APPENDIX A

Average Daily Volumes by Hospital User Group

Boulevard Transportation

a division of Watt Consulting Group

island health
Our Vision: Excellent care – for everyone, everywhere, every time

Royal Jubilee Hospital: Parking and Transportation Study

Average Daily Volumes of Hospital User Groups

March 10, 1015

RJH STAFF EMPLOYESS	Total	Notes	Source
General Staff	1569	avg M-Th (day time staff, night shift not included)	Gael Forster *(Consultant, Performance Monitoring and Reporting)*
Food Service	55	avg M-Th	Jennifer Phillips *(Director, Patient Food Services)*
Acciona	120	Regular basis	Sylvie Chenier *(Operations Manager - Patient Care Centre / Royal Jubilee Hospital)*
TOTAL	1744		

RJH PATIENTS	Total	Notes	Source
Outpatient	1293	numbers confirmed and adjusted by PACE team as per follow up with departments	Peter Gonzo *(Consultant, Performance Monitoring and Reporting)*
Inpatient	469	Avg daily inpatient census numbers (at 11:59pm) for RJH for 2014 calendar year	Will Collishaw: Admission, Discharge, and Transfer dataset (ADT)
Emergency Department Visits	77	Avg daily ED visit volumes from 8am to 4pm for RJH for the 2014 calendar year	Will Collishaw: Emergency Fact Table
TOTAL	1839		

RJH PHYSICIANS	Total	Notes	Source
General Physicians	39	Avg daily, w/ inpatient intervention Mon-Fri: 2014 calendar year (includes hospitalists)	Will Collishaw: Discharge Abstract Database
Anaesthetists	14	Avg daily, w/ inpatient anaesthesia intervention Mon-Fri: 2014 calendar year	Will Collishaw: Discharge Abstract Database
Emergency Department	8	Avg number ED physicians who saw patients 8am and 4pm RJH: 2014 calendar year	Will Collishaw: Emergency Fact Table
TOTAL	61		

RJH Students & Educators	Total	Notes	Source
RJH/VGH Students	40	4 classes of 32 students each, but only 40 would use the sites on any given day	Anne Beaton *(Island Medical Program RJH Receptionist)*
UBC Student	1	from other UBC distributed medical sites across BC	
Post Grad Residents	12		
Technicians	2	assist with simulation lab (not paid by VIHA)	
Uvic Faculty/Staff	5	attending meetings from UVic to RJH/VGH	
Instructors	6		
Volunteers	4		
TOTAL	70		

RJH Volunteers	Total	Notes	Source
Hospital Volunteers	30	avg M-Th, email confirmation	Ciara Stewart *(Manager, Volunteer Services)*
TOTAL	30		

VI Cancer Centre	Total	Notes	Source
Employees (students/ staff/ volunteers)	325	Average 300-350 per day	Kelly, Nystedt, Regional Director, BC Cancer Agency
Physicians	40	Average daily	
Outpatients	325	Average 300-350 per day	
TOTAL	690		

GRAND TOTAL	4434

Last updated: March 10, 2015

APPENDIX B

On-Site Parking Observations

Boulevard Transportation

a division of Watt Consulting Group

Parking Occupancy

Summary, by lot

		Wed, March 4 10:00am		Wed, March 4 2:00pm		Thurs, March 5 10:00am		Thurs, March 5 12:00pm		Thurs, March 5 2:00pm	
	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
A. Adanac Services Lot	15	10	67%	11	73%	9	60%	8	53%	12	80%
B. Memorial Pavilion, Side Lot	30	28	93%	27	90%	28	93%	28	93%	30	100%
C. Memorial Pavilion, Front Lot	8	8	100%	7	88%	8	100%	7	88%	8	100%
D. Memorial Pavilion, Rear Lot	23	23	100%	19	83%	18	78%	20	87%	23	100%
E. Vancouver Island Cancer Centre, Rear Lot	15	15	100%	15	100%	15	100%	15	100%	12	80%
F. Vancouver Island Cancer Centre, Side Lot	38	38	100%	37	97%	38	100%	37	97%	38	100%
G. Parkade	368	353	96%	341	93%	359	98%	357	97%	354	96%
H. Vancouver Island Cancer Centre, Patient Lot	78	73	94%	65	83%	57	73%	67	86%	67	86%
I. Lee Ave Staff Lot	93	93	100%	88	95%	93	100%	92	99%	88	95%
J. Vancouver Island Cancer Centre, Front Lot	7	6	86%	5	71%	6	86%	5	71%	5	71%
K. Main Entrance / Emergency Lot	48	44	92%	47	98%	48	100%	45	94%	48	100%
L. Carpool / Rideshare Lot	17	17	100%	17	100%	17	100%	17	100%	17	100%
M. Old Admitting Lot	51	44	86%	33	65%	41	80%	44	86%	39	76%
N. Hospice Lot	20	20	100%	19	95%	20	100%	20	100%	17	85%
O. SEC Lot	191	183	96%	180	94%	187	98%	185	97%	170	89%
P. Begbie, Front Lot	7	5	71%	4	57%	7	100%	7	100%	6	86%
Q. Begbie, Rear Lot	89	71	80%	67	75%	64	72%	82	92%	62	70%
R. Main Staff Lot	443	420	95%	415	94%	443	100%	443	100%	432	98%
S. Eric Martin Pavilion Lot	179	172	96%	164	92%	169	94%	156	87%	156	87%
TOTALS	1,720	1,623	94%	1,561	91%	1,627	95%	1,635	95%	1,584	92%
								PEAK OBSERVATION			

Parking Occupancy

Summary, by type of space

ALL SPACE TYPES

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Staff Parking	918	886	97%	866	94%	910	99%	908	99%	883	96%
Physician Parking	118	121	103%	113	96%	111	94%	113	96%	106	90%
Visitor Parking	322	305	95%	297	92%	320	99%	305	95%	303	94%
Patient Parking	164	149	91%	133	81%	127	77%	140	85%	139	85%
Reserved Parking	129	106	82%	100	78%	100	78%	113	88%	97	75%
Carpool / Rideshare Parking	19	19	100%	19	100%	19	100%	19	100%	19	100%
Misc. Parking	50	38	76%	33	66%	41	82%	37	74%	37	74%
TOTAL	1,720	1,624	94%	1,561	91%	1,628	95%	1,635	95%	1,584	92%
								PEAK OBSERVATION			

STAFF PARKING

			Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Employee Parking	S	109	109	100%	107	98%	109	100%	108	99%	106	97%
VIHA Staff Parking	F, I, O, R	661	638	97%	624	94%	660	100%	660	100%	639	97%
Staff Permit Parking	Q	7	7	100%	7	100%	7	100%	7	100%	7	100%
Staff Parking (parkade)	G	141	132	94%	128	91%	134	95%	133	94%	131	93%
TOTAL		918	886	97%	866	94%	910	99%	908	99%	883	96%

PHYSICIAN PARKING

			Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
	Lots	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Physician Parking	E, F, O, S	87	87	100%	84	97%	85	98%	84	97%	79	91%
Annual Doctor Permit	E	7	7	100%	7	100%	7	100%	7	100%	5	71%
Physician 90 Minute Max.	O	5	5	100%	5	100%	5	100%	4	80%	5	100%
Physician Emergency Call Back	K	9	9	100%	8	89%	9	100%	8	89%	9	100%
Physician Parking (parkade)[1]	G	10	13	130%	9	90%	5	50%	10	100%	8	80%
TOTAL		118	121	103%	113	96%	111	94%	113	96%	106	90%

Parking Occupancy

Summary, by type of space

VISITOR PARKING

	Lots	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
			Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Visitors (parkade)[1]	G	207	200	97%	196	95%	212	102%	206	100%	207	100%
Visitors	C, K, M, P, S	73	65	89%	63	86%	67	92%	59	81%	56	77%
Visitor + Outpatient (Staff 5pm-8am)	B, N	42	40	95%	38	90%	41	98%	40	95%	40	95%
TOTAL		322	305	95%	297	92%	320	99%	305	95%	303	94%

PATIENT PARKING

	Lots	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
			Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Outpatient	A, D, M	27	24	89%	23	85%	21	78%	22	81%	26	96%
VICC Patient	H	69	66	96%	60	87%	54	78%	62	90%	65	94%
VICC Client Pay Parking	H	6	6	100%	3	50%	3	50%	4	67%	0	0%
Emergency Patient Parking	K	7	5	71%	7	100%	7	100%	7	100%	7	100%
Patient	M	25	25	100%	17	68%	17	68%	25	100%	20	80%
HDP Restricted (Mon-Fri)	M	6	6	100%	4	67%	4	67%	1	17%	4	67%
Hemodialysis Patient	O	14	10	71%	11	79%	12	86%	13	93%	8	57%
Patient Transfer	M	1	0	0%	0	0%	1	100%	0	0%	1	100%
TB Clinic	O	9	7	78%	8	89%	8	89%	6	67%	8	89%
TOTAL		164	149	91%	133	81%	127	77%	140	85%	139	85%

RESERVED PARKING

	Lots	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
			Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved	D, F, P, Q	104	85	82%	79	76%	79	76%	95	91%	76	73%
TTR/VIC Reserved	H	2	1	50%	1	50%	0	0%	0	0%	1	50%
Reserved MHAS Only	S	6	5	83%	5	83%	6	100%	3	50%	6	100%
Reserved Hospice Permit	N	7	7	100%	7	100%	7	100%	7	100%	6	86%
Reserved (parkade)	G	10	8	80%	8	80%	8	80%	8	80%	8	80%
TOTAL		129	106	82%	100	78%	100	78%	113	88%	97	75%

Parking Occupancy

Summary, by type of space

CARPOOL / RIDESHARE PARKING

	Lots	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
			Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
VIHA Carpool Permit (7-10am)	D	1	1	100%	1	100%	1	100%	1	100%	1	100%
Carpool Space	H, L	8	8	100%	8	100%	8	100%	8	100%	8	100%
Rideshare only	L	10	10	100%	10	100%	10	100%	10	100%	10	100%
TOTAL		19	19	100%	19	100%	19	100%	19	100%	19	100%

MISC. PARKING

	Lots	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
			Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Handicap	A,B,C,D,J,K,M,O,P,S	38	32	84%	28	74%	32	84%	30	79%	32	84%
Taxi	K	2	2	100%	2	100%	2	100%	2	100%	2	100%
Shuttle	J, K	3	3	100%	2	67%	2	67%	0	0%	2	67%
HandyDART	M, O	4	0	0%	0	0%	4	100%	3	75%	0	0%
30 min. Pick-up/Drop-off	A	2	0	0%	0	0%	0	0%	1	50%	0	0%
Commercial Parking	K	1	1	100%	1	100%	1	100%	1	100%	1	100%
TOTAL		50	38	76%	33	66%	41	82%	37	74%	37	74%

Notes:

1. 217 combined Visitor and Physician vehicles permitted in parkade, supply assumed to be 207 Visitor and 10 Physician for purposes of this study (allocation may vary by day)

Parking Occupancy

A. Adanac Services Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
30 min. Pick-up/Drop-off	2	0	0%	0	0%	0	0%	1	50%	0	0%
Physio Outpatient	11	9	82%	10	91%	9	82%	6	55%	11	100%
Handicap	2	1	50%	1	50%	0	0%	1	50%	1	50%
	15	10	67%	11	73%	9	60%	8	53%	12	80%

Parking Occupancy

B. Memorial Pavilion, Side Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Handicap	1	1	100%	1	100%	0	0%	1	100%	1	100%
Visitor and Outpatient (Staff Parking 17:00-8:00)	29	27	93%	26	90%	28	97%	27	93%	29	100%
	30	28	93%	27	90%	28	93%	28	93%	30	100%

Parking Occupancy

D. Memorial Pavilion, Rear Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved 24 Hour Tow Away	8	8	100%	8	100%	8	100%	7	88%	8	100%
VIHA Carpool, 7am-10am	1	1	100%	1	100%	1	100%	1	100%	1	100%
Outpatient	12	12	100%	10	83%	8	67%	12	100%	12	100%
Handicap (Outpatient)	2	2	100%	0	0%	1	50%	0	0%	2	100%
	23	23	100%	19	83%	18	78%	20	87%	23	100%

Parking Occupancy

E. Vancouver Island Cancer Centre, Rear Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Annual Doctor Permit	7	7	100%	7	100%	7	100%	7	100%	5	71%
Physician	8	8	100%	8	100%	8	100%	8	100%	7	88%
	15	15	100%	15	100%	15	100%	15	100%	12	80%

Parking Occupancy

F. Vancouver Island Cancer Centre, Side Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved Permit	10	10	100%	9	90%	10	100%	9	90%	10	100%
VIHA Staff	20	20	100%	20	100%	20	100%	20	100%	20	100%
Physician	8	8	100%	8	100%	8	100%	8	100%	8	100%
	38	38	100%	37	97%	38	100%	37	97%	38	100%

ROYAL JUBILEE HOSPITAL PARKING + TRANSPORTATION STUDY

Parking Occupancy

G. Parkade[1]

Restrictions	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
		Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Visitor[2]	217	200	98%	196	94%	212	100%	206	100%	207	99%
Physician[2]		13		9		5		10		8	
Staff	141	132	94%	128	91%	134	95%	133	94%	131	93%
Reserved[3]	10	8	80%	8	80%	8	80%	8	80%	8	80%
	368	353	96%	341	93%	359	98%	357	97%	354	96%

Notes:

1. Occupancy based on automated parkade data provided by Robbins Parking (not observations)
2. 217 total Visitor and Physician vehicles permitted in parkade (primarily Visitors)
3. Assumed 8 of 10 Reserved spaces occupied (data provided does not differentiate between Physician and Reserved vehicles)

Parking Occupancy

H. Vancouver Island Cancer Centre, Patient Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
VICC Patient	69	66	96%	60	87%	54	78%	62	90%	65	94%
TTR/VIC permit	2	1	50%	1	50%	0	0%	0	0%	1	50%
VICC Patient Street Meters	6	6	100%	3	50%	3	50%	4	67%	0	0%
Carpool	1	1	100%	1	100%	1	100%	1	100%	1	100%
	78	73	94%	65	83%	57	73%	67	86%	67	86%

Parking Occupancy

I. Lee Ave Staff Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
VIHA Staff	93	93	100%	88	95%	93	100%	92	99%	88	95%
	93	93	100%	88	95%	93	100%	92	99%	88	95%

Parking Occupancy

J. Vancouver Island Cancer Centre, Front Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Handicap (Patient)	6	5	83%	5	83%	6	100%	5	83%	5	83%
Vancouver Island Lodge Shuttle Van	1	1	100%	0	0%	0	0%	0	0%	0	0%
	7	6	86%	5	71%	6	86%	5	71%	5	71%

Parking Occupancy

K. Main Entrance / Emergency Lot

Restrictions	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
		Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Taxi	2	2	100%	2	100%	2	100%	2	100%	2	100%
VIHA Shuttle	2	2	100%	2	100%	2	100%	0	0%	2	100%
Public Short Term Meter	6	6	100%	6	100%	6	100%	6	100%	6	100%
Public Street Meter	9	7	78%	9	100%	9	100%	9	100%	9	100%
Handicap (Street Meter)	10	10	100%	10	100%	10	100%	10	100%	10	100%
Emergency Patient	7	5	71%	7	100%	7	100%	7	100%	7	100%
Physician Call Back	9	9	100%	8	89%	9	100%	8	89%	9	100%
Public Street Meter	2	2	100%	2	100%	2	100%	2	100%	2	100%
Commercial Parking	1	1	100%	1	100%	1	100%	1	100%	1	100%
	48	44	92%	47	98%	48	100%	45	94%	48	100%

Parking Occupancy

L. Carpool / Rideshare Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Carpool	7	7	100%	7	100%	7	100%	7	100%	7	100%
Rideshare	10	10	100%	10	100%	10	100%	10	100%	10	100%
	17	17	100%	17	100%	17	100%	17	100%	17	100%

Notes:

1. Carpool and Rideshare spaces are reserved from 7:00am to 10:00am, then available for staff parking.
2. Observations on Tuesday, March 17 determined that 8 vehicles occupied Carpool/Rideshare spaces at 9:45am, suggesting that approximately 9 staff vehicles occupy these spaces after 10:00am.

