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TUESDAY, MAY 31, 2011

# The Seattle Times

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Airy design, views, restaurant cuisine and large, single rooms with space for overnight visitors — all to benefit health, staff and the bottom line

## Newest medical centers 'not your father's hospital'

BY CAROL M. OSTROM  
Seattle Times health reporter

Issaquah's new hospital — the first one built on the Eastside in 34 years — is turning the concept of hospital on its head, putting food and spa and wellness products up front, and rooms — literally and figuratively — out back.

"It's not your father's hospital," jokes Kevin Brown, senior vice president and chief administrative officer for Swedish Medical Center, whose latest project — Swedish/Issaquah — is to begin a phased opening in July.

For sure, your father's hospital didn't open into a five-story atrium surrounded by a mall. His hospital's lobby, you can bet, didn't include a fireplace and a destination restaurant — no hospital cafeteria here — with a wood-burning oven.

And nobody thought of Ye Olde Hospital as a place where anyone would want to go for fun.

Behind the radical new design for Swedish/Issaquah is a concept of hospital that's evolving to be less foreboding fortress on the hill and more community center.

The changes, driven in part by competition for patients with

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### Swedish/Issaquah

Newly built hospitals such as Swedish Medical Center's soon-to-open Issaquah campus reflect a changing concept of hospital: a more open and airy wellness center than the foreboding fortress of hospitals past.



Source: ESRI/TeleAtlas  
A. RAYMOND/THE SEATTLE TIMES



KEN LAMBERT / THE SEATTLE TIMES

The main lobby at Swedish/Issaquah, nearing completion, has a five-story atrium and giant glass artwork. The \$365 million facility will become the first new hospital on the Eastside in 34 years.

"It's an evolutionary thing going on here. A hospital, a building, gets built, and it pushes the edges a little, and people see the possibilities. It's an exciting time."

JOEL LOVELAND

Professor of architecture, University of Washington

## DEVELOPERS CASH IN ON TAX BREAKS IN SEATTLE'S VOGUE AREAS

### AFFORDABLE-HOUSING PLAN DRAWS SECOND LOOK

Changes in program opened door to questionable subsidies

BY BOB YOUNG  
Seattle Times staff reporter

You probably didn't know your taxes are subsidizing new one-bedroom apartments that rent for \$1,295 in one of Seattle's hot spots, Lower Queen Anne.

Under an obscure city program, the developer building the apartments across the street from Seattle Center will get a 12-year property-tax break of \$5.9 million.

In return, Bruce Knoblock will set aside 55 of his 275 apartments — not for low-income tenants but for renters earning slightly less than Seattle's median income.

**OWNERSHIP of homes plunges to levels of late 1990s**  
> Business A15

In just the past three years, for-profit apartment developers, often building in vogue neighborhoods, have received nearly

\$100 million in tax breaks. That isn't what the city intended in 1998 when it created the program to encourage new apartments in the city's poorest neighborhoods.

But after city officials sweetened incentives in 2008 to try to generate even more affordable housing, the Multi-Family Tax Exemption exploded in popularity and geographic reach. Developers wanted in, and subsidies financed apartments in neighborhoods such as Ballard and Capitol Hill that already were exceeding growth targets.

And the city is subsidizing "affordable" rents that sometimes run higher than

See > TAX BREAKS, A8

## Mexican cartels taking a cut out of pirated films, U.S. officials say

'VICTIMLESS CRIME' NO MORE

Mexico City raids unmask bootleg operation capable of making 500,000 copies a day

BY WILLIAM BOOTH / The Washington Post

MEXICO CITY — When hundreds of Mexican police crashed through the doors into a warren of warehouses and humming laboratories, they uncovered one of the largest illegal manufacturing centers of pirated movies and music ever found in Latin America.

The predawn raids last month netted 12 tons of movie disks and more than 1,000 DVD burners, enough machinery to produce a staggering 500,000 counterfeit copies of "Kung Fu Panda 2" a day, if the factories were running at capacity.

Defenders in the rough Mexico City barrio of Tepito, famous for its black-market bazaar, threw spikes into the street to blow the tires of police. No arrests were made, and authorities shrug that they do not know who ran the laboratories. But according to U.S. officials and American producers of the stolen films, music and software, Mexican drug cartels lurk in the shadows.

Led by the notorious La Familia and Los Zetas drug mafias, Mexican cartels

See > BOOTLEG, A10

## Feds to reward cheaper hospital care

**MEDICARE** | The goal is efficiency, but some in the industry are upset by a plan to track spending on individual beneficiaries — ding hospitals even for expenses after patients are released.

BY ROBERT PEAR  
The New York Times

WASHINGTON — For the first time, Medicare soon will track spending on millions of individual beneficiaries, reward hospitals that hold down costs and penalize those whose patients prove most expensive.

The Obama administration plans to establish "Medicare

spending per beneficiary" as a measure of hospital performance, just like the mortality rate for heart-attack patients and the infection rate for surgery patients.

