 1,046 new spaces = 2,557 spaces
- Source: Kaiser Permanente, 2023.

Transportation Improvements

The Proposed Project includes several transportation improvements that will be implemented as part of the project.

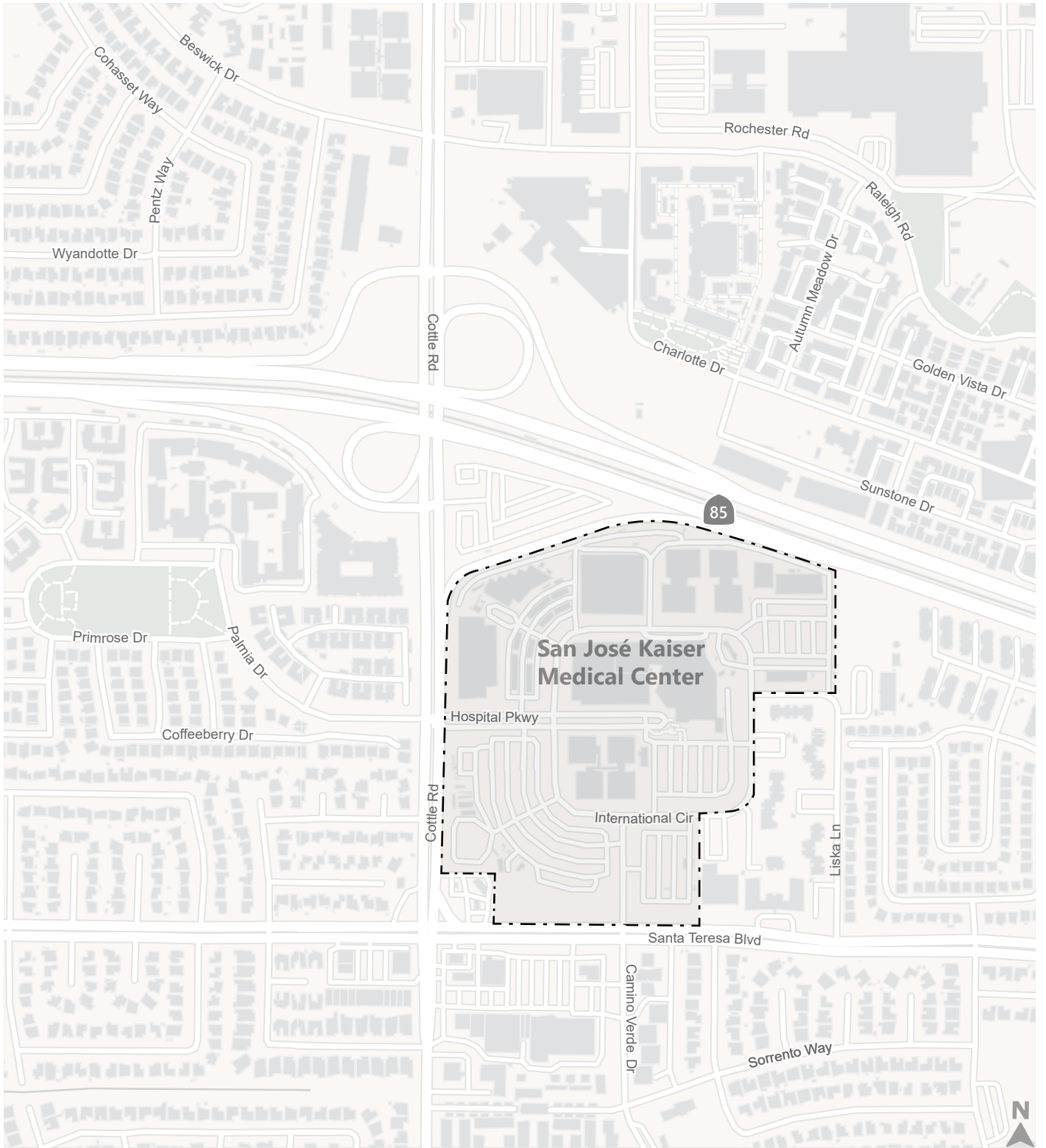
- Upgrade bus shelter on Santa Teresa Boulevard along project frontage
- Upgrade Class II bike lanes to protected Class IV bike lanes along project frontage on Santa Teresa Boulevard and Cottle Road, consistent with *San José Better Bike Plan 2025* (City of San Jose, 2020)
- Provide new Class II bike lanes on Camino Verde Drive between Santa Teresa Boulevard and International Circle.
- Remove channelized right-turns at the following intersections for the specified movements:



- Cottle Road/Hospital Parkway: westbound right-turn and northbound right turn
- Santa Teresa Boulevard/Camino Verde Drive: southbound right-turn and westbound right-turn
- Remove mid-block enhanced crosswalk with Rectangular Rapid-Flashing Beacons (RRFBs) along International Circle between Hospital Parkway and Camino Verde; since there no longer is a need to facilitate pedestrian crossing between the removed parking lot on the west side of International Circle to the MOB uses on the east side.

These improvements will provide enhanced multimodal access.

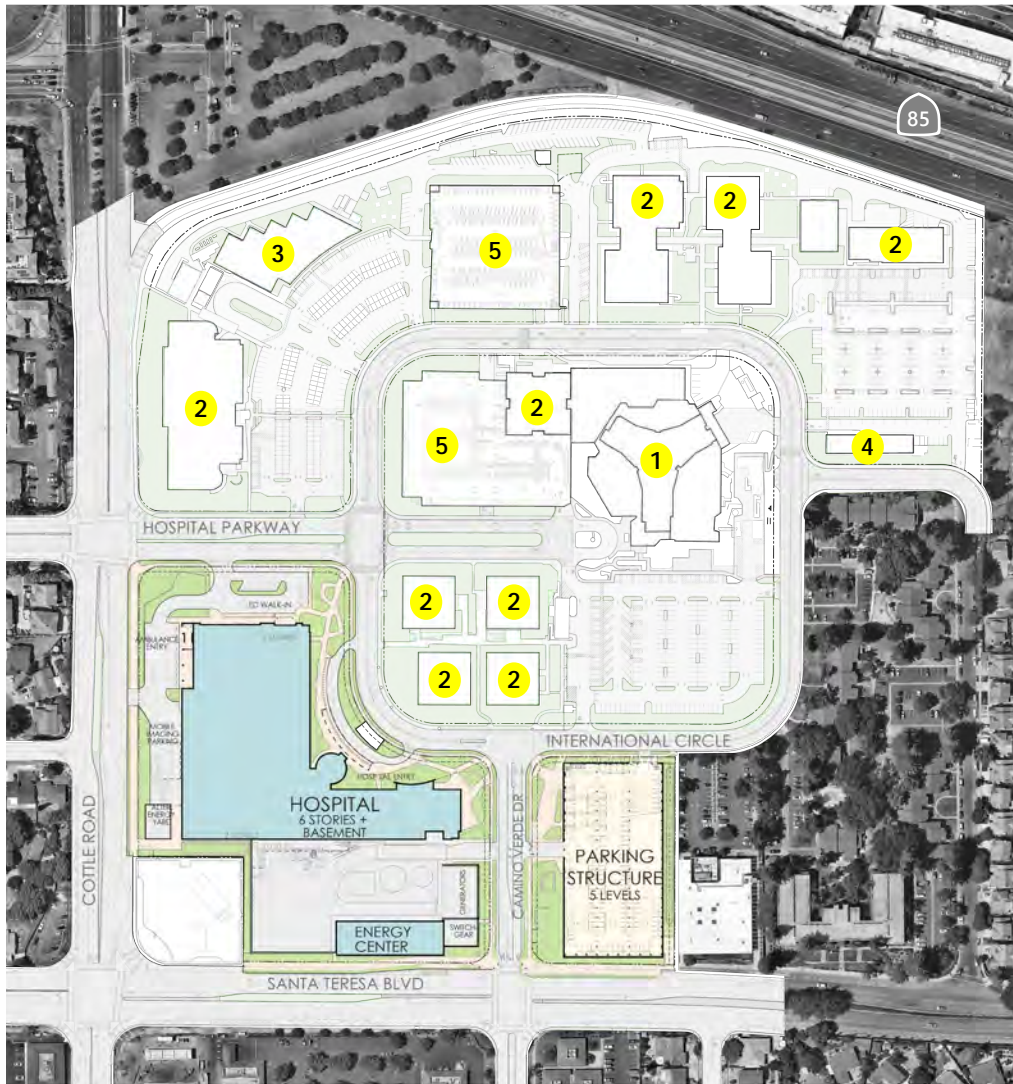




 Project Location



Figure 1-1
Project Location



LEGEND

- 1 EXISTING HOSPITAL
- 2 EXISTING MEDICAL OFFICE BUILDING
- 3 EXISTING OUTPATIENT SURGERY BUILDING
- 4 EXISTING FACILITIES ENGINEERING BUILDING
- 5 EXISTING PARKING STRUCTURE

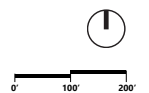
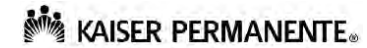


Figure 1-2
Proposed Site Plan

Scope of Study and Report Overview

This report was prepared for California Environmental Quality Act (CEQA) clearance purposes and to meet the City of San José Transportation Analysis Policy (Council Policy 5-1), which adopts vehicle miles traveled (VMT) as the primary metric for transportation studies under CEQA. The City of San José developed a *Transportation Analysis Handbook*¹ to implement Council Policy 5-1 and provide guidance on the need, scope, and content of transportation analysis.

The City's *Handbook* mainly focuses on residential, employment, and retail uses and does not provide specific guidance on how to evaluate thresholds for hospital-related VMT analysis. However, in consultation with City staff the hospital and MOB components were evaluated as follows:

- Total regional VMT with and without the project for the hospital patients (home-based shop/other).
- Total regional VMT with and without the project for the medical office patients (home-based shop/other).
- Total regional VMT with and without the proposed project for the hospital employees (home-based work).
- Total regional VMT with and without the proposed project for the medical office employees (home-based work).

According to CEQA a project could have a significant transportation impact on the environment if it:

1. Conflicts with a plan, ordinance, or policy addressing the circulation system, including transit, roadways, bicycle lanes, and pedestrian paths;
2. Conflicts or is inconsistent with CEQA Guidelines section 15064.3, subdivision (b)(1);
3. Substantially increases hazards due to a geometric design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment);
4. Results in inadequate emergency access.

Analysis Scenarios

Potential transportation impacts were evaluated for the following scenarios:

Scenario 1: *Year 2015 Existing Conditions* – Existing year 2015 conditions developed using the City's Travel Demand Forecasting model to determine baseline VMT and traffic volumes. The year 2015 is the base year for the City' Travel Demand Forecasting model and currently the best tool available for identifying Project VMT impacts.

Scenario 2: *Year 2015 Existing Plus Project Conditions* – Project impacts were evaluated using the City model to develop VMT projections with development of the Project.

¹ City of San José, 2023. Transportation Analysis Handbook. Available online at <https://www.sanJoseca.gov/home/showdocument?id=28461>. Accessed October 20, 2023.



Scenario 3: *Year 2040 Cumulative Plus Project Conditions* – The City model was used to develop boundary level VMT estimates.

City of San José Travel Demand Forecasting Model

The City of San José’s travel demand forecasting model (City model) was used to develop near-term and Year 2040 VMT estimates. The City model is a refinement of the San Mateo City and County Association of Governments (C/CAG) and VTA Bi-County transportation model (VTA Model) and provides more analytical detail and enhanced local accuracy of travel in the City of San José. It was developed by Hexagon Transportations Consultants in collaboration with the City of San José and VTA. The City of San José provided the most recent copies of their Year 2015 and Year 2040 models for use in this analysis. We assume the City has fully calibrated their model and the model was used as-is.

