

Welcome to the Hospital Area Plan Concepts and Options Open House

This Open House is intended to provide you with an opportunity to review the concepts and options generated by the planning process to date, and to provide any comments that you may have. Your input will be carefully considered as we continue to develop a draft of the Hospital Area Plan.

At this Open House, please:

- View the displays
- Ask questions, and
- Provide your comments



Why an Area Plan?

Area Plan

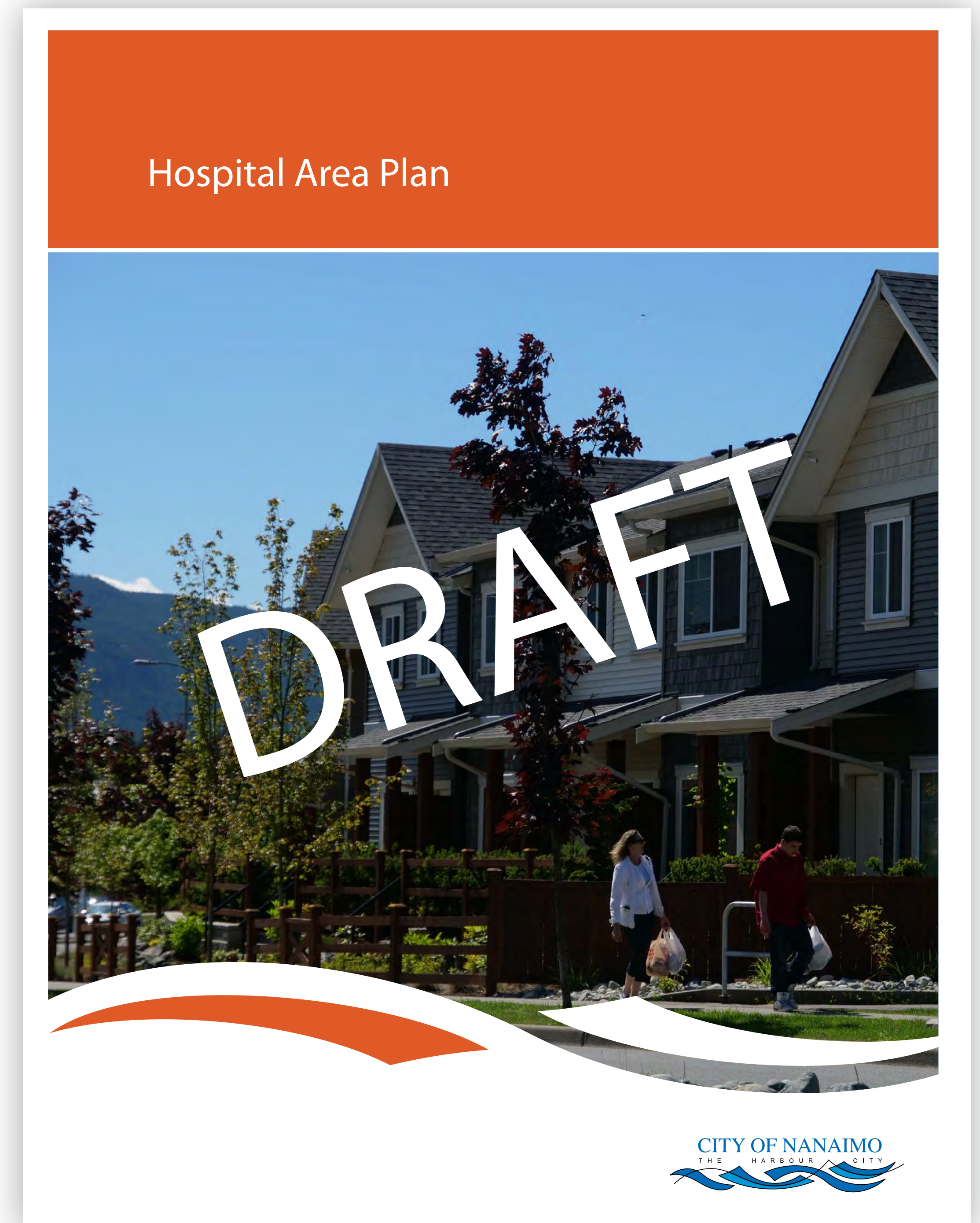
Plan prepared for a specific and defined subarea of the City which is adopted by bylaw, and forms part of the Official Community Plan (OCP). An area plan must fully meet the goals and policies of the OCP and compliment the vision, goals, objectives and policies established by the OCP.

OCP Hospital Urban Node Policy

An Area Plan will be developed for the Hospital Urban Node in consultation with area residents, business owners and stakeholders.

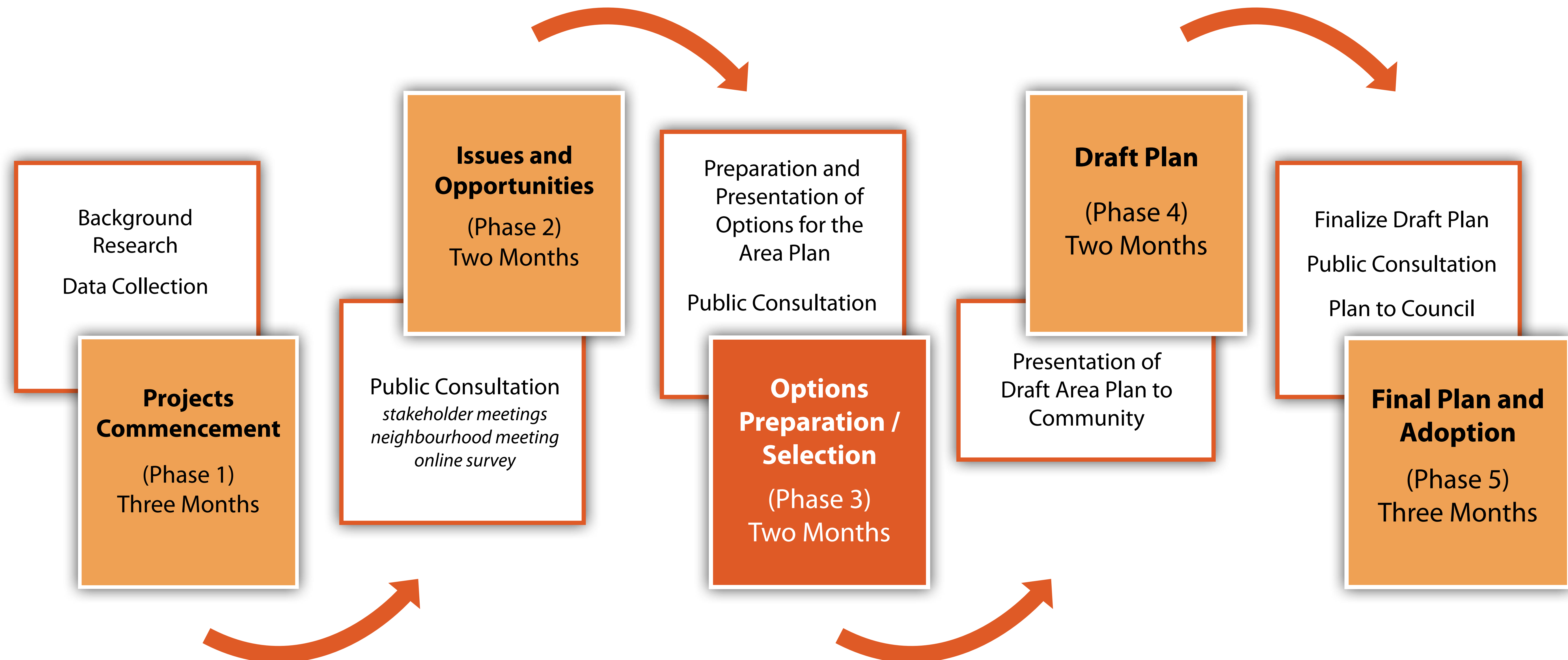
Hospital Urban Node Definition

City-wide and regional centre for health services, seniors housing, professional offices and higher density residential.