Hospitals could be held accountable not only for the cost of the care they provide but also for the cost of services performed by doctors and other health-care providers in the 90 days after a

Medicare patient leaves the hospital.

This plan has drawn fire from hospitals, which say they have little control over services provided after a patient's discharge — and, in many cases, do not even know about the services. More generally, they are apprehensive about Medicare's plans to reward and penalize hospitals based on untested measures of efficiency that include spending per beneficiary.

A major goal of the new health-care law, often overlooked, is to improve "the quality and efficien-

cy of health care" by linking payments to the performance of health-care providers. The new Medicare initiative, known as value-based purchasing, will redistribute money among more than 3,100 hospitals.

Medicare will begin computing performance scores in July, for monetary rewards and penalties that start in October 2012.

The desire to reward hospitals for high-quality care is not new or controversial. The idea can be traced to a bipartisan bill intro-

See > MEDICARE, A10

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## Today's hospital: spacious, single rooms, talking beds

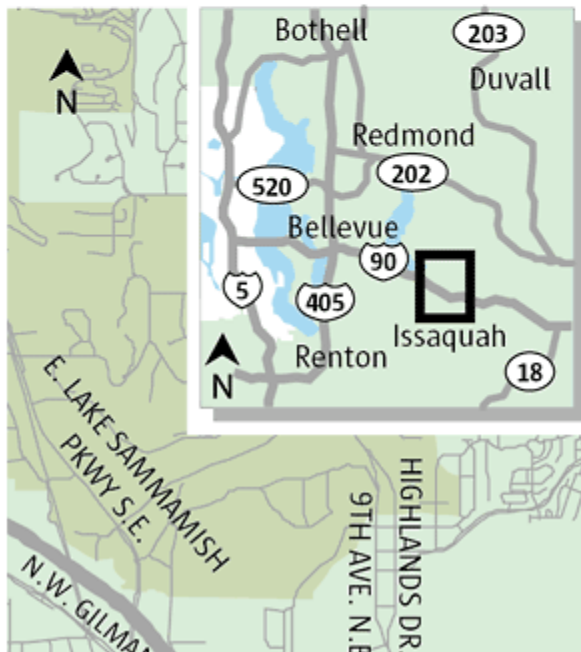
Two new hospitals in the Puget Sound region are part of a building boom that reflects today's health-care realities, including the competition for insured patients. The innovative designs of Swedish/Issaquah and St. Elizabeth in Enumclaw include big windows to bring in natural light, pullout couches in patient rooms for overnighting family members and even hospital beds that ask patients questions in different languages.

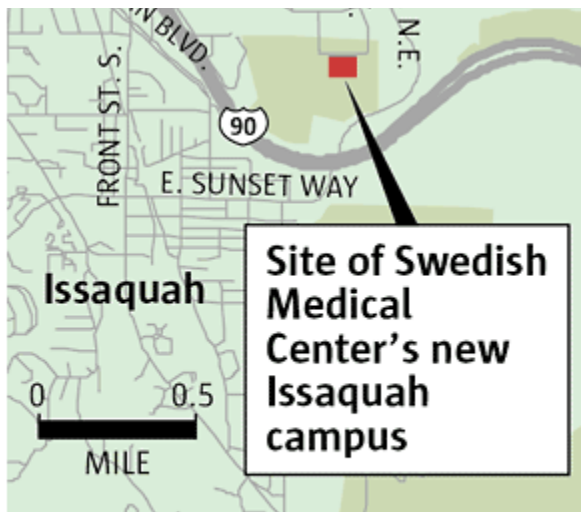
Carol M. Ostrom

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A. RAYMOND/THE SEATTLE TIMES

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Behind the radical new design for Swedish/Issaquah is a concept of hospital that's evolving to be less foreboding fortress on the hill and more community center.

The changes, driven in part by competition for patients with good insurance, emphasize outpatient services, giving prime space to medical offices and centers that provide chemotherapy and radiology.

The design of the new Swedish, like that of other new hospitals, reflects the realities of modern-day health care: Sicker inpatients, shorter stays for most patients and the need for bedside equipment led to large, single rooms and pullout couches for overnighting family members.

Data showing patients and staffers do better with natural light and less stress brought big windows, gardens, decks and views. Research on why patients fall brought bathrooms closer to bedside.

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At the new St. Elizabeth in Enumclaw, which opened in February, the realization that critically ill patients may not speak English prompted the purchase of beds programmed to provide information and to ask questions in 20 languages.

Before a translator is engaged, for example, a bed might tell a patient in Spanish: "You have a tube in your throat to help you breathe."

### **Boom within cities**

St. Elizabeth and the new \$365 million Swedish campus are part of a U.S. hospital building boom, chasing population growth into suburbs and fast-growing communities. Now it's evident in urban areas as well.