Parking Occupancy

M. Old Admitting Lot

Restrictions	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
		Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
HDP Restricted (Mon-Fri) Street Meter	6	6	100%	4	67%	4	67%	1	17%	4	67%
Handicap (Patient)	5	3	60%	3	60%	5	100%	5	100%	3	60%
Lab Outpatient Street Meter	4	3	75%	3	75%	4	100%	4	100%	3	75%
Public Street Meter	6	6	100%	4	67%	6	100%	6	100%	6	100%
Patient	25	25	100%	17	68%	17	68%	25	100%	20	80%
handyDART	2	0	0%	0	0%	2	100%	1	50%	0	0%
Patient Transfer	1	0	0%	0	0%	1	100%	0	0%	1	100%
Handicap	2	1	50%	2	100%	2	100%	2	100%	2	100%
	51	44	86%	33	65%	41	80%	44	86%	39	76%

ROYAL JUBILEE HOSPITAL PARKING + TRANSPORTATION STUDY

Parking Occupancy

N. Hospice Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved Hospice Permit Only	7	7	100%	7	100%	7	100%	7	100%	6	86%
Outpatient/Family	13	13	100%	12	92%	13	100%	13	100%	11	85%
	20	20	100%	19	95%	20	100%	20	100%	17	85%

ROYAL JUBILEE HOSPITAL PARKING + TRANSPORTATION STUDY

Parking Occupancy

O. SEC Lot

Restrictions	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
		Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Physician	54	54	100%	54	100%	54	100%	53	98%	49	91%
Physician 90 Minute Max.	5	5	100%	5	100%	5	100%	4	80%	5	100%
VIHA Staff	105	105	100%	101	96%	104	99%	105	100%	99	94%
Handicap	2	2	100%	1	50%	2	100%	2	100%	1	50%
handyDART	2	0	0%	0	0%	2	100%	2	100%	0	0%
TB Clinic (7:00 to Noon)	9	7	78%	8	89%	8	89%	6	67%	8	89%
Hemodialysis Patient	14	10	71%	11	79%	12	86%	13	93%	8	57%
	191	183	96%	180	94%	187	98%	185	97%	170	89%

Parking Occupancy

P. Begbie, Front Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved Permit	4	3	75%	2	50%	4	100%	4	100%	3	75%
Handicap (Street Meter)	1	1	100%	1	100%	1	100%	1	100%	1	100%
Public Street Meter	2	1	50%	1	50%	2	100%	2	100%	2	100%
	7	5	71%	4	57%	7	100%	7	100%	6	86%

ROYAL JUBILEE HOSPITAL PARKING + TRANSPORTATION STUDY

Parking Occupancy

Q. Begbie, Rear Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved Permit	82	64	78%	60	73%	57	70%	75	91%	55	67%
Staff Permit	7	7	100%	7	100%	7	100%	7	100%	7	100%
	89	71	80%	67	75%	64	72%	82	92%	62	70%

Parking Occupancy

R. Main Staff Lot

Restrictions	No. Spaces	Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
		Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
VIHA Staff	430	407	95%	402	93%	430	100%	430	100%	420	98%
VIHA Staff (one-way lane)	13	13	100%	13	100%	13	100%	13	100%	12	92%
	443	420	95%	415	94%	443	100%	443	100%	432	98%

Parking Occupancy

S. Eric Martin Pavilion Lot

		Wednesday March 4 10:00am		Wednesday March 4 2:00pm		Thursday March 5 10:00am		Thursday March 5 12:00pm		Thursday March 5 2:00pm	
Restrictions	No. Spaces	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied	Vehicles	% Occupied
Reserved MHAS Only	6	5	83%	5	83%	6	100%	3	50%	6	100%
Public	25	25	100%	25	100%	25	100%	25	100%	22	88%
Physician Only	17	17	100%	14	82%	15	88%	15	88%	15	88%
Public Street Meter	19	14	74%	12	63%	13	68%	5	26%	5	26%
Handicap (Street Meter)	3	2	67%	1	33%	1	33%	0	0%	2	67%
Employee Only	109	109	100%	107	98%	109	100%	108	99%	106	97%
	179	172	96%	164	92%	169	94%	156	87%	156	87%

APPENDIX C

Neighbourhood Parking Observations

Boulevard Transportation

a division of Watt Consulting Group

Neighbourhood Parking Observations

Summary

	Road Segment	Side	Vehicles Attributed to RJH (assumed)
West (Victoria)	Begbie Street, Belmont Ave to Fern St	N	1
		S	6
	Belmont Avenue, Pembroke St to Gladstone Ave	E	1
		W	0
	Belmont Avenue, Gladstone Ave to Vining St	E	1
		W	0
	Belmont Avenue, Vining St to Grant St	E	0
		W	2
	Vining Street, Belmont Ave to Begbie St	N	1
		S	1
	Gladstone Avenue, Belmont Ave to Shakespeare St	N	3
		S	2
	Denman Street, Victor St to Forbes St	N	5
		S	6
	Forbes Street, Pembroke St to Denman St	E	7
	Belmont Avenue, Pembroke St to Denman St	E	0
		W	0
	Belmont Avenue, Denman St to Bay St	E	2
		W	2
	Haultain Street, Forbes St to Victor St	N	2
		S	6
	Haultain Street, Victor St to Shakespeare St	N	2
		S	3
	Bay Street, Victor St to Shakespeare St	S	5
East (Oak Bay)	Kings Road, Wooton Cres to Foul Bay Rd	N	2
		S	0
	Fair Street, Eastdowne Rd to Epworth St	N	0
		S	1
	Eastdowne Road, Fair St to Haultain St	E	0
		W	2
		Total Vehicles	63

APPENDIX D

Neighbourhood Parking Violations

Boulevard Transportation

a division of Watt Consulting Group

Neighbourhood Parking Violations

Total violations issued in areas surrounding Royal Jubilee Hospital from Jul 1st to Dec 31st 2014

	Side	Adjacent Land Use	Parking Restriction[1]	No. Spaces	Parking Violations Total[2]	Parking Violations Ratio[3]
WEST:						
Carrick St, west of Richmond (1700 block)	N	SF Residential	RPO	41	9	0.11
	S	SF Residential	RPO	38		
		Commercial	2 hour, 8am-6pm, Mon-Fri	3		
Haultain St, Shelbourne to Richmond (1700 block)	N	SF Residential	RPO	46	6	0.07
	S	SF Residential	RPO	36		
Adanac St, west of Richmond (1700 block)	N	SF Residential	RPO	36	1	0.01
	S	SF Residential	RPO	33		
Emerson St, west of Richmond (1700 block)	N	SF Residential	RPO	46	86	0.99
	S	Commercial	1 hour, 8am-6pm, Mon-Sat	4		
		SF Residential	RPO	37		
Bay St, Shelbourne to Richmond (1700 block)	N	SF Residential	RPO	18	41	1.24
	S	SF Residential	RPO	15		
Albert Ave, east of Shelbourne (1700 block)	N	SF Residential	RPO	9	0	0.00
	S	SF Residential	RPO	12		
Denman St, Shelbourne to Richmond (1700 block)	N	SF Residential	RPO	29	2	0.03
	S	SF Residential	RPO	38		
Denman St, west of Shelbourne (1600 block)	N	SF Residential	RPO	20	0	0.00
	S	SF Residential	RPO	22		
Coronation Ave, Shelbourne to Richmond (1700 block)	N	Commercial	2 hour, 8am-6pm, Mon-Fri	4	1	0.02
		SF Residential	RPO	22		
	S	SF Residential	RPO	31		
Pembroke St, Shelbourne to Richmond (1700 block)	N	SF Residential	RPO	18	0	0.00
	S	SF Res, Commercial	1 hour at all times	6		
Shelbourne St, Kings to Haultain (2500 block)	E	SF Residential	RPO	16	0	0.00
	W	SF, MF Residential	RPO	12		
Shelbourne St, Haultain to Bay (2300 block)	E	SF Residential	RPO	14	0	0.00
	W	SF Residential	RPO	14		
Howard St, Bay to Denman (2300 block)	E	SF Residential	RPO	19	1	0.03
	W	SF Residential	RPO	18		
Lydia St, Denman to Pembroke (2200 block)	E	SF Residential	RPO	25	0	0.00
	W	SF Residential	RPO	19		

Neighbourhood Parking Violations

Total violations issued in areas surrounding Royal Jubilee Hospital from Jul 1st to Dec 31st 2014

	Side	Adjacent Land Use	Parking Restriction[1]	No. Spaces	Parking Violations Total[2]	Parking Violations Ratio[3]
SOUTHWEST:						
Birch St, Begbie to Fort (1900 block)	E	SF Residential	RPO	4	138	7.26
		Commercial	1 hour at all times	6		
	W	Commercial, MF Res	1 hour at all times	9		
Ashgrove St, Begbie to Fort (1900 block)	E	SF, MF Residential	RPO	21	20	0.49
	W	SF, MF Residential	RPO	20		
Chestnut St, Begbie to Fort (1800 block)	E	SF Residential	RPO	29	0	0.00
	W	SF, MF Residential	RPO	28		
Fern St, Begbie to Fort (1800 block)	E	SF Residential	RPO	28	17	0.37
	W	SF Residential	RPO	5		
		MF Residential	2 hour, 8am-6pm, Mon-Sat	13		
SOUTH:						
Bank St, Fort to Leighton (1700 block)	E	SF Residential	RPO	22	22	0.48
	W	SF Residential	RPO	10		
		Commercial	1 hour, 8am-6pm, Mon-Sat	14		
Duchess St, Fort to Leighton (1700-1900 block)	E	SF Residential	RPO	48	4	0.04
	W	SF Residential	RPO	50		
Davie St, Fort to Leighton (1700-1900 block)	E	SF Residential	RPO	52	4	0.08
	W		No Parking			
Lee Ave, Fort to Leighton (1700-1900 block)	E	SF Residential	RPO	36	4	0.04
	W	SF, MF Residential	RPO	56		
				1,096	356	0.32

Notes:

1. RPO = Residential Parking Only
2. Total number of violations received by City of Victoria, Parking Services for six month period (July 01 to December 31 2014)
3. Violations per parking space

APPENDIX E

Travel Survey Results

Boulevard Transportation

a division of Watt Consulting Group

Royal Jubilee Hospital Parking and Transportation Study

Summary of Survey Results

A travel survey was conducted from March 17-April 7, 2015 at Royal Jubilee Hospital (RJH) and Victoria General Hospital (VGH). The purpose of the survey is to understand staff, physician, volunteer, patient and visitor travel. The survey was available in hardcopy at each hospital, and online via Fluid Survey. There were a total of 1,511 surveys received.

1. What is your primary role at RJH or VGH?	Number of Responses	Percentage of Responses
Employee	1131	75%
Visitor	120	8%
Student	30	2%
Physician/Resident	32	2%
Patient	84	6%
Volunteer/Auxillary	59	4%
Service Provider	20	1%
Other	28	2%
Total	**1504**	**100%**
Did not respond	**7**	

2. Please indicate the Municipality where you live	Number of Responses	Percentage of Responses
Saanich	335	23%
Victoria	296	20%
Oak Bay	242	16%
Esquimalt	131	9%
Central Saanich	115	8%
Metchosin	63	4%
Sidney	59	4%
Chemainus	51	3%
Sooke	44	3%
North Saanich	41	3%
Duncan	31	2%
Langford	11	1%
View Royal	9	1%
Lower Mainland	3	0%
Rest of Vancouver Island	33	2%
Rest of BC	18	1%
Outside of BC	6	0%
Total	**1488**	**100%**
Did not respond	**23**	

3a. How frequently do you typically travel to RJH?	Number of Responses	Percentage of Responses
1 day a week	85	6%
2 days a week	75	5%
3 days a week	106	7%
4 days a week	148	10%
5 days a week	628	43%
6 days a week	29	2%
7 days a week	31	2%
Less than once a week	156	11%
Never	201	14%
Total	**1459**	**100%**
Did not respond	**52**	

3b. Approximately how many hours per day do you typically spend at RJH?	Number of Responses	Percentage of Responses
Less than 1 hour	36	2%
1-2 hours	71	5%
2-4 hours	108	7%
4-6 hours	85	6%
6-8 hours	358	25%
8-10 hours	428	29%
10 hours or more	135	9%
Not Applicable	237	16%
Total	**1458**	**100%**
Did not respond	**53**	

3c. When do you typically arrive at RJH?	Number of Responses	Percentage of Responses
6:00-7:00am	208	14%
7:00-8:00am	426	29%
8:00-9:00am	246	17%
9:00-10:00am	67	5%
10:00-11:00am	52	4%
11:00am-12:00pm	28	2%
12:00-1:00pm	44	3%
1:00-2:00pm	44	3%
2:00-3:00pm	31	2%
3:00-4:00pm	16	1%
4:00-5:00pm	6	0%
5:00-6:00pm	2	0%
6:00-7:00pm	10	1%
7:00pm-6:00am	15	1%
Not Applicable	263	18%
Total	**1458**	**100%**
Did not respond	**53**	

3d. How do you typically travel to RJH?	Number of Responses	Percentage of Responses
Private Vehicle, alone	757	52%
Private Vehicle, with others	66	5%
Transit	120	8%
Bicycle	119	8%
Walk	105	7%
Motorcycle/Scooter	11	1%
Volunteer Shuttle (patients)	2	0%
RJH/VGH Staff Shuttle	20	1%
Dropped off	34	2%
Not Applicable	183	13%
Other	40	3%
Total	**1457**	**100%**
Did not respond	**54**	

4a. How frequently do you typically travel to VGH?	Number of Responses	Percentage of Responses
1 day a week	56	4%
2 days a week	48	3%
3 days a week	45	3%
4 days a week	73	5%
5 days a week	137	10%
6 days a week	8	1%
7 days a week	10	1%
Less than once a week	210	15%
Never	851	59%
Total	**1438**	**100%**
Did not respond	**73**	

4b. Approximately how many hours per day do you typically spend at VGH?	Number of Responses	Percentage of Responses
Less than 1 hour	42	3%
1-2 hours	57	4%
2-4 hours	58	4%
4-6 hours	45	3%
6-8 hours	138	10%
8-10 hours	98	7%
10 hours or more	106	7%
Not Applicable	894	62%
Total	**1438**	**100%**
Did not respond	**73**	

4c. When do you typically arrive at VGH?	Number of Responses	Percentage of Responses
6:00-7:00am	94	7%
7:00-8:00am	172	12%
8:00-9:00am	83	6%
9:00-10:00am	35	2%
10:00-11:00am	19	1%
11:00am-12:00pm	4	0%
12:00-1:00pm	12	1%
1:00-2:00pm	21	1%
2:00-3:00pm	18	1%
3:00-4:00pm	9	1%
4:00-5:00pm	2	0%
5:00-6:00pm	2	0%
6:00-7:00pm	5	0%
7:00pm-6:00am	8	1%
Not Applicable	954	66%
Total	**1438**	**100%**
Did not respond	**73**	

4d. How do you typically travel to VGH?	Number of Responses	Percentage of Responses
Private Vehicle, alone	432	30%
Private Vehicle, with others	33	2%
Transit	36	3%
Bicycle	38	3%
Walk	10	1%
Motorcycle/Scooter	7	0%
Volunteer Shuttle (patients)	1	0%
RJH/VGH Staff Shuttle	14	1%
Dropped off	9	1%
Not Applicable	836	58%
Other	23	2%
Total	**1439**	**100%**
Did not respond	**72**	

5. If you work at RJH or VGH and drive a vehicle (alone) to the site, why do you choose not to travel via an alternative mode (carpool, bus, bike, walk, etc.)? Please select all that apply	Number of Responses	Percentage of Responses
It is inconvenient	416	15%
Takes too much time	330	12%
Road safety concerns	62	2%
Bad weather	115	4%
Rushed in the morning	173	6%
Awareness/access to facilities (e.g., change rooms, lockers)	25	1%
Family responsibilities	250	9%
Need a vehicle for work	99	4%
Too far away (e.g., distance)	229	8%
It is unreliable	119	4%
Need to run errands	211	7%
Not Applicable	572	20%
Other	215	8%
Total	**2816**	**100%**

6. How would you describe your experience finding available parking at RJH?	Number of Responses	Percentage of Responses
Challenging	733	51%
Somewhat Challenging	238	17%
Not Challenging	134	9%
Unsure/Not Applicable	325	23%
Total	**1430**	**100%**
Did not respond	**81**	

7. How would you describe your experience finding available parking at VGH?	Number of Responses	Percentage of Responses
Challenging	52	4%
Somewhat Challenging	118	8%
Not Challenging	531	37%
Unsure/Not Applicable	729	51%
Total	**1430**	**100%**
Did not respond	**81**	

8. In the past year have you parked in neighbourhoods surrounding RJH and walked to the site?	Number of Responses	Percentage of Responses
Yes, often	285	20%
Yes, infrequently	319	22%
No	514	36%
Not Applicable	312	22%
Total	**1430**	**100%**
Did not respond	**81**	

9. Which statements describe why you park off-site? Select all that apply	Number of Responses	Percentage of Responses
I know I will not find parking on-site, so I choose to park off-site	157	21%
I park off-site only when I cannot find parking on-site	324	44%
On-site parking is expensive and I prefer free parking off-site	199	27%
Other	58	8%
Total	**738**	**100%**
Did not respond	**773**	

10. When parking in surrounding neighbourhoods, where do you most commonly park?	Number of Responses	Percentage of Responses
North (Camosun, Richmond Road)	173	29%
East (Fort Street, Foul Bay Road)	126	21%
South (Jubilee neighbourhood, Oak Bay Avenue)	109	18%
West (Fernwood)	125	21%
Other	59	10%
Total	**592**	**100%**
Did not respond	**919**	

11. When parking in surrounding neighbourhoods, what kind of parking do you most commonly utilize?	Number of Responses	Percentage of Responses
On-street in unrestricted areas	383	64%
On-street in "Resident Parking Only" areas	67	11%
Off-street in a resident's driveway or property	20	3%
Off-street in a nearby business parking lot	74	12%
Other	50	8%
Total	**594**	**100%**
Did not respond	**917**	

Open-Ended Question Summary Respondents were asked to provide additional comments related to travel and parking at RJH or VGH. There were approximately 850 comments in total; a summary is provided below of the most frequent comments
Cannot find parking between 8am and 315pm. It is not fair when you are paying for the pass and are not able to find a parking space. Parking is too expensive Shift work makes it hard to carpool Shuttle bus needs more frequency during the AM and PM peaks. Why are transit passes only available to permanent employees? Non-contract should be allowed to use it. Need more covered bike parking, and lockers for day use. There should be more signage from RJH to VGH via Gallooping Goose. Bike rack on shuittle bus – sometimes it is only usable one way due to times. Many staff who cannot find parking will park in visitor, patient parking which displaces these people. Students should not be allowed to use staff parking Need on or near-site daycare

APPENDIX F

Summary of Existing TDM Programs

Boulevard Transportation

a division of Watt Consulting Group

VANCOUVER ISLAND health authority

VANCOUVER ISLAND HEALTH AUTHORITY

2014 ANNUAL TDM SUMMARY

19 August 2014

EXECUTIVE SUMMARY:

The Vancouver Island Health Authority (VIHA) has been committed to reducing the Single Occupant Vehicle (SOV) trips to the Royal Jubilee Hospital (RJH) site with the original goal as set out in the Master Development Agreement (MDA) to be a 10% reduction in SOV by 2010 from a benchmark that was set in 2007. This process has involved formal reports to the City of Victoria (CoV) every two years which started in 2010 and followed by 2012, detailing the progress of the various TDM strategies. VIHA conducted Travel-TDM Surveys at the RJH and Victoria General Hospital (VGH) along with vehicle counts to identify groups of vehicles entering the campus. The surveys were completed to assess the challenges and opportunities users face when travelling to and from the hospital sites. The survey was part of VIHA's ongoing commitment to renew and encourage its TDM program and promote the use of alternative transportation methods.