Area Plan Process

The Hospital Area Plan consists of five phases. These phases are intended to address various aspects of the planning process. We are currently in Phase Three.



OCP Land Use Designations



Land Use Designations

Urban Node

The commercial, service, and high density focal points for Nanaimo.

*Residential density of 50-150+ units/ha
Height up to and including high-rise buildings*

Corridor

Multi-unit residential development, public amenities and commercial services in mixed use developments.

*Residential density of 50-150 units/ha
Height 2-6 storeys*

Neighbourhood

Mix of housing types including single family homes and ground-oriented multiple family units.

*Residential density of 10-50 units/ha
Height 2-4 storeys*

Parks & Open Space

Including a range of park sizes, applies to lands that serve as parks, plazas, open spaces and recreation areas.

Hospital Urban Node

The Official Community Plan contains 14 policy statements specific to the Hospital Urban Node.

- 1

Development form will recognize the hospital area as the **core district for health services** for the city and mid-Island region.
- 2

The Hospital Urban Node is recognized as having a **major employment focus** for Nanaimo, and is supported by this Plan.
- 3

Future **health-related professional offices and services** shall be encouraged to locate in the Hospital Urban Node.
- 4

Residential densities of >150 units per hectare in high rise building forms shall be supported for the Hospital Urban Node. **Medium density residential** development within a **50 to 150 units per hectare** range is also supported.
- 5

Higher density **residential housing that meets a mix of demographic needs and a variety of income levels** shall be supported for the Hospital Urban Node. This includes housing and services directed toward seniors.
- 6

The **movement and safe access of emergency and support vehicles** shall be provided for in plans for the new development or redevelopment of lands.
- 7

Parking and traffic issues in the Hospital Urban Node are recognized, and the development or redevelopment of lands within the node must provide for the **safe and efficient movement of non-automobile travelers**.
- 8

The development of a **transit exchange** is supported within this Node to focus transit users to one accessible and central location.
- 9

New development or redevelopment of the lands within the Hospital Urban Node will contain measures **to minimize any traffic impact on existing neighbourhoods** and local roads.
- 10

Parks and open space are integral to the well being of residents and users of health facilities in this Urban Node. New opportunities to **integrate parks and open spaces** shall be considered in all development proposals.
- 11

Future social and community services appropriate to the mix of land uses and demographics both within and surrounding the Node shall be encouraged to locate within the Hospital Urban Node. This Plan supports the development of Urban Nodes with a **broad social mix and access to adequate housing at all income levels**.
- 12

Ecological features, such as steep slopes, watercourses, riparian areas, significant trees, and environmentally sensitive lands **are recognized as attributes** and development shall proceed only where the impacts on these features are minimized and can be mitigated.
- 13

Energy efficient building design and practice will be promoted. **Green Building strategies will be encouraged** for all commercial, professional, or institutional facilities to reduce the use and waste of water and energy resources and to reduce greenhouse gas emissions.
- 14

An Area Plan will be developed for the Hospital Urban Node in consultation with area residents, business owners, and stakeholders.



Area Plan Guiding Principles: Land Use Planning

The following guiding principles are based on issues and opportunities identified by the community to date. These principles will help to guide the policies that will become the foundation of the Hospital Area Plan.

- 1 **Promote communication with stakeholder agencies and neighbourhood representatives** on development projects and public realm enhancements in the hospital area
- 2 Ensure that the hospital area is a **safe community** for residents and daytime users of the hospital area at all hours of the day
- 3 Promote development with amenities to **enhance the character of the hospital area**
- 4 Incorporate **health and wellness as an area-wide identity** of the hospital area
- 5 Encourage **new services to complete and compliment** the existing **services for residents and daytime users** of the hospital area
- 6 Support **mixed-use developments** in the urban node with ground floor commercial uses and office and residential uses above
- 7 **Improve local cycling and pedestrian infrastructure** and improve connections to the broader active transportation networks
- 8 **Enhance transit**, especially for NRGH employees
- 9 **Improve hospital area infrastructure** for the benefit of residents and daytime users
- 10 Provide **connected, interesting, safe, inviting, and green open space** within in the hospital area for residents and daytime users of the hospital area



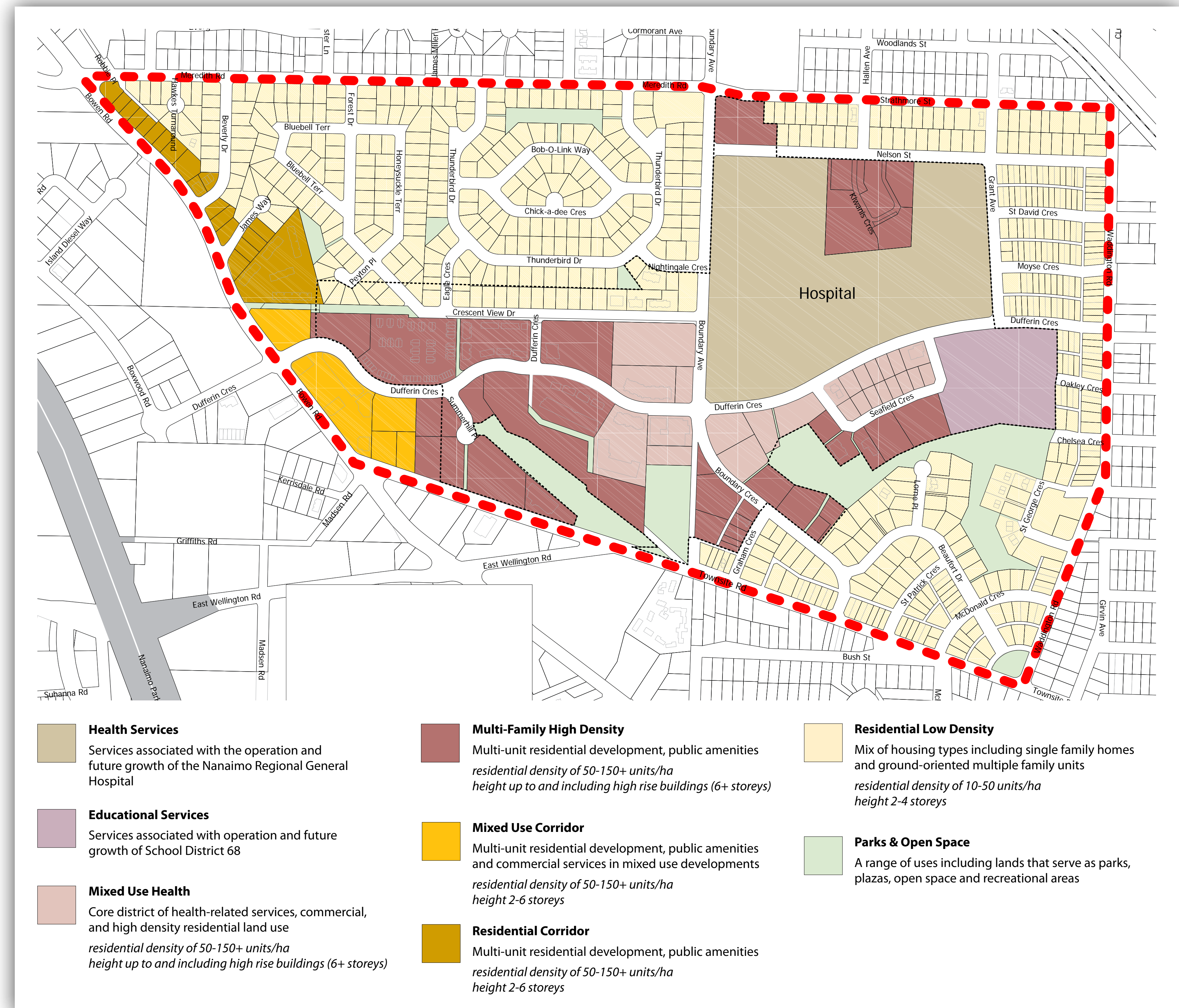
Land Use Option A

Land Use Option A

Characterized by a more detailed treatment of the Urban Node and Corridor land use designations in the Official Community Plan, and a reduced residential potential in the Plan area.