The Year 2015 model is the most recently updated model available from the City and the best tool currently available. The Year 2040 model represents land use and transportation buildout consistent with the City’s 2040 scenario. The Year 2015 model was used in the VMT analysis, and the Year 2040 model was used for the cumulative analysis. Traffic growth estimates were developed for the CEQA air and noise analyses but are not directly referenced in this report.

2015 Land Uses and Network Assumptions

The base year model was developed using year 2015 land use data from the City and validated against 2015 morning and evening peak hour traffic counts. Collector roads and residential streets were coded into the City model transportation network to provide additional analytical detail to the transportation system compared to the VTA model. For the purposes of this analysis the 2015 model was used without changes to develop baseline VMT and traffic projections.

2040 Land Uses and Network Assumptions

The future year 2040 model is the same model used for the 2018 Downtown Strategy Plan. For the Downtown Strategy Plan, the City’s Department of Planning, Building, and Code Enforcement prepared 2040 land use forecasts for the City of San José that represent the City’s General Plan. These forecasts are different from the ABAG projections used in the VTA Model. The San José General Plan assumes slightly fewer housing units but significantly more jobs in San José. In order to maintain consistency with the 2040 ABAG projections, the number of housing units and jobs for the transportation analysis zones (TAZs) outside Santa Clara County were adjusted (housing units were increased, and jobs were reduced) to match ABAG’s regional control totals.

The City model includes all major transportation infrastructure identified in the *Envision San José 2040 Land Use/Transportation Diagram*, adopted by the City in November 2011, and the *Valley Transportation Plan 2040 (VTP 2040)*, adopted by VTA in October 2014.



Study Area

The City model evaluates VMT for trips that have an origin or destination within the Project area across the nine-county Bay Area. For the pedestrian, bicycle, and transit access discussions, the study area is focused within a half-mile of the Project area.

Report Organization

The following chapters are included in this report to meet City scope requirements for evaluating transportation impacts of the Project:

Chapter 1. Introduction includes the Project description, the study scope, and an overview of the report.

Chapter 2. Existing Conditions provides descriptions of the transportation system near the site including the primary roadway network, truck routes, transit service, pedestrian facilities, and bicycle facilities.

Chapter 3. Project Travel Demand describes the travel demand for the proposed Project, which was estimated using the City of San José's travel demand model.

Chapter 4. CEQA VMT Analysis describes the process used to estimate the existing and Project VMT and presents the results of the VMT analysis.

Chapter 5. Additional CEQA Transportation Analysis includes CEQA transportation impacts related to non-VMT significance criteria including conflicts with plans, ordinances, or policies, hazardous design features, and emergency vehicle access.



2. Existing Conditions

This chapter describes the Existing Conditions of the roadways, pedestrian and bicycle facilities, and transit service near the Project site. It also presents existing traffic volumes and operations for the study intersections.

Existing Street System

State Route 85 (SR 85) provides regional access to the Project site. Cottle Road, Santa Teresa Boulevard, Hospital Parkway, Camino Verde Drive, and International Circle, along with other nearby roadways, provide local site access. Each facility is described below in more detail. The existing roadway network and typologies per *Envision General Plan 2040* in the vicinity of the Project area are shown in **Figure 2-1**.

State Route 85 is an east-west freeway located north of the Project site with three travel lanes in each direction. One travel lane in each direction is designated as a high-occupancy vehicle (HOV) lane, in effect from 5:00 – 9:00 AM and 3:00 – 7:00 PM, Monday through Friday. SR 85 extends between US 101 to the east and west, and intersects with SR 17, I-280, and SR 87. Access to the Project site from SR 85 is provided via Cottle Road.

Cottle Road is a north-south roadway that is located west of the Project site with three travel lanes in each direction from its intersection with Santa Teresa Boulevard and north towards Monterey Highway. South of Santa Teresa Boulevard, Cottle Road transitions to one travel lane in each direction. Class II bike lanes are provided on both sides of the street north of Santa Teresa Boulevard. Cottle Road connects Monterey Highway to the north and connects Lovely Creek Court to the south. Two southbound left-turn pockets are provided along some blocks near the Project site. Cottle Road has City Connector Street topologies and a minor arterial functional class. The posted speed limit is 35 mph.

Santa Teresa Boulevard is an east-west roadway that is located south of the Project site with two to three travel lanes in each direction. Santa Teresa Boulevard connects SR 87 ramps to the west and Scheller Avenue to the east, where it becomes Hale Avenue. Class II bike lanes are provided on both sides of the street near the Project site. Santa Teresa Boulevard has City Connector Street typologies and a major arterial functional class. The posted speed limit is 45 mph.

Hospital Parkway is an east-west roadway with two travel lanes in each direction. Hospital Parkway runs from the hospital drop-off area to the east and Cottle Road to the west, where it becomes Palmia Drive. It is directly adjacent to the Project site and provides direct access to the Project site. Vehicles travelling eastbound on Hospital Parkway can make a U-turn at the hospital drop-off area and then exit in the westbound direction. Parking garages are provided north of Hospital Parkway. The posted speed limit is 25 mph.



Camino Verde Drive is a north-south roadway with two travel lanes in each direction. Camino Verde Drive connects International Circle to the north and Manila Drive to the south. It is directly adjacent to the Project site and provides direct access to the Project site via International Circle. Intersections along Camino Verde Drive are unsignalized, except for Santa Teresa Boulevard / Camino Verde Drive intersection. The posted speed limit is 25 mph.

International Circle is a two-way two-lane roadway that surrounds the Project site. It is directly adjacent to the Project site and connects to Liska Lane to the east, Hospital Parkway to the west, Camino Verde Drive to the south, and nearby parking garages. On-street parking is permitted on the southeast side of International Circle. The posted speed limit is 20 mph.

Beswick Drive/Raleigh Road is an east-west roadway that is located north of the Project site with two travel lanes in each direction. It runs parallel to SR 85 and connects to Great Oaks Boulevard to the east and Blossom Hill Road to the west, where it becomes Desert Sands Way. A two-way left-turn lane is provided along Raleigh Road between Autumn Meadow Drive and 400 feet east of Avenue One Drive. The posted speed limit on Beswick Drive is 35 mph, and the posted speed limit on Raleigh Road is 30 mph.

Existing Truck Routes

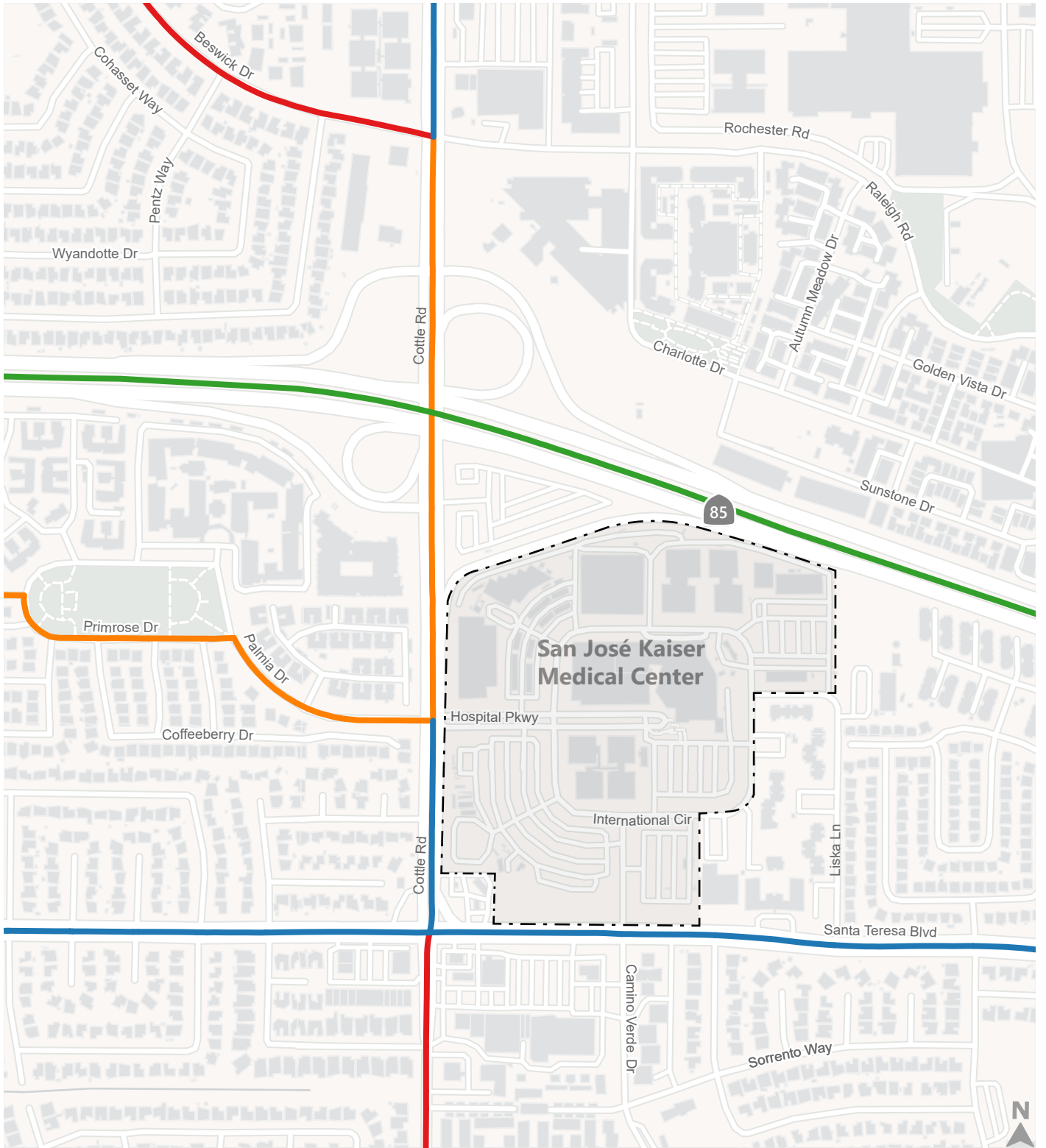
The City of San José does not have established truck routes; however, the City's *Municipal Code* Chapter 11.96 defines which streets have large vehicle prohibitions. Large vehicles are allowed on all streets adjacent to the Project site.

Existing Pedestrian Facilities

Pedestrian facilities are comprised of sidewalks and crosswalks. The streets adjacent to the Project site, including Cottle Road, Santa Teresa Boulevard, Hospital Parkway, Camino Verde Drive, and International Circle, have continuous sidewalks on both sides of the roadway.

All city study intersections have standard crosswalks for all directions of travel. Standard crosswalks are also provided at the CMP intersections including Cottle Road / State Route 85 NB on- / off-Ramp for the east and west legs of the intersection, and Cottle Road / State Route 85 SB off-Ramp for all legs except for the south leg. All study intersections provide curb ramps on approaches.





