

ROYAL JUBILEE HOSPITAL • MASTER CAMPUS PLAN 2015 - 2035

JUNE 2015



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.



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.

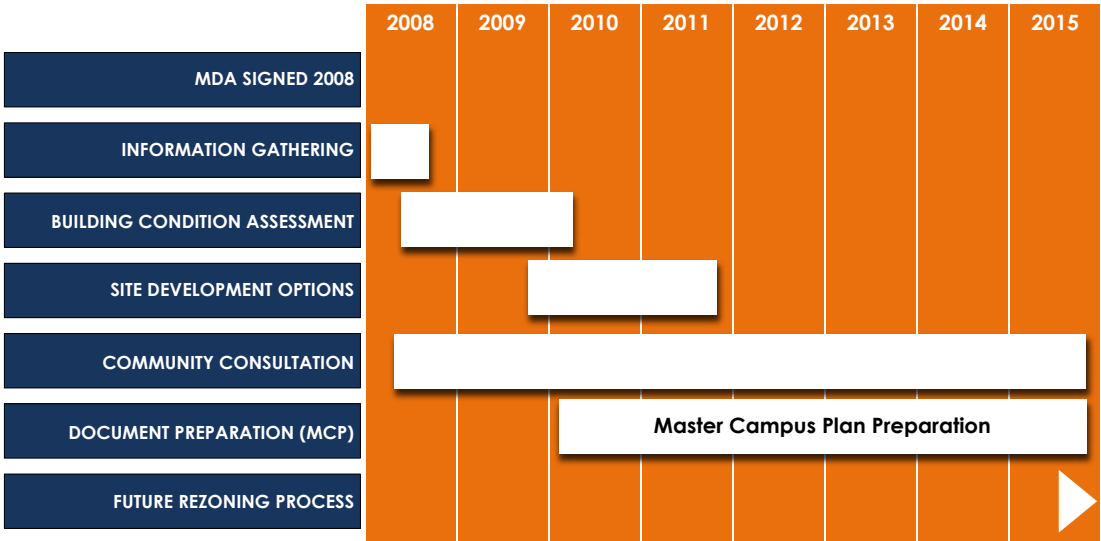
The outcomes from the Public Consultation session can be found in Appendix A.

1.5 PLANNING AND PROJECT CONTEXT

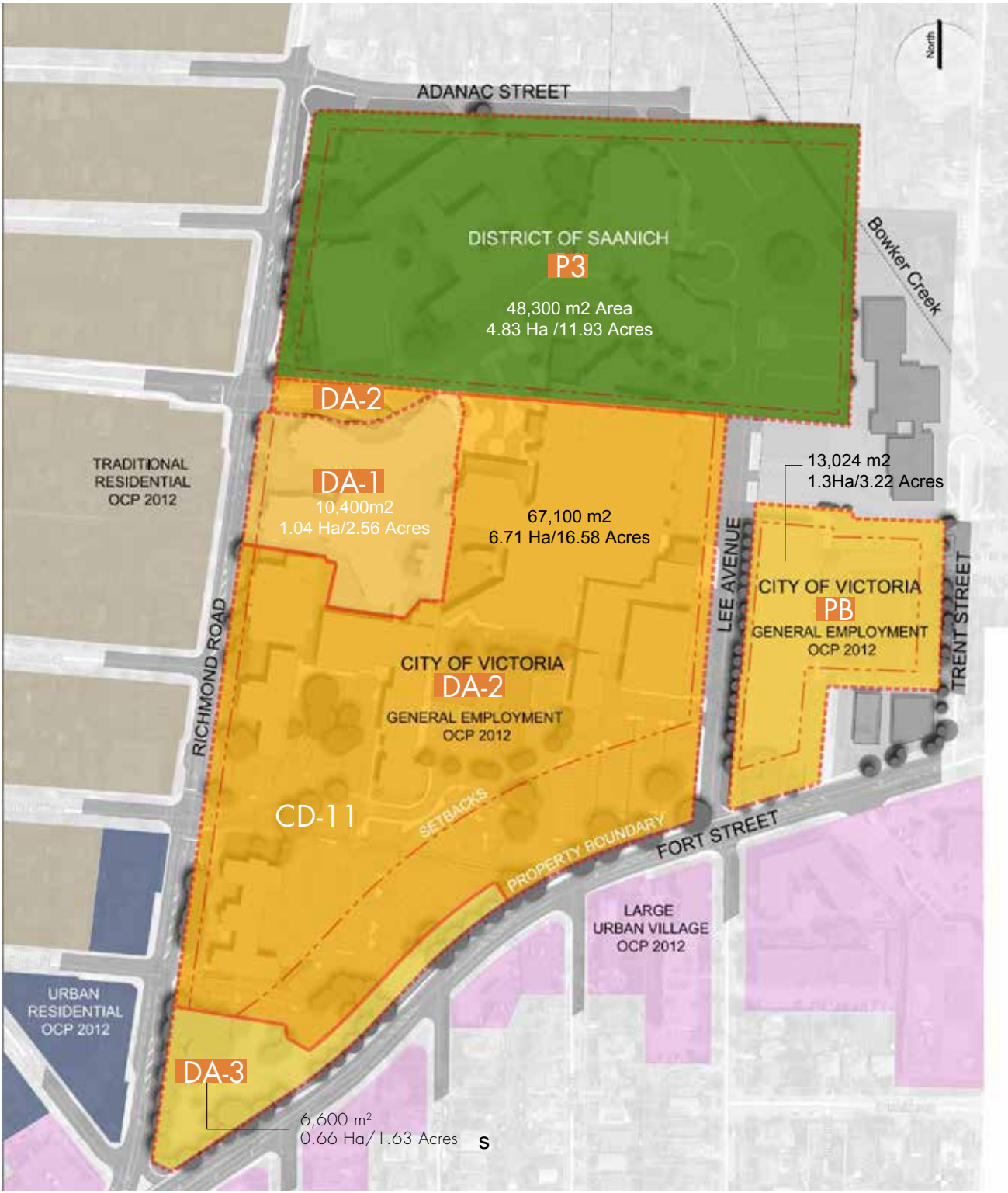
Jurisdictions and Neighbourhoods

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 | TABLE 1 Current Site Areas Per Zone

Site Area Data	Area M ²
Zone DA-1	10,400.00
Zone DA-2	67,100.00
Zone DA-3	6,600.00
PB	13,024.00
● Site Area Victoria (m ²)	97,124.00
● Site Area Saanich (m ²)	48,300.00
Total Site Area (m ²)	145,424.00

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

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 Health'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.

ISLAND HEALTH | VISION AND VALUES

C·A·R·E
Courage Aspire Respect Empathy

ISLAND HEALTH VISION
Excellent health and care for everyone, everywhere, every time.

ISLAND HEALTH VALUES

Courage: to do the right thing- to change, innovate and grow.

Aspire: to the highest degree of quality and safety

Respect: to value each individual and bring trust to every relationship.

Empathy: to give the kind of care we would want for our loved ones.