Key Features

- 1 identifying the Nanaimo Regional General Hospital and former Dufferin Elementary school sites
- 2 focusing on medical service, commercial, and high density residential development near the Dufferin Crescent / Boundary Avenue / Crescent intersection
- 3 continuing high density residential development adjacent to the hospital and the Mixed Use Health designated lands
- 4 distinguishing between mixed use and residential corridor designations
- 5 reducing the residential density along the Crescent View corridor



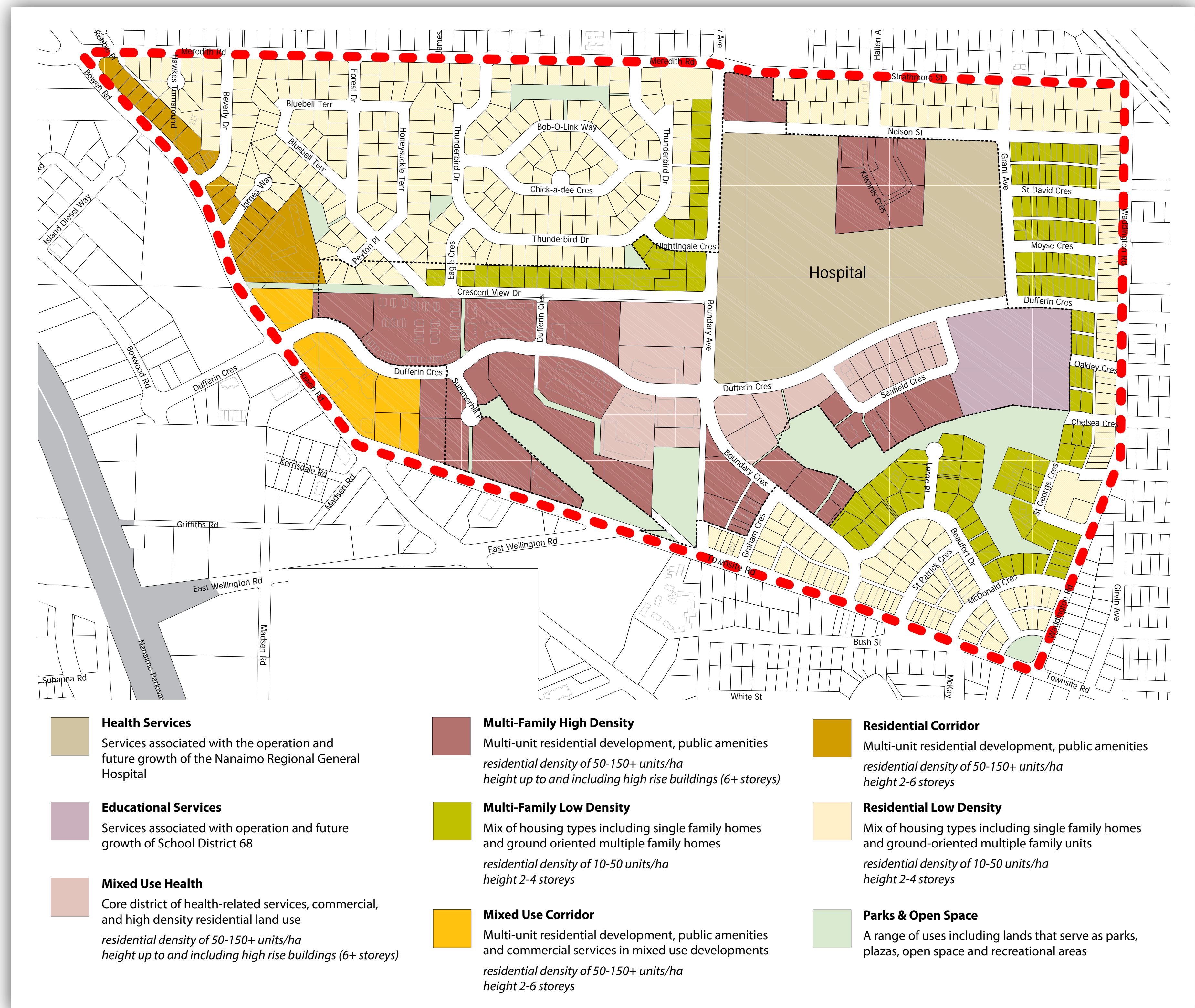
Land Use Option B

Land Use Option B

Characterized by the land use options described in Option A, with special low density residential along the perimeter of the Urban Node.

Key Features

- 1 residential density same as Option A
- 2 policy changes to encourage development in the new multi-family low density designation: building height, lot coverage, design guidelines