Table A below illustrates that the TDM program has had a tremendous impact on the reduction of single private car trips to the RJH campus since the origin of the 2007 baseline. Even though survey results indicate a 12.5% reduction in SOV to the RJH campus since 2007, the 2007 RJH Trip Reduction baseline has not been met. Results indicate that VIHA is short of its daily SOV target goal by 109 daily trips. Since 2007, VIHA has reduced its Daily SOV daily trip vehicle count by 5.9% and that does not meet the forecasted 10% reduction.

TDM SURVEY SUMMARIES:

Table A: Modal Split of Individuals Travelling to Victoria General Hospital (VGH) and Royal Jubilee Hospital (RJH) over 3 days per week*

Mode	2007 Survey		2010 Survey		2012 Survey	
	VGH	RJH	VGH	RJH	VGH	RJH
Private Car (Alone)	80.8%	70.0%	75.2%	60.0%	65.1%	57.5%
Private Care (With Others)	5.8%	11.0%	10.3%	6.0%	9.8%	7.2%
Transit	3.8%	4.5%	4.1%	13.7%	10.6%	10.6%
Bicycle	4.7%	5.0%	4.8%	7.9%	5.9%	11.2%
Walk	1.5%	5.0%	1.4%	7.7%	3.4%	7.5%
Drop Off	1.7%	2.5%	3.4%	2.5%	2.7%	2.9%
Other	1.70%	2.00%	0.70%	2.30%	2.50%	3.10%

*Only those individuals travelling to the site 3 days or more were included.

Table B: Modal Split of Individuals Travelling to Victoria General Hospital (VGH) and Royal Jubilee Hospital (RJH) 1 or more days per week

Mode	2007 Survey		2010 Survey		2012 Survey	
	VGH	RJH	VGH	RJH	VGH	RJH
Private Car (Alone)	74.6%	67.4%	73.9%	57.8%	65.1%	56.9%
Private Care (With Others)	9.7%	13.2%	10.4%	9.0%	9.8%	9.3%
Transit	3.4%	4.3%	5.9%	13.5%	10.6%	11.1%
Bicycle	5.2%	5.3%	3.2%	7.1%	5.9%	10.0%
Walk	3.1%	5.2%	2.3%	7.1%	3.4%	6.9%
Drop Off	2.0%	2.3%	3.6%	3.3%	2.7%	2.9%
Other	2.0%	2.3%	0.9%	2.1%	2.5%	2.8%

VIHA TDM PROGRAM (Historical Account):

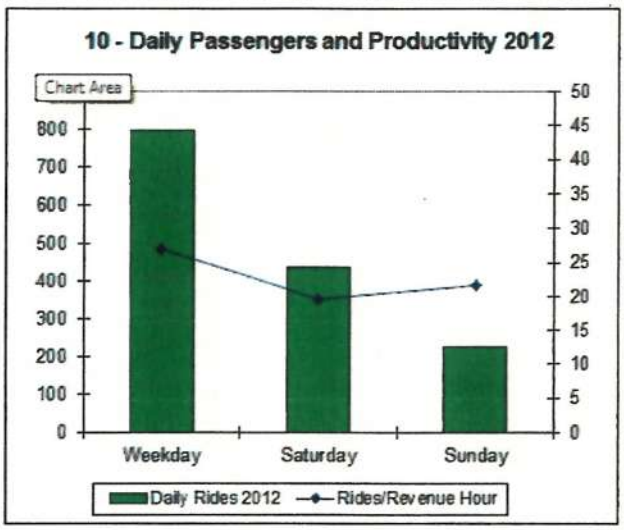
Since 1999, the Vancouver Island Health Authority (VIHA) has been committed to promoting and supporting Transportation Demand Management (TDM) for all of its sites, including the Royal Jubilee Hospital (RJH). An effort to reduce the demand for parking and decrease single occupant vehicle travel to and from the campus resulted in a strategy to identify and support alternative modes of transportation for site users. With the development of the Patient Care Centre in 2008, alternative transportation modes to the traditional vehicle mode seemed obvious and necessary as the demand for parking increased with new development taking place on the site. VIHA Parking Services (PS) has identified elements that supported bicycling (increased bicycle storage capacity), Formal & Informal Carpools, Rideshare, Employer-subsidized Transit, internal orientation of employees, bicycling programs, and increased parking rates. All of these measures support a healthy alternative for employees to arrive at VIHA hospitals. VIHA's commitment has demonstrated a strong support for the reduction of Single Occupant Vehicles (SOV) and an ability to achieve objectives during periods of campus growth and redevelopment for the long term. The overall objective of this plan is for shifting the modal split towards fewer single occupant vehicles (SOV). A key component of this plan is to enhance existing strategies and review for effectiveness to support potential strategies. VIHA has endeavored to continually support those tools that have been most effective in helping to reduce SOV with the understanding that there may be a number of tools available with some being more successful than others. Regular monitoring and "course corrections" are important to the success of this program.

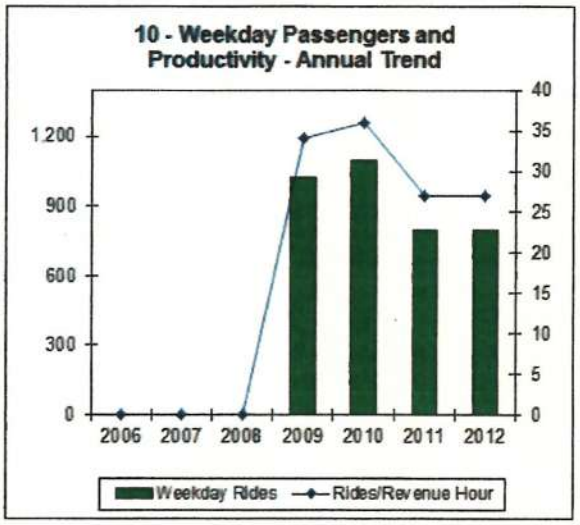
Included is a historical demonstration of the commitment to the reduction of SOV to our campuses while supporting those employees that participate in alternative methods of transportation. The historical account of these TDM initiatives are in no particular order of results:

1. **BC Transit Route 10**

   Transit route 10 started December 28, 2009. Substantial uptake of arriving patients, employees.

Table C: Summary of BC Transit Route #10 Annual Ridership:





2. **VIHA Enhanced Shuttle**
   - Expanded Shuttle Service started on a trial basis from March 17, 2008 to April 28, 2008
   - VIHA Parking Services enhanced the morning and evening run of the shuttle to support an uptake of employees that are arriving to the RJH and VGH for shifts that start before 08:00 and after 16:00.
   - Original requests for the service were by Microbiology Lab that had moved from RJH to VGH. They completed an internal survey for ridership and proved sufficient uptake to start a trial.
   - Service had positive uptake.
   - Shuttle service started full time in May 2008 and as of July 2014 averages 27.0 participants ridership per day.

3. **BC Transit Employee ProPASS Program:**
   - VIHA provides permanent full time employees a subsidized annual bus pass through the BC Transit ProPASS program. Table C below details the number of employees using the program since 2005 as well as the subsidy rate and the cost to the employee per pay period.
   - The bus pass is paid through payroll deductions at a 54% annual savings compared to an RJH employee general parking permit (see Table D below which compares the cost of an employee ProPass to the cost of an employee parking permit at RJH).

Table D: Summary of VIHA ProPASS Program:

VIHA ProPASS Program					
YEAR	# of Employees	BC Transit ProPASS Cost ($)	VIHA ProPASS Subsidy Rate	New Cost to Employee (per PP)	Notes
2005	73	$23.77	$5.54	$18.23	No ProPASS increase from BC Transit
2006	122	$23.77	$5.54	$18.23	
2007	132	$29.02	$5.54	$23.48	
2008	148	$29.02	$5.54	$23.48	
2009	210	$29.02	$5.54	$22.36	05-Mar-09
2010	215	$31.69	$13.00	$18.69	Subsidy increased Sept 17, 2010
2011	221	$32.68	$14.00	$18.68	Subsidy increased April 1, 2011
2012	257	$33.67	$15.00	$18.67	Subsidy increased April 1, 2012
2013	305	$33.67	$15.00	$18.67	Under review for increase to subsidy.
2014	354	$33.67	$16.17	$17.50	Subsidy increased April 11, 2014

Table E: Annual Employee ProPASS Cost vs. Employee Payroll Deductions (RJH Rate)

	ProPASS				RJH Payroll Deduction Permit	
Year	ProPASS Subsidy Rate ($)	Bi-weekly cost to Employee ($)	Bi-Weekly Rate	Annual Cost to Employee	Bi-Weekly Rate	Annual Cost to Employee
2005	5.54	18.23	23.77	$473.98	$18.23	$474.05
2006	5.54	20.21	25.75	$525.46	$18.23	$474.05
2007	5.54	23.48	29.02	$610.48	$18.78	$488.28
2008	5.54	23.48	29.02	$610.48	$19.35	$503.10
2009	5.54	22.36	29.02	$581.36	$20.32	$528.26
2010	13.00	18.69	$31.69	$485.94	$27.00	$702.00
2011	14.00	18.68	$32.68	$485.68	$27.00	$702.00
2012	15.00	18.67	$33.67	$485.42	$27.00	$702.00
2013	15.00	18.67	33.67	$485.42	$27.00	$702.00
2014	16.17	17.50	33.67	$455.00	$27.00	$702.00

4. **NEW VIHA Employee Orientation**
   - Since 2007, Parking Services has included a TDM Package in all new employee orientation to promote and increase awareness of VIHA Supported Commuting Options. Orientations are also directed to separate orientation sessions to arriving students and Intern/Residents in 1 to 4 year programs at RJH.
   - Since 2007, approximately 18 sessions per year have been completed and between 60 – 70 TDM Packages given to new employees totaling 1080 new employees.

5. **VIHA Rideshare Parking**
   - Parking stalls are open to participants in either the organized Jack Bell Rideshare Vanpools or simply employees that wish to share a car to get to work.
   - The end goal is saving for the employees in sharing the cost of the commuting, as well as the overall goal to reduce the number of SOV trips to the RJH site.

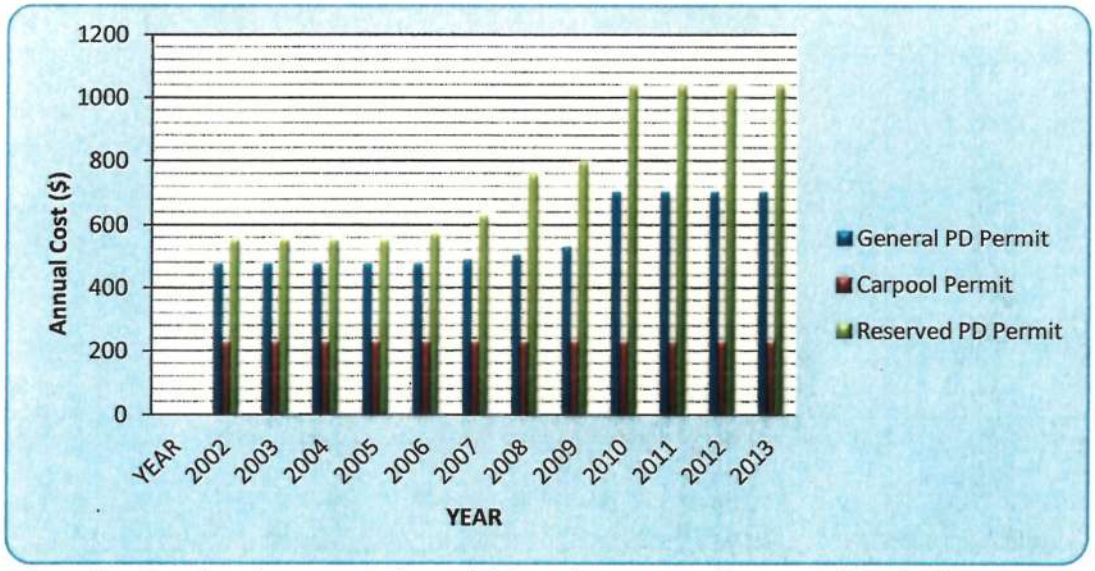
6. **VIHA Formal Carpool Program**
   - The carpool program on the South Island offers preferred parking stalls and reduced parking fees for the shared group, plus a guaranteed ride home in case of emergencies.
   - The criteria requires two (2) or more permanent staff members traveling together in the same vehicle from different addresses to the same site for 80% of the time or more.

   CARPOOLL BENEFITS:

   ✓ The annual cost of a VIHA carpool permit (minimum 2 people) is $455.00. An actual comparison for a dedicated stall (one person) is $227.50 compared to a Reserved parking permit which costs $1035.45; this equates to a 78% savings in parking cost.

   ✓ Reserved parking spaces adjacent to building entrances allow for priority parking.

Table F: Comparison of VIHA General, Reserved and Carpool Permits



Annual cost savings for a carpool permit is based on one employee participating in program.

7. **Bike To Work Week**

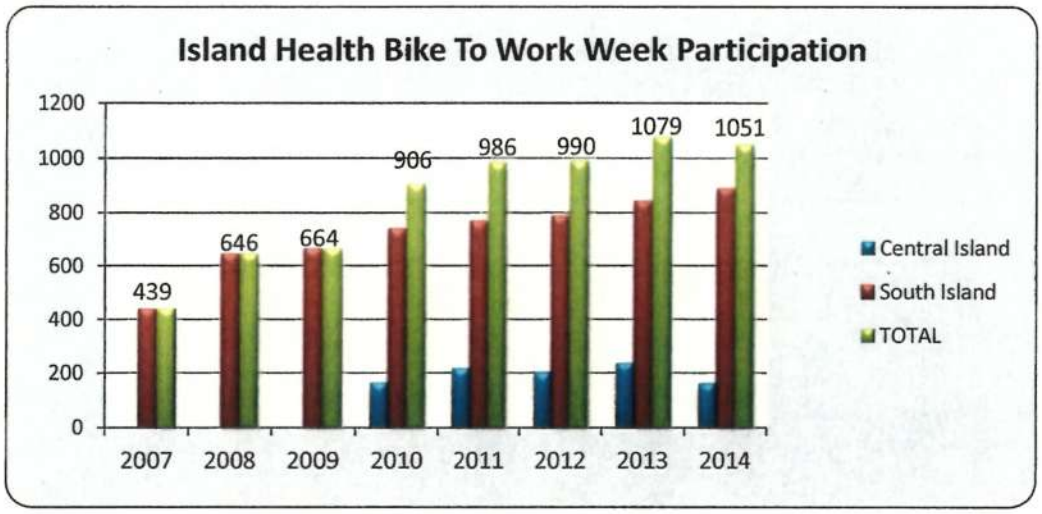
- Once a year VIHA Employees register and participate in the week long activities promoted through the Greater Victoria Bike to Work Week (BTWW) Society.
- VIHA as an employer has a significant role in employee participation in BTWW.
- Annually VIHA engages its employees that participate in BTWW and host Celebration Stations at both RJH and NRGH. As well, the BTWW Society hosts a station beside VGH on the Galloping Goose Trail.
- The celebration stations include free food and refreshments, free VIHA bike registration and engraving, and a free bicycle tune up from a local mechanic.
- BTWW participation is a strong reason why VIHA employees now bicycle year round to our facilities. VIHA Employee participation since 2007 has increased 59.4%.