Data Source: General Plan 2040 Roadway Typologies

-  Project Location
-  City Connector Street
-  Freeway
-  Local Connector Street
-  On-Street Primary Bicycle Facility



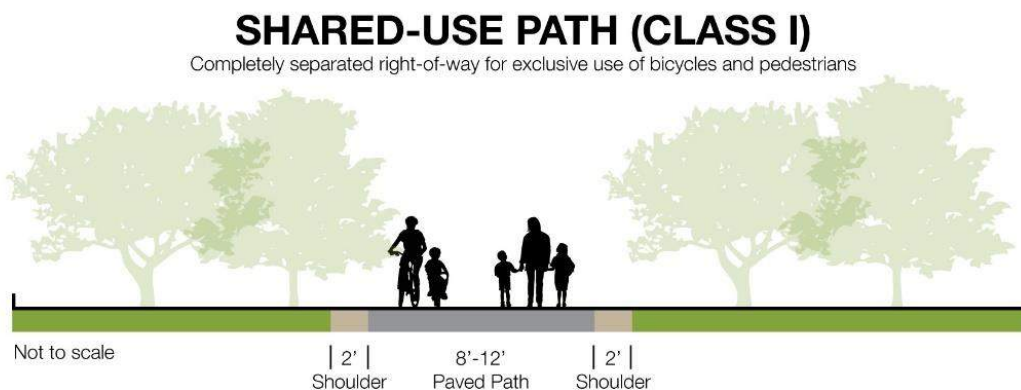
Figure 2-1

Roadway Classification

Existing Bicycle Network

The four classes of bicycle facilities in San José are described in the *Better Bike Plan 2025*. These descriptions are based on California Department of Transportation (Caltrans) classifications of bikeways from California Assembly Bill 1193 and the *Highway Design Manual* (Chapter 1000: Bikeway Planning and Design). Each bikeway class is intended to provide bicyclists with enhanced riding conditions. Bikeways offer various levels of separation from traffic based on traffic volume and speed, among other factors. The four bikeway types and appropriate contexts for each are presented below.

Class I Bikeways (Shared Use Paths): Shared-use paths, sometimes referred to as multi-use paths, provide completely separate right-of-way and are designated for the exclusive use of bicyclists and pedestrians with minimal roadway crossings. In general, shared-use paths are along corridors not served by streets or where sufficient right-of-way exists to allow them to be constructed away from the influence of vehicles. Class I Bikeways can also offer opportunities not provided by the road system by serving recreational areas and/or desirable commuter routes.

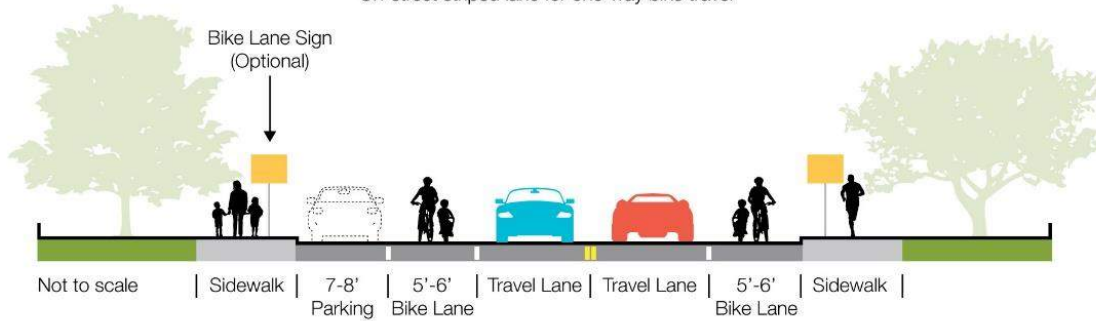


Class II Bikeways (On-Street Bike Lanes): Bike lanes provide a striped lane, pavement markings, and signage for one-way bike travel on a street or highway. Bicycle lanes are typically five feet wide, although wider lanes are desirable on roadways with high traffic volumes and/or high travel speeds. The *VTA Bicycle Technical Guidelines* (December 2012) recommends Caltrans bicycle lane dimension standards be used as a minimum and provides supplemental information and guidance on when and how to better accommodate the many types of bicyclists. Bike lanes may be enhanced with painted buffers between vehicle lanes and/or parking, and green paint at conflict zones (such as driveways or intersections).



BICYCLE LANE (CLASS II)

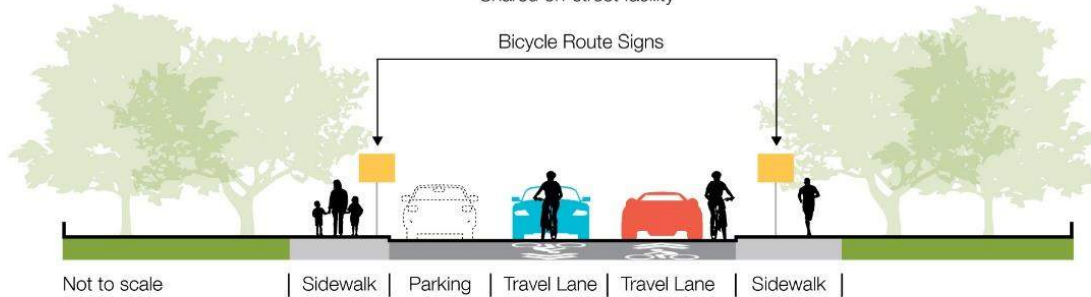
On-street striped lane for one-way bike travel



Class III Bikeways (Bike Routes): Bike routes may be identified on a local residential or collector street when the travel lane is wide enough and the traffic volume is low enough to allow both cyclists and motor vehicles to share a lane and/or to provide continuity to a bikeway network. Shared-use arrows or “sharrows” are common striping treatments for bike routes.

BICYCLE ROUTE (CLASS III)

Shared on-street facility

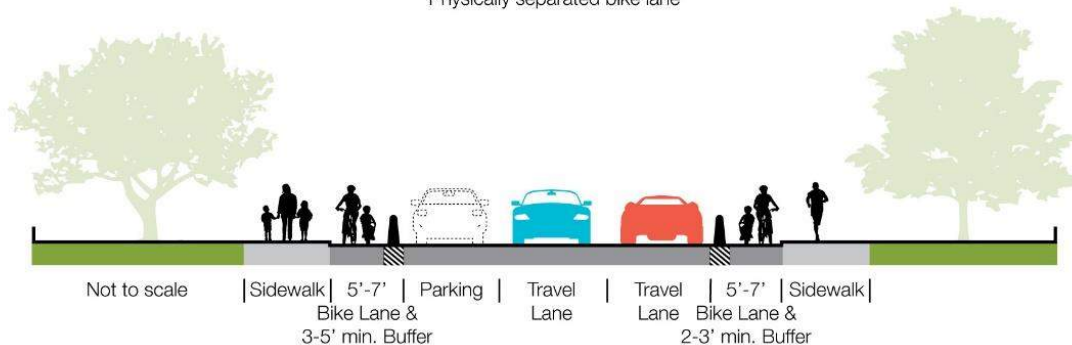


Class IV Bikeways (Separated Bikeway): Separated bikeways, also referred to as cycle tracks or protected bikeways, are bikeways for the exclusive use of bicycles which are physically separated from vehicle traffic. Separated bikeways were adopted by Caltrans in 2015. Types of separation may include, but are not limited to, grade separation, flexible posts, physical barriers, or on-street parking.



CYCLE TRACK/SEPARATED BIKEWAY (CLASS IV)

Physically separated bike lane

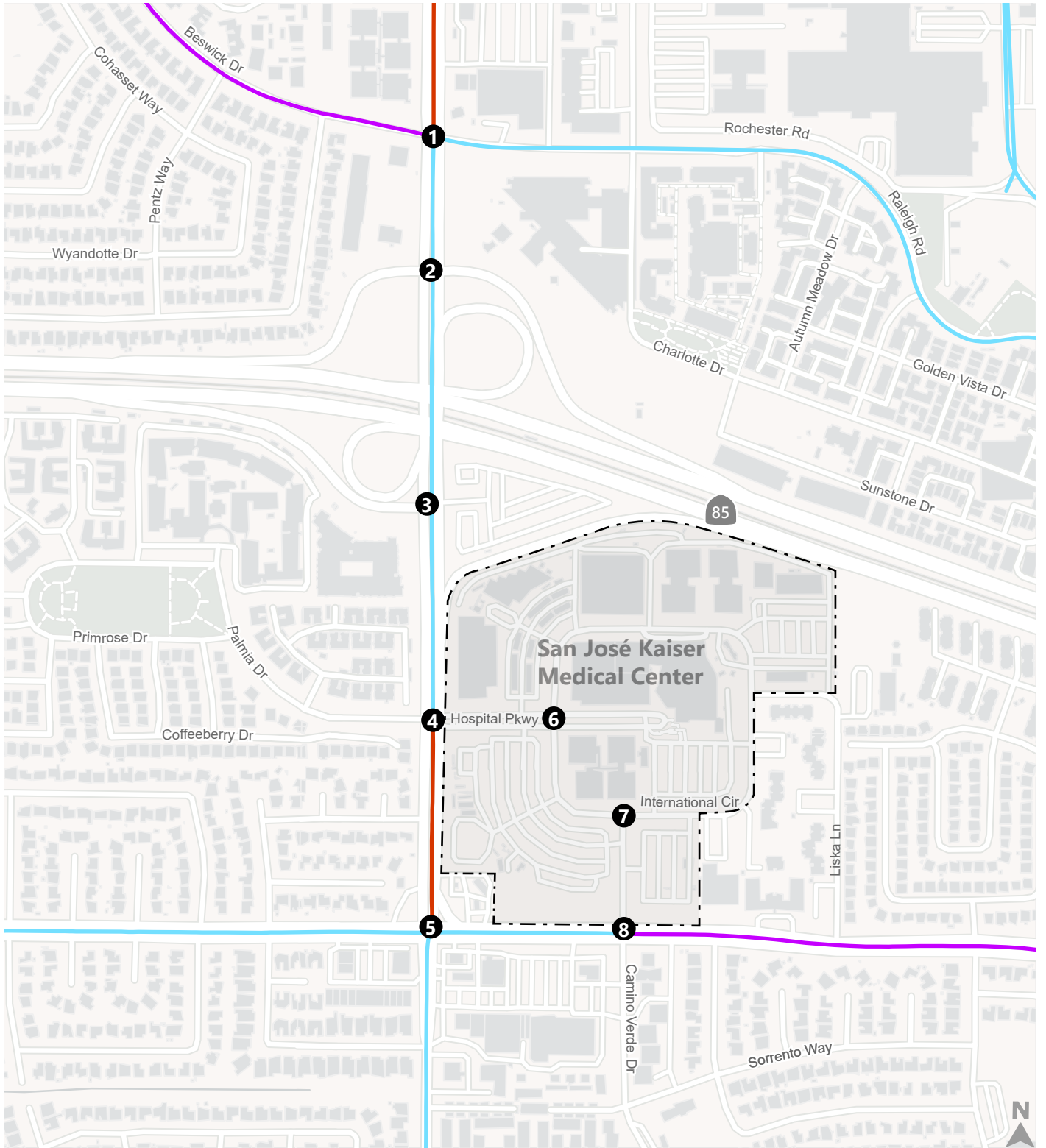


Under California Law, bicyclists are allowed to use all roadways in California unless posted otherwise. Therefore, even for roadways without designated (or planned) bikeways, a majority are open for cycling.

Near the Project site, Cottle Road and Santa Teresa Boulevard provide Class II biking facilities for both directions of travel. A Class II bike lane runs down both directions of Santa Teresa Boulevard with frequent separation from traffic by a four-foot painted buffer. A Class IV protected bike lane runs down the east side of Cottle Road in the northbound direction between Hospital Parkway and Santa Teresa Boulevard.

Figure 2-2 displays these facilities. The *San José Better Bike Plan 2025* includes several bicycle facility improvements for road segments near the Project site. A Class II bike lane is proposed on Hospital Parkway and International Circle. A Class III bike boulevard where bikes are given priority is proposed on Palmia Drive to connect Hospital Parkway and Calero Avenue. Class IV protected bike lanes are proposed on Cottle Road and Santa Teresa Boulevard to replace the existing Class II bike lanes.