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 m ² (TFA)	Future Development Area m ² (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)		RJH Campus TABLE 4 Existing Zoning with Revised Floor Space Ratio (FSR)	
Floor Space Ratio		Floor Space Ratio	
Existing Development 2015 Baseline		Development Scenario Full Build Out to 2035	
Saanich FSR (P3)	0.52	Saanich FSR (P3)	0.52
Victoria FSR OVERALL	1.19	Victoria FSR OVERALL	1.36
Zone DA-1	3.70	Zone DA-1	3.70
Zone DA-2	0.94	Zone DA-2	1.19
Zone DA-3	-	Zone DA-3	-
PB	1.07	PB	1.07
Site wide FSR	1.01	Site wide FSR	1.08
Site Area Data		Area M ²	
Zone DA-1		10,400.00	
Zone DA-2		67,100.00	
Zone DA-3		6,600.00	
PB		13,024.00	
Site Area Victoria (m ²)		97,124.00	
Site Area Saanich (m ²)		48,300.00	
Total Site Area (m ²)		145,424.00	
1. D3 (6600 m ²) subtracted from total site area used as open space only			

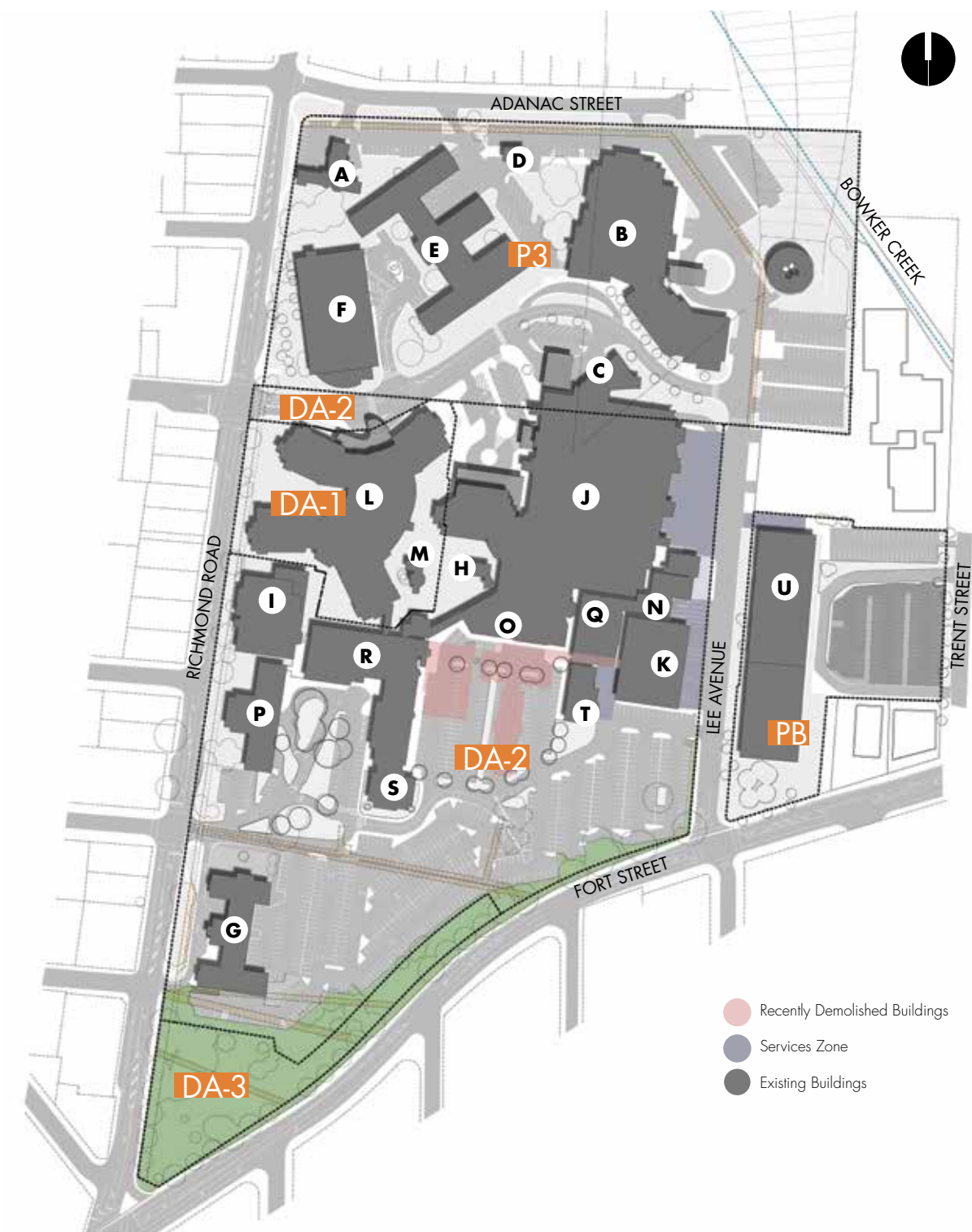
The 2015 RJH Parking and Transportation Study did a comprehensive review of Island Health's existing TDM programs at RJH and identified strategies to further enhance the TDM program and make effective use of resources committed to TDM. New development will also bring opportunities for new alternative 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.

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.





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 (m²)
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 Pavillion	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	PB	
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 m²		140,590.00

RJH Campus | TABLE 6
Potential Development Scenario 2035

Potential Development Scenario 2035		
Zoning and Areas Summary Statistics Royal Jubilee Hospital (All Jurisdictions combined)		
Plan ID	Jurisdiction + Zoning Building Name	Total Floor Area (m²)
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 Pavillion	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		79,606.00
Zoning	DA 3	
	Open Space Only	-
Estimated Current Total		-
Zoning	PB	
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 m²		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



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.

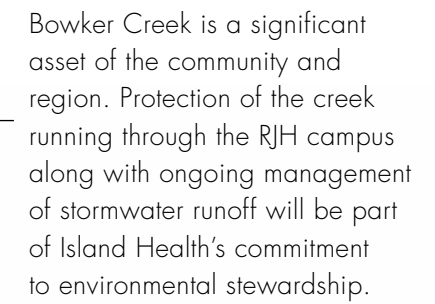
Although Lee Avenue is the primary service road for RJH, improvements to the overall streetscape and pedestrian