✓ BTWW 2008 – Was the first year that VIHA had a dedicated Celebration Station arranged with BTWW society. The location was in Old Town and was promoted through BTWW Society and drew not only VIHA employees but also the public participants in BTWW. VIHA annually continues to support a Celebration Station at RJH.

✓ Since 2010 VIHA has supported a Celebration Station at NRGH.

✓ Every year VIHA supports BTWW Society by placing a increasing its financial support by raising its sponsorship level from a Bronze to Silver Level.

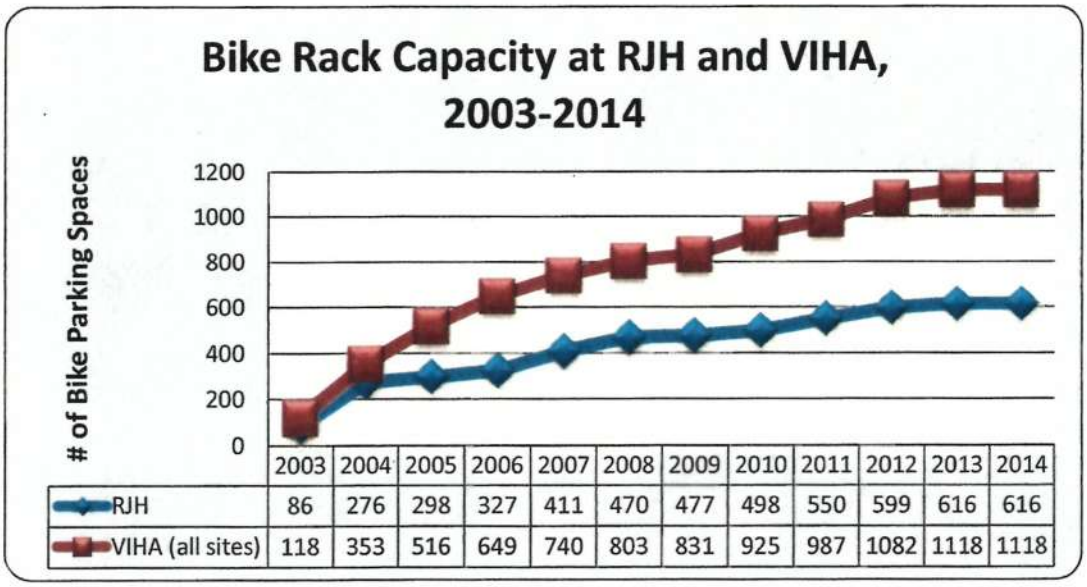
Table G: Summary of BTWW Program Participation:



8. **Bicycling Storage Facilities**

- VIHA Parking Services has made a commitment to increase storage capacity by expanding bicycle racks, lockers and secured bicycle compounds.
- Bicycle storage capacity (VIHA SI and NRGH Pay Parking Facilities). Since 2003 bicycle storage has increased approximately 85%.
- 1995 (77 bicycles) were installed in the RJH Foods Service secured bicycle compound.
- 2008 (57 bicycles) plus 2 electrical outlets for electric bicycles were installed in the RJH PES secured bicycle compound.
- 2010 (32 bicycles) + 2 electrical outlets for electric bicycles were installed in the VGH secured bicycle compound
- Installed 2005 (96 lockers) bicycle lockers at RJH.
- Installed 2011 (30 lockers) bicycle lockers at the RJH Patient Care Centre.

Table H: Summary of Bicycle Storage Capacity:



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
RJH	86	276	298	327	411	470	477	498	550	599	616	616
VIHA (all sites)	118	353	516	649	740	803	831	925	987	1082	1118	1118

9. **<u>VIHA Parking Rate Increases:</u>**

- VIHA reviews annually the Public and Employee parking rates as a comparison to current market rates surrounding in the city. Incremental increases of these parking rates have aligned more closely to the current market value.
- Current employee parking rates are more expensive than a Carpool Permit or BC Transit Employee ProPASS.
- Certain restrictions to Collective Bargaining Agreements (HEU) limit parking rate increases.

Table I: VIHA Parking Rate Increase (RJH Specific):

ROYAL JUBILEE HOSPITAL • MASTER CAMPUS PLAN 2015 - 2035

JUNE 2015

island health

Stantec

1.0	INTRODUCTION AND PLANNING CONTEXT	1.1 PREAMBLE	1
		1.2 PURPOSE OF THE MASTER CAMPUS PLAN	1
		1.3 OVERVIEW	1
		1.4 PUBLIC CONSULTATION PROCESS	1
		1.5 PLANNING AND PROJECT CONTEXT	2
2.0	CAMPUS VISION, GOALS AND OBJECTIVES	2.1 VISION	4
		2.2 GOALS AND OBJECTIVES	4
		2.3 PRINCIPLES FOR OVERALL CAMPUS DEVELOPMENT	5
3.0	PROPOSED DEVELOPMENT SCENARIO	3.1 PROPOSED DEVELOPMENT SCENARIO	6
		3.2 IMPLEMENTATION OF THE PLAN	8
4.0	THE RJH MASTER CAMPUS PLAN 2015 - 2035	4.1 RJH MASTER CAMPUS PLAN	12
		4.2 PROPOSED MCP KEY FEATURES	12
5.0	DESIGN GUIDELINES		19
APPENDIX	A. PUBLIC CONSULTATION OUTCOMES		30
	B. FUTURE TRANSPORTATION DEMAND MANAGEMENT STRATEGIES AT RJH		31

1.0 INTRODUCTION AND PLANNING CONTEXT

1.1 PREAMBLE

Island Health's department of Planning and Community Engagement has prepared the Royal Jubilee Hospital (RJH) Master Campus Plan (MCP or "the Plan") in consultation with other departments within the Health Authority, under the direction and guidance of Island Health Executive Leadership. The MCP has been a combined effort involving the local community, the City of Victoria, and the District of Saanich.

1.2 PURPOSE OF THE MASTER CAMPUS PLAN

The purpose of this MCP is:

- To fulfill the terms of a Master Development Agreement (MDA) between Island Health and the City of Victoria. This Agreement requires the preparation of an MCP that is approved by the City of Victoria Council prior to the construction of any new buildings on the RJH campus;
- To provide a planning framework that offers clear and concise design guidelines for the physical and operational development and character of the campus including its buildings, landscape, circulation, public realm, and infrastructure; and,
- To provide approving authorities, surrounding communities, and Island Health itself with as much certainty as possible in developing the character and form of the campus during economic uncertainty and healthcare delivery challenges. This document is shaped by Island Health's commitment to providing excellent prevention, care, and recovery services in a safe, health-oriented, and sustainable environment.

1.3 OVERVIEW

Founded in 1890, the Royal Jubilee Hospital has been an integral part of the surrounding community over the past 120 years. In addition to being a major employment centre, the facility provides specialized services and emergency care, as well as outpatient and inpatient services for the residents of Victoria and Vancouver Island, the Gulf and Discovery Islands, and part of the mainland opposite northern Vancouver Island.

Island Health engaged Stantec Architecture Ltd. (Stantec) to prepare an MCP for the RJH Campus lands which are under the jurisdiction of the District of Saanich and the City of Victoria. Stantec has managed a stakeholder engagement process, assessed the condition of the existing buildings and infrastructure, and, using existing documentation, created an MCP for 2015 to 2035.

Key to the development of the RJH MCP is the significant participation and contribution of the members of the RJH Neighbourhood Association. Many hours of volunteer time were invested by neighbours from the surrounding community associations and the Bowker Creek Society to attend public consultation sessions, open houses and focused meetings to develop the Plan. The community members provided valuable feedback and worked with Island Health to develop a collective vision, as well as principles, and goals and objectives for the Plan, which in turn set the foundation for the design guidelines.

Continually evolving demands for healthcare services have presented challenges for Island Health and the consultant team in providing a development and functional program for the campus that would enable a concrete plan to take shape. To address this challenge, Island Health conducted long term projections to estimate healthcare needs and economic demands that are expected to affect the region over the coming years. Understanding these factors enabled the consulting team and Island Health to plan for development that reasonably addresses these future needs. Another key challenge is the lack of expansion space for new development and therefore, Island Health must look to increasing density on the existing RJH site for its future requirements. With this in mind, Island Health and the consulting team have made a significant effort to carefully plan the spatial and functional development of the campus that respects and integrates with surrounding residential communities, the sensitive environmental assets, and the future growth plans of the Jubilee Neighbourhood Urban Village described in the 2012 City of Victoria Official Community Plan.

The planning of the MCP has been informed by best practices in healthcare campus design which focus on, amongst other things, contributing to the surrounding neighbourhood context, through a balance between open space and buildings, and encouraging animated spaces, safe movement and wayfinding. More fundamentally, campus spaces in the Plan provide supportive and healing environments for patients, staff, and families alike.

With the opening of the Patient Care Centre in 2011, approximately 450 total beds are in operation at RJH. The MCP provides a framework that will guide the development of the RJH campus from 2015 to 2035. By the end of that period, it is estimated that between 600 to 650 total beds will be needed to address increasing demands brought about by the region's growing and aging population. Based on this projection, and on other comparable projects in BC and Canada, the consultant team formulated a rational assessment of required gross development area in square metres, a floor space ratio (FSR) to accommodate growth and density, and a development implementation strategy for the site.

In summary, RJH will continue to be a vital asset to the community as a:

- key urban healthcare facility;
- major employment centre;
- significant contributor to the local economy; and,
- research and educational hub linking with major educational institutions such as the University of Victoria, and the University of British Columbia.

In the final analysis, healthcare needs will always be the primary planning consideration for the RJH site. There may be occasions when functional and operational needs of the campus make this a challenge. Island Health is committed to negotiating reasonable solutions with its community partners through the RJH Good Neighbour Agreement. The MCP anticipates potential growth patterns and needs for the next 20 years. During that time, it will serve as a planning framework to guide the execution and evaluation of major development projects on the RJH campus.

1.4 PUBLIC CONSULTATION PROCESS

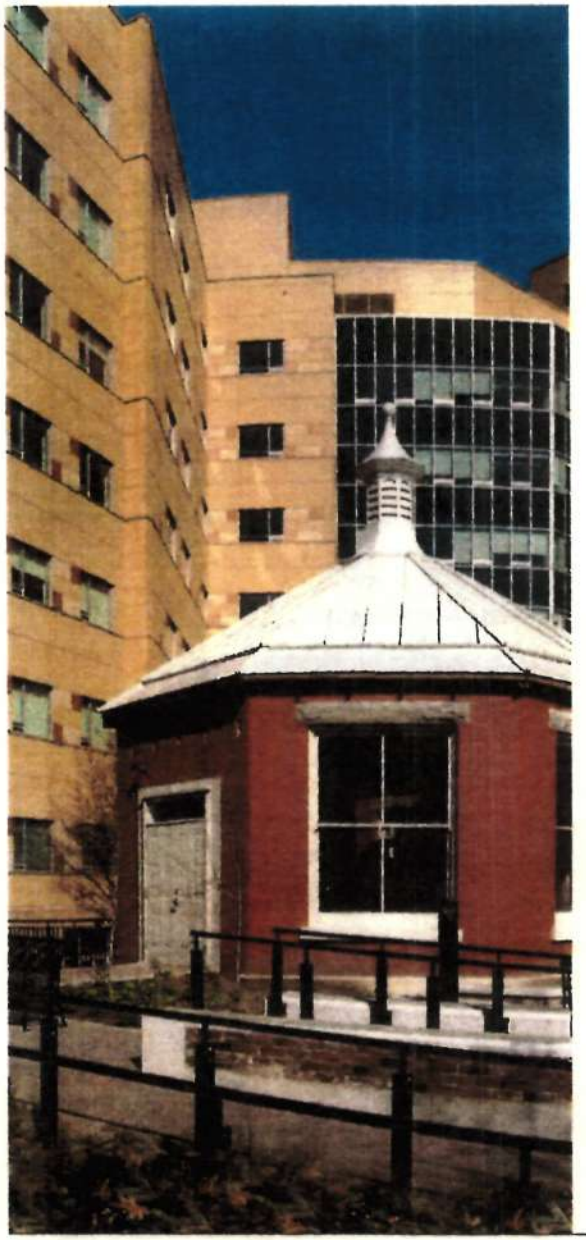
Public Consultation Background

The development of the RJH MCP followed two paths: technical research and analysis, and public consultation.

Any development on the RJH campus affects neighbouring residents, businesses, community organizations and other stakeholders. To ensure that these people and groups had opportunities to understand the issues, raise concerns and contribute ideas during the development of the MCP, the consultant team created a Public Consultation Plan.

As required by the MDA, this Consultation Plan was submitted to the City of Victoria Planning Department for approval, and guided the team in their interactions with stakeholders, including municipalities and residents of surrounding neighbourhoods.

island health



Public Consultation Goals and Objectives

Goals

All neighbouring residents, community organizations and stakeholders will have opportunities to contribute their concerns and ideas during the development of the RJH MCP.

Objectives

- Provide opportunities for internal and external stakeholders to have input into the MCP.
- Seek advice and guidance from the RJH Neighbourhood Liaison Committee at key points in the development of the Plan.
- Engage a broad cross section of the community in the development of the Plan, to ensure that it reflects community perspectives and values.

Consultation Process

During the public consultation process, the team provided stakeholders with an analysis of existing site conditions and draft planning principles and design guidelines. All stakeholders had an opportunity to review these and provide comments and suggestions. The team used stakeholder feedback to amend the document and develop site planning options. Additionally, stakeholders had the opportunity to take part in a site tour, where they were able to contribute observations and ideas about how existing features and conditions may impact the planning process in the future.

The consultant team, in coordination with Island Health:

- Clarified project scope and gathered information;
- Reviewed existing documentation and prepared a facility analysis report;
- Met with Island Health management and staff;
- Developed a Public Consultation Plan;
- Met with the RJH Neighbourhood Liaison Committee;
- Met with City of Victoria and District of Saanich planning staff;
- Conducted a site analysis of the RJH campus;
- Researched precedent MCP documents;
- Prepared for and facilitated public open houses and workshops;
- Prepared for and facilitated Island Health staff open houses;
- Prepared draft design guidelines, site planning options, and recommended a planning option;
- Developed illustrative massing; and,
- Prepared the final Draft MCP document.

The team also sought input from the City of Victoria, District of Saanich, and the RJH Neighbourhood Committee, and revised the final draft in response to their input.

Community Feedback

Feedback from the public consultation process expressed the core values and concerns of the participating stakeholders. Island Health and the consultants heard many concerns and suggestions about the future development of the RJH campus. The consultant team has summarized and categorized these concerns into several themes.

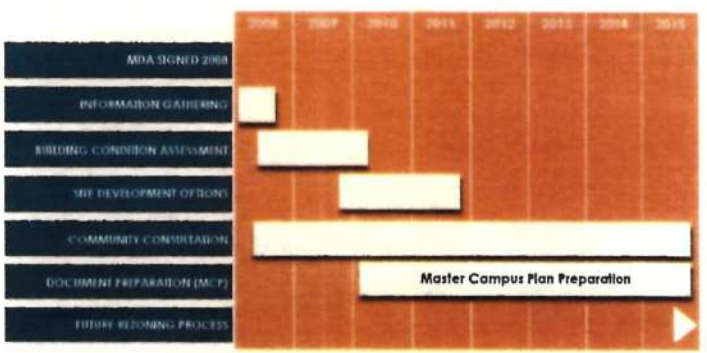
The outcomes from the Public Consultation session can be found in Appendix A.

1.5 PLANNING AND PROJECT CONTEXT

Jurisdictions and Neighbourhoods

The borders of the Hospital campus site are: Bowker Creek on the northeast corner, Adanac Street to the north, Fort Street and Richmond Road to the south and west, and Trent Street to the east (See map on page 3).

The respective zoning bylaws of the City of Victoria and the District of Saanich, Official Community Plans, and local Neighbourhood Plans guide development on this site. The City of Victoria currently zones three development areas within the campus as well as a Public Buildings District, stipulating site areas and boundaries, building heights, floor area, setbacks and other requirements. The surrounding neighbourhoods include a mix of single-family residential housing, multi-family apartments, health services support office buildings, local retail shops, and small businesses. The District of Saanich zones their lands in the Hospital campus as a Personal Care Zone, and regulates buildings and structures, density and permitted uses. It also has goals and objectives for open spaces and parks to be included in Bowker Creek multi-use trail and greenway. See Table 1 for a summary of the current zoning on the RJH campus.