-  Project Location
-  Study Intersection
-  Class II: Bike Lane
-  Class II: Bike Lane (with buffer)
-  Class IV: Protected Bike Lane



Figure 2-2
Existing Bikeway Facilities

Existing Transit Service

Bus and light rail services in San José are operated by the VTA. **Table 2-1** summarizes the existing transit services for the Project, including the route start and end points, operating hours, and peak headways as reported on the VTA website in August 2023.

VTA currently runs bus routes 27 and 66 through the Medical Center. They travel counterclockwise through the site and enter and exit at the Santa Teresa Boulevard and Camino Verde intersection. Route 27 travels north/south on Cottle Road, while Route 66 travels west/east on Santa Teresa Boulevard. VTA also operates bus route 68 and Express 102 adjacent to the Medical Center on Santa Teresa Boulevard, while route 68 also travels north/south on Cottle Road. Bus stop locations that directly service the Medical Center are summarized below:

- Two bus stops inside the Medical Center for northbound Routes 27 and 66:
 - one unsheltered stop near the library parking lot just east of proposed parking garage, and
 - one unsheltered stop at the northern end of International Circle.
- Five bus stops adjacent to the Medical Center on Santa Teresa Boulevard:
 - one sheltered stop west of Cottle Road for westbound Routes 66 and Express 102,
 - two sheltered stops between Cottle Road and Camino Verde Drive for westbound and eastbound Routes 66, 68, and Express 102, and
 - two unsheltered stops east of Camino Verde Drive for westbound and eastbound Routes 68 and Express 102.
- Five bus stops adjacent to the Medical Center on Cottle Road for routes 27 and 68:
 - one unsheltered stop south of SR 85 for southbound Routes 27 and 68,
 - one sheltered stop south of SR 85 for northbound Routes 27 and 68,
 - two sheltered stops between SR 85 and Beswick Drive/Raleigh Road for northbound and southbound Routes 27 and 68, and
 - one unsheltered stop north of Beswick Drive/ Raleigh Road for southbound Routes 27 and 68.

The VTA Blue Line operates along State Route 85, with Cottle Station directly adjacent to the Medical Center. The bus routes, bus stops, light rail transit (LRT) lines, and LRT station are illustrated Figure 2-3.



Table 2-1: Existing Transit Service

| Route ¹ | From | To | Weekdays | | Saturdays | | Sundays | |
|------------------------|--------------------------|--|---|-------------------------------------|--------------------|--------------------------------|--------------------|--------------------------------|
| | | | Operating Hours | Peak Headway ² (minutes) | Operating Hours | Headway ² (minutes) | Operating Hours | Headway ² (minutes) |
| VTA Bus Service | | | | | | | | |
| 27 | Winchester Station | Kaiser San José via Downtown Los Gatos | 5:10 AM – 9:20 PM | 30 | 8:00 AM – 7:45 PM | 40 | 9:10 AM – 6:20 PM | 60 |
| 66 | North Milpitas | Kaiser San José | 4:45 AM – 12:30 AM | 15 | 5:15 AM – 12:30 AM | 20 | 5:25 AM – 12:15 AM | 20 |
| 68 | San Jose Diridon Station | Gilroy Transit Center | 4:15 AM – 1:20 AM | 15 | 5:20 AM – 1:30 AM | 20 | 5:20 AM – 1:30 AM | 20 |
| Express 102 | South San Jose | Stanford Research Park | 5:45 AM – 9:10 AM; 3:20 PM – 6:45 PM | 30 | N/A | N/A | N/A | N/A |
| VTA Light Rail | | | | | | | | |
| Blue | Santa Teresa Station | Baypointe Station | 4:30 AM – 1:15 AM | 15 | 5:00 AM – 1:15 AM | 30 | 5:00 AM – 1:15 AM | 30 |

Notes:

1. Weekday and weekend service as of August 2023.
2. Headways are defined as the time between transit vehicles on the same route.

Sources: VTA, 2023.












-  Project Location
-  VTA Blue Line
-  VTA Express Service
-  VTA Frequent Service
-  VTA Local Service
-  VTA Bus Stop
-  VTA Lightrail Stop



Figure 2-3
Existing Transit Services

3. Project Travel Demand

This chapter discusses the travel demand for the proposed Project, which was estimated using the City of San José’s travel demand model (“City model”). The City model produces estimates of both vehicle trips and person trips by mode for the AM and PM peak periods and distributes those trips and assigns them to various roadways (for vehicle trips) or transit lines (for transit trips).

Daily Trip Generation

Trip generation refers to the amount of travel activity associated with a change in land use at a given location. The City model uses City-specific trip generation characteristics of different land uses to estimate vehicle trips and person trips by mode including drive-alone, shared-ride, walking, bicycling, transit, and other.

The Project’s land uses were allocated to the appropriate Transportation Analysis Zones (TAZs) based on their location. The City model adjusts the trip generation to account for internalization, or the trips among uses within the Project that are not expected to leave the Project area. Therefore, the trip generation is reported for the entire Project and is not broken down by specific land use. Because existing conditions in the Project area include active land uses, the Project’s trip generation is assessed by taking the change in total trips between the 2015 no Project and plus Project conditions.

The proposed 35,000-square foot energy center would generate a negligible number of daily trips, since it is primarily intended to serve as accessory to the hospital; and therefore, thus not separately accounted for in the Project’s travel demand and VMT estimates.

Table 3-1 shows the total number of average weekday daily vehicle trips. Based on the model structure the trip generation is reported for the entire Project and is not broken down by specific land use.

Table 3-1: Proposed Project Average Weekday Daily Vehicle Trips

| Land Use | Existing No Project | Existing + Project | Net New Project Trips |
|------------------|---------------------|--------------------|-----------------------|
| Hospital and MOB | 16,400 | 35,000 | 18,600 |

Notes:
 Trip generation estimates are rounded to nearest 100.
 Source: City of San Jose Model; Fehr & Peers, 2023.

As shown in **Table 3-1** the Project would generate approximately 18,600 total net new daily vehicle trips from the project-level and program-level components (i.e., hospital expansion and proposed MOB).



4. CEQA VMT Analysis

This chapter provides a description of the process used to estimate the existing and Project VMT and presents the results of the VMT analysis. VMT estimates are prepared using the City's base year 2015 model, which is the most current version of the model available. Model assumptions and calibration are summarized in **Chapter 1**.

VMT Evaluation

Vehicle miles traveled (VMT) can be a useful metric in understanding the overall effects of a project on the roadway system. It is the sum of each generated vehicle multiplied by the length of their trip to and from the site on an average weekday. For example, a vehicle driven one mile is one VMT. Therefore, a project with high VMT would have a greater effect on the roadway system than a project with low VMT.

SB 743 is California's law to replace Level of Service (LOS) with VMT in environmental review. This shift toward VMT aligns with San José's long-term goal of reducing drive-alone trips and increasing the use of walking, bicycling, and transit modes. The benefits of reducing drive-alone trips and increasing the use of other modes include reduced energy consumption, reduced greenhouse gas emissions, and support of healthier communities. Strategies from the *Envision San José 2040 General Plan* to address VMT include:

- TR-9.1: Enhancing and expanding walking and bicycle facilities to facilitate non-automobile trips
- TR-8.3 through TR-8.10: Supporting parking strategies such as parking supply limits, pricing, car share programs, and unbundled private off-street parking to encourage the use of non-automobile modes
- TR-7.1: Requiring large employers to develop and maintain Transportation Demand Management (TDM) programs to reduce vehicle trips
- TR-3.5 Increasing transit frequency and service along major corridors and to major destinations

The City of San José adopted Council Policy 5-1 and developed the *San José Transportation Analysis Handbook (2023)* to provide guidance on project screening criteria, thresholds of significance for environmental clearance for development projects, and methods for VMT analysis.

Screening Criteria

The City's VMT procedure includes screening criteria used to identify types, characteristics, and/or locations of projects that would not exceed CEQA thresholds of significance. If a project or component of a mixed-use project meets the screening criteria, it is presumed the project or component would result in a less-than-significant VMT impact, and a VMT analysis is therefore not required. The screening criteria categorize development projects as follows:



1. Small infill projects
2. Local-serving retail
3. Local-serving public facilities
4. Projects located in Planned Growth Areas with low VMT and High-Quality Transit
5. Deed-restricted affordable housing located in Planned Growth Areas with High-Quality Transit

A project or component of a mixed-use project that meets the associated screening criteria is exempted from performing a CEQA-level VMT analysis. The screening criteria are described in detail in the City's *Transportation Analysis Handbook*. Both the project-level and program-level components of the project do not meet the screening criteria and a detailed VMT analysis is required. Given the Project is not an office development or residential development, the VMT analysis was conducted using the City model in lieu of applying the City's VMT Evaluation Tool.

VMT Analysis Approach

It is assumed the hospital and medical office expansion would not cause an increase in trips regionally, but rather would result in a change in trip-making. The premise of the analysis is if medical uses are located at the Project area, then the Project's medical uses would shift medical demand from other similar locations. This is a typical analysis approach to evaluate the Project's effect on medical use VMT; the Project is not proposing to physically shift medical uses from other areas. Specific to the Project, it is assumed that some employees would leave their job at other hospitals and find employment at the expanded Kaiser San José Medical Center. Likewise, patients will choose to find treatment at Kaiser San José Medical Center instead of at other hospitals in the region. Thus, the estimated increase in hospital and MOB jobs was shifted from other hospitals in the region, which include the following:

- Santa Clara Valley Medical Center
- O'Connor Hospital
- Kaiser Permanente Santa Clara
- El Camino Health Los Gatos Hospital

Within the City model, hospital and MOB land uses are categorized using the service employment land use. The 822 hospital jobs and 1,000 MOB jobs (see **Table 1-1**) were added to TAZ 665². Service employment jobs were removed from the TAZs that contain the four other hospitals listed above. The jobs shifted were directly proportional to the TAZ's service employment size and inversely proportional to the distance squared from the Kaiser San José Medical Center. **Table 4-1** summarizes the presumed service employment shift. The shifts in service population are also illustrated graphically on **Figure 4-1**.

² TAZ is roughly bound by SR 85 to the north, Miyuki Drive to the east, Santa Teresa Boulevard to the south, and Cottle Road to the west. The TAZ includes the Kaiser San Jose Campus, as well as gas station at the north-east corner of Santa Teresa Boulevard and residential uses to the east of the campus.



Table 4-1: Service Employment Shift at Other Hospitals

| Hospital | TAZ ¹ | Distance to TAZ 625 ² | 1/ Dist ² | Weighted Average Distance | No Project Service Population ¹ | Weighted Average Service Population | Factor ³ | Weighted Factor | Service Population Shift ⁴ | |
|-----------------------------------|------------------|----------------------------------|-------------------------|---------------------------|--|-------------------------------------|---------------------|-----------------|---------------------------------------|-----------------------|
| | | | | | | | | | Hospital (822 employees) | MOB (1,000 employees) |
| Santa Clara Valley Medical Center | 3034 | 11.3 | 0.008 | 0.364 | 1,304 | 0.327 | 0.119 | 0.419 | -344 | -419 |
| O'Connor Hospital | 775 | 15.8 | 0.004 | 0.182 | 1,154 | 0.289 | 0.053 | 0.187 | -154 | -187 |
| Kaiser Santa Clara | 95 | 19.0 | 0.003 | 0.136 | 212 | 0.053 | 0.007 | 0.025 | -21 | -25 |
| El Camino Health Los Gatos | 7 | 12.0 | 0.007 | 0.318 | 1,317 | 0.330 | 0.105 | 0.370 | -304 | -370 |

Notes:

1. From City of San Jose model.
2. In miles based on Google maps
3. Weighted Average Distance x Weighted Average Service Population.
4. Weighted factor x proposed increase in employees.