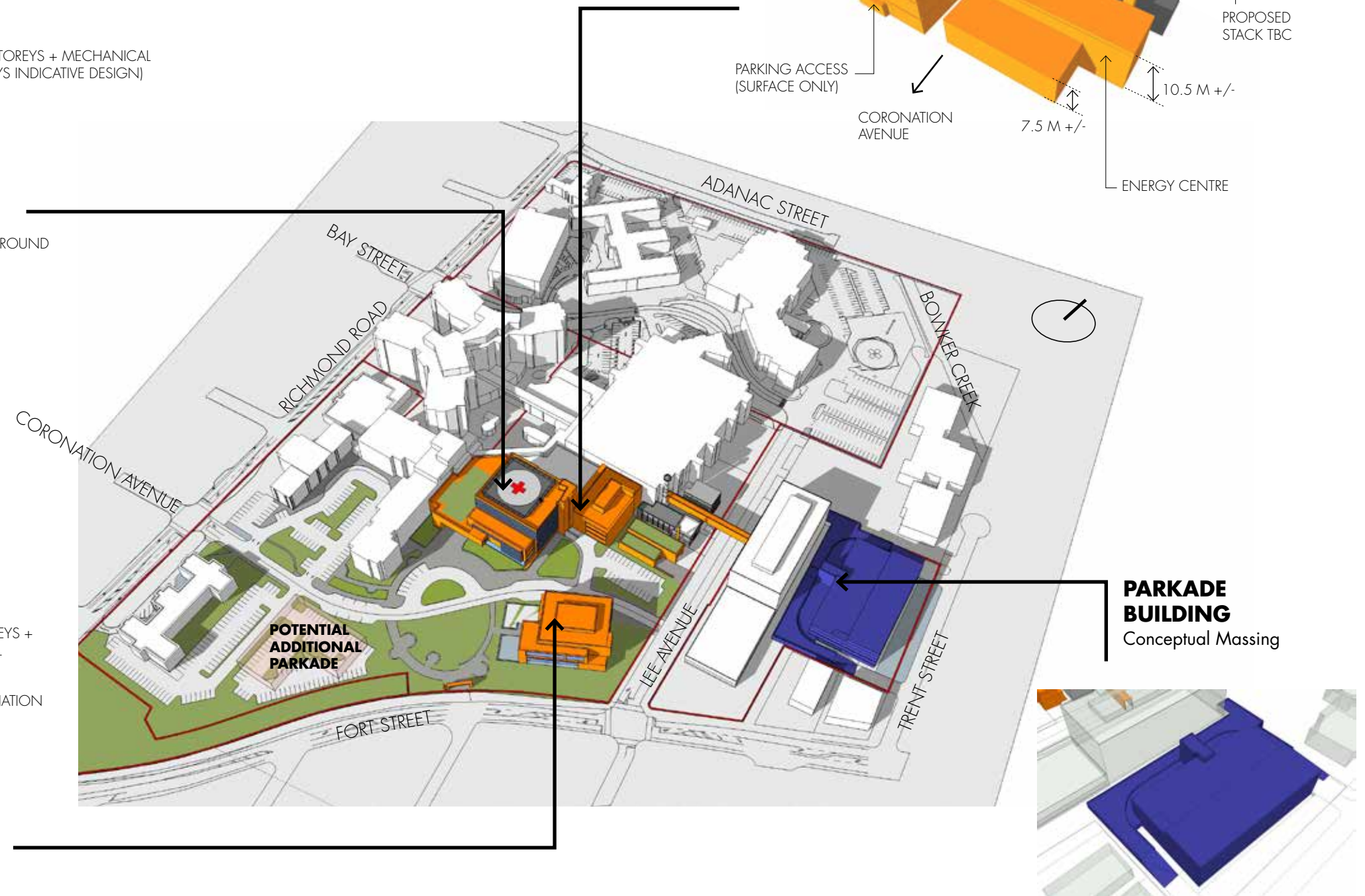
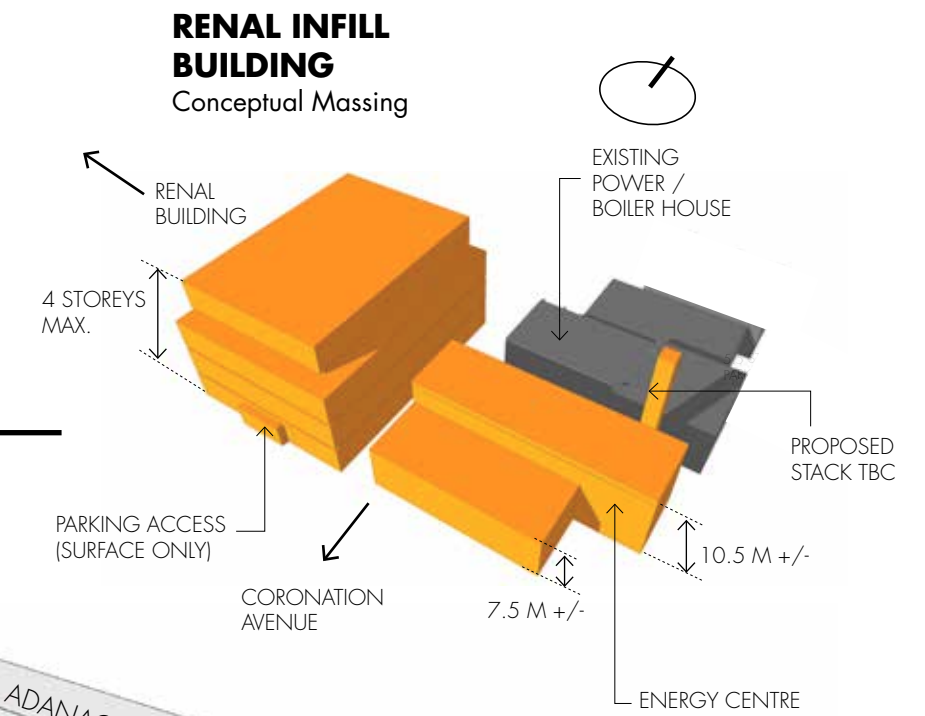
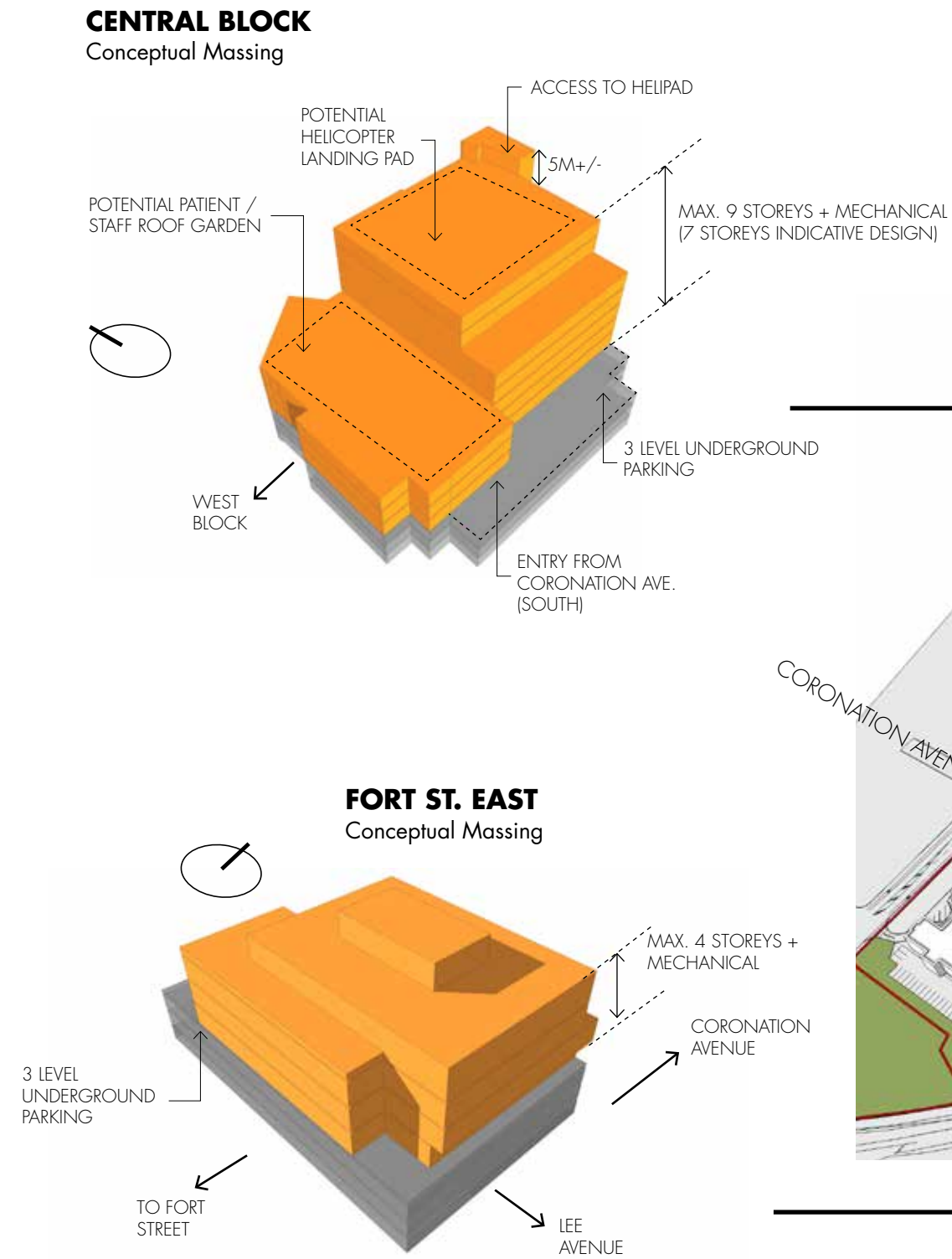
experience will greatly enhance the look and feel of the campus overall.