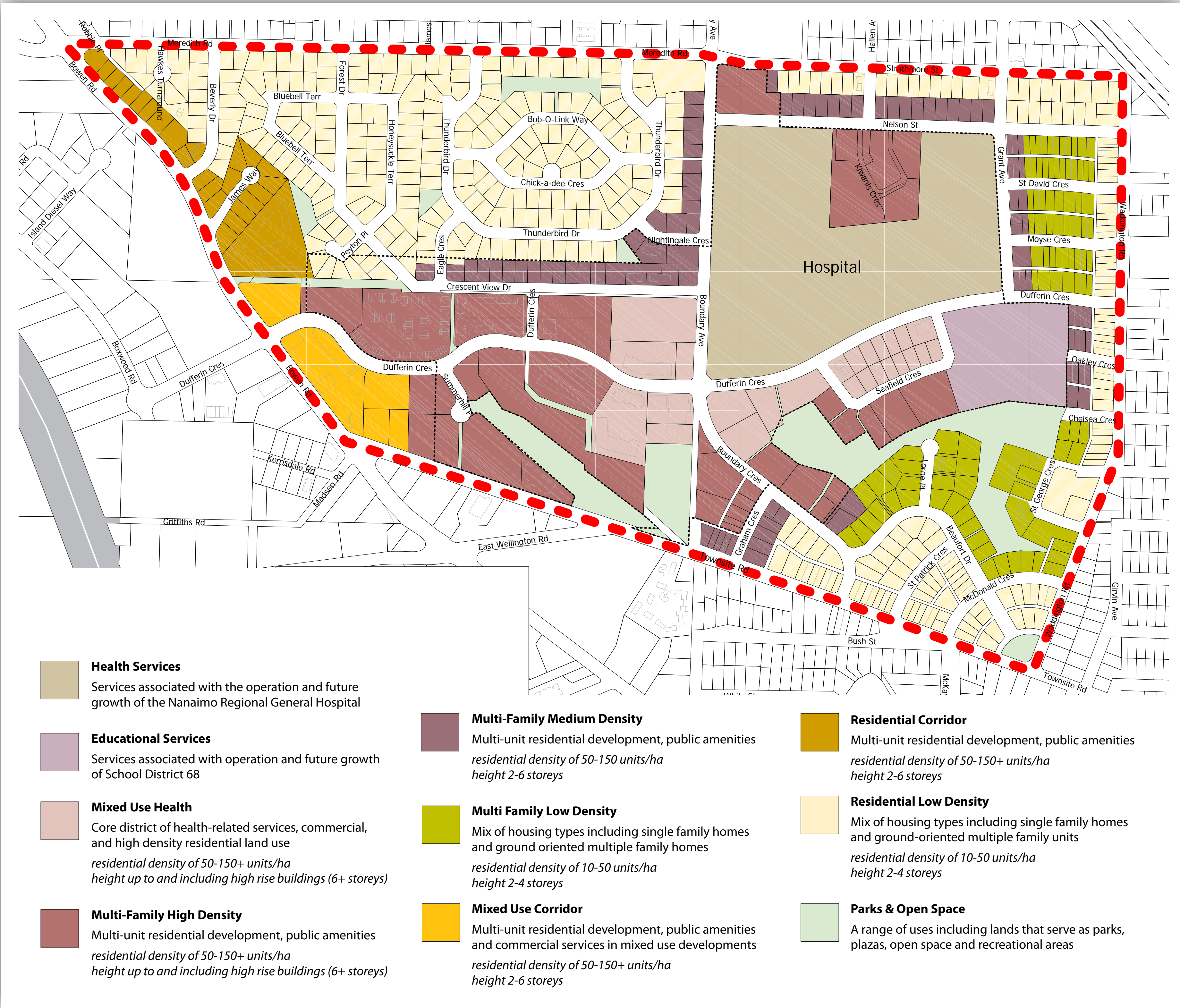
Land Use Option C

Land Use Option C

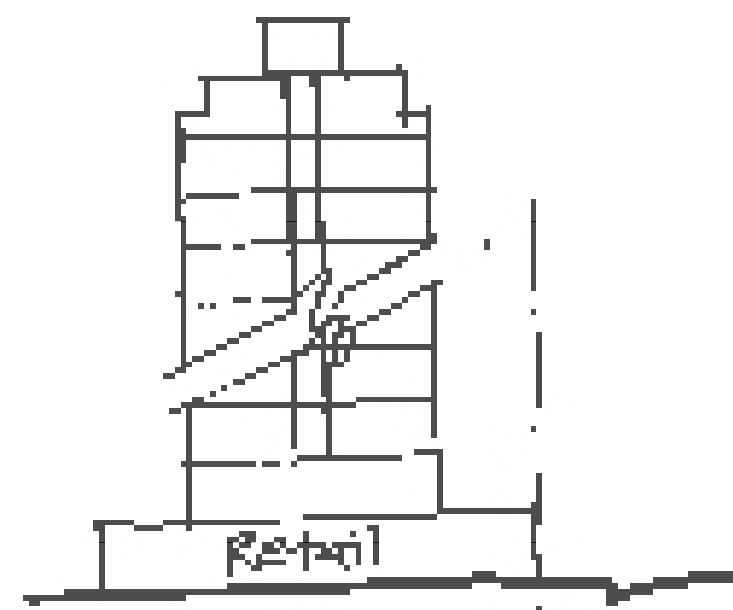
Characterized by the land use options described in Options A & B, with a new medium density land use designation

Key Features

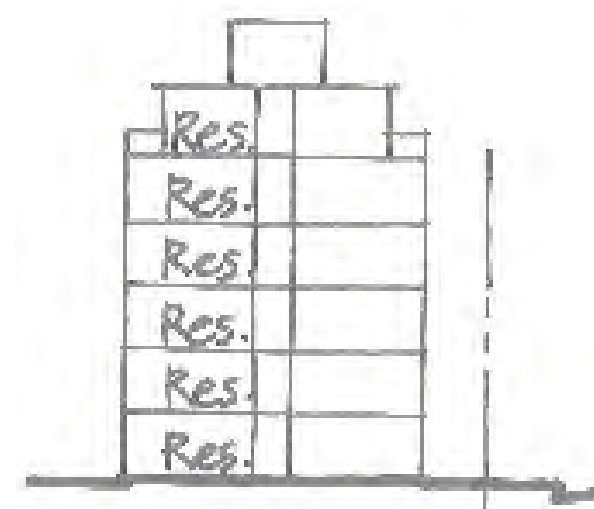
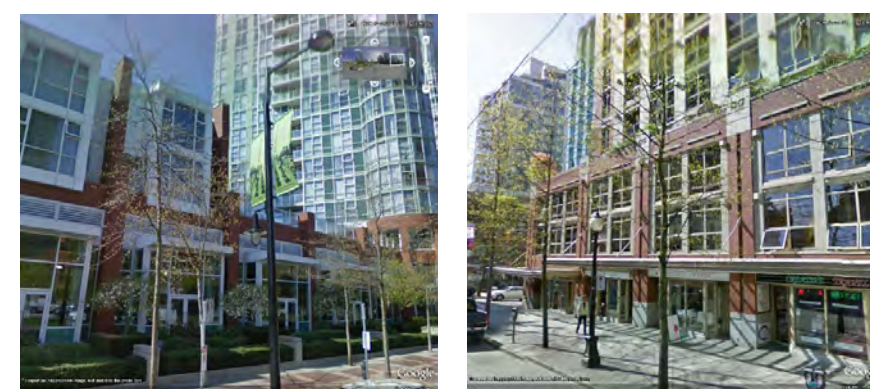
- 1 introducing a new medium density residential buffer between residential low density and more intense land uses



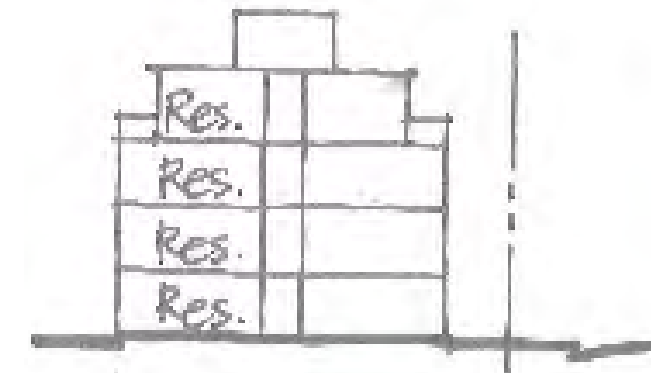
What does density look like?