RJH Campus | MCP TIMELINE

RJH Campus | CURRENT ZONING MAP FOR RJH

RJH Campus | TABLE 1 Current Site Areas Per Zone

Site Area Data	Area M²
[illegible]	10,400.00
[illegible]	67,100.00
[illegible]	6,[illegible].00
[illegible]	13,024.00
Site Area Victoria (m²)	**97,124.00**
Site Area Saanich (m²)	**48,300.00**
Total Site Area (m²)	**145,424.00**

1. D3 (6600 m²) subtracted from total site area used as open space only

island health

2.0 CAMPUS VISION, GOALS AND OBJECTIVES

The following MCP Vision, Goals and Objectives, and Principles were collaboratively developed by Island Health and its community partners through a series of engagement, including open houses, consultation working sessions, and community association meetings. They reflect the core values and desires of the surrounding community and are intended to guide future development on the campus.

2.1 VISION

A flexible, dynamic, and environmentally sustainable hospital campus that contributes to the health and well-being of patients, staff, physicians, visitors, neighbours, and the region as a whole.

2.2 GOALS AND OBJECTIVES

Goal 1: Demonstrate Environmental Stewardship

OBJECTIVE 1.1 CHAMPION ENVIRONMENTAL SUSTAINABILITY

- Strive for leading-edge practices in sustainable design and operation of buildings, landscape, and service systems and work to minimize the environmental impacts of new hospital developments. Mandate future new construction and renovations of existing campus buildings to achieve a minimum standard of LEED® Gold (or equivalent).
- Achieve a balance between ecological and human needs, and model sustainable practices in future development initiatives.

OBJECTIVE 1.2 RESPECT THE NATURAL ENVIRONMENT

- Protect and enhance open spaces and natural areas to provide places of respite and beauty for patients, staff, physicians, visitors, and neighbours, promote a feeling of interconnection with nature, and a healing environment.
- Support the vision, goals and objectives of the Bowker Creek Watershed Management Plan and the Bowker Creek Blueprint as part of Island Heath's commitment to monitor and maintain public health, clean water, and healthy communities. Commit to continued consultation with local government and community groups such as the Friends of Bowker Creek and the Bowker Creek Initiative.
- Protect and preserve mature landscapes and Garry Oak stands (management may include ongoing pest control, pruning, inter-planting, or other horticultural best practices).

OBJECTIVE 1.3 LEVERAGE THE NATURAL LANDSCAPE

- Design the campus to incorporate natural site characteristics that enhance the sense of respite and well-being, and ensure that the built environment and landscape work together to enhance the site's overall form and function.

Goal 2: Create a Safe and Healthy Campus

OBJECTIVE 2.1 ENHANCE CAMPUS SAFETY AND ACCESSIBILITY

- Design a safe and secure campus environment for the people who use it. Attention to enhanced safety in the design and planning of buildings, open spaces, and circulation is vital to all future development.
- Consider the unique needs of all hospital users, including seniors, and ensure universal accessibility in all future developments.

OBJECTIVE 2.2 MAINTAIN A SMOKE-FREE ENVIRONMENT

- Uphold Island Health's policy that prohibits on-site smoking (Smoke-Free Premises Policy) in health facilities, including the whole RJH campus, while also continuing to be a Good Neighbour and investigating ways to discourage smokers from going into the surrounding community and disturbing the neighbourhood.

OBJECTIVE 2.3 PROVIDE OPPORTUNITIES FOR ACTIVE LIVING AND HEALTH PROMOTION ON CAMPUS

- Promote health and wellness on the campus by providing active living opportunities for walkability, mobility and open spaces.
- Design the campus and facilities to contribute to improved staff, physician, patient, and visitor health and safety.

Goal 3: Integrate/Harmonize the Hospital Campus with the Built and Natural Environment, Both Locally and Regionally

OBJECTIVE 3.1 INTEGRATE RJH WITH THE SURROUNDING NEIGHBOURHOOD

- Ensure that the composition, massing scale, colour, materials, texture, and articulation of potential Hospital buildings are appropriate and connected to the surrounding neighbourhood urban context, as well as to the existing buildings on campus.
- Integrate buildings with safe, easily navigated, coherent, pedestrian circulation and public open spaces, and ensure that there are pedestrian links between the Hospital campus and the surrounding community.

OBJECTIVE 3.2 PROVIDE AND ENCOURAGE OPTIONS FOR TRANSPORTATION AND CONTINUE TO REDUCE THE DEMAND FOR PARKING ON THE CAMPUS

- Continue to implement strategies to reduce parking demand on the site and in surrounding neighbourhoods by providing additional incentives for site users to choose alternative modes of transportation such as transit, carpooling, cycling, and walking.

Goal 4: Be a Connected Leader of Health and Care Services

OBJECTIVE 4.1 PART OF AN INTEGRATED NETWORK OF HOSPITALS

- Continue to be a significant contributor to regional healthcare by providing a unique set of programs and services that, together with other facilities, create an essential continuum of healthcare services.

OBJECTIVE 4.2 BECOME A "CENTRE OF EXCELLENCE FOR HEALTH"

- Contribute to excellence in health service and user experience by providing highly specialized services at RJH that are not provided anywhere else on Vancouver Island, and ensuring continued quality and service improvement, as well as a greater collaboration between patients and their healthcare providers.
- Continue to shift the culture of health care from being disease-centred and provider-focused to being patient-centred with the objective of improving the overall patient experience, including at Island Health care facilities such as RJH.

OBJECTIVE 4.3 ATTRACT AND RETAIN HEALTHCARE PROFESSIONALS

- Create a dynamic and supportive work environment, as well as a built campus that brings together quality, safety, and excellence for patients, clients, and families. This will also improve the experience of providing care and therefore, is attractive to skilled healthcare professionals.

2.3 PRINCIPLES FOR OVERALL CAMPUS DEVELOPMENT

1. Preserve History and Built Heritage

The Hospital campus contains several heritage buildings that have both historical and cultural value to the community and municipalities. The campus also contains significant mature landscape areas including Garry Oak stands.

The MCP acknowledges the importance of protecting the heritage value of existing buildings on the campus, and this has been an important consideration in its development. The Government of Canada, City of Victoria, and the District of Saanich all prescribe a specific process and requirements that must be followed when any changes, additions or alterations are considered for registered or designated sites or buildings. On the Hospital campus, heritage designated buildings include the Pemberton Operating Theatre, Pemberton Chapel, Adanac Services, and the Memorial Pavilion. It should be noted that Begbie Hall is designated as a National Historic Site of Canada, and a Heritage Registered site in the City of Victoria.

To protect and celebrate the history and heritage of the Royal Jubilee Hospital, Island Health will follow and adhere to all municipal and national requirements when considering the future of heritage buildings, as well as work to ensure that urban design, architecture and landscape, and the cultural and architectural resources of the site reflect the history of the Royal Jubilee Hospital.

2. Use Best Practices in Urban Design

Island Health will use best practice urban design principles to strengthen the sense of place and character of RJH through a cohesive campus environment. The campus will reflect both its geographic context and the special characteristics of the site, responding to the existing topography, landscapes, views in and out of the site, and urban setting. Development of the Royal Jubilee Hospital will be informed by design guidelines that maximize adaptability while maintaining a connection with existing buildings and the natural environment.

3. Provide a Safe, Universally Accessible Campus

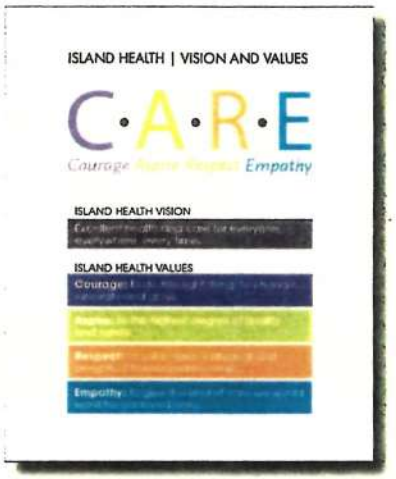
Providing a safe, universally accessible environment for all users is an important component of planning for the future of the RJH campus. All development on this site will consider the unique needs of seniors, offer enhanced integration of services for high-needs populations, and be universally accessible.

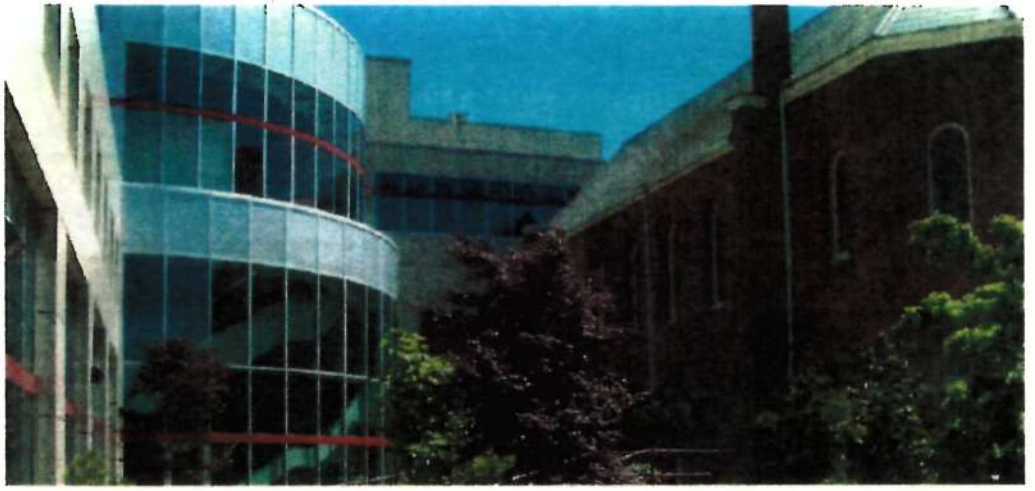
The site will refer to the principles of Universal Design developed by the Centre for Universal Design at the North Carolina State University, including:

- Equitable use;
- Flexibility in use;
- Simple and intuitive use;
- Perceptible information;
- Tolerance for error;
- Low physical effort; and,
- Size and space for approach and use.

4. Preserve Existing Utilities and Servicing Right-of-ways

To minimize development costs, Island Health will plan around existing utility systems. The Health Authority will also utilize best practices in the preparation and execution of utility and services design and construction projects. Comply with all current provincial and municipal codes and standards.





3.0 PROPOSED DEVELOPMENT SCENARIO

3.1 PROPOSED DEVELOPMENT SCENARIO

The proposed development scenario is based on analysis of the site, as well as on various conceptual options that were presented to stakeholders during the consultation process. Difficulty in anticipating the precise way healthcare needs and services will develop over the coming years makes it challenging to create a definitive architectural program for the site. Instead the consultant team has followed a "model" development approach that aligns with the goals and objectives of the site, and with the planning and land use context of the Royal Jubilee Hospital. The core issues that will influence growth of the campus include:

- Demographic changes;
- Changing models of care and technologies; and,
- Improvements in efficiency and productivity.

This development scenario assumes that the RJH campus will host approximately 600 to 650 total beds by 2035. This would be an increase of 200 beds from the current supply. This number is based on forecasting conducted by Island Health's department of Operations Research and Advanced Analytics to project future healthcare trends and economic demands that are expected to impact the region over the next 20 years.

In order to help the City of Victoria and the District of Saanich make a well-informed assessment of this MCP, and address rezoning applications for the property, the proposed development scenario illustrates maximum growth on the RJH site from 2015 to 2035. The proposed distribution of buildings and open space is based on the following core development principles:

- Taller buildings and structures will be located toward the centre of the campus and adjacent to existing critical care and supporting services;
- The location and uses of future buildings will generally follow the current distribution of functions and activities on the site;
- Proposed open spaces located in the south portion of the campus will be integrated with future Fort Street Streetscape plans and Jubilee Village initiatives; and,
- A balance between open space and buildings will be maintained to ensure a campus-like feel and character on the Hospital grounds.

3.1.1 DEVELOPMENT ASSUMPTIONS AND RATIONALE

As noted, detailed spatial programming of future uses has not been conducted to determine a definite area requirement, and therefore these projections are based on best practice requirements for contemporary hospitals. The projected space demand for 200 additional beds would require, conservatively, (factoring in ancillary, service, outpatient clinical support, circulation and storage space), 140 m² in Total Floor Area (TFA) per bed. This results in an additional TFA of 28,000 m² by 2035.

A review of available, developable land on the campus demonstrated that the area zoned DA-2 provides the best opportunity for expansion, especially with the demolition of the "old town" buildings (South, East and Central Blocks) freeing up site area. Currently, the DA-2 Zone is limited to a 22 m maximum height allowance and a Floor Space Ratio (FSR) of 0.97:1. This means:

- The total floor area permitted in this zone is 65,087 m². The current total floor area in DA-2 is estimated at 63,005 m² which brings the current FSR to 0.94:1 (63,005 m²/67,100 m²); and,
- Based on the current allowable FSR of 0.97:1, the remaining available TFA is approximately 2,082 m².

3.1.2 PROPOSED DEVELOPMENT

In determining the appropriate amount of development for the campus, several factors were considered in the allocation of the future development space.

- Achieving a balance between open space and buildings to maintain the campus-like feeling of the site.
- Removal of Wilson Block, Rixford Services and Food Services Buildings (providing 6,207 m²).
- Meeting on-site parking requirements based on a ratio of one stall per 80 m² floor area.
- Logical placement of new development for ease of access and adjacency to current uses.
- Align development with the healthcare strategies of Island Health.

Taking these factors into account, the proposed development scenario is as follows:

- 63,005 m² (existing) – 6,207 m² (demolished buildings) = 56,798 m²
- Total new floor area: 22,808 m²
- Total new development area for DA-2 Zone: 56,798 m² + 22,808 m² = 79,606 m²
- Proposed new FSR for the DA-2 Zone is 1.19:1 (79,606 m²/67,100 m²)

A summary of FSR for the property broken down by zone is provided in Tables 3 and 4 (page 7). These tables outline the current estimated statistics for the site area, TFA, and FSR for the entire RJH site. The proposed development scenario is provided on page 9.

RJH Campus | TABLE 2
Development Summary for DA-2 Zone

Current Development Area m² (TFA)	Future Development Area m² (TFA)	Proposed FSR
63,005.00	79,606.00	1.19:1

3.1.3 DEVELOPMENT IMPLEMENTATION

It should be emphasized that the proposed build-out requirements can be achieved through a combination of development tactics which can include (in order of impact) the following:

- Renovations of existing vacant space;
- Additions to existing buildings;
- Construction of standalone buildings on campus; and,
- Relocation of services to other Island Health sites.

Building on this assumption, the consultant team developed a scenario that would:

- Align with current building heights across the site;
- Develop building massing and forms to complement the existing urban context and take advantage of orientation and site permeability;
- Work with existing landscape components such as open space areas and protected tree stands;
- Work with existing utility right-of-ways;
- Provide efficient circulation and orientation for vehicles, bicycles, and pedestrians;
- Provide opportunities for public space and connectivity to Fort Street; and,
- Provide opportunities for phasing of projects to minimize disruption to the Hospital operations.

3.1.4 SUMMARY OF PROPOSED DEVELOPMENT

Summary plans and supporting statistics are provided below on pages 9 and 10. These illustrate existing and proposed developments respectively.

3.1.5 PARKING

An important component of the MCP is ensuring there is an appropriate parking supply associated with future campus growth. In order to determine the expected demand, a Parking and Transportation study was conducted for RJH. The study reviewed on and off-site parking conditions, off-site traffic conditions, and transportation demand management (TDM) practices. A previous transportation study was conducted at RJH in 2010; however, an updated study was required as the Patient Care Centre was not occupied and South, East, and Centre blocks had not yet been demolished.

The proposed MCP provides a parking strategy that is based upon the parking demand ratio recommended in the 2015 RJH Parking and Transportation Study of 1 space per 80 m² TFA. This ratio is based on a study of the current parking demand from all user groups, the off-site demand of vehicles parking in the surrounding neighbourhood, information gathered in the 2015 RJH Travel Survey, a peer hospital review of similar hospital campuses, and in consideration of the existing TDM program.

This forms the basis of the parking summary calculations in Table 7 on Page 11.

The proposed site plan will result in a reduction of surface parking in the south end of the campus, and will include one new parkade located to the east of EMP off of Trent Street, with integrated parking in the new Central and Fort Street buildings. There will still be some surface parking remaining in the southern portion of the campus; however, it will be better connected to the campus buildings. The parking supply will meet or exceed the expected demand ratio of 1 space per 80 m².

3.1.6 TRANSPORTATION DEMAND MANAGEMENT AT RJH

Transportation Demand Management (TDM) is a series of infrastructure and program initiatives or strategies that influence transportation behaviour to achieve specific objectives. TDM initiatives typically aim to reduce single occupant vehicle (SOV) trips and encourage alternative travel options such as cycling, walking, public transit and shared rides. Collective transportation mode choice is a product of the options made available. If the most attractive option is driving, then people tend to drive, which raises demand for parking. Successful TDM results in reduced parking demand and fewer vehicle trips and associated benefits of reduced greenhouse gas emissions, improved personal health and well-being, reduced traffic congestion, and lower infrastructure costs. Since 1999, Island Health has been committed to promoting and supporting TDM for all of its sites, including RJH. An effort to reduce the demand for parking and decrease SOV travel to and from the campus resulted in a strategy to identify and support alternative modes of transportation for site users. A comprehensive TDM Strategy was developed for the RJH campus in 2007 as part of the development process for the Patient Care Centre, and as a requirement in the MDA. The strategy was targeted at Island Health employees and regular site users where there is a captive audience to shift travel habits. The strategy included a number of recommendations to reduce the volume of SOV traffic, as well as to reduce the demand on parking.