4.2 PROPOSED MCP KEY FEATURES

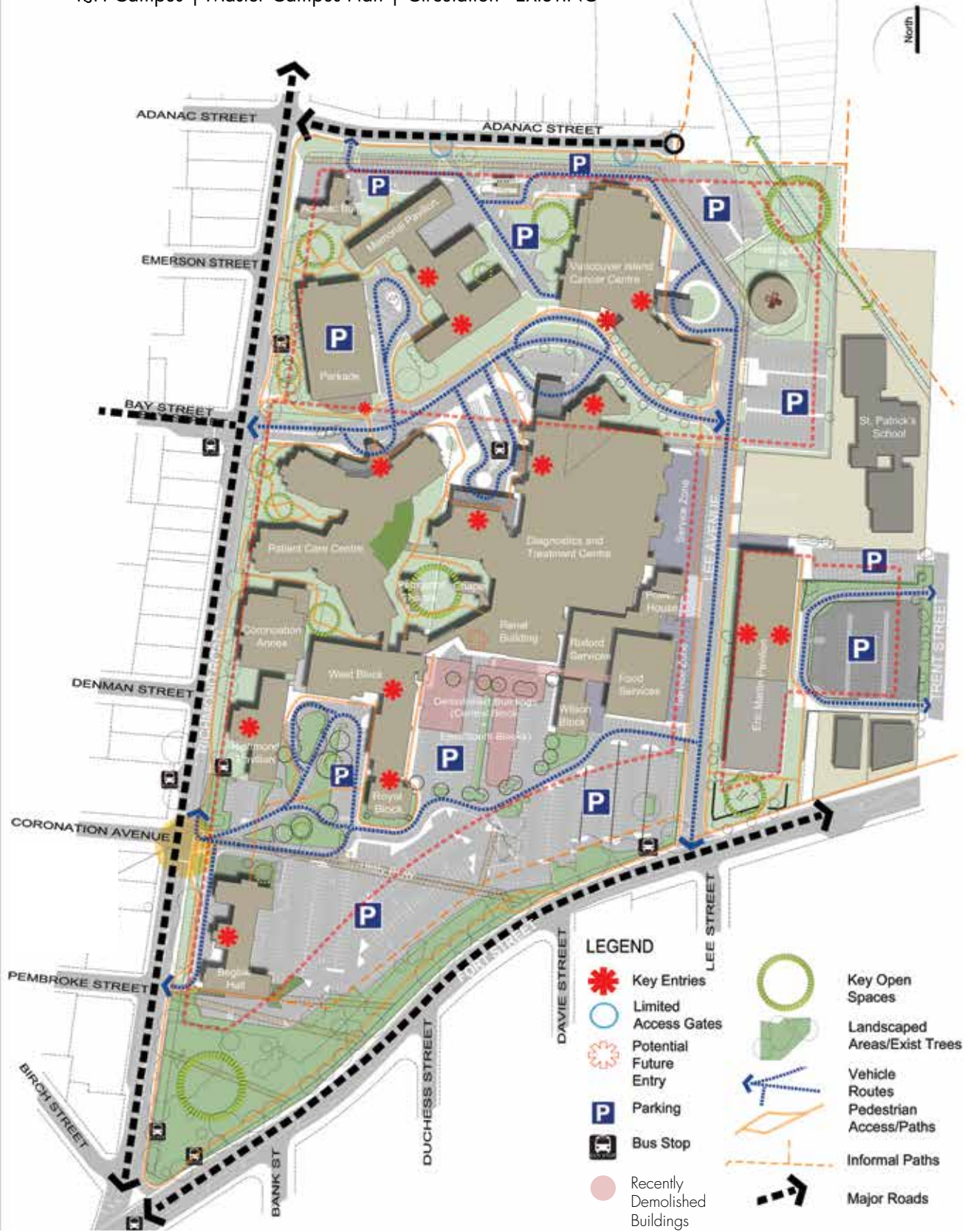
The following are some of the key features of the proposed MCP and provide a general idea of the major planning and design approaches for the campus:

- 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.