Source: Fehr & Peers, 2023.





- Project Site Location
- Employment Shift Sites
- Transportation Analysis Zones
- H Hospital Employment Shifted to Project Site
- MOB MOB Employment Shifted to Project Site



Figure 4-1
Service Employment Shift

Significance Criteria

The City's *Handbook* mainly focuses on residential, employment, and retail uses and does not provide specific guidance on how to evaluate thresholds for hospital-related VMT analysis. However, in consultation with City staff the hospital and MOB components were evaluated as follows:

- Total regional VMT with and without the project for the hospital patients (home-based shop/other).
- Total regional VMT with and without the project for the medical office patients (home-based shop/other).
- Total regional VMT with and without the proposed project for the hospital employees (home-based work).
- Total regional VMT with and without the proposed project for the medical office employees (home-based work).

A significant impact is determined if the project increases either total VMT for either employees or patients/visitors.

Hospital VMT Analysis

Table 4-2 presents the total regional VMT comparison between Existing no Project conditions and Existing plus Project conditions for the hospital (project-level analysis), including the shifted demand from other locations within Santa Clara County as summarized in **Table 4-1**.

Based on the City's impact threshold of no net increase from regional employee and patient/visitor VMT, the Project would have **significant VMT impact for the hospital** for the following two thresholds since the total regional employee and patient/visitor VMT would increase with the proposed Project:

- Total regional VMT for hospital employees (home-based work)
- Total regional VMT for hospital patients (home-based shop/other)

It should be noted that the increases in employment VMT is nominal and represent a less than one percent change in VMT.

Consistent with Council Policy 5-1 and the guidelines outlined in the City Handbook, the project will be required to prepare a transportation demand management plan to reduce the Project's effect on VMT.



Table 4-2: Hospital VMT Analysis Results

| Metric | Existing No Project | Existing Plus Hospital | Absolute Difference | Percent Difference | Exceed VMT Threshold? |
|---|---------------------|------------------------|---------------------|--------------------|-----------------------|
| VMT Impact Evaluation Metrics | | | | | |
| Daily Work VMT from Employees | 228,928 | 230,737 | 1,809 | 0.79% | yes |
| Daily Other VMT from Patients and Visitors | 73,883 | 75,858 | 1,975 | 2.67% | yes |
| Additional VMT Metrics (Not For Impact Determination) | | | | | |
| Total Daily Hospital VMT | 302,811 | 306,595 | 3,784 | 1.25% | n/a |
| Number of Hospital Employees ¹ | 15,063 | 15,063 | 0 | 0.00% | n/a |
| Daily Work VMT/Job | 15.20 | 15.32 | 0.12 | 0.79% | n/a |
| Daily Other VMT/Job | 4.90 | 5.04 | 0.14 | 2.86% | n/a |
| Daily VMT/Job | 20.10 | 20.36 | 0.26 | 1.29% | n/a |

Notes:

1. Since the VMT analysis is shifting jobs from other TAZs to the Project TAZ as outlined in Table 4-1, the total number of jobs in the region remains the same between the No Project and Plus Hospital scenarios.

Source: City of San José Model, December 2023.

Hospital and MOB VMT Analysis

Table 4-3 presents the total regional VMT comparison between Existing no Project conditions and Existing plus Project conditions for both the hospital (project-level analysis) and the MOB (program-level analysis), including the shifted demand from other locations within Santa Clara County as summarized in **Table 4-1**.

Based on the City’s impact threshold of no net increase from regional employee and patient/visitor VMT, the Project would have **significant VMT impact for the hospital and MOB uses** for the following two thresholds, since the total regional employee and patient/visitor VMT would increase with the proposed Project:

- Total regional VMT for hospital and MOB employees (home-based work)
- Total regional VMT for hospital and MOB patients (home-based shop/other)

Consistent with Council Policy 5-1 and the guidelines outlined in the City Handbook, the project will be required to prepare a transportation demand management plan to reduce the Project’s effect on VMT.



Table 4-3: Hospital and MOB VMT Analysis Results

| Metric | Existing No Project | Existing Plus Hospital and MOB | Absolute Difference | Percent Difference | Exceed VMT Threshold? |
|---|---------------------|--------------------------------|---------------------|--------------------|-----------------------|
| VMT Impact Evaluation Metrics | | | | | |
| Daily Work VMT from Employees | 228,928 | 232,938 | 4,010 | 1.75% | yes |
| Daily Other VMT from Patients and Visitors | 73,883 | 78,261 | 4,378 | 5.93% | yes |
| Additional VMT Metrics (Not For Impact Determination) | | | | | |
| Total Daily Hospital + MOB VMT | 302,811 | 311,199 | 8,388 | 2.77% | n/a |
| Number of Hospital + MOB Employees ¹ | 15,063 | 15,063 | 0 | 0.00% | n/a |
| Daily Work VMT/Job | 15.20 | 15.47 | 0.27 | 1.78% | n/a |
| Daily Other VMT/Job | 4.90 | 5.20 | 0.30 | 6.12% | n/a |
| Daily VMT/Job | 20.10 | 20.66 | 0.56 | 2.79% | n/a |

Notes:

1. Since the VMT analysis is shifting jobs from other TAZs to the Project TAZ as outlined in Table 4-1, the total number of jobs in the region remains the same between the No Project and Plus Hospital scenarios.

Source: City of San José Model, December 2023.

Mitigation Measures

Consistent with VMT strategies TR-7.1 from the *Envision San José 2040 General Plan*, Kaiser will be required to develop and maintain a TDM programs to reduce vehicle trips. The City model does not account for the effectiveness of TDM programs and hardscape multimodal improvements. To mitigate the VMT from **Table 4-2** and **Table 4-3**, we used the *San Jose VMT Evaluation Tool* (updated in April 2023) to evaluate the effectiveness of programmatic TDM measures and hardscape multimodal improvement elements in reducing the Project’s VMT. The tool was not developed for use on hospital projects or total VMT, thus we made some assumptions to apply the tool:

1. Convert Project trip rates to equivalent square feet of office. This included converting daily trips for hospital employees, hospital patients/visitors, MOB employees, and MOB patients/visitors into equivalent office square footage. As noted, the tool does not include hospital or MOB uses and focuses on standard office uses. Since the proposed Project is not an office development project, the trip generation rates for the hospital and MOB were back calculated into equivalent office square footage (i.e., how many square feet of office would generate the same amount of trips as the hospital or MOB).
2. Reduction percentage. Since the tool uses VMT per employee metric for office land use and the hospital and MOB were evaluated for total VMT, we evaluated TDM effectiveness based on percent reduction.



The VMT reduction reports along with calculation of converting to equivalent office square footage for the Project are presented in **Appendix A**.

The commute trip reduction marketing/education measure from Tier 4 – TDM Programs was applied to the Project. It was assumed that 25% of eligible employees would participate in the program. For the hospital only scenario, the VMT would be reduced by 5.53 percent for employees and for the Hospital plus MOB scenario, employee VMT would be reduced by 9.31 percent. Since, the commute trip reduction marketing/ education measure are targeted at employees, the programmatic TDM elements would not address VMT for patients/visitors.

Table 4-4 summarizes the VMT percent increases (from **Table 4-2** and **Table 4-3**) and the TDM effectiveness for the programmatic TDM program elements for the commute trip reduction marketing/education TDM measure. As shown in **Table 4-4**, the VMT reduction from the commute trip reduction marketing/education TDM measure would reduce the VMT impact to less than significant levels for all scenarios, except for the patient/visitor VMT for both the hospital only and hospital plus MOB scenarios.

Table 4-4: TDM Effectiveness – Programmatic TDM Elements

| Metric | Hospital | TDM Effectiveness – Hospital | Reduce VMT Impact | Hospital + MOB | TDM Effectiveness – Hospital | Reduce VMT Impact |
|--|----------|------------------------------|-------------------|----------------|------------------------------|-------------------|
| Daily Work VMT from Employees | 0.79% | 5.53% | Yes | 1.75% | 9.31% | Yes |
| Daily Other VMT from Patients and Visitors | 2.67% | 0.00% | No | 5.93% | 0.00% | No |

Source: *San Jose VMT Evaluation Tool* (updated in April 2023; Fehr & Peers, 2023).

To address the patient/visitor VMT impact hardscape multimodal improvements are required. Assuming off-site pedestrian improvements, the TDM effectiveness would be 4.79 percent for the hospital only scenario and 6.49 percent for the hospital plus MOB scenario; thus the patient/visitor VMT impact would be reduced the less-than-significant levels as shown in **Table 4-5**.

Table 4-5: TDM Effectiveness – Programmatic TDM Elements Plus Hardscape Multimodal Improvements

| Metric | Hospital | TDM Effectiveness – Hospital | Reduce VMT Impact | Hospital + MOB | TDM Effectiveness – Hospital | Reduce VMT Impact |
|--|----------|------------------------------|-------------------|----------------|------------------------------|-------------------|
| Daily Work VMT from Employees | 0.79% | 7.39% | Yes | 1.75% | 11.11% | Yes |
| Daily Other VMT from Patients and Visitors | 2.67% | 4.79% | Yes | 5.93% | 6.49% | Yes |

Source: *San Jose VMT Evaluation Tool* (updated in April 2023; Fehr & Peers, 2023).



5. Additional CEQA Transportation Analysis

CEQA transportation analysis requires an evaluation of a project's potential impacts related to VMT and other significance criteria. This chapter addresses the transportation impacts related to the other significance criteria: a project could have a significant transportation impact on the environment if it:

1. Conflicts with a plan, ordinance, or policy addressing the circulation system, including transit, roadways, bicycle lanes, and pedestrian paths;
2. Substantially increases hazards due to a geometric design feature (e.g., sharp curves or dangerous intersections) or incompatible uses (e.g., farm equipment); or
3. Results in inadequate emergency access.

CEQA analysis requirements related to VMT (i.e., conflicts or is inconsistent with CEQA Guidelines section 15064.3, subdivision (b)(1)) are addressed in the previous chapter.

Conflicts with a Plan, Ordinance, or Policy

General Plan Consistency

According to *San José Transportation Analysis Handbook (2023)*, projects must demonstrate consistency with the *Envision San José 2040 General Plan*, referred to as the General Plan, to address cumulative impacts. The determination of consistency with the General Plan includes a project's density, design, and conformance to the goals and policies set forth in the General Plan. This section describes the land use and transportation goals in the General Plan and the Project's consistency with those goals.

The goals for hospital and medical uses outlined in the General Plan include providing good access to quality medical services. The General Plan notes that access to medical services via public transportation is critical to promote equity. Goal ES-6 – Access to Medical services, includes policies to provide for health care needs of all members of the San Jose Community.

The transportation goals in the General Plan aim to complete and maintain a multimodal transportation system with the emphasis on improvements to pedestrian and bicycle facilities, to maximize efficiency of the existing street system, and to reduce the number of vehicle miles traveled. As described in the Existing Conditions chapter and shown on **Figure 2-3**, the Project is located within a half-mile radius VTA's Blue Line light rail stop, and is easily accessible via several bus routes on stops internal to the site on International Circle, as well as along the Project perimeter along Santa Teresa Boulevard and Cottle Road. The bicycle improvements for the Project include improving existing bicycle facilities around the Project perimeter and adding new Class II bike lanes on Camino Verdo Drive north of Santa Teresa Boulevard.



The Project is consistent with the General Plan transportation policies in **Table 5-1** and is considered to have a less-than-significant General Plan conflict impact.

