

Project Description

The Cancer Center and Operating Room Relocation Project proposes a 3 story addition to the existing Lawrence Center Hospital Facility. The project also includes an elevator bay connecting the addition to the existing facilities..

The basement and first floor of the proposed addition will consolidate all of the cancer treatment services currently provided throughout the Hospital into one space and introduce Radiation Therapy as a new service line. Patients currently receive oncology care at the hospital are now traveling into the New York City metropolis for treatment.

The second floor of the proposed addition will be dedicated to providing new operating rooms (replacing the older facilities) that are larger in area with higher ceilings to accommodate all of the equipment and technology needed today and what we can envision in the future. Further, these modernized operating rooms will better accommodate today's larger surgical teams.

Lawrence Hospital Center currently has six (6) operating rooms and is proposing to house an identical number of operating rooms on the second floor of the proposed addition.

Consequently, there will be no "expansion" of the hospital surgical facilities, but rather the proposed addition will allow a modernization of the current operating rooms.

The proposed addition will include a third floor roof garden (Green Roof) implementing a green roof concept and an enclosed mechanical penthouse.

The project includes a total of three new elevators and associated elevator lobbies. Two of these will be new public elevators adjacent to the existing public elevators serving all six floors of the hospital. This added capacity will reduce the wait times for patients, visitors and staff, improving the experience of our patients and visitors to the Hospital. The third elevator is a two floor elevator internal to the addition, and will be used to transfer Cancer Center patients between the basement and first floors.

Those areas of the hospital currently utilized as operating rooms and cancer treatment facilities will be reprogrammed for use by current hospital staff/operations. The precise reprogramming of the vacated areas has not yet been determined and is contingent upon a number of factors including funding. Nonetheless, all of the space will be converted and occupied by operations that are currently undersized. As an example it is possible that some existing semi-private patient rooms may be converted into private single rooms or administrative space be expanded into these areas. Further, already existing but limited supportive care administrative spaces may be expanded into these areas. No new operations or additional employees are projected as a result of this reprogramming of space. And the reprogramming of such spaces with already existing uses will not add to any additional need for parking or other services.

To clarify the reutilization of spaces within the Hospital, and the new spaces in the addition, please see attached a Table labeled "Lawrence Hospital Area Analysis" and the associated color coded plans. This table clearly indicates that existing services in the Hospital will be upgraded and enlarged in the proposed expansion and future Hospital renovation, but vacated spaces will primarily be re-worked or re-adapted for already existing primary Hospital uses. While the physical spaces housing functional elements for Surgery and Medical Oncology are increased in area, the number of patients served will not increase. On the other hand, Radiation Oncology will be a new offering on this campus and thus will add 22 new patient visits a day, and seven new employees.

The Cancer Center and Operating Room Relocation Project includes a total of 41,923± SF addition to the existing Lawrence Center Hospital Facility. The addition includes medical care facilities on three levels (basement, 1st and 2nd floors) and a 3rd floor to accommodate mechanicals and roof garden. The project includes an elevator bay connecting the addition to the existing facilities and minor site improvements.

The expansion will include:

- Basement of 11,135 SF,
- First Floor of 12,704 SF
- Second Floor of 11,401 SF
- Third Floor (enclosed mechanical room and stairwell of 4,537 SF)
- Two public elevators & elevator lobby (additional lobby area of 3,762 SF)

Lawrence Hospital proposes investing approximately \$24,760,000 in this construction project. This investment will generate approximately 114 construction related jobs and 7 permanent Cancer Center staff positions; a positive benefit to the local economy.

As detailed in the letter dated February 3, 2011 from Lawrence Hospital Center's President and CEO Edward Dinan and the Chairman of the Board of Governors Dennis E. Glazer (a copy of which is attached as Attachment A), although the foundation is being built to support up to six-stories, there is no master plan for expanding beyond the three-stories being proposed nor is there a plan for phases (neither long term nor short term) of development beyond what is being proposed. Rather, given Lawrence Hospital Center site's very small area of 3.54 acres and the challenges it has faced and continues to face of addressing the needs of 21st century medicine within the confines of its limited space, the proposed addition is being designed so that future stewards of Lawrence Hospital Center may potentially have options if the need arises, if at all, for future expansion.

Before any such future expansion plan could be presented it would first be necessary to identify a medical need that is unmet and which the Hospital has the ability to address. Then, the Hospital would have to locate a source of funding for such a project. The reality is that the project presented is all that the Hospital is contemplating.

It is not even possible at this time to formulate a scenario for an expansion beyond the current application for consideration by the Planning Board as any such scenario would be speculation of the highest order. Engineering the proposed structure to support additional stories is simply a hedge against what is merely the possibility that at some future time the Hospital might consider additional expansion and represents a very small percentage of the proposed budget for the addition.

If such future expansion is ever proposed, the potential environmental impacts from expanding beyond the proposed addition would have to be addressed at that time. It would be futile to address such potential impacts during the course of reviewing the proposed addition, because such vertical expansion may never even be undertaken and in any event, it would be impossible to predict today the conditions that may be in place that would necessarily impact environmental review at some indeterminate future time. Not addressing the impacts from a development that is purely speculative and that may never even occur does not constitute segmentation under SEQRA. Segmentation is defined as the "division of the environmental review of an action such that various activities or stages are addressed under this Part as though

they were independent, unrelated activities, needing individual determinations of significance." 6 NYCRR § 617.2(ag). But where actions "' ... are independent of each other and are not part of an integrated or cumulative development plan' and 'their only common element is their general location,' 'the projects may be reviewed separately and are not subject to a claim of improper segmentation,' nor is 'cumulative analysis' of the two projects required." *Settco, LLC v. New York State Urban Development Corporation*, 305 A.D.2d 1026, 759 N.Y.S.2d 833 (4th Dep't 2003), citing *Forman v. Trustees of the State University of New York*, 303 A.D.2d 1019, 1020, 757 N.Y.S.2d 180 (4th Dep't 2003); *Long Island Pine Barrens Society v. Planning Board of the Town of Brookhaven*, 80 N.Y.2d 500, 513 N.Y.S.2d 982, 987 (1992). Further, courts have found no segmentation where "projects were planned separately, have unique sources of funding, and are no way interdependent." *Forman supra*.