Since the strategy was developed, Island Health has endeavoured to continually support those tools that have been most effective in helping to reduce SOV traffic. Regular monitoring and course corrections are important to the success of this program and are therefore conducted on a regular basis. Island Health has prepared bi-annual reports for the City of Victoria identifying progress toward mode split objectives and uptake/utilization of the various TDM initiatives. Overall, daily SOV trips by staff have been reduced from 72% in 2007 to 57% in 2015. The subsidized ProPass program at RJH has had significant uptake with 132 staff in the program in 2007 to 354 staff on a ProPass in 2014. Cycling and walking mode shares have also seen an increase since the program's inception from 5% each in 2007 to 10% each in 2015.

3.1.7 FUTURE TRANSPORTATION DEMAND MANAGEMENT

TDM strategies for the Hospital will continue to be implemented and monitored in support of reducing vehicle trips and on-site parking, and providing complementary infrastructure for alternative modes. Island Health is committed to providing adequate parking for all of its new buildings at a ratio of 1 space per 80 m²; however, the Health Authority recognizes the importance of TDM in ensuring that the demand is managed and that there is a more efficient parking and transportation system for those who use it. Access to health care is an important priority for Island Health and therefore, the TDM program will continue to focus on those user groups with the greatest potential for shifts in travel behaviour without negatively impacting patient care.

RJH Campus | TABLE 3
Existing Zoning Floor Space Ratio (FSR)

Floor Space Ratio	
Existing Development 2015 Baseline	
Saanich FSR (P3)	0.52
Victoria FSR OVERALL	1.19
Zone DA-1	3.70
Zone DA-2	0.94
Zone DA-3	-
PB	1.07
[illegible]	1.01

Site Area Data	Area M²
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
[illegible]	[illegible]
Site Area Victoria (m²)	97,124.00
Site Area Saanich (m²)	48,300.00
Total Site Area (m²)	145,424.00

1. D3 (6600 m²) subtracted from total site area used as open space only

RJH Campus | TABLE 4
Existing Zoning with Revised Floor Space Ratio (FSR)

Floor Space Ratio	
Development Scenario Full Build Out to 2065	
Saanich FSR (P3)	0.52
Victoria FSR OVERALL	1.36
Zone DA-1	3.70
Zone DA-2	1.19
Zone DA-3	-
PB	1.07
[illegible]	1.08

The 2015 RJH Parking and Transportation Study did a comprehensive review of Island Health's existing TDM programs at RJH and identified strategies to further enhance the TDM program and make effective use of resources committed to TDM. New development will also bring opportunities for new alternative transportation facilities, as well as advancement in technologies such as automated parking systems that will result in improved efficiency of the resources available. See Appendix B for a summary of the recommended TDM strategies for RJH that Island Health will strive to implement over the next 20 years.

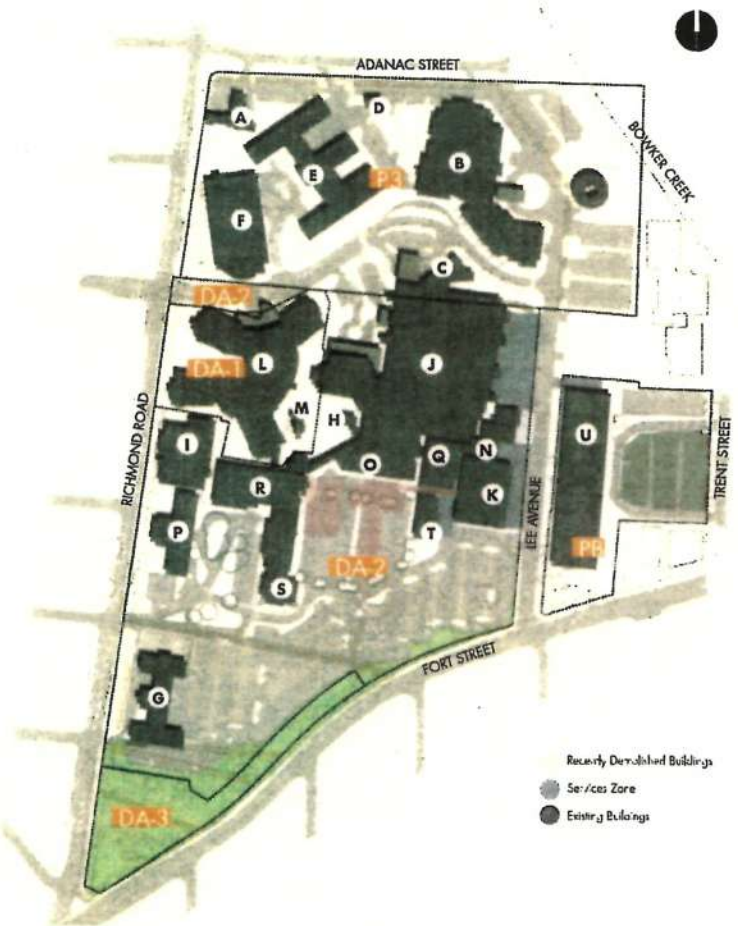
island health

3.2 IMPLEMENTATION OF THE PLAN

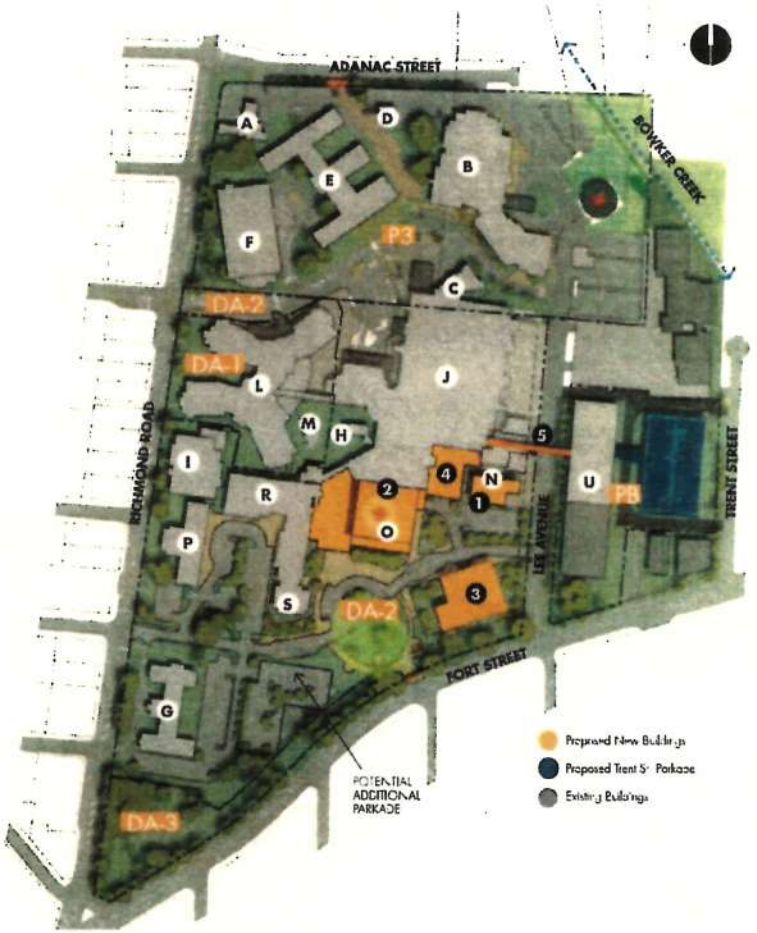
Upon approval of this MCP, in accordance with the terms of the MDA, Island Health will, in due course, proceed with a rezoning application to provide for the proposed density and development scenario outlined in this summary. Implementation timelines of potential projects will not be established until funding and strategic planning for Island Health regional services and facilities is completed. However, emerging demand for an Energy Centre to replace aging campus infrastructure, as well as the potential for an additional parkade structure to ensure that the parking supply is meeting the demand will likely be a priority in the foreseeable future.

The MCP will be used as a foundational plan to guide ongoing campus development, the procurement of development and construction services (such as architects, construction companies, landscape architects, etc.), as well as an ongoing reference and basis for Rezoning and Development Permit application.

RJH Campus | EXISTING LAYOUT - 2015



RJH Campus | PROPOSED DEVELOPMENT SCENARIO TO 2035



Note: See Table 6 on page 10 for a reference of building names on campus.

RJH Campus | TABLE 5
Existing Development Baseline 2015

Existing Development Baseline 2015		
Zoning and Areas Summary Statistics Royal Jubilee Hospital (All jurisdictions combined)		
Plan ID	Jurisdiction + Zoning Building Name	Total Floor Area (m^2)
District of Saanich		
Zoning	P3	
A	Adanac Services	524.50
B	Cancer Centre	10,273.00
C	D&T	2,886.50
D	Flammables Storage	99.00
F	Security Offices/Parkade	390.00
E	Memorial Pavilion	10,984.00
	Estimated Current Total	25,157.00
City of Victoria		
Zoning	DA1	
L	PCC	38,341.00
M	Pemberton Theatre	87.00
	Estimated Current Total	38,428.00
Zoning	DA2	
G	Begbie Hall	5,296.00
H	Chapel	210.00
I	Coronation Annex	3,164.00
J	D&T Vic.	26,393.00
K	Food Services	3,764.00
N	Power House/Boiler House	1,070.00
O	Renal Building	2,303.00
P	Richmond Pavilion	4,870.00
Q	Rixford Services	1,596.00
R	Royal Block + Annex	8,270.00
S	West Block	5,222.00
T	Wilson Block	847.00
	Total	63,005.00
Zoning	DA 3	
	Open Space Only	-
	Estimated Current Total	-
Zoning	P8	
U	Eric Martin Pavilion (w/o basement)	14,000.00
	Estimated Current Total	14,000.00
	Total Current Total Floor Area of All Zones All Jurisdictions m^2	140,590.00

RJH Campus | TABLE 6
Potential Development Scenario 2035

Potential Development Scenario 2035		
Zoning and Areas Summary Statisitcs Royal Jubilee Hospital (All jurisdictions combined)		
Plan ID	Jurisdiction + Zoning Building Name	Total Floor Area (m^2)
District of Saanich		
Zoning	P3	
A	Adanac Services	524.50
B	Cancer Centre	10,273.00
C	D&T	2,886.50
D	Flammables Storage	99.00
F	Security Offices/Parkade	390.00
E	Memorial Pavilion	10,984.00
	Estimated Current Total	25,157.00
City of Victoria		
Zoning	DA1	
L	PCC	38,341.00
M	Pemberton Theatre	87.00
	Estimated Current Total	38,428.00
Zoning	DA2	
G	Begbie Hall	5,296.00
H	Chapel	210.00
I	Coronation Annex	3,164.00
J	D&T Vic.	26,393.00
	Food Services (To be demolished)	-
N	Power House/Boiler House	1,070.00
O	Renal Building	2,303.00
P	Richmond Pavilion	4,870.00
	Rixford Services (To be demolished)	-
R	Royal Block + Annex	8,270.00
S	West Block	5,222.00
	Wilson Block (To be demolished)	-
1	Energy Centre	983.00
2	Central Block	15,000.00
		-
3	Fort Building East	4,500.00
		-
4	Renal Infill	2,100.00
5	Patient Link (EMP+D&T)	225.00
	Total	79,404.00
Zoning	DA 3	
	Open Space Only	-
	Estimated Current Total	-
Zoning	P8	
U	Eric Martin Pavilion (w/o basement)	14,000.00
	Estimated Current Total	14,000.00
	Total Proposed Total Floor Area of All Zones All Jurisdictions m^2	157,191.00

RJH Campus |TABLE 7 Parking Summary

Parking Summary				
Existing Conditions			**Future Conditions**	
Adanac Services Lot	15	A	Adanac Services Lot	15
Memorial Pavilion, Side Lot	30	B	Memorial Pavilion, Side Lot	30
Memorial Pavilion, Front Lot	8	C	Memorial Pavilion, Front Lot	8
Memorial Pavilion, Rear Lot	23	D	Memorial Pavilion, Rear Lot	23
Vancouver Island Cancer Centre, Rear Lot	15	E	Vancouver Island Cancer Centre, Rear Lot	15
Vancouver Island Cancer Centre, Side Lot	38	F	Vancouver Island Cancer Centre, Side Lot	38
Parkade	368	G	Parkade	368
Vancouver Island Cancer Centre, Patient Lot	78	H	Vancouver Island Cancer Centre, Patient Lot	78
Lee Ave Staff Lot	93	I	Lee Ave Staff Lot	93
Vancouver Island Cancer Centre, Front Lot	7	J	Vancouver Island Cancer Centre, Front Lot	7
Main Entrance / Emergency Lot	48	K	Main Entrance / Emergency Lot (upgraded)	50
Carpool / Rideshare Lot	17	L	Carpool / Rideshare Lot	27
Old Admitting Lot	51	M	Renal Infill	24
Hospice Lot	20	N	Central Block U/G Parkade	320
SEC Lot	191	O	Fort Street East U/G Parkade	235
Begbie, Front Lot	7	P	Trent Street Parkade	380
Begbie, Rear Lot	89	Q	Coronation Ave. Onstreet Parking	3
Main Staff Lot	443	R	Coronation Ave. Onstreet Parking	3
Eric Martin Pavilion Lot	179	S	Central Block Drop Off	7
		T	Coronation Ave. Onstreet Parking	4
		U	Coronation Ave. Onstreet Parking	4
		V	Old Admitting Lot	81
		X	Reconfigured Begbie/Staff Lot	151
		Y	Begbie Front Lot	7
Total	**1720**		**Total**	**1971**

Parking Assumptions		
Total Projected Development Area (TFA) m^2 (2035)		**157,191**
Total Parking Stalls Required based on 1 stall per $80m^2$ TFA		**1965**
Total Parking Projected for 2035		**1971**
	Surplus	**6**

RJH Campus | KEY PLAN PARKING LAYOUT TO 2035

Note: The parking summary utilizes the 1 space per **80 m²** Total Floor Area (TFA) ratio to calculate parking demand to 2035.

4.0 THE RJH MASTER CAMPUS PLAN 2015-2035

4.1 RJH MASTER CAMPUS PLAN

This MCP is not based on architectural functional programming of spaces, due to the evolving demands of healthcare services and funding on a regional level. Rather, the RJH MCP is intended to act as a framework for Island Health and key stakeholders to evaluate and guide future development opportunities. Its purpose is to enable the Health Authority to make informed and consistent decisions with respect to growth impacts on the campus for the next 20 years, and work closely with the municipalities in future zoning and development applications. The MCP is built upon the development scenario rationale in Section 3 and provides a "model" campus layout that incorporates the key goals and principles set out in the planning and consultation process. Key features of the Plan are illustrated on the following pages.

The objective of the MCP is to strengthen the sense of place and campus character of RJH. This Plan strives to improve the cohesiveness of buildings and landscapes, and to ensure the campus reflects the quality and stature of a major urban healthcare facility. The Design Guidelines located in Section 5 have been developed to guide, coordinate, and regulate project design throughout the campus, and to deliver those character improvements over the next 20 years.

The guidelines are grounded in an understanding of existing campus design opportunities and constraints, as well as balancing healthcare needs projected for the catchment area. A key feature of the MCP is the use of open space to reinforce the existing nodes of gardens and landscape that define the character of RJH within a strong sense of community and history in the area. To this end, buildings and structures are not only placed to logically connect into existing facilities, but also articulate and define outdoor spaces. Combined with a preference for a pedestrian oriented campus, this contributes to the overall urban design quality.

The MCP proposes a campus that will accommodate a total of 600 to 650 beds by 2035. The majority of new development projects will be located in the current DA-2 Zone within the City of Victoria. The current landscape open-space system, comprised of the heritage and patient gardens and other dedicated landscape nodes, will be expanded by the inclusion of a new public plaza area to the south. This will provide connections to Fort Street and integrate with existing south perimeter open spaces and landscape areas. The open space area located on the southwest corner of the campus, south of Begbie Hall, will remain.

Where feasible, small landscape improvements to existing areas will be contemplated as the campus evolves. Opportunities to enhance or add landscape screening around the perimeter of the campus will be encouraged along with better definition of entry features into the site. A north and south gateway feature is proposed to complement the existing entries at Bay Street and Coronation Avenue along Richmond Road.

An outcome of the planning process is a recommended change to the existing Fort Street Setback of 52 metres to approximately 13 metres aligned with the current Open Space Zone (DA-3). This will allow the construction of a building to accommodate a range of uses, including parking. This will be subject to municipal approval.

Improvements to pedestrian access on the north side of the campus will be developed from Adanac Street on both sides of the Memorial Pavilion. Materials, landscaping, wayfinding, planting and site furniture will enhance the pedestrian and campus experience of the property.