- In downtown Everett, a 12-story medical tower with an emergency room the size of a football field is rising from Providence Regional Medical Center. Scheduled to open soon, the \$500 million addition will house the latest diagnostic and surgical equipment and 79 emergency-department beds.
- At a site overlooking the Montlake Cut, work crews recently hoisted the last beam for UW Medical Center's \$115 million expansion. Opening next year, it will house a 50-newborn neonatal intensive-care unit and a 30-bed unit for transplant and cancer care.
- In Laurelhurst, Seattle Children's recently began an ambitious expansion to double its 254 beds by 2030. Phase one, about \$200 million, builds single-patient rooms and expands cancer, critical-care and emergency-room space.
- And farther out in King County, a quiet neighborhood blocks from Enumclaw's town center welcomed St. Elizabeth in February. With its mountain views and airy spaces, the new facility replaced Enumclaw Regional, built in 1949.

### **Costs vs. bottom line**

Over the past decade in Washington, construction has yielded more than 1,300 additional beds in new wings, additions and entirely new hospitals.

"It's an evolutionary thing going on here," said Joel Loveland, a professor of architecture at the University of Washington. "A hospital, a building, gets built, and it pushes the edges a little, and people see the possibilities. It's an exciting time."

For architects, maybe. For health-care economics experts, it's a little scary.

"The history of hospital construction and expansions like this is that they generally add to the ever-rising costs of health care," said Aaron Katz, principal lecturer in Health Services and Global Health at UW's School of Public Health.

But viewed as a hospital business decision, he says, it makes sense. "The way to shore up your bottom line is to grab more of the insured patients, and that's what we're seeing."

Swedish's new campus, Brown says, is designed "to meet the unmet health-care needs of the fast-growing population that resides along the I-90 corridor." He notes its focus on less-expensive outpatient services.

"Instead of treating disease, this is a wellness center," said Dr. John Milne, vice president of medical affairs for Swedish Issaquah, Redmond and Mill Creek.

For a hospital, a new design can enable — some would say push or even force — changes that benefit patients and staff, as well as the bottom line.

In Issaquah, the new Swedish was a place to start over, Brown says.

"We thought about all the things that frustrate people about hospitals," he said. "If you're going to do it over, how would it be?"

For one thing, you'd incorporate research that links both patient and staff health to quieter and more naturally lit spaces.

You'd build single rooms for privacy, infection control and family stays, and for lots of technology.

And you'd cut down on energy costs.

Hospitals are the nation's second-biggest energy consumers, bested only by fast-food outlets, UW's Loveland says. "They're vulnerable financially when they consume that much."

With that in mind, the new design at Swedish/Issaquah includes such features as high-tech heating and heat-recovery systems that Brown hopes will make its energy consumption the lowest of any hospital in the state.

If reducing energy consumption was a hurdle, changing longtime hospital routines was Mount Everest.

"We spent a lot of time at the front end saying, 'OK, what do we want to fix?' " Brown said. "A lot of the things we wanted to fix were cultural."

A design change, Swedish planners figured, could help create the teamwork and collaboration they believe makes for better care.

So, for example, a spacious, view-enhanced room for breaks throws together doctors, nurses and other staffers. No traditional separate physicians lounge here.

And instead of being separate, as is typical, the areas for outpatient procedures such as colonoscopies and heart catheterization are combined into one big sterile area looped together by a red line on the floor.

Susan Gillespie, project manager, says she's trying to pinch a few dollars from the budget to buy a piano for the lobby — for even more ambience.

"People are going to want to come to this hospital for dinner."

On a much smaller scale, the new St. Elizabeth in Enumclaw, population 12,000, also responded to the needs of today's patients.

With 25 beds, the rural hospital, like the one it replaced, serves the surrounding community of about 30,000. But its design is dramatically different from the old hospital, which had small windows and narrow halls and was so cramped for space that the MRI machine was set up outside in a semi-truck.

Family-oriented, the new hospital's design emphasizes large private rooms with enough space for overnight visitors, and friendly gathering areas for families.

### **No medical offices**

Unlike the new Swedish, though, it does not include medical offices.

Hospital President Dennis Popp said that's because hospitals such as St. Elizabeth are an integral part of a rural community, and opening space to some doctors might be seen as giving them an unfair advantage over other doctors in the community.

Because stress reduction for patients and staff was a high priority in the new design, the noisy overhead paging system was replaced with devices staff members wear around the neck.

The design also incorporates mountain views and airy spaces. "The architects were very intentional about bringing the outside in," said Shelly Pricco, patient-services manager at St. Elizabeth.

Even the talking beds are part of the stress-reduction plan, featuring one mode that emits soothing environmental sounds.

Will all these innovations pay off for patients and hospitals? With long lead time, hospital design always plays the odds.

Changes in reimbursement, worker insurance coverage, liability and many other factors play a part in whether such vigorous hospital building and expansion — and the designs chosen — will prove to be keepers.

If such changes push more patients into the system, Loveland says, hospitals may rethink designs such as big, luxurious rooms or decentralized nursing stations, which make it harder for nurses to fill in for one another.

"It's really a changing landscape," Loveland said. "I think it's changing now even as we speak."

*Carol M. Ostrom: 206-464-2249*

*or [costrom@seattletimes.com](mailto:costrom@seattletimes.com)*