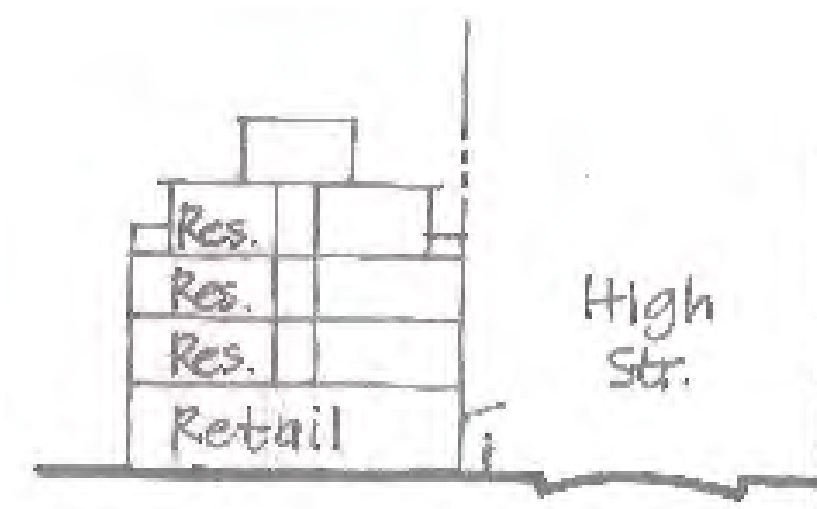
6 FLOOR + MIXED USE DEVELOPMENT FORMS



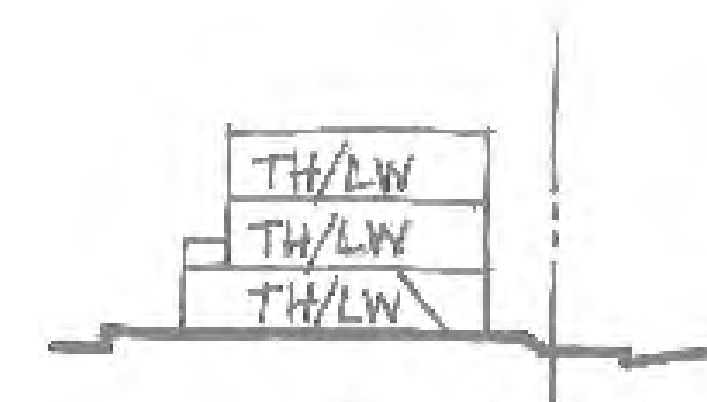
6 FLOOR RESIDENTIAL



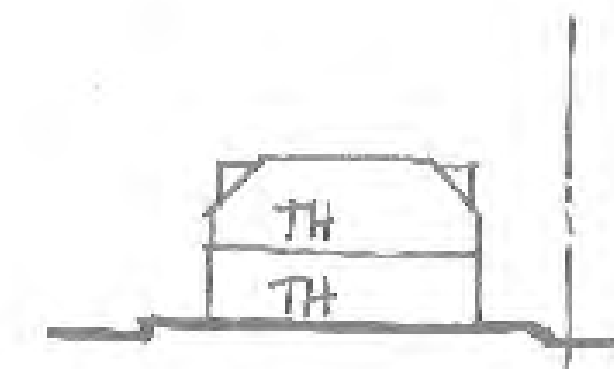
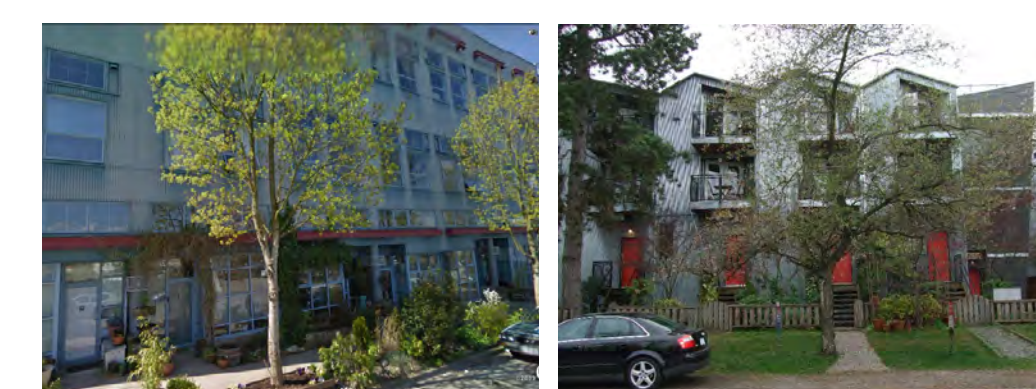
4 FLOOR RESIDENTIAL



4 FLOOR RESIDENTIAL/RETAIL



3 FLOOR LIVE/WORK OR STACKED TOWNHOUSE



2 FLOOR TOWNHOUSE/ROWHOUSE



Medium High Density

Medium Density

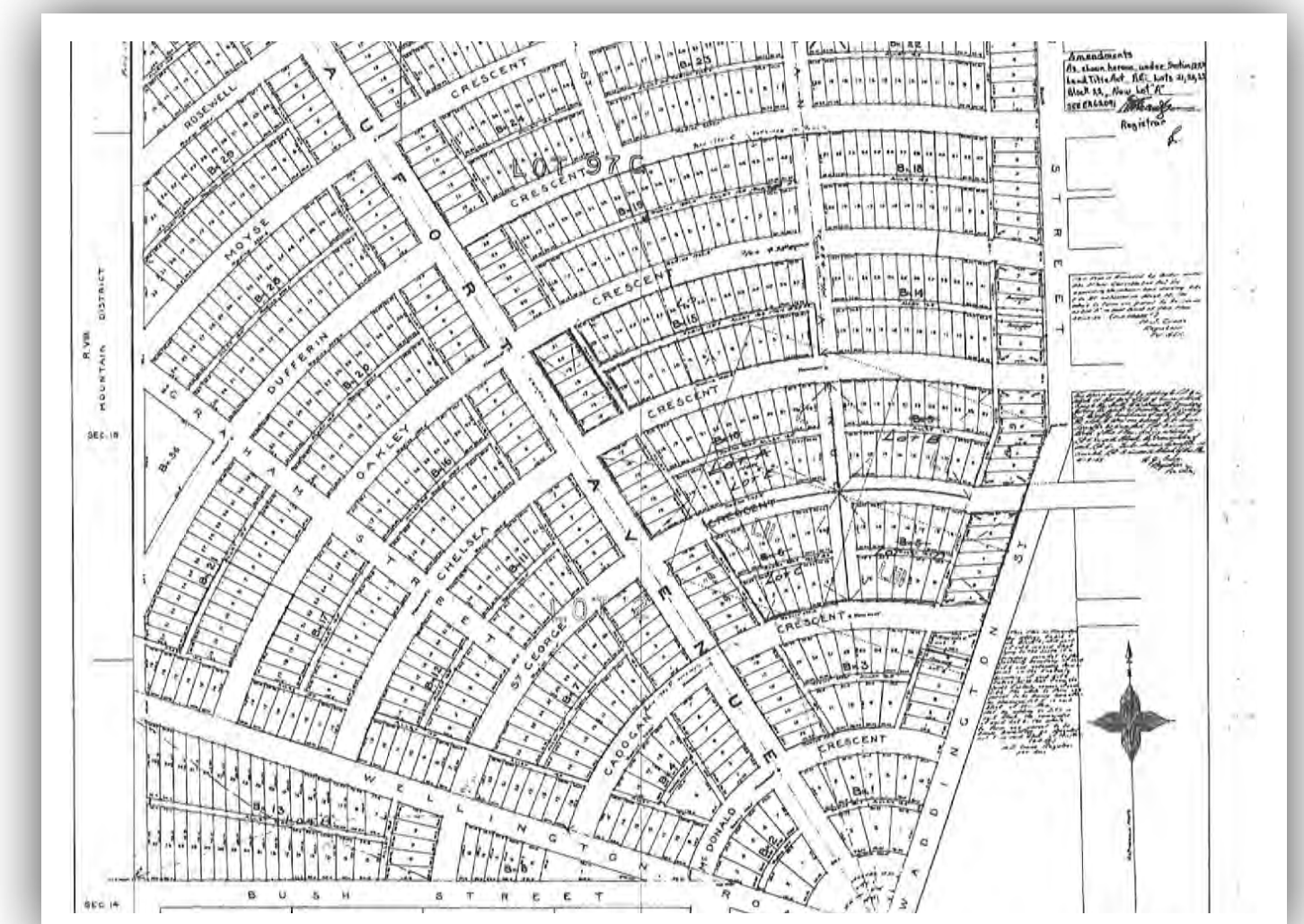
Medium Low Density

Sample Building Forms

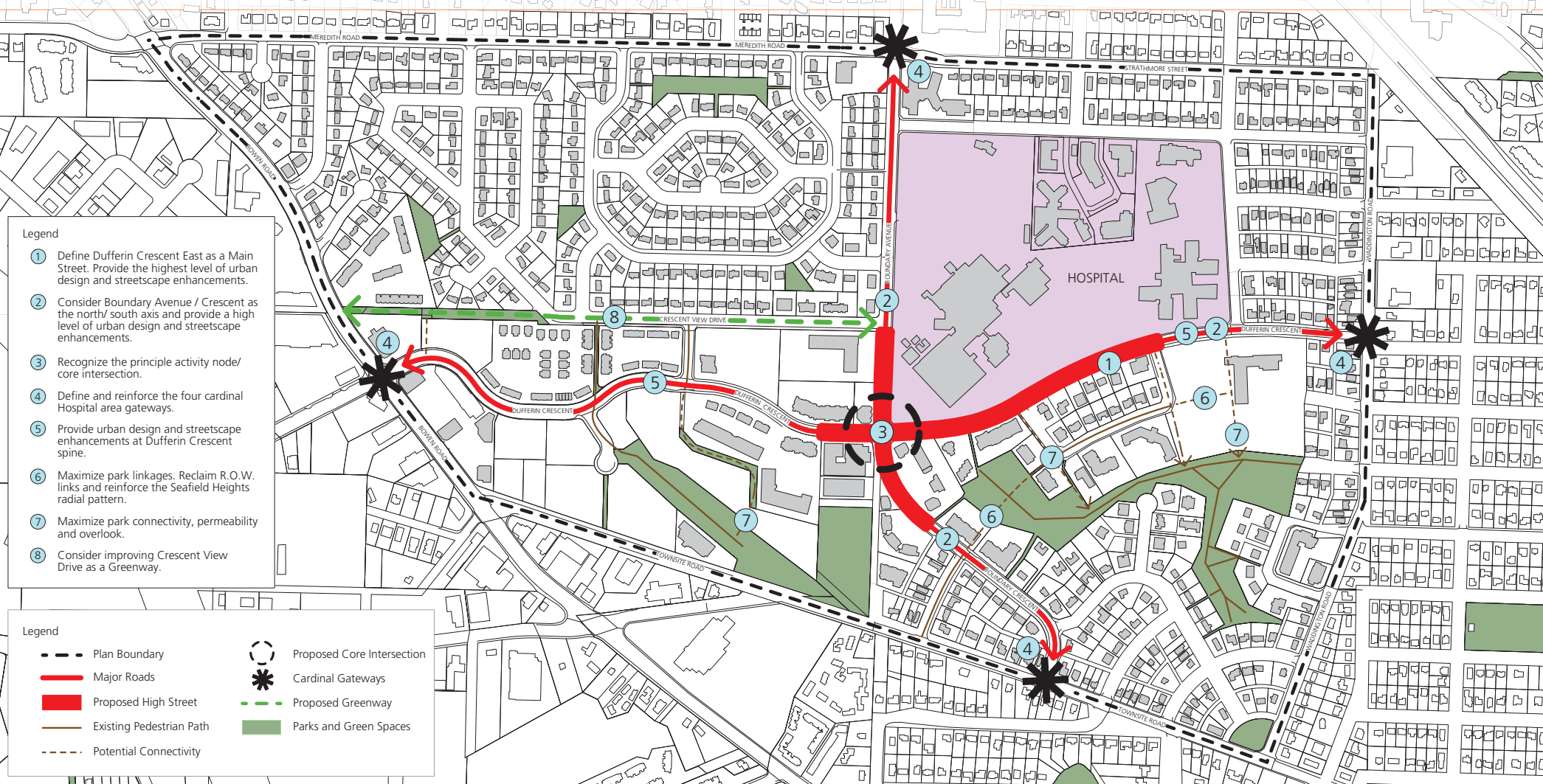
Area Plan Guiding Principles: Urban Design