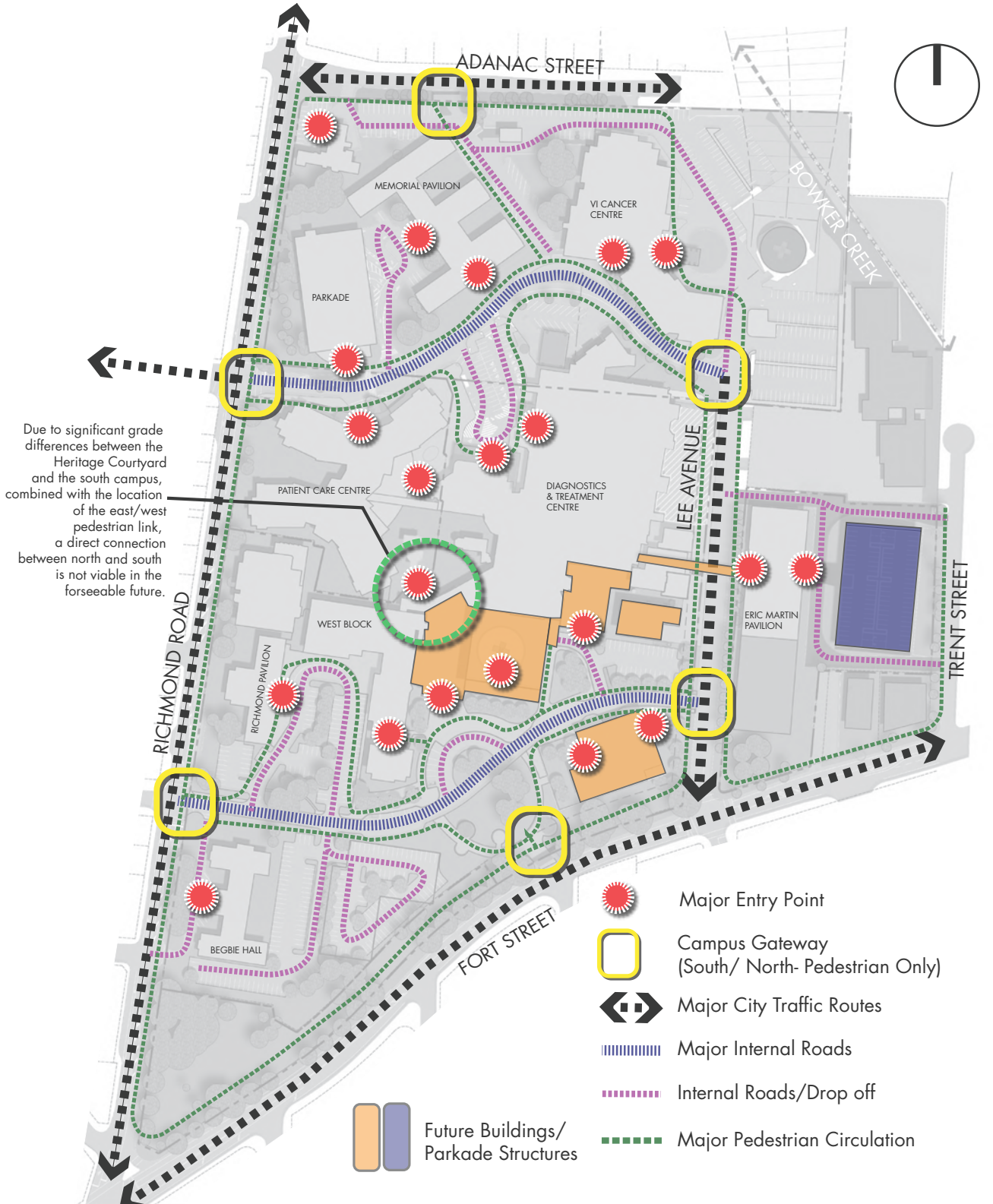




RJH Campus | Master Campus Plan | Circulation - EXISTING



RJH Campus | Master Campus Plan | Circulation - PROPOSED





CONCEPTUAL SKETCH VIEWS



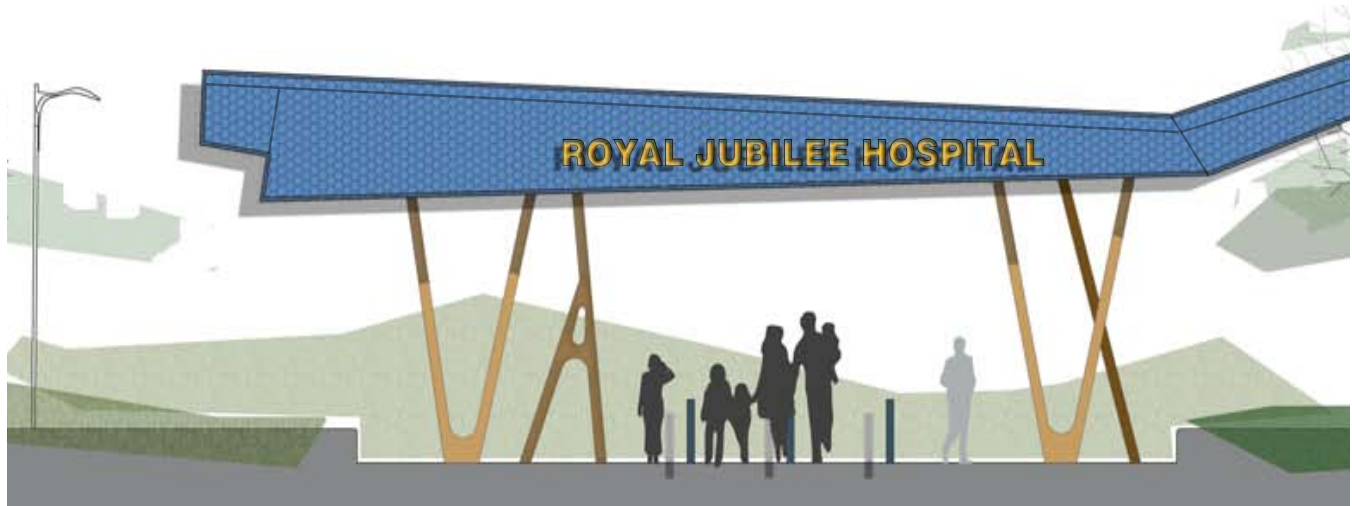
RJH Campus | Master Campus Plan | Conceptual View towards Central Block Main Entry



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.	
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.	Proposed Building Setbacks for RJH MCP Building Height Strategy for RJH MCP

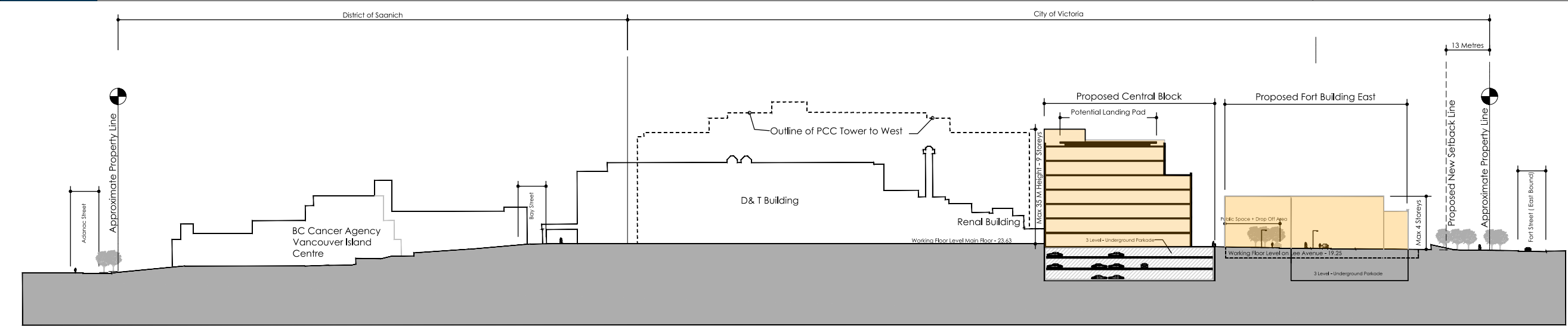
GUIDELINES

- » 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	
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