Table 5-1: Envision San José 2040 General Plan Land Use and Transportation Policies

| | |
|------------------|--|
| Goal TR-1 | <i>Balanced Transportation System: Complete and maintain a multimodal transportation system that gives priority to the mobility needs of bicyclists, pedestrians, and public transit users while also providing for the safe and efficient movement of automobiles, buses, and trucks.</i> |
| TR-1.1 | Accommodate and encourage use of non-automobile transportation modes to achieve San José’s mobility goals and reduce vehicle trip generation and vehicle miles traveled (VMT). |
| TR-1.2 | Consider impacts on overall mobility and all travel modes when evaluating transportation impacts of new developments or infrastructure projects. |
| TR-1.3 | Increase substantially the proportion of commute travel using modes other than the single-occupant vehicle. The 2040 commute mode split targets for San José residents and workers are presented in the following table. |
| TR-1.4 | Through the entitlement process for new development, projects shall be required to fund or construct needed transportation improvements for all transportation modes giving first consideration to improvement of bicycling, walking and transit facilities and services that encourage reduced vehicle travel demand. |
| TR-1.6 | Require that public street improvements provide safe access for motorists and pedestrians along development frontages per current City design standards. |
| Goal TR-2 | <i>Walking and Biking: Improve walking and bicycling facilities to be more convenient, comfortable, and safe, so that they become primary transportation modes in San José.</i> |
| TR-2.1 | Coordinate the planning and implementation of citywide bicycle and pedestrian facilities and supporting infrastructure. Give priority to bicycle and pedestrian safety and access improvements at street crossings (including proposed grade-separated crossings of freeways and other high vehicle volume roadways) and near areas with higher pedestrian concentrations (school, transit, shopping, hospital, and mixed-use areas) |
| TR-2.3 | Construct crosswalks and sidewalks that are universally accessible and designed for use by people of all abilities. |
| TR-2.8 | Require new development where feasible to provide on-site facilities such as bicycle storage and showers, provide connections to existing and planned facilities, dedicate land to expand existing facilities or provide new facilities such as sidewalks and/or bicycle lanes/paths, or share in the cost of improvements. |
| Goal TR-3 | <i>Maximize Use of Public Transit: Maximize use of existing and future public transportation services to increase ridership and decrease the use of private automobiles.</i> |
| TR-3.4 | Maintain and improve access to transit stops and stations for mobility challenged population groups such as youth, the disabled, and seniors |
| Goal TR-5 | <i>Vehicular Circulation: Maintain the City’s street network to promote the safe and efficient movement of automobile and truck traffic while also providing for the safe and efficient movement of bicyclists, pedestrian, and transit vehicles.</i> |



Table 5-1: Envision San José 2040 General Plan Land Use and Transportation Policies

| | |
|------------------|---|
| TR-5.3 | Development projects' effects on the transportation network will be evaluated during the entitlement process and will be required to fund or construct improvements in proportion to their impacts on the transportation system. Improvements will prioritize multimodal improvements that reduce VMT over automobile network improvements. |
| Goal TR-8 | Parking Strategies |
| TR-8.2 | Balance business viability and land resources by maintaining an adequate supply of parking to serve demand while avoiding excessive parking supply that encourages automobile use. |
| Goal TR-9 | Reduction of Vehicle Miles Traveled (VMT): Reduce VMT per service population by 20% (2030 goal) and by 45% (2040 goal), from the 2017 levels. |
| TR-9.1 | Enhance, expand and maintain facilities for walking and bicycling to provide neighborhoods with safe and direct access to transit and key destinations, a particularly to provide neighborhoods with safe and direct access to transit and key destinations, a complete alternative transportation network that facilitates non-automobile trips, and enjoyable outdoor open space. |

Note:

Source: *Envision San José 2040 General Plan*, July 2023.

Better Bike Plan 2025 Consistency

The City of *San José Better Bike Plan 2025* was adopted in October 2020. The Better Bike Plan lays out a vision for a safe and connected network of on-street bikeways to empower people of all ages and abilities to travel by bicycle. This includes an assessment of the current biking environment and the network connections, projects, bikeway designs, and policies needed to improve biking in San José. Projects listed in the Better Bike Plan that are near the Project area include the implementation of a Class IV protected bike lanes on Santa Teresa Boulevard and Cottle Road, which the Project is implementing along its Project frontage. Thus, the Project is consistent with the *Better Bike Plan 2025* and does not interfere with existing or proposed bicycle access near the site.

San José Complete Streets Design Standards & Guidelines Consistency

The *San José Complete Streets Design Standards & Guidelines* were developed as a comprehensive set of street design standards and guidelines to inform how the City of San José builds and retrofits streets. The guidelines in the document presents standards for the design and implementation of streets that are comfortable and welcoming for all modes of travel in accordance with the City's Vision Zero initiative.

The complete street design standards and guidelines vary depending on roadway typology and context of the built environment. For example, Downtown areas are characterized by intensive office, retail, service, residential, and entertainment land uses. Transit usage and pedestrian activity are given primary emphasis over automobile activity in this context. The designs standards and guidelines refer to the typology designation in the 2040 General Plan. The Project will implement any roadway design changes consistent with the City's *Design Standards & Guidelines* and is consistent with that document.



Hazardous Design Features

The Project is not proposing any street network changes. All roadway access improvements, such as new hospital and garage driveways, would need to comply with the City of San José's *Complete Streets Design & Guidelines* (May 2018), which include design specifications to ensure safe and efficient travel of vehicles, bicycles, pedestrians, and transit vehicles. Within the Local Transportation Analysis (LTA) report created under a separate cover for this Project, stopping sight distance was analyzed at the proposed driveways per the Caltrans' *Highway Design Manual, 6th Edition* (2019) and no additional countermeasures are needed. For this reason, the proposed Project would not introduce any geometric design features or incompatible uses, and this impact would be less-than-significant.

Emergency Access

Efficient operations of City streets help to reduce response times for emergency responders including San José Police and Fire Department personnel, as well as private ambulance services.

The emergency access assessment was conducted to determine if the Project has the potential to impact emergency vehicle access by creating conditions that would substantially affect the ability of drivers to yield the right-of-way to emergency vehicles, or preclude the ability of emergency vehicles to access streets within the Project area. An emergency response time impact is considered significant if implementation of the Project would provide inadequate access to accommodate emergency vehicles.

Hospital Ambulance Vehicle Access

With the proposed new Hospital, the ambulance emergency access to the Medical Center would shift from its location along the northern section of International Circle to the new hospital, which would be located at the south-eastern corner of the Cottle Road/Hospital Parkway intersection. In the proposed location, an ambulance would have a shorter and more direct route to the emergency room, since they would no longer need to circulate internal to the Medical Center and can directly access it from Cottle Road via the Hospital Parkway intersection.

Congestion

The increases in vehicle, bicycle, and pedestrian demand associated with the Project would not substantially affect emergency vehicle access patterns; however, the additional vehicles would increase intersection delays, especially in the immediate vicinity of the Project area. At intersections, emergency vehicle access would not be significantly impacted for the following reasons:

- a. The City of San José has implemented a citywide emergency vehicle preemption (EVP) system operated on optical sensors installed at existing signalized intersections. These are no longer being maintained by the City because of the switch to a central control system using GPS positions for City of San José Fire and Police vehicles. However, emergency ambulances are not included in the City's cloud-based EVP system since they are separately owned, and



- b. California law requires drivers to yield the right-of-way to emergency vehicles and remain stopped until the emergency vehicle passes.

Multi-lane roadways, such as Santa Teresa Boulevard and Cottle Road, provide for higher speed emergency vehicle access and room for traffic to more easily move out of the path of emergency vehicles.

In addition, *Envision San José 2040 General Plan* specifies policies to ensure the City maintains adequate emergency response times, and that developments of fire service facilities and delivery keep pace with development and growth in the City. Specific General Plan policies include:

- **ES-3.1:** Provide rapid and timely level of service response times to all emergencies.
- **ES-3.3:** Locate police and fire service facilities so that essential services can most efficiently be provided and level of service goals met. Ensure that the development of police and fire facilities and delivery of services keeps pace with development and growth of the City.
- **ES-3.6:** Work with local, state, and federal public safety agencies to promote regional cooperation in the delivery of services. Maintain mutual aid agreements with surrounding jurisdictions for emergency response.
- **ES-3.13:** Maintain emergency traffic preemption controls for traffic signals.
- **ES-3.21:** Create long-range funding and deployment strategies for expanding and maintaining police and fire facilities and operations to address service delivery demands from new population growth.
- **ES-3.22:** Maintain the City's Fire Department Strategic Plan as a tool to achieve Envision General Plan Level of Service and other related goals and policies. Base fire station location planning on a four-minute travel radius.

Emergency Access Summary

For the reasons described above, the proposed project would not result in inadequate emergency access, and this impact would be less-than-significant impact.



Appendix A:

VMT Evaluation Tool Reports

Table A1: Daily Vehicle Trips

| Visitor Type | Plus Hospital ¹ | Plus MOB ¹ | Total ² |
|-----------------------|----------------------------|-----------------------|--------------------|
| Employees | 8,406 | 10,226 | 18,632 |
| Patients and Visitors | 3,854 | 4,688 | 8,542 |

Notes:

1. Assume that the site adds 1,822 employees in total. The hospital adds 822 employees and MOB add 1,000 employees. Daily vehicle trips associated with hospital and MOB for employees and patients and visitors are proportionate to the number of attracted employees.

2. Total daily vehicle trips are estimated from City model. Total vehicle trips for employees are home-based work attracted trips and total vehicle trips for patients and visitors are the difference between home-based work attracted trips and home-based attracted trips.

Source: Source: Fehr & Peers, 2023.

Table A2: Project-Level Unit Conversion to Equivalent Office Size

| ITE Land Use (Code) | Size | Unit ¹ | Daily | |
|------------------------------|---------------------|-------------------|-------------------|-------|
| | | | Rate ² | Trips |
| Employees | | | | |
| Hospital (610) | - | - | - | 8,406 |
| Office (710) | 775.45 ³ | KSF | 10.84 | 8,406 |
| Patients and Visitors | | | | |
| Hospital (610) | - | - | - | 3,854 |
| Office (710) | 355.51 ³ | KSF | 10.84 | 3,854 |
| Office Total | 1,130.96 | KSF | | |

Notes:

1. KSF = one thousand square feet.

2. Trips per KSF for office. Average rates from *ITE Trip Generation Manual, 11th edition*.

3. Equivalent office size calculated as daily trips generated by the proposed hospital uses divided by office average daily rates.

Source: Source: Fehr & Peers, 2023; *ITE Trip Generation Manual, 11th Edition, 2021*, average trip generation rates.

Table A3: Program-Level Unit Conversion to Equivalent Office Size

| ITE Land Use (Code) | Size | Unit ¹ | Daily | |
|------------------------------|-----------------------|-------------------|-------------------|--------|
| | | | Rate ² | Trips |
| Employees | | | | |
| Hospital (610) | - | - | - | 8,406 |
| MOB (720) | - | - | - | 10,226 |
| Office (710) | 1,718.82 ³ | KSF | 10.84 | 18,632 |
| Patients and Visitors | | | | |
| Hospital (610) | - | - | - | 3,854 |
| MOB (720) | - | - | - | 4,688 |
| Office (710) | 788.01 ³ | KSF | 10.84 | 8,542 |
| Office Total | 2,506.83 | KSF | | |

Notes:

1. KSF = one thousand square feet.

2. Trips per bed for hospital, trips per KSF for MOB and office. Average rates from *ITE Trip Generation Manual, 11th edition*.

3. Equivalent office size calculated as daily trips generated by the proposed hospital and MOB uses divided by office average daily rates.

Source: Fehr & Peers, 2023; *ITE Trip Generation Manual, 11th Edition, 2021*, average trip generation rates.

CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

PROJECT:

| | |
|--|-------------------------|
| Name: Kaiser South San Jose (Project-Level Employees) | Tool Version: 2/29/2019 |
| Location: 250 Hospital Pkwy, San Jose, CA 95119-1103 | Date: 12/22/2023 |
| Parcel: 70605037 Parcel Type: Suburb with Single-Family Homes | |
| Proposed Parking Spaces Vehicles: 1,040 Bicycles: 74 | |

LAND USE:

| Residential: | Percent of All Residential Units |
|-------------------------|---|
| Single Family 0 DU | Extremely Low Income (≤ 30% MFI) 0 % Affordable |
| Multi Family 0 DU | Very Low Income (> 30% MFI, ≤ 50% MFI) 0 % Affordable |
| <u>Subtotal</u> 0 DU | Low Income (> 50% MFI, ≤ 80% MFI) 0 % Affordable |
| Office: 775.5 KSF | |
| Retail: 0 KSF | |
| Industrial: 0 KSF | |

VMT REDUCTION STRATEGIES

Tier 1 - Project Characteristics

| | |
|--|------|
| Increase Residential Density | |
| Existing Density (DU/Residential Acres in half-mile buffer) | 7 |
| With Project Density (DU/Residential Acres in half-mile buffer) | 7 |
| Increase Development Diversity | |
| Existing Activity Mix Index | 0.55 |
| With Project Activity Mix Index | 0.64 |
| Integrate Affordable and Below Market Rate | |
| Extremely Low Income BMR units | 0 % |
| Very Low Income BMR units | 0 % |
| Low Income BMR units | 0 % |
| Increase Employment Density | |
| Existing Density (Jobs/Commercial Acres in half-mile buffer) | 20 |
| With Project Density (Jobs/Commercial Acres in half-mile buffer) | 41 |

Tier 2 - Multimodal Infrastructure

Tier 3 - Parking

| | |
|--|-----------|
| End of Trip Bike Facilities | |
| Bicycle Parking Spaces Provided by Project | 74 spaces |
| Project Provides Additional End-of-Trip Facilities Beyond Parking? | Yes |

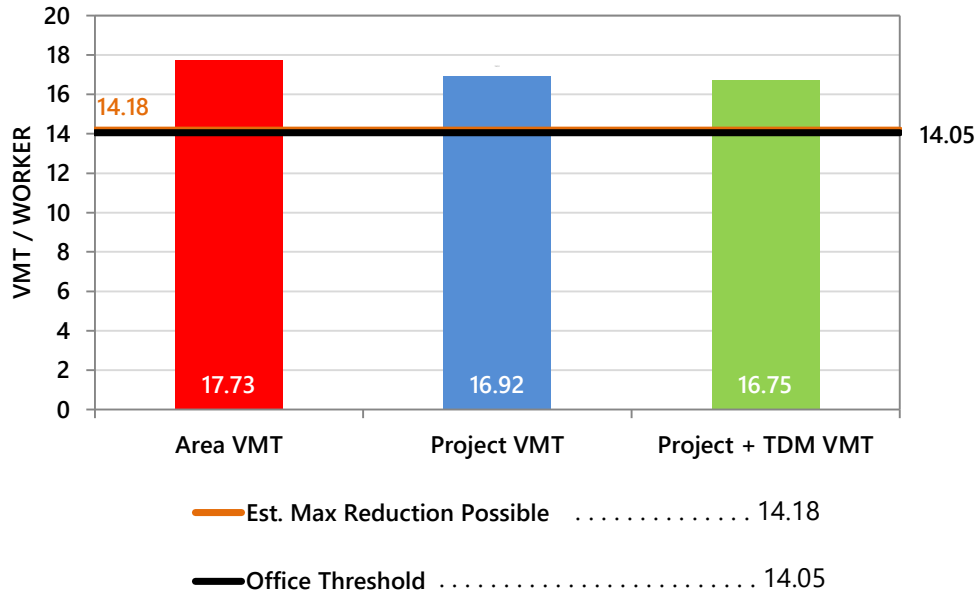
Tier 4 - TDM Programs

| | |
|--|------|
| Commuter Trip Reduction Marketing/ Education | |
| Percent of Eligible Employees | 25 % |

CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

EMPLOYMENT ONLY

The tool estimates that the project would generate per non-industrial worker VMT and per industrial worker VMT above the City's threshold.



CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

PROJECT:

| | |
|--|-------------------------|
| Name: Kaiser South San Jose (Program-Level Employees) | Tool Version: 2/29/2019 |
| Location: 250 Hospital Pkwy, San Jose, CA 95119-1103 | Date: 12/22/2023 |
| Parcel: 70605037 Parcel Type: Suburb with Single-Family Homes | |
| Proposed Parking Spaces Vehicles: 3,988 Bicycles: 74 | |

LAND USE:

| Residential: | Percent of All Residential Units |
|-------------------------|---|
| Single Family 0 DU | Extremely Low Income (≤ 30% MFI) 0 % Affordable |
| Multi Family 0 DU | Very Low Income (> 30% MFI, ≤ 50% MFI) 0 % Affordable |
| <u>Subtotal</u> 0 DU | Low Income (> 50% MFI, ≤ 80% MFI) 0 % Affordable |
| Office: 1719 KSF | |
| Retail: 0 KSF | |
| Industrial: 0 KSF | |

VMT REDUCTION STRATEGIES

Tier 1 - Project Characteristics

| | |
|--|------|
| Increase Residential Density | |
| Existing Density (DU/Residential Acres in half-mile buffer) | 7 |
| With Project Density (DU/Residential Acres in half-mile buffer) | 7 |
| Increase Development Diversity | |
| Existing Activity Mix Index | 0.55 |
| With Project Activity Mix Index | 0.63 |
| Integrate Affordable and Below Market Rate | |
| Extremely Low Income BMR units | 0 % |
| Very Low Income BMR units | 0 % |
| Low Income BMR units | 0 % |
| Increase Employment Density | |
| Existing Density (Jobs/Commercial Acres in half-mile buffer) | 20 |
| With Project Density (Jobs/Commercial Acres in half-mile buffer) | 66 |

Tier 2 - Multimodal Infrastructure

Tier 3 - Parking

| | |
|--|-----------|
| End of Trip Bike Facilities | |
| Bicycle Parking Spaces Provided by Project | 74 spaces |
| Project Provides Additional End-of-Trip Facilities Beyond Parking? | Yes |

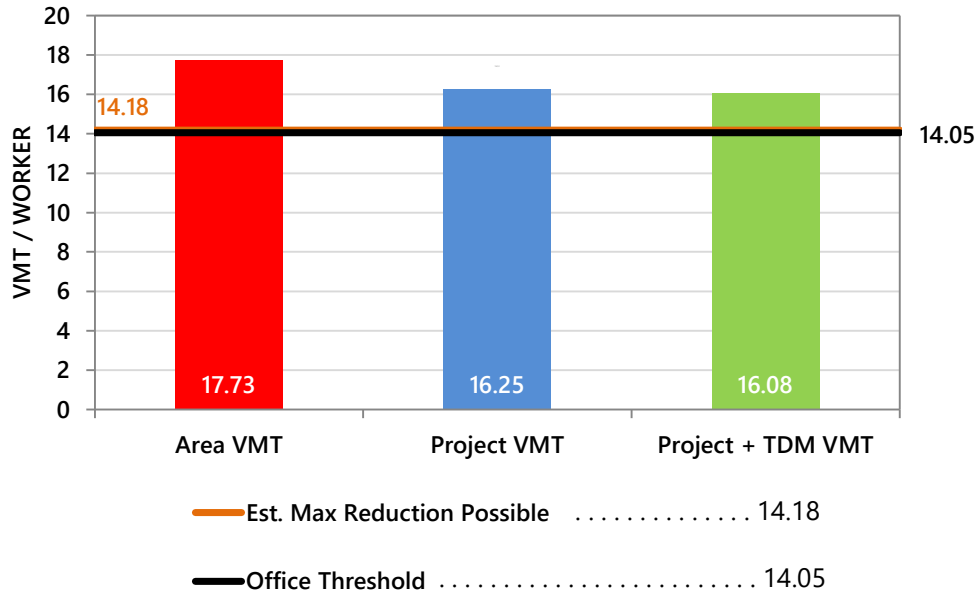
Tier 4 - TDM Programs

| | |
|--|------|
| Commuter Trip Reduction Marketing/ Education | |
| Percent of Eligible Employees | 25 % |

CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

EMPLOYMENT ONLY

The tool estimates that the project would generate per non-industrial worker VMT above the City's threshold and per industrial worker VMT below the City's threshold.



CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

PROJECT:

| | |
|--|-------------------------|
| Name: Kaiser South San Jose (Project-Level Employees) | Tool Version: 2/29/2019 |
| Location: 250 Hospital Pkwy, San Jose, CA 95119-1103 | Date: 12/22/2023 |
| Parcel: 70605037 Parcel Type: Suburb with Single-Family Homes | |
| Proposed Parking Spaces Vehicles: 3,988 Bicycles: 74 | |

LAND USE:

| Residential: | Percent of All Residential Units |
|-------------------------|---|
| Single Family 0 DU | Extremely Low Income (≤ 30% MFI) 0 % Affordable |
| Multi Family 0 DU | Very Low Income (> 30% MFI, ≤ 50% MFI) 0 % Affordable |
| <u>Subtotal</u> 0 DU | Low Income (> 50% MFI, ≤ 80% MFI) 0 % Affordable |
| Office: 775.5 KSF | |
| Retail: 0 KSF | |
| Industrial: 0 KSF | |

VMT REDUCTION STRATEGIES

Tier 1 - Project Characteristics

| | |
|--|------|
| Increase Residential Density | |
| Existing Density (DU/Residential Acres in half-mile buffer) | 7 |
| With Project Density (DU/Residential Acres in half-mile buffer) | 7 |
| Increase Development Diversity | |
| Existing Activity Mix Index | 0.55 |
| With Project Activity Mix Index | 0.64 |
| Integrate Affordable and Below Market Rate | |
| Extremely Low Income BMR units | 0 % |
| Very Low Income BMR units | 0 % |
| Low Income BMR units | 0 % |
| Increase Employment Density | |
| Existing Density (Jobs/Commercial Acres in half-mile buffer) | 20 |
| With Project Density (Jobs/Commercial Acres in half-mile buffer) | 41 |

Tier 2 - Multimodal Infrastructure

| | |
|---|-----|
| Pedestrian Network Improvements <i>(In Coordination with SJ)</i> | |
| Are pedestrian improvements provided beyond the development frontage? | Yes |

Tier 3 - Parking

| | |
|--|-----------|
| End of Trip Bike Facilities | |
| Bicycle Parking Spaces Provided by Project | 74 spaces |
| Project Provides Additional End-of-Trip Facilities Beyond Parking? | Yes |

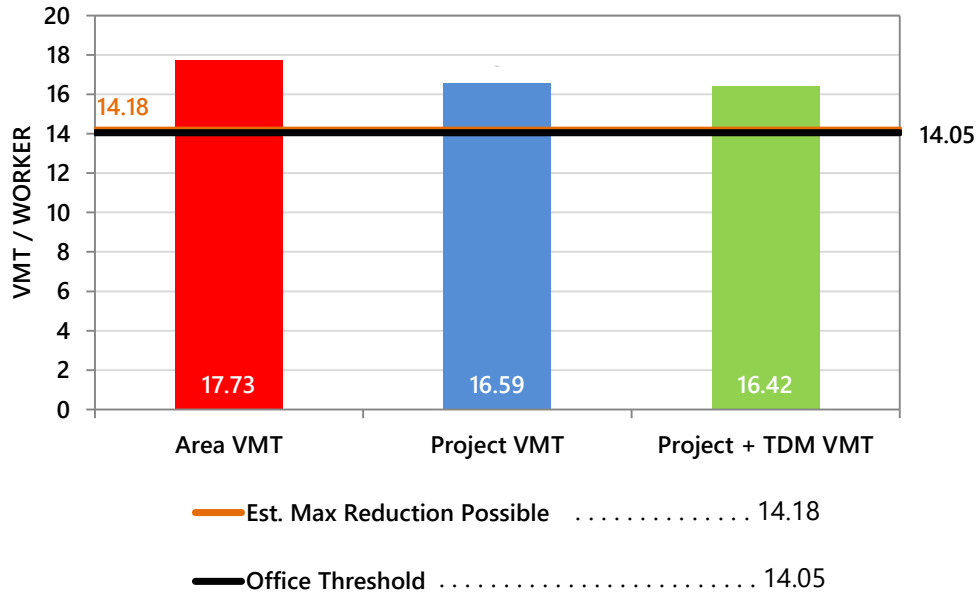
Tier 4 - TDM Programs

| | |
|---|------|
| Commute Trip Reduction Marketing/ Education | |
| Percent of Eligible Employees | 25 % |

CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

EMPLOYMENT ONLY

The tool estimates that the project would generate per non-industrial worker VMT above the City's threshold and per industrial worker VMT below the City's threshold. There are selected strategies that require coordination with the City of San Jose to implement.



CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

PROJECT:

| | |
|--|-------------------------|
| Name: Kaiser South San Jose (Program-Level) | Tool Version: 2/29/2019 |
| Location: 250 Hospital Pkwy, San Jose, CA 95119-1103 | Date: 1/31/2024 |
| Parcel: 70605037 Parcel Type: Suburb with Single-Family Homes | |
| Proposed Parking Spaces Vehicles: 3,988 Bicycles: 74 | |

LAND USE:

| Residential: | Percent of All Residential Units | | |
|-------------------------|---|-----|------------|
| Single Family 0 DU | Extremely Low Income (≤ 30% MFI) | 0 % | Affordable |
| Multi Family 0 DU | Very Low Income (> 30% MFI, ≤ 50% MFI) | 0 % | Affordable |
| <u>Subtotal</u> 0 DU | Low Income (> 50% MFI, ≤ 80% MFI) | 0 % | Affordable |
| Office: 355.5 KSF | | | |
| Retail: 0 KSF | | | |
| Industrial: 0 KSF | | | |

VMT REDUCTION STRATEGIES

Tier 1 - Project Characteristics

| | | |
|--|--|------|
| Increase Residential Density | | |
| Existing Density (DU/Residential Acres in half-mile buffer) | | 7 |
| With Project Density (DU/Residential Acres in half-mile buffer) | | 7 |
| Increase Development Diversity | | |
| Existing Activity Mix Index | | 0.55 |
| With Project Activity Mix Index | | 0.61 |
| Integrate Affordable and Below Market Rate | | |
| Extremely Low Income BMR units | | 0 % |
| Very Low Income BMR units | | 0 % |
| Low Income BMR units | | 0 % |
| Increase Employment Density | | |
| Existing Density (Jobs/Commercial Acres in half-mile buffer) | | 20 |
| With Project Density (Jobs/Commercial Acres in half-mile buffer) | | 29 |

Tier 2 - Multimodal Infrastructure

Pedestrian Network Improvements *(In Coordination with SJ)*

Are pedestrian improvements provided beyond the development frontage? Yes

Tier 3 - Parking

End of Trip Bike Facilities

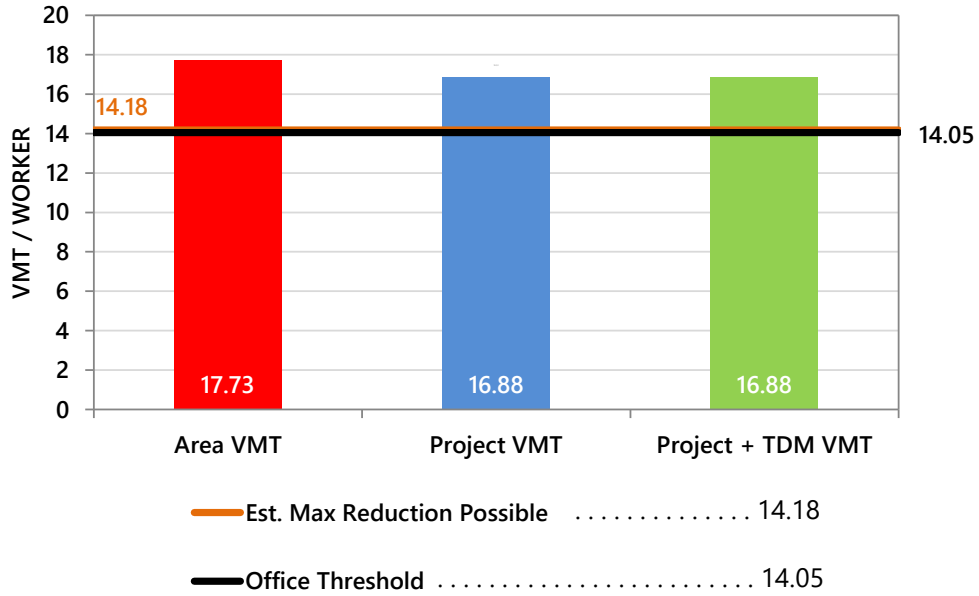
Bicycle Parking Spaces Provided by Project 74 spaces

Project Provides Additional End-of-Trip Facilities Beyond Parking? Yes

Tier 4 - TDM Programs

EMPLOYMENT ONLY

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LAND USE:

| Residential: | Percent of All Residential Units |
|-------------------------|---|
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| Multi Family 0 DU | Very Low Income (> 30% MFI, ≤ 50% MFI) 0 % Affordable |
| <u>Subtotal</u> 0 DU | Low Income (> 50% MFI, ≤ 80% MFI) 0 % Affordable |
| Office: 1719 KSF | |
| Retail: 0 KSF | |
| Industrial: 0 KSF | |

VMT REDUCTION STRATEGIES

Tier 1 - Project Characteristics

| | |
|--|------|
| Increase Residential Density | |
| Existing Density (DU/Residential Acres in half-mile buffer) | 7 |
| With Project Density (DU/Residential Acres in half-mile buffer) | 7 |
| Increase Development Diversity | |
| Existing Activity Mix Index | 0.55 |
| With Project Activity Mix Index | 0.63 |
| Integrate Affordable and Below Market Rate | |
| Extremely Low Income BMR units | 0 % |
| Very Low Income BMR units | 0 % |
| Low Income BMR units | 0 % |
| Increase Employment Density | |
| Existing Density (Jobs/Commercial Acres in half-mile buffer) | 20 |
| With Project Density (Jobs/Commercial Acres in half-mile buffer) | 66 |

Tier 2 - Multimodal Infrastructure

| | |
|---|-----|
| Pedestrian Network Improvements <i>(In Coordination with SJ)</i> | |
| Are pedestrian improvements provided beyond the development frontage? | Yes |

Tier 3 - Parking

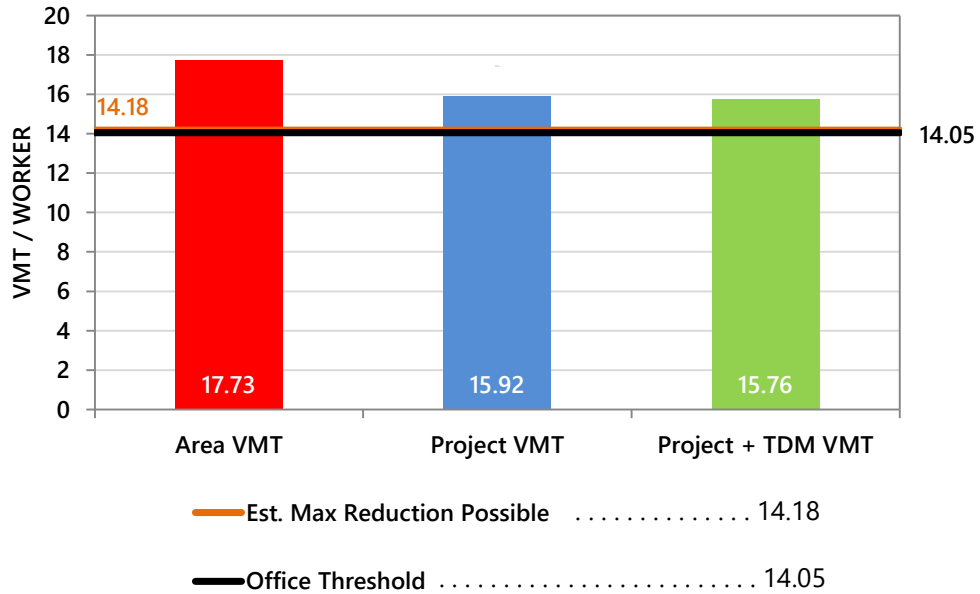
| | |
|--|-----------|
| End of Trip Bike Facilities | |
| Bicycle Parking Spaces Provided by Project | 74 spaces |
| Project Provides Additional End-of-Trip Facilities Beyond Parking? | Yes |

Tier 4 - TDM Programs

| | |
|---|------|
| Commute Trip Reduction Marketing/ Education | |
| Percent of Eligible Employees | 25 % |

EMPLOYMENT ONLY

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CITY OF SAN JOSE VEHICLE MILES TRAVELED EVALUATION TOOL SUMMARY REPORT

PROJECT:

| | |
|--|-------------------------|
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| Proposed Parking Spaces Vehicles: 3,988 Bicycles: 74 | |

LAND USE:

| Residential: | Percent of All Residential Units | | |
|-------------------------|---|-----|------------|
| Single Family 0 DU | Extremely Low Income (≤ 30% MFI) | 0 % | Affordable |
| Multi Family 0 DU | Very Low Income (> 30% MFI, ≤ 50% MFI) | 0 % | Affordable |
| <u>Subtotal</u> 0 DU | Low Income (> 50% MFI, ≤ 80% MFI) | 0 % | Affordable |
| Office: 788 KSF | | | |
| Retail: 0 KSF | | | |
| Industrial: 0 KSF | | | |

VMT REDUCTION STRATEGIES

Tier 1 - Project Characteristics

| | |
|--|------|
| Increase Residential Density | |
| Existing Density (DU/Residential Acres in half-mile buffer) | 7 |
| With Project Density (DU/Residential Acres in half-mile buffer) | 7 |
| Increase Development Diversity | |
| Existing Activity Mix Index | 0.55 |
| With Project Activity Mix Index | 0.64 |
| Integrate Affordable and Below Market Rate | |
| Extremely Low Income BMR units | 0 % |
| Very Low Income BMR units | 0 % |
| Low Income BMR units | 0 % |
| Increase Employment Density | |
| Existing Density (Jobs/Commercial Acres in half-mile buffer) | 20 |
| With Project Density (Jobs/Commercial Acres in half-mile buffer) | 41 |

Tier 2 - Multimodal Infrastructure

| | |
|---|-----|
| Pedestrian Network Improvements <i>(In Coordination with SJ)</i> | |
| Are pedestrian improvements provided beyond the development frontage? | Yes |

Tier 3 - Parking

| | |
|--|-----------|
| End of Trip Bike Facilities | |
| Bicycle Parking Spaces Provided by Project | 74 spaces |
| Project Provides Additional End-of-Trip Facilities Beyond Parking? | Yes |

Tier 4 - TDM Programs

EMPLOYMENT ONLY

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