The following is a set of draft Urban Design and Planning Principles for the Hospital Area Plan. These draft Principles are based on review of all the background material, studies and reports received by the consultants, the City's Issues & Opportunities review, and the design consultants' review and analysis of the Plan study area. These Principles are the broad underlying statements of intent that will inform and guide the conceptual urban design framework for the Hospital Area Precinct.

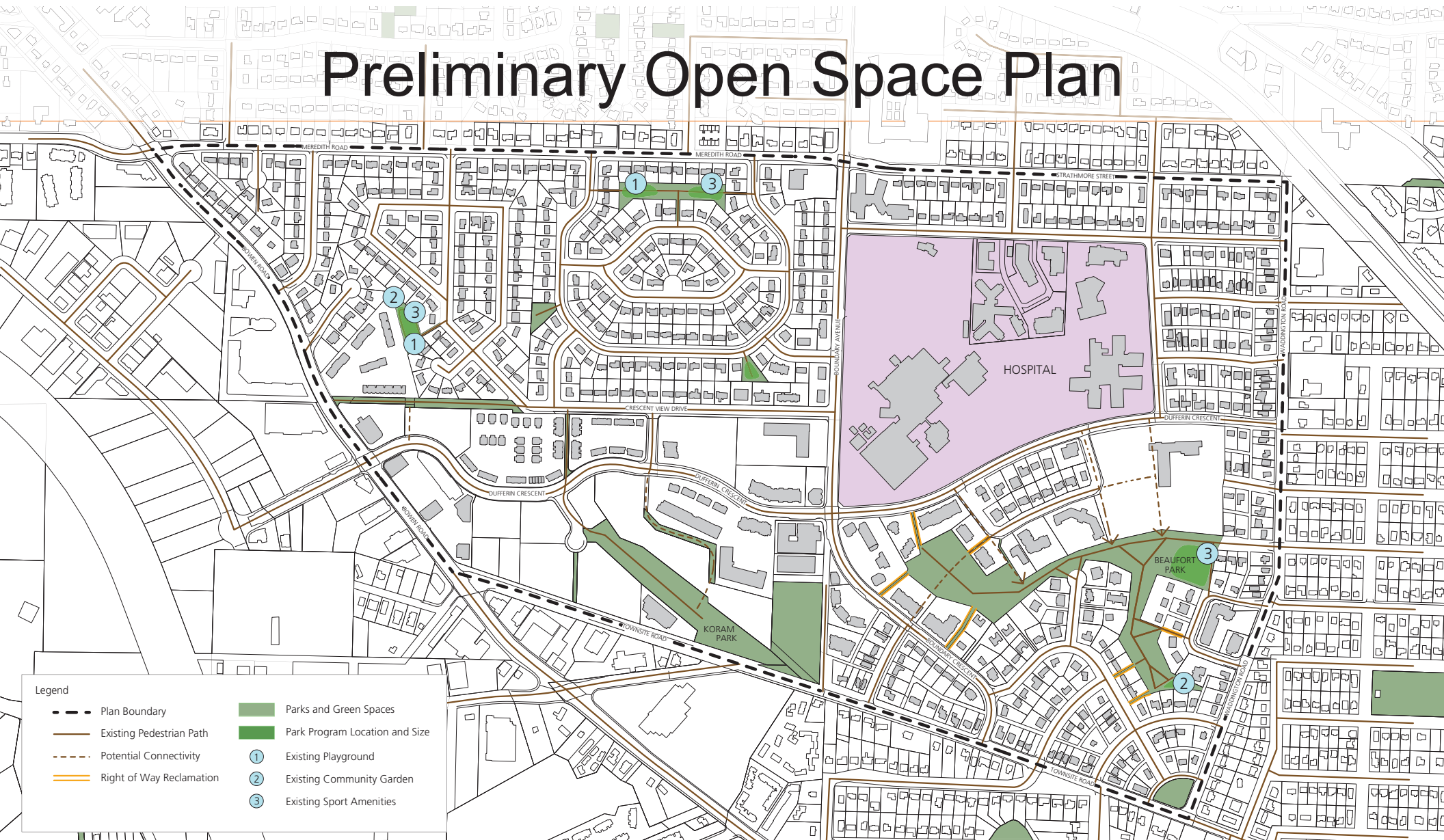
- 1 Focus urban design/streetscape efforts on the Hospital Campus periphery** and its relationship to the immediately surrounding areas. Consider land use, streetscape and public realm enhancements along the Hospital Campus/Hospital Area District interface streets. Land uses will be developed through the planning process.
- 2** Define a 'Core District' that will be the **focus of the most intense urban design and streetscape enhancements/interventions**.
- 3** Recognize the intersection of **Dufferin Crescent and Boundary Avenue** as the precinct's principal 'Activity Node' and '**Core Intersection**'.
- 4** Recognize Dufferin Crescent as the principal street along its corridor, and organize the urban design framework.
- 5** Designate and design **Dufferin Crescent** (from just west of Boundary Avenue to Grant Avenue) **as the neighbourhood 'Main Street'**, with an intensified mix of land uses, amenities and commercial uses servicing both the Hospital and the surrounding precinct. This Main Street should be **characterized by a mix of uses** including retail services at grade facing the street, medical offices and support services, and multi-family residential housing above grade.
The Main Street should also **include the Core Intersection** 'Activity Node', and **could extend north/south along Boundary Avenue/ Crescent** for a limited extent.
This Main Street is also the principal **transit corridor**, and the principal interface with the Hospital Campus.
- 6** Identify and **celebrate the key 'Gateways'** or principal entrances into the precinct.
- 7** Acknowledge, build on, and celebrate the **original Seafeld Heights Plan (c 1913)** for this area as a key part of the area's urban heritage, and examine opportunities to re-incorporate elements of the Plan into the neighbourhood as it develops.
- 8** Improve and **enhance access to, visibility of, and connectivity between existing public parks**.
Identify, improve, **enhance and extend existing public right-of-way pedestrian connections** to public parks, including existing unused routes.
- 9** Define a hierarchy of future streetscape treatments:
 1. '**Main Street**' (e.g. Dufferin Crescent between Boundary Avenue and Grant Avenue)
 2. '**Collector Street**' (e.g. Dufferin Crescent outside High Street section, and Boundary Avenue)
 3. '**Greenway Street**' (e.g. Crescent View Drive)
 4. '**Wellness Loop**' streetscape (e.g. on the streets surrounding the Hospital campus)
- 10** Explore opportunities to **introduce a finer-grained network of public streets and/or pedestrian routes through the area**, in support of a more pedestrian-friendly neighbourhood. This includes working with the NRGH planning team on identifying pedestrian routes into/through/across the Hospital Campus.
- 11 Optimize universal access** throughout area. This refers to designing the public realm in a way that facilitates **safe and easy movement for people with all abilities**, including those with mobility or physical disabilities.