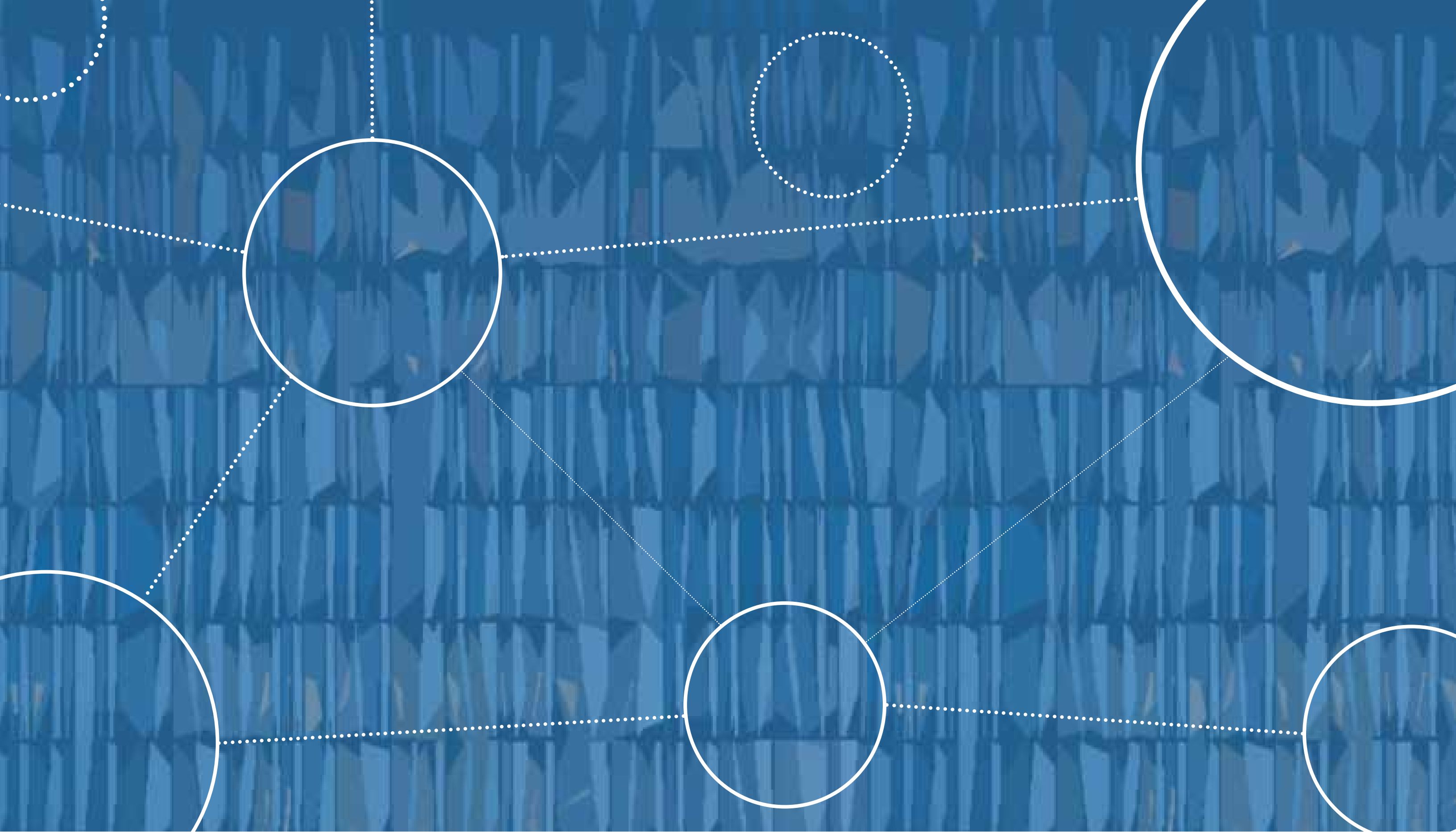
	GUIDELINES	SUPPORTING GRAPHICS
LANDSCAPE AND OPEN SPACES	OPEN SPACES » Explore ways to celebrate the campus history through sculpture and other forms of public art and landscape design, integrating the story of the Hospital and the local community with open spaces and architecture. » Develop key gateways 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.	

	GUIDELINES	SUPPORTING GRAPHICS
PEDESTRIAN	» Identify main building entries clearly in ways that are visible, and accessible from the street. » Provide building connections above grade, to allow greater pedestrian access to landscaped areas at ground level. » East-west and north-south pedestrian corridors will connect the edges of the site to key public spaces such as the Heritage Courtyard, parking areas and building entrances to allow ease of access through the campus. WAYFINDING » A coordinated and standardized signage system will be developed to provide necessary information about the location and direction of all buildings and important components on the campus (signage design will be consistent with current campus signage standards). » Campus directories will be located at key points of the campus, and they will be both prominent and legible. » The names of buildings, as well as their central functions and activities, will be clearly presented. Campus streets, primary walkways, and major open spaces will also be identified. ACCESSIBILITY » Generally, the primary pedestrian paths, public open spaces, and principal entrances to all buildings will be accessible to the physically challenged. » Appropriate signage or markers will be used to indicate accessible routes for the physically challenged. » The campus will be universally accessible and adhere to the principles of Universal Design. LIGHTING » Use light strategically to ensure public safety and reduce vandalism, including appropriate lighting on walkways, paths and adjacent areas, building entrances, transit stops, and bicycle lock-up facilities. » All pedestrian lighting along internal roadways will be designed with sharp cut off to avoid light spillage. » Lighting design will adhere to the standards set by the Royal Astronomical Society of Canada Light Pollution Abatement program in order to minimize off-site light spill and maximize dark sky.	

		GUIDELINES	SUPPORTING GRAPHICS
PARKING		PARKING STRUCTURES » Crime Prevention Through Environmental Design (CPTED) principles will be incorporated into the design of all new structured parking on campus. » Parking will be conveniently located, accessible, and secure for hospital users. » Parking structures will be screened from view by wrapping or integrating other building functions or design elements around their exterior façades. SURFACE PARKING » Break up large surface parking areas visually using landscaping features and pedestrian pathways. Trees also help provide shade to vehicles and parking surfaces to minimize the heat-island effect of large areas of paving. » Incorporate engineered bioswales, permeable paving surfaces, and other developing 'green' technologies into the design of surface parking areas to mitigate stormwater run-off. » Provide clear pathways and crossings through surface parking lots. Pedestrian crossings through parking areas are to be well-lit and employ high-contrast paving materials where appropriate. » Screen all surface parking lots with landscape and berming where practical and appropriate.	  

	GUIDELINES	PRECEDENTS
ROADWAYS AND VEHICULAR CIRCULATION	ACCESS AND USE » Primary servicing access for delivery vehicles will be maintained on Lee Avenue to the rear of the D&T Centre as well as the proposed Energy Centre. » Lee Avenue is owned and maintained by the City of Victoria. Any improvements on the RJH property along the Lee Avenue streetscape will be coordinated with the City of Victoria to ensure consistent design and standards for the street appearance. The current streetscape is wide due to truck access requirements and major underground services. This street would benefit from increased landscape screening, well-defined pedestrian areas and crossings, improved lighting, and signage. Material changes (e.g., coloured concrete and unit paving) at pedestrian crossings along the road would break up the visual impact of the road. All paving materials must be rated for heavy vehicle use. » Provide a new south internal roadway running from east to west across the south campus, connecting Lee Ave. and Richmond Rd. across from the existing Coronation Avenue intersection. Note: There are no plans to change the existing intersection at Coronation Avenue and Richmond Road, and traffic control measures will remain in place at this intersection. » The south internal road will be a shared roadway for vehicles and cyclists. Adequate sightlines for traffic and pedestrian safety will be required. In addition, the road will provide accessibility for emergency vehicles. » A drop-off area will be provided at the mid-point of the south internal road length for access to the Central Block and other buildings. The drop-offs will be located as close as possible to entries for individuals with mobility challenges. This area will be connected with the proposed gateway and the south end of the site at Fort Street. ROADWAYS » Use alternate paving materials as appropriate to reduce large areas of asphalt throughout the campus area. » Planting islands along roadways will be sufficient in size to maintain healthy trees. » Design will minimize the area devoted to vehicular circulation, optimizing efficient traffic flow, and access to campus parking areas. » Enhance and simplify wayfinding for vehicles as they approach the Hospital from the surrounding communities, and within the Hospital campus.	   