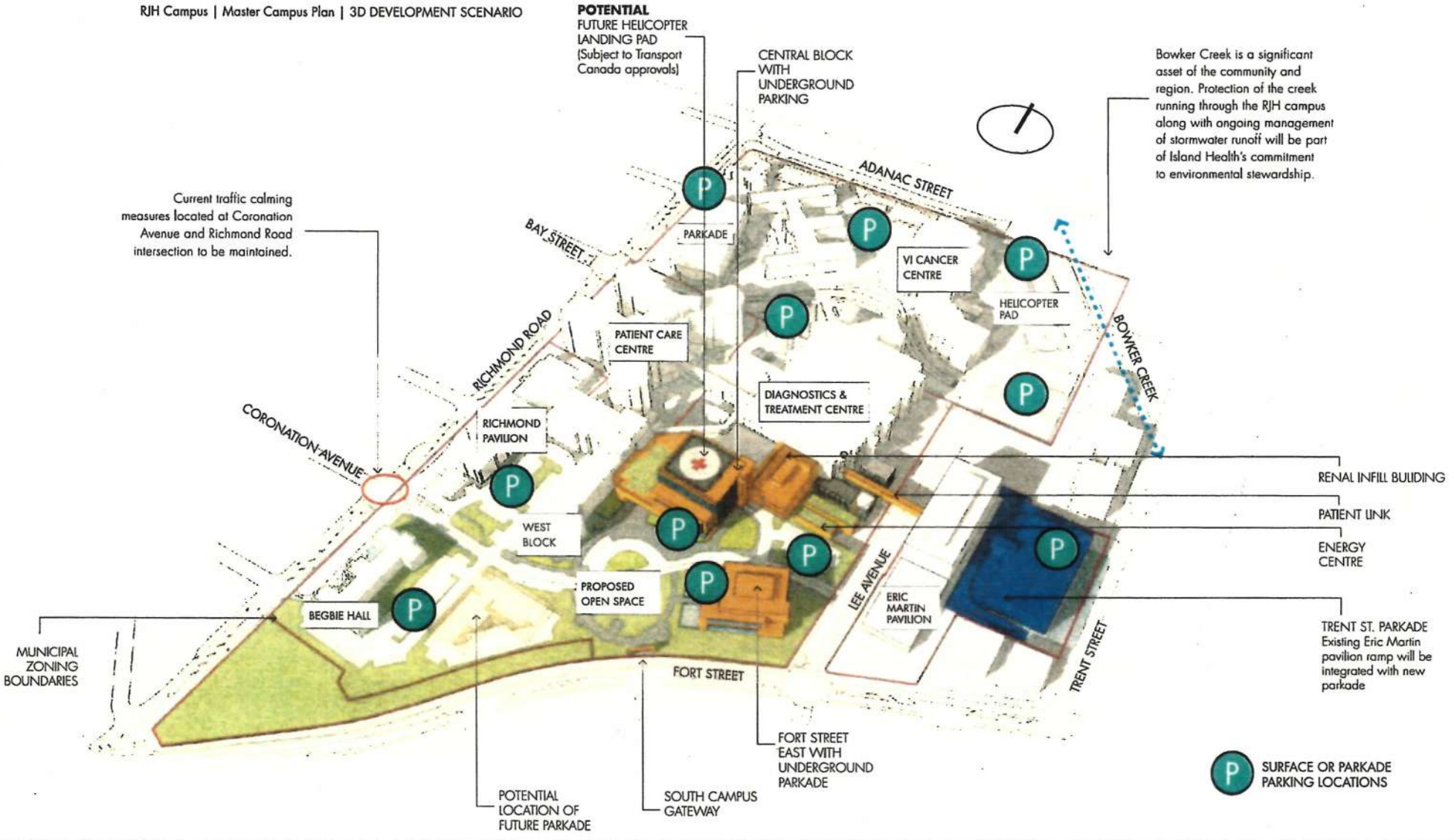
Although Lee Avenue is the primary service road for RJH, improvements to the overall streetscape and pedestrian experience will greatly enhance the look and feel of the campus overall.

4.2 PROPOSED MCP KEY FEATURES

The following are some of the key features of the proposed MCP and provide a general idea of the major planning and design approaches for the campus:

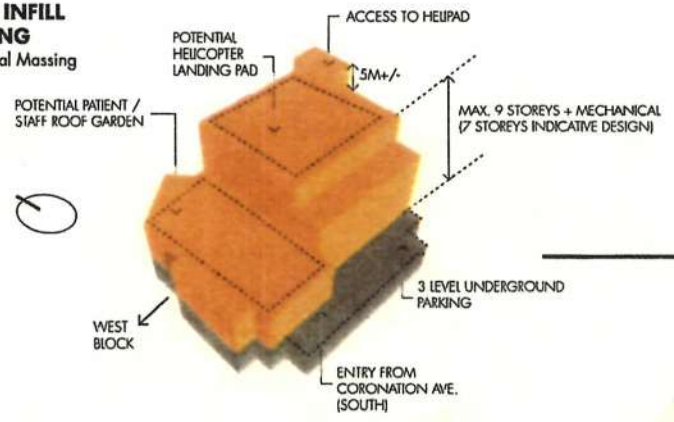
- Building heights of new development are set to meet existing building height limitations, or are located towards the centre of campus if increased heights are needed to achieve density. This is intended to minimize building footprint coverage, and avoid placing taller buildings on the campus boundary.
- Building form and massing is as compact as possible. Articulation and transitions of building façades will be implemented to maintain pedestrian scale and architectural definition. Where feasible, future parkades are integrated within buildings and screened by other building uses or landscape screening.
- A south campus formal open space provides a strong focal point for surrounding building entries and a connection to Fort Street, as well as provides outdoor seating and greenspace.

RJH Campus | Master Campus Plan | 3D DEVELOPMENT SCENARIO

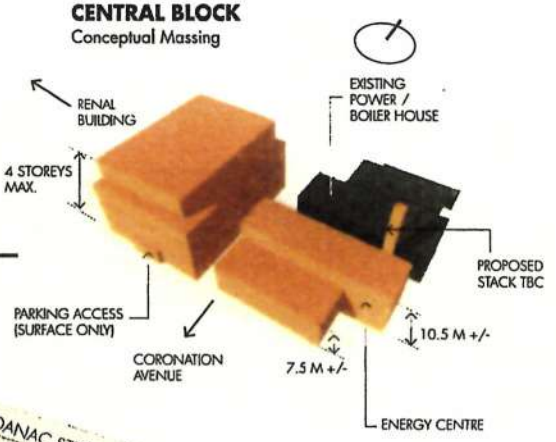


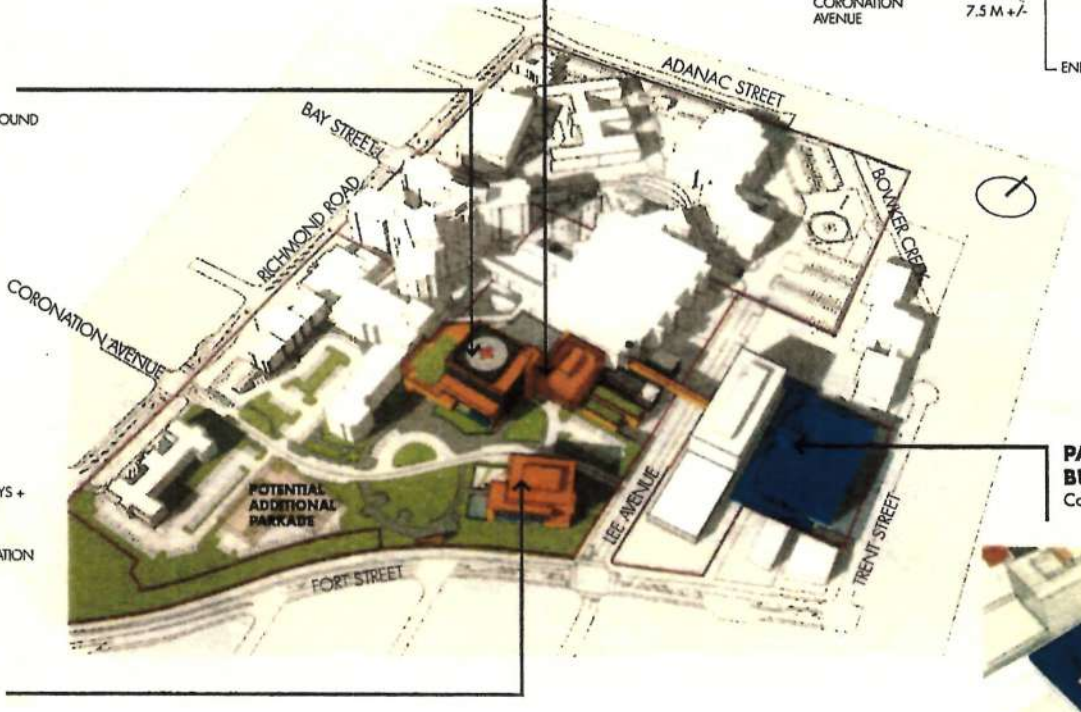
island health

RENAL INFILL BUILDING
Conceptual Massing

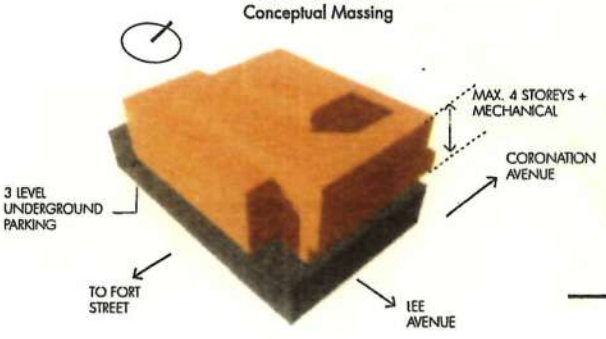


CENTRAL BLOCK
Conceptual Massing

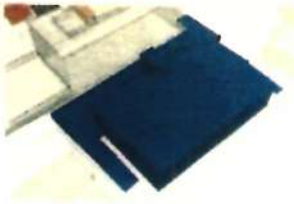




FORT ST. EAST
Conceptual Massing

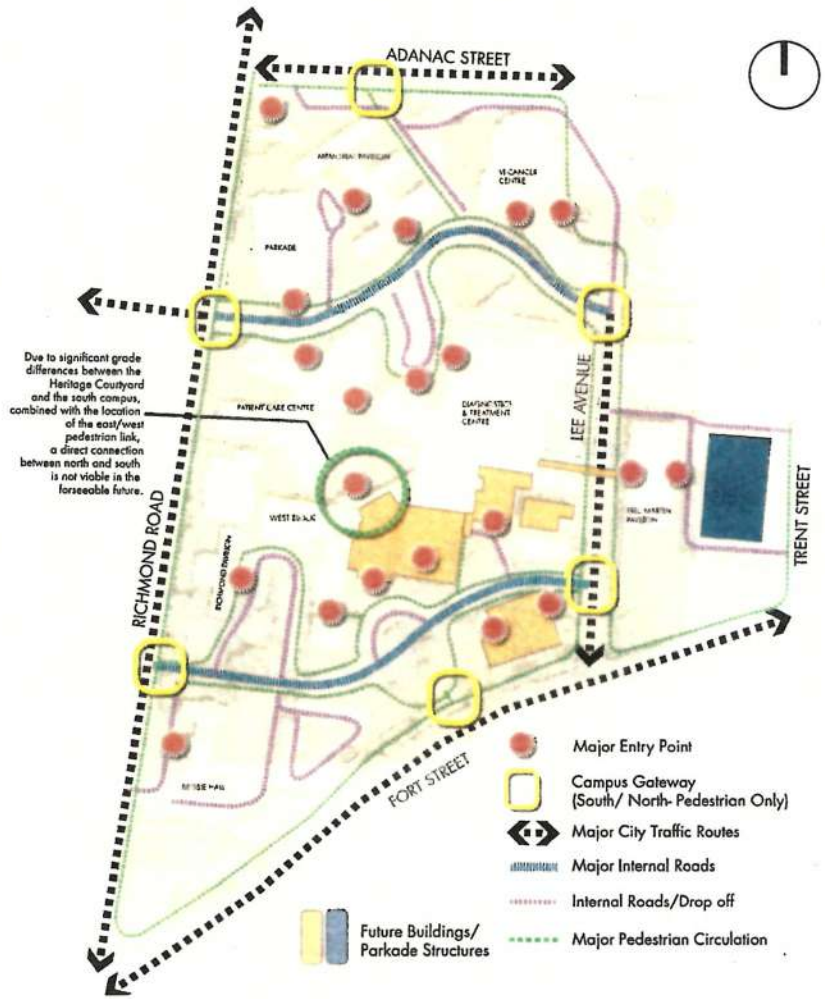


PARKADE BUILDING
Conceptual Massing

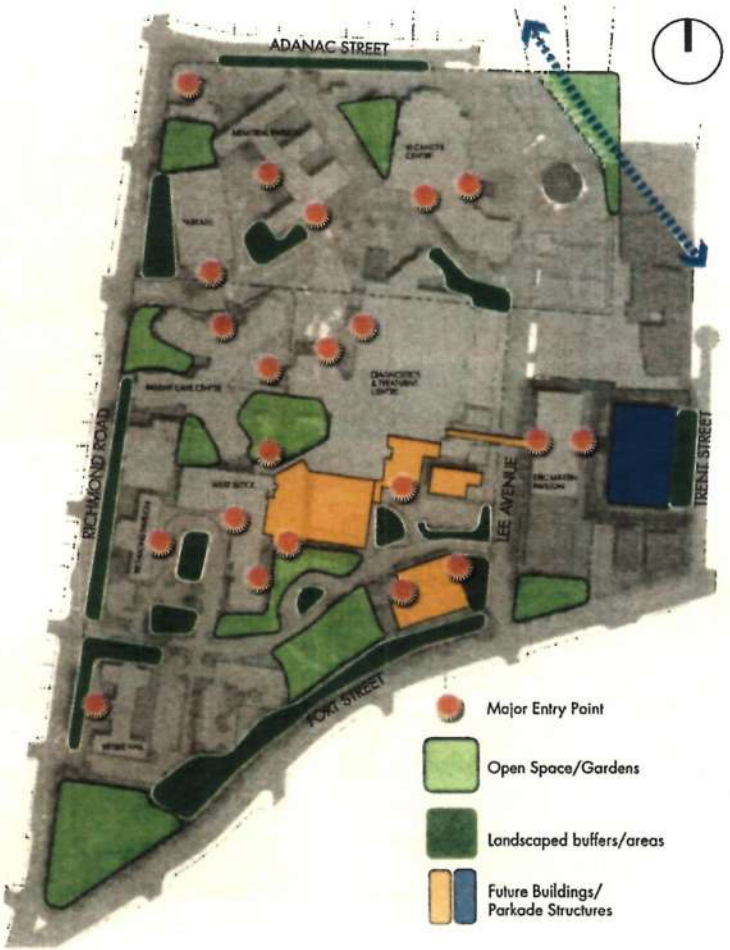


RJH Campus | Master Campus Plan | Circulation - EXISTING

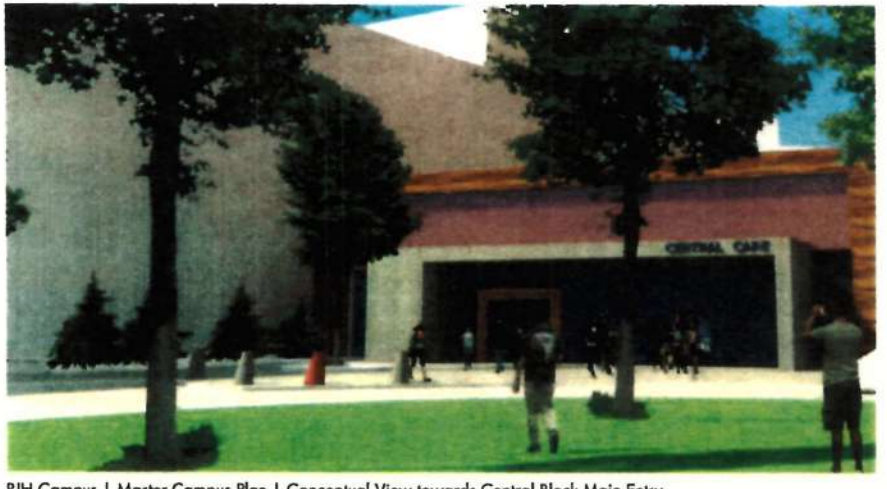
RJH Campus | Master Campus Plan | Circulation - PROPOSED