Preliminary Urban Design Framework



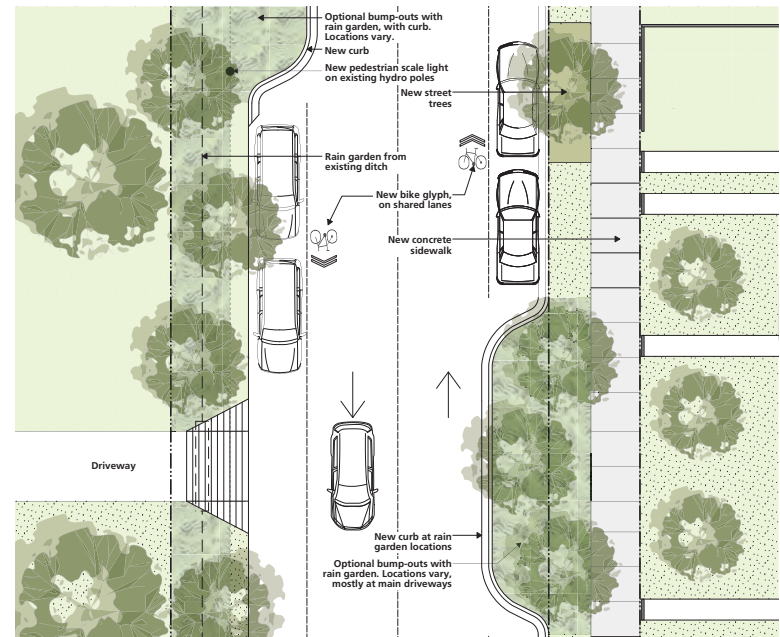
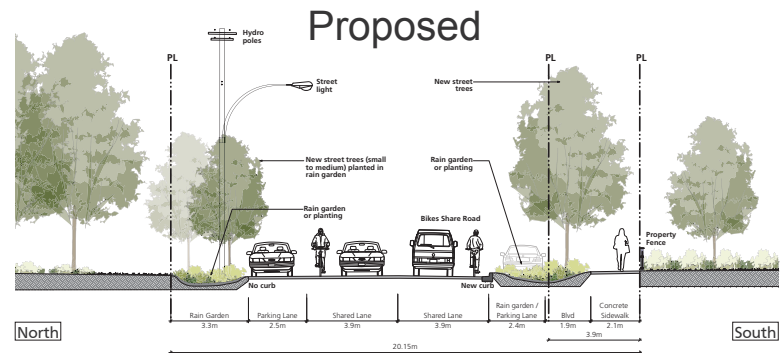
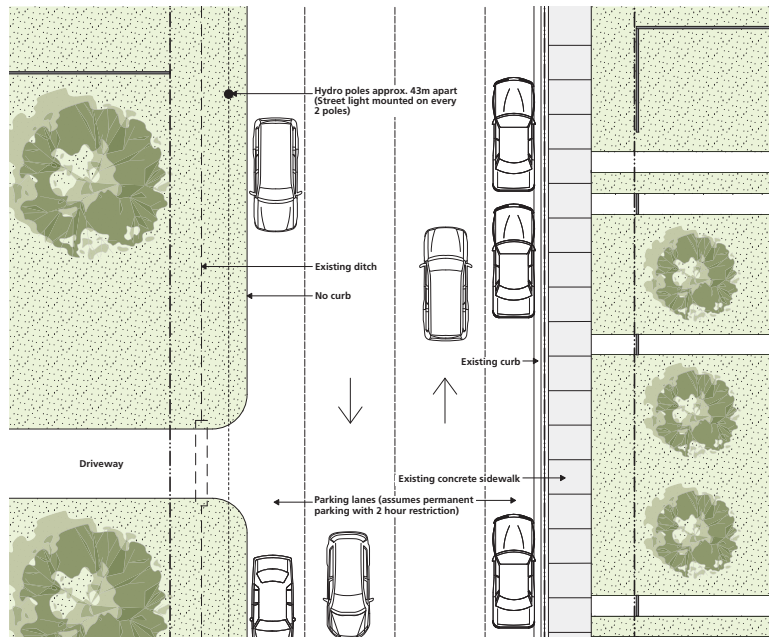
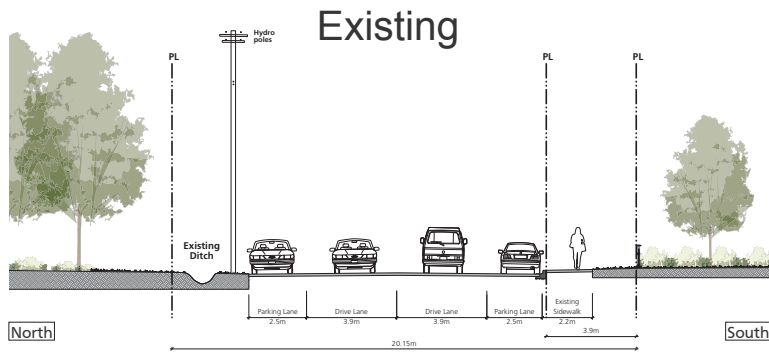
Preliminary Open Space Plan