	GUIDELINES	PRECEDENTS
CYCLING	» Provide clear and consistent signage for cyclists, indicating bicycle routes, parking and amenities. » Integrate an on-site "Bicycle Centre" in the proposed Central block building or in a central location near key end-points. This bike centre will include a variety of bike parking options (racks, lockers, cages), bicycle repair tools and personal lockers, lighting and surveillance, and charge facilities for electric bicycles. » For more details on cycling facilities on campus, please refer to the TDM recommendations in Appendix B.	
TRANSIT	» Provide well-lit, fully accessible pedestrian routes from transit stops to building entrances or other key destinations on campus. » Provide well-lit, weather protected waiting areas for transit users, including associated amenities such as seating. » Provide clear and consistent signage and wayfinding indicating pedestrian routes and schedules for transit users. » For more details on transit, please refer to the TDM recommendations in Appendix B.	
HELICOPTER LANDING PAD	» The current helicopter landing pad will remain in position for the foreseeable future; however, opportunities to relocate it away from its current location will be considered as new development projects occur. » When considering changes to helicopter landing, Island Health will: • Abide by Federal Regulatory requirements; • Consider ease of access to critical facilities, economic viability, noise, and vibration; and, • Consult with stakeholders and communities that may be affected by a change in the flight path.	



APPENDIX



A. PUBLIC CONSULTATION OUTCOMES

COMMUNITY FEEDBACK ON OVERALL CAMPUS DEVELOPMENT	COMMUNITY FEEDBACK ON BUILDINGS	COMMUNITY FEEDBACK ON LANDSCAPE & OPEN SPACE	COMMUNITY FEEDBACK ON ROADWAYS AND PARKING
» If additional density is required, encourage density and height in the centre of the site rather than on its edges. » Provide green spaces around increased density. » Protect green spaces, enhance them, and link them to green spaces outside the campus. » Set back of the sidewalks along the perimeter of site should be accommodated where possible. Use Fort Street as a precedent. On Richmond Avenue, move sidewalks off the curb and create landscape buffer between curb and relocated sidewalks. » Establish a ‘build-to’ line on Fort Street at the edge of the landscape strip along the road. On Richmond Road, use the current setback of Begbie Hall, and on Adanac Street, use a setback similar to the Richmond Road set back. » Explore mixed use and residential development if there is market demand and spare capacity on-site. » Reserve space for a future BC Ambulance Service depot.	» Acknowledge the existing form and character of buildings on the site during development. » Graduate the scale of buildings down to human scale at the street level, using established heights of Richmond Pavilion and Begbie Hall as precedents. » Because Hospital floors are taller than standard floors, unit measurements should be used as well as storey measurements when referring to building heights.	» Protect the site’s natural ecology and environmental sustainability. » The campus should comprise a network of connected open spaces, with buildings sited to enhance that network. Nature and open space to be considered the “backbone” of the Plan. » Preserve and enhance green space as far as possible, preserving parks at Richmond and Fort, enhancing green space at Begbie, expanding the tree canopy and exploring the use of green roofs across campus. » Explore how paths and green space could better respond to existing topography and site drainage patterns. » Recognize Garry Oaks by preserving and enhancing their presence on the site.	» Reduce the number of parking lots and consolidate parking into parkades. » Conduct a parking study to review requirements. » Create a valet parking service for visitors (electric car specific). » Continue to monitor and implement required transportation demand measures.

COMMUNITY FEEDBACK ON TRANSPORTATION	COMMUNITY FEEDBACK ON ACCESSIBILITY	COMMUNITY FEEDBACK ON HISTORY AND HERITAGE	COMMUNITY FEEDBACK ON THE PLANNING PROCESS	COMMUNITY FEEDBACK ON OTHER ISSUES
» Increase public transit to the site. » Provide more public transit stops near the Hospital campus, and realign bus stops so they are closer to the site. » Create a transportation hub (exchange) on the campus. » Include Transportation Demand Management principles in the MCP.	» Acknowledge existing ‘desire lines’ (informal pathways that develop over time through continued use) and integrate into future planning of circulation and accessibility. » Improve wayfinding and signage. » Ensure that the MCP shows solid connections to and through the Heritage courtyard. » Provide a flashing pedestrian light when crossing Richmond Road at Denman. » Create pedestrian crossings on Fort Street at Duchess and Davie Street intersections. » Ensure physical accessibility needs are addressed for all users (curbs, slopes, etc.).	» Preserve heritage resources. » Enhance access and green space around historic buildings, particularly the Pemberton Operating Theatre and Chapel.	» Continue dialogue with the community. Island Health and community stakeholders together will identify timelines, meeting locations, and contacts for continued engagement. » Provide opportunities for interested people to be involved in small design changes that occur on site that do not require a public hearing. For example, the community would like to be involved in decisions about paving and bench locations. » The community understands the constraints, and accepted the design response, but would like the option to be considered for future opportunities.	» Currently, smoking is not allowed anywhere on the Hospital campus due to existing bylaws and Island Health policy. Some community members observed smoking being pushed into the neighbourhoods. There was a request for discrete areas for smokers on campus, such as a public square or space with appropriate setbacks - 6 m from any vent or air intakes. NOTE: Island Health has a Smoke-Free Premises Policy and therefore, is unable to formally sanction smoking on the Hospital campus. » Within the context of Transport Canada regulations, consider ways to minimize the impact of helicopter operations on the surrounding communities.

B. FUTURE TRANSPORTATION DEMAND MANAGEMENT STRATEGIES AT RJH

The following table is a summary of the TDM Strategies that Island Health is committed to implementing or investigating over the next 20 years. All of these strategies will require executive discussion and approval prior to implementation. For more details on the background of TDM at RJH, as well as on each of these strategies, please see the full 2015 RJH Parking and Transportation Study conducted by Boulevard Transportation, A Division of Watt Consulting Group (www.blvdgroup.ca).

TDM STRATEGY	DESCRIPTION
Investigate Increasing the Cost of Staff Annual Parking Permit by 25% by 2025	Studies of parking “elasticity” suggest that a 10% increase in parking cost will decrease vehicle trips by 1-3% and a 50% increase in cost will reduce trips by 5-15%. Island Health will investigate the opportunity to increase staff annual parking permit costs by 25% by 2025 to \$877.50, and another 25% by 2035 to \$1053.00. Island Health could achieve this through incremental increases or larger cost increases over a multi-year period. Any increase to annual parking permits will ideally be tied to the construction of a new parkade, as an increase in parking fees will be more tolerable if there is an adequate supply available.
Work Towards Permit Cap Implementation on Annual Staff Parking Permits and Work Towards Phasing out Annual Staff Parking Permits	Once staff purchase an annual permit they have little financial incentive to use alternative modes of transportation. The elimination of annual permit passes will force commuters each day to consider how they will travel to the campus. Island Health will work towards implementing a permit cap on the annual staff parking permits by 2025, with the long-term plan to eliminate altogether (by 2035). This will require a great deal of work within the organization, and will need to coincide with increased technology in the proposed new parkades, which will allow for an integrated system.
Develop an Integrated Parking System	Moving to an automated parking management system will afford a range of options to enhance parking service provision, better manage parking demand, and implement new TDM programs. An integrated system will work well with the development of the proposed parkades on campus. The following options will be pursued as part of or subsequent to implementing automated parking systems: » Alert system: An “alert system” to provide real-time travel information communicated via website and/or mobile application – this will allow for travel planning by site users. » Smart card: System that allows staff to pre-pay for transportation and parking services, track progress, and integrate with other administrative and security access. Can be used for parking, cycling, shuttle and transit.
Continue to Increase Transit ProPass Subsidy	Island Health has nearly tripled the Transit ProPASS subsidy since 2009, from \$5.54 per pay period in 2009 to \$16.17 in 2014. ProPASS enrollment has increased each year since the program was introduced, with an average of 32 new participants each year at RJH. No other health authority in British Columbia is known to offer a subsidized transit pass to staff. Island Health will continue to increase the ProPASS subsidy to reduce the cost to staff and encourage more staff to enroll. A target cost to staff of \$15.57 per pay period by 2025 will bring the annual cost of the ProPASS to approximately 45% the cost of annual staff parking, providing a significant financial incentive to use transit. By 2035, the target cost to staff per pay period will be \$14.68.