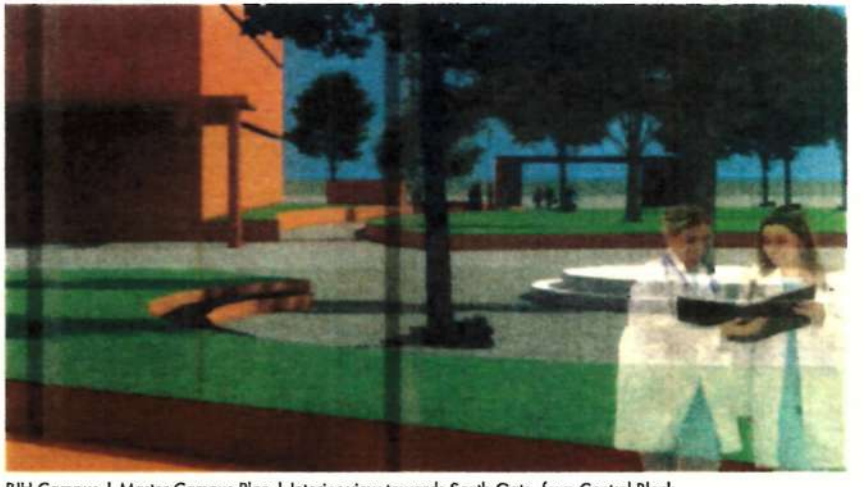
RJH Campus | Master Campus Plan | Green Spaces - FUTURE



CONCEPTUAL SKETCH VIEWS



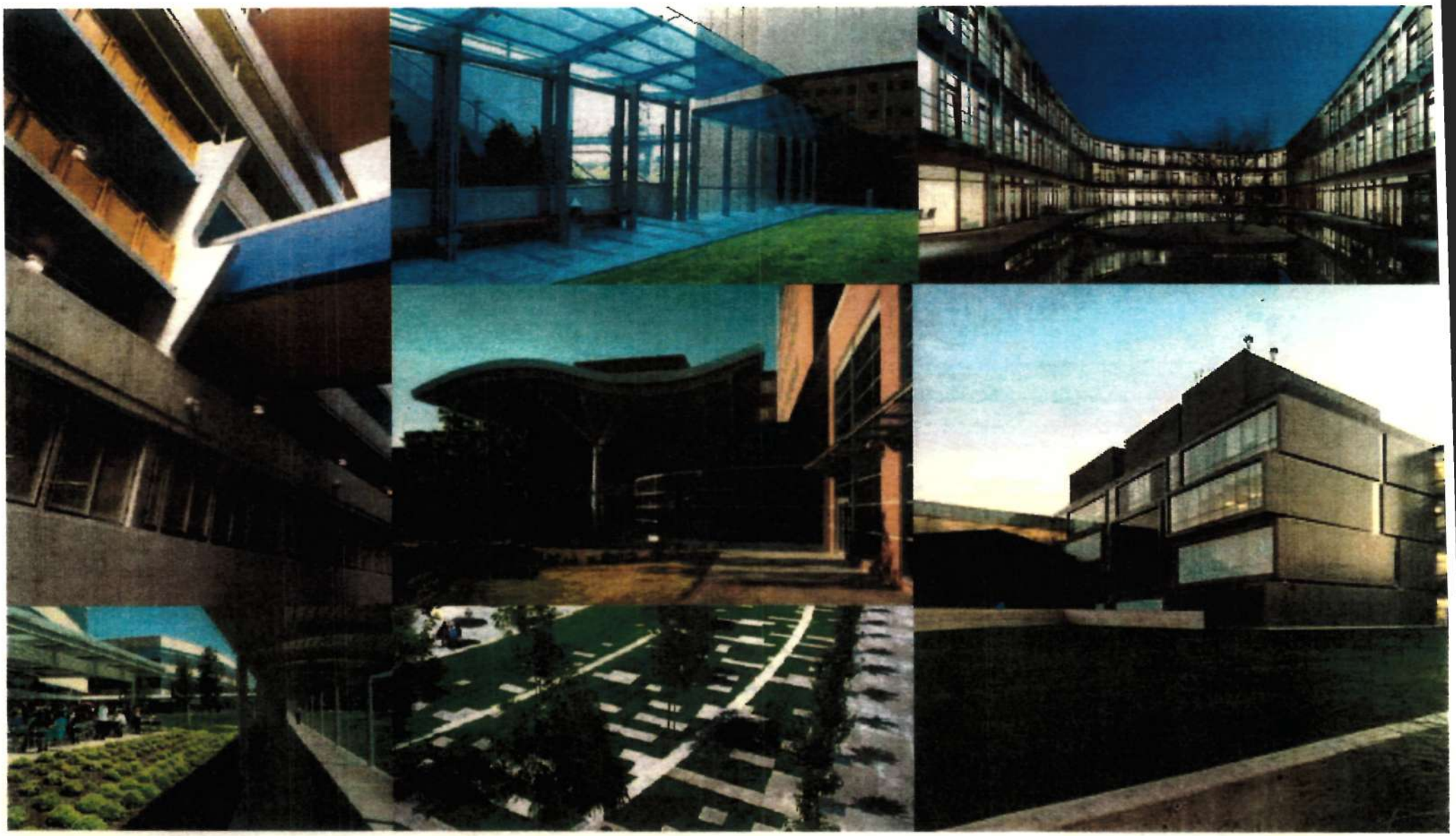
RJH Campus | Master Campus Plan | Conceptual View towards Central Block Main Entry



RJH Campus | Master Campus Plan | Interior view towards South Gate, from Central Block

RJH Campus | Master Campus Plan | Pedestrian South Gate Concept from Fort Street

RJH Campus | Master Campus Plan | North Campus Gateway Concept



5.0 DESIGN GUIDELINES

The goal of the Design Guidelines is to create a more cohesive campus environment and improve the overall character of the site. The physical character of the campus has evolved over the past 120 years with a variety of buildings that reflect the architectural styles of their time. The following Design Guidelines will be used to create a campus that reflects the appropriate scale, integration, and functionality of buildings and open spaces.

	GUIDELINES	SUPPORTING GRAPHICS
CAMPUS FORM AND CHARACTER	» The location of streets, open spaces, development parcels and buildings will generally be as illustrated in the MCP. » Buildings will be sited and articulated to maximize day-lighting opportunities where possible. This is particularly important for the Central Development overlooking the Heritage garden area, as well as the proposed public plaza and usable open spaces in the southern portion of the campus. » Where practical, buildings shall utilize natural changes of grade to facilitate opportunities for parking under buildings. » Buildings will be placed in a way that provides easy access from common public spaces and open areas, and avoids impact on existing right-of-ways and mature or projected tree stands located around the campus. » Buildings will be sited to maximize security, wayfinding and safety for all campus users.	Proposed Building Setbacks for RJH MCP Building Height Strategy for RJH MCP
SETBACKS AND STREET EDGES	SETBACKS » Setbacks will be in conformance with the existing zoning bylaws in both Saanich and Victoria with the following proposed exceptions: • Provide an 8–9 metre setback between Trent Street and the proposed new parkade. • Provide a 13 metre setback on the north side of Fort Street between Lee Avenue and Richmond Road. » Provide a minimum 30 metre buffer between the east façade of Begbie Hall and any future development to the east. STREET EDGES » Orient main building entrances to the street, and identify them with architectural features, canopies, or signage. Provide overhangs, arcades, or awnings against the façade to shelter passing pedestrians. » Animate street edges with ground-level activity such as outpatient clinics, and outdoor seating areas that contribute to liveliness and street activity.	

HISTORY AND BUILT HERITAGE

GUIDELINES

- Any rehabilitation or addition to heritage buildings or features will follow municipal requirements and will be respectful of original materials, colour palettes, and heritage standards.
- Promote creative, contemporary design that respects the historic context of the campus. New additions will be compatible in character, but readily recognized as contemporary architectural connections.
- Preserve and protect existing heritage landscapes such as Garry Oak groupings and mature planting
- New development will be designed to enhance the Heritage Courtyard as a public space that will be used for both celebration and as a gathering place in the heart of the campus.

SUPPORTING GRAPHICS

	GUIDELINES	SUPPORTING GRAPHICS

BUILDINGS

SITING AND ORIENTATION

- Integrate with the existing and future Fort Street streetscape and the future large urban village proposed for the area. Maintain the character and scale of the Richmond Road streetscape, respecting pedestrian and vehicle movement along this major artery.
- Continue to enhance the Adanac Street residential streetscape through additional planting and landscape screening of Hospital buildings, and ensure that future buildings acknowledge and complement the residential scale and form along the street.
- Primary loading and service areas for the campus will be oriented on Lee Avenue.

HEIGHT AND MASSING

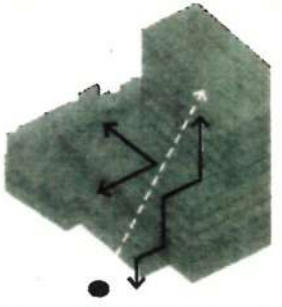
- Maintain taller structures such as the PCC and proposed Central Block within the centre of the campus.
- New buildings at the centre of campus will not exceed 9 storeys (35 metres). Floors will range between 4 - 6 metres in height depending on the use.
- New buildings on the edge of campus will not exceed 5 storeys (19.5 metres).
- To maintain an appropriate scale at the pedestrian level, use terracing on taller buildings.
- Respect the variety of building heights and transition the heights of new buildings to complement the existing scale and massing.

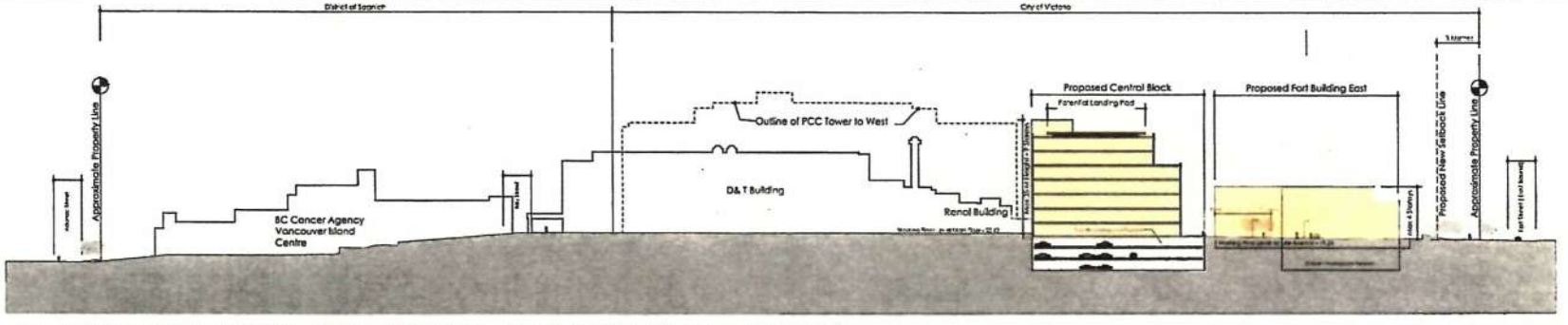
MATERIALS AND ARTICULATION

- Buildings will employ the following materials to ensure contemporary design, and detailing:
  - Primary Materials - Cladding material or 'field' for façades is to be light to mid-range coloured such as the following: prefinished metal panels, glass, terra cotta, porcelain, enamel, and brick.
  - Secondary Materials - Accent materials to be selected from the following: clear anodized aluminum or zinc, cast-in-place concrete, wood, brick, gray granite (honed, polished, flamed, or cleft-cut), prefinished metal, glass panels, and patterned glass (ceramic frit, silk screened, etc.)
- Use glazing, canopies, shading systems and structural elements to articulate buildings and define pedestrian scale and comfort at grade.

ROOFS

- Integrate rooftop mechanical systems, elevator penthouses and other appurtenances into the form and architecture of the building.
- Incorporate green roof technologies and accessible outdoor spaces throughout the site where possible.
- Roof areas of lower buildings will be attractive when viewed from above, and will consider views to the site from the surrounding neighbourhoods.





RJH Campus | Master Campus Plan | SITE CROSS SECTION - NORTH-SOUTH - GENERAL PROPOSED AND EXISTING BUILDING HEIGHTS

island health

LANDSCAPE AND OPEN SPACES

GUIDELINES

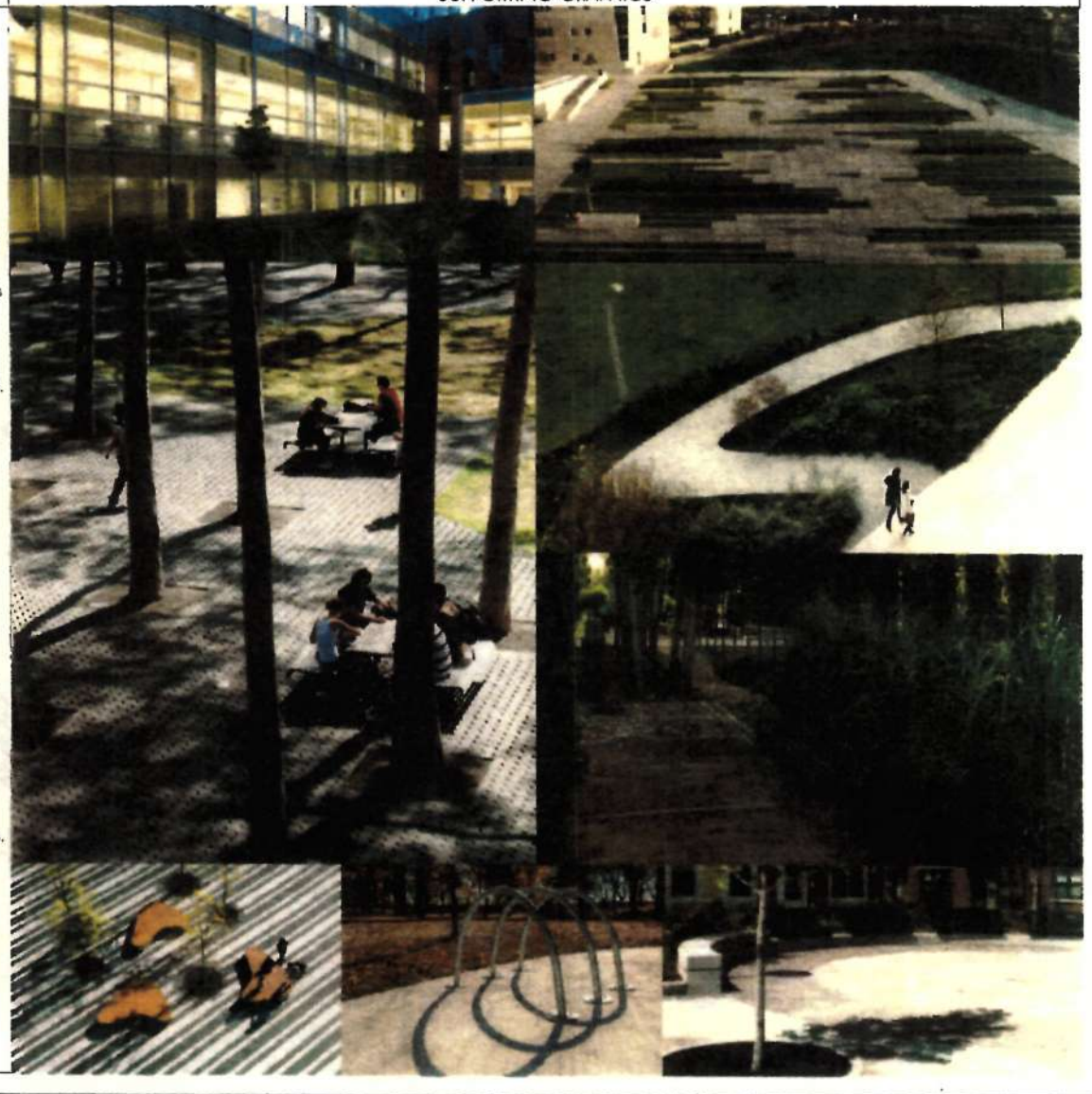
OPEN SPACES

- Explore ways to celebrate the campus history through sculpture and other forms of public art and landscape design, integrating the story of the Hospital and the local community with open spaces and architecture.
- Develop key gateways and entrances for pedestrians at the north and south ends of the site.
- Provide landscape screening and a buffer between Trent Street and the proposed Eric Martin Pavilion Parkade.
- Preserve the existing open space at the corner of Fort Street and Richmond Road.
- Preserve and protect Bowker Creek and its watershed following the principles established in the Bowker Creek Blueprint.
- Where possible, orient outdoor areas for optimum sun and light exposure.

LANDSCAPES

- Manage existing mature landscape. This may include ongoing pest control, pruning, inter-planting, or other horticultural best practices.
- Permeable paving materials and grass paver blocks will be used to reduce stormwater runoff from hard surfaced areas.
- Durable paving materials such as concrete or concrete unit pavers, stone and masonry will be used for pedestrian and wheeled use.
- Soften the campus edges and provide a buffer between Hospital buildings and surrounding neighbourhoods with native landscape planting.
- Utilize native, low maintenance planting as appropriate. Allow for seasonal colour and limit non-native plantings in key entry and patient outdoor areas.

SITE FURNISHINGS

- Site furnishing will be a visually coordinated system that works well with other elements like signage and hard surfaces to enhance the character of the campus.
- Furnishings will be comfortable, durable and attractive under low maintenance conditions.

SUPPORTING GRAPHICS