Street Section Plan



A Crescent View Drive - Greenway



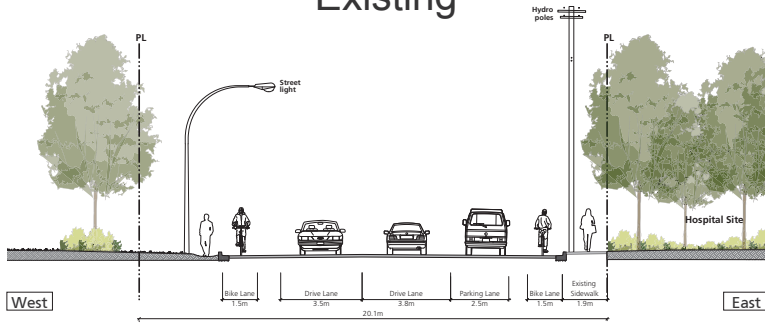
Precedent Images



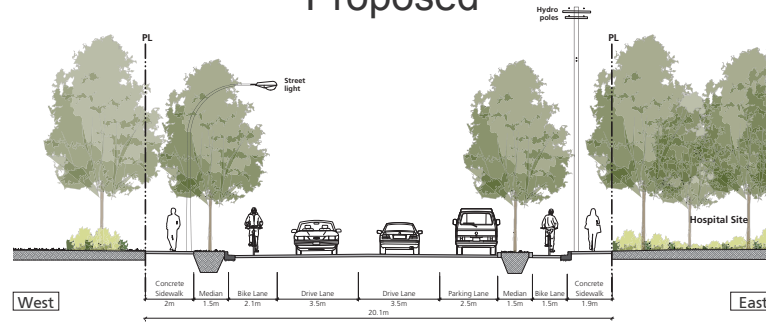
B

Boundary Avenue

Existing



Proposed



Precedent Images



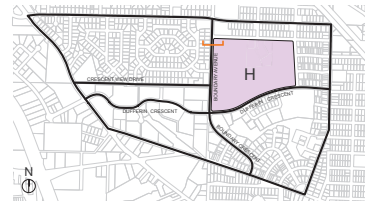
Sidewalk/Treed boulevard



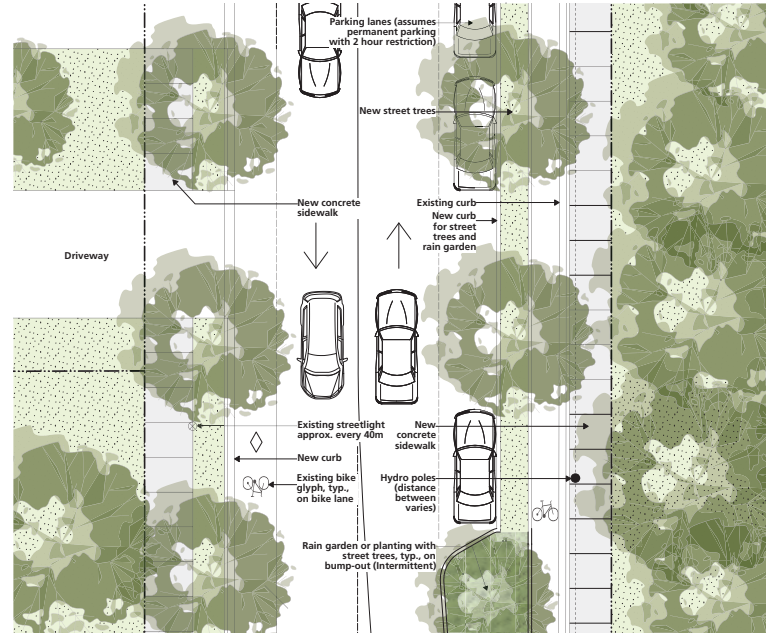
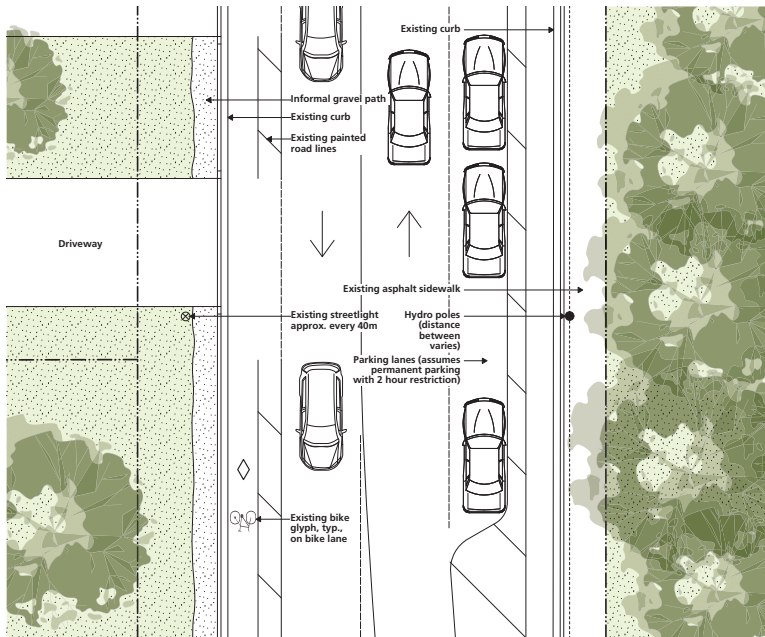
Bike lane



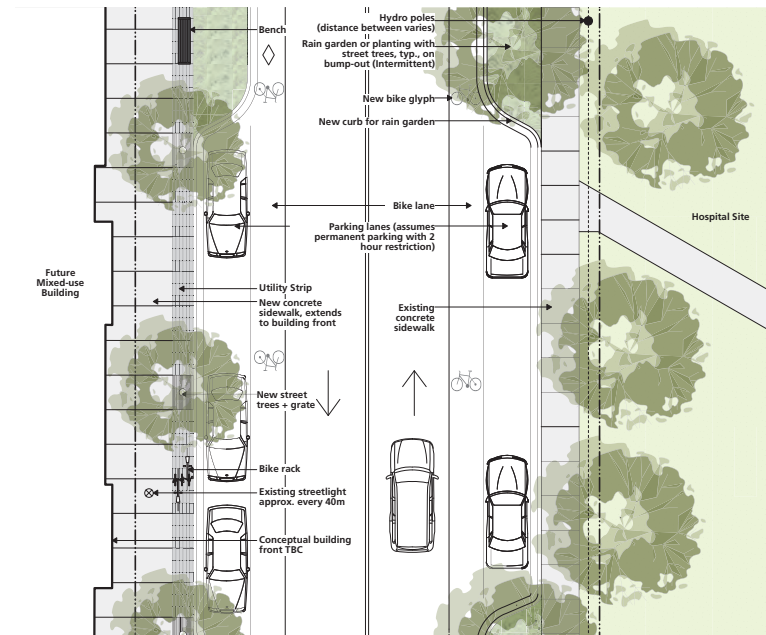
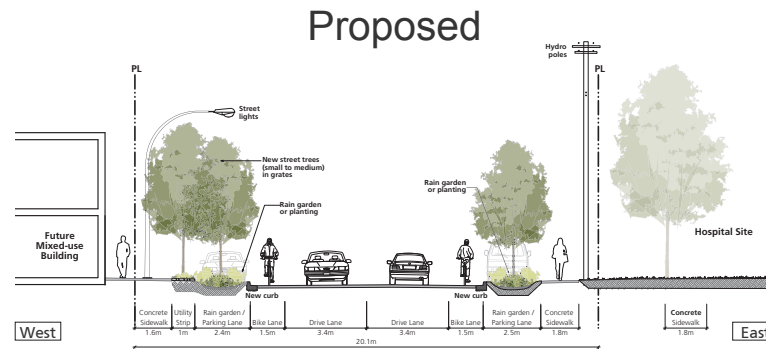
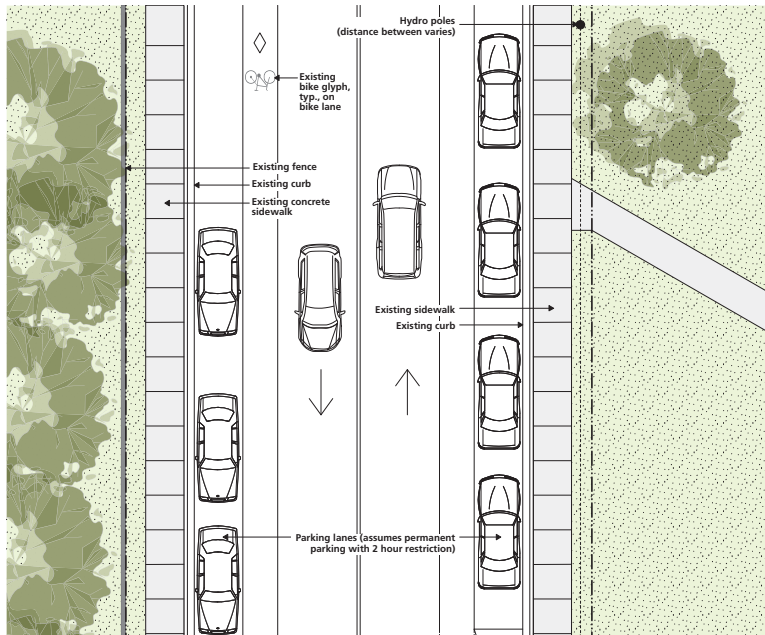
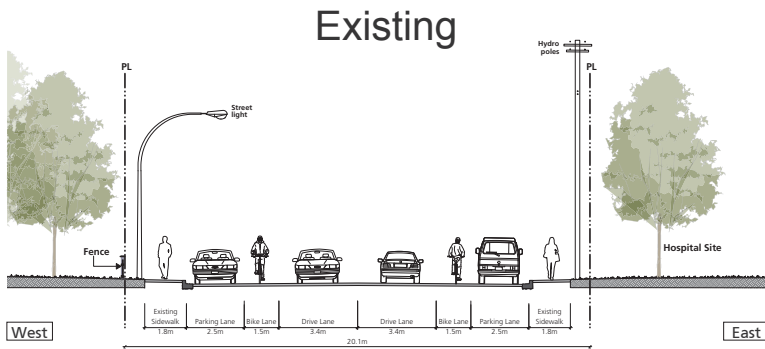
Street bump-out with rain garden



Street Section Key



C Boundary Avenue



Precedent Images



Paved boulevard with street trees



Bike lane