TDM STRATEGY	DESCRIPTION
Expand ProPass Program to Include Casual Staff	The staff ProPASS is currently offered to permanent Island Health staff only and not to casual staff. The issue is that the current Island Health payroll system does not allow deductions to occur if a casual staff has not worked adequate hours for a certain pay period (the system cannot deduct off zero paid hours). Island Health will coordinate with BC Transit to alter the criteria to accommodate casual staff and work with Island Health’s Finance Department to work out if General Accepted Accounting Principles will allow a liability of this type of transaction that is tied to a contract with an outside agency. The cost of the ProPASS would be the same from BC Transit; however, the subsidy may be less to casual staff, as casual staff could be using the transit pass for more trips that are not related to their commute to RJH.
Accommodate Proposed Frequent Transit Network	Fort Street is identified in BC Transit’s Transit Future Plan as part of the “Frequent Transit Network”, suggesting that service frequency will be 15 minutes or better between 7:00am and 10:00pm and that enhanced bus stops will be provided at select locations to include level door boarding, off-board fare payment, real-time customer information and bike storage. Island Health will work with the City of Victoria and BC Transit to ensure that bus stops are appropriately integrated with the site, as follows: » Select bus stop locations that minimize walking distance to the site; » Ensure there are direct pedestrian routes from bus stops to key buildings / destinations on site; and, » Ensure convenient, safe crossing of Fort Street from the south side bus stop. Island Health will begin pre-planning to accommodate real-time bus schedule / arrival information in key locations on-site (e.g., PCC courtyard, D+T entrance, proposed new Central Block). Such systems would become operational once the BC Transit real-time information system is established.
Modify VGH / RJH Shuttle Schedule	Many people indicated through the travel survey that the VGH / RJH shuttle bus frequency needs to increase to make the service more attractive, particularly during AM and PM peak periods. The majority of shifts at the site are from 7:00am-7:00pm and 8:00am-4:00pm (plus or minus 30 minutes). By 2020, Island Health will modify the shuttle schedule to better accommodate peak periods with three added trips, but using the existing shuttle vehicles. The schedule will begin earlier to allow staff to arrive at RJH and VGH for their shift start/end times.



TDM STRATEGY	DESCRIPTION
Create Shuttle Transfer Point	The shuttle operates on a direct route between VGH and RJH. The current routing accommodates trips between hospital sites, as well as VGH staff living nearby RJH and RJH staff living nearby VGH. To better accommodate staff living elsewhere, Island Health will consider adding transfer points along the route. A transfer point could be added along the route in the vicinity of Uptown Mall/Saanich Rd., to facilitate transfer between the shuttle and numerous bus routes nearby, as well as cycling connections on the Galloping Goose and Lochside trails. The liabilities of providing a planned stop along the route will need to be investigated prior to implementation.
Install Bike Racks on Shuttle Vehicles	Staff indicated a desire in the travel survey for shuttle vehicles to accommodate bicycles so they may use the shuttle for the morning or afternoon portion of their commute and bicycle for the other, or accommodate staff seeking to bicycle to/from VGH and shuttle to RJH (particularly applicable for staff residing in View Royal and the Western Communities). By 2020, Island Health will install bike racks on existing shuttle vehicles. Bike racks can be placed on the rear hitch of the vehicle and may have the ability to accommodate four bicycles at one time while still having the ability to access the trunk.
Relocate Carpool Parking Spaces	The primary carpool and rideshare parking supply is located adjacent to the Food Services Building on Lee Avenue. This is not a central location and remote from key staff destinations (PCC, D & T, Royal Block). By 2017, Island Health will relocate the carpool/rideshare spaces to a more convenient location with improved pedestrian access to key staff building entrances to make them more desirable to potential carpoolers.
Increase Bicycle Parking throughout the Campus and Create a Bicycle Centre	The RJH site includes a total of 712 bicycle parking spaces (616 bike racks and 96 bike lockers). Bicycle storage has increased by 85% since 2003. Island Health will continue to increase bike parking spaces on campus to accommodate future demand. These will be located at building entrances and, where possible, will be protected from the elements. New development on campus will present opportunities for integrated bicycle parking facilities at the centre of campus. Island Health will create an on-site “Bicycle Centre” that provides a variety of bicycle parking options (racks, lockers, cages), bicycle repair tools and/or service, personal lockers, lighting and surveillance, and charge facilities for electric bicycles. Consideration will be given in future buildings as to where this facility will be accommodated, ensuring the location is easily accessed by bicycle and centrally located near key end-points. The proposed Central Block development would likely be the preferred candidate for this centre.

TDM STRATEGY	DESCRIPTION
Investigate Modified Clinic Service Hours to Off-Peak Periods	As part of the overall strategic direction of the provincial health system, an increasing emphasis is being placed on both patient and provider experience. From a patient and family perspective, having access to some clinics and services during non-peak hours may be desirable. Island Health will continue exploring those initiatives which potentially contribute to excellent patient and family experience. Those changes may provide additional benefits in terms of reducing the need for parking during the current peak demand period. This will require a great deal of discussion at different levels of the Health Authority; however, Island Health is committed to exploring many improvements to the overall patient and family experience including potentially modifying clinic service hours to offer some services outside peak periods. This may not be feasible for certain clinics/ service providers. This will represent a significant change in philosophy for Island Health and will take time to be fully explored and supported by administration, unions, staff, and other healthcare providers; therefore, it should be considered as a long term strategy.
Investigate Staggered Staff Shifts	Staggering staff shifts involves altering shift schedules so that not all staff arrive at the site at once, reducing intersection capacity needed to provide acceptable conditions for vehicles entering/exiting the site at that time. Similar to the strategy above, Island Health is also pursuing improvements to the staff experience. For some healthcare providers, having different shift patterns may be beneficial for their personal circumstance or lifestyle. Island Health will continue to explore these options with its providers prior to implementing any changes to current shift patterns. In circumstances where staggered shifts may work for staff, it will provide the additional benefit of reducing traffic/parking demand during peak periods. This will be a long term strategy as it will also require a great deal of discussion at all levels of the Health Authority and will require support from Island Health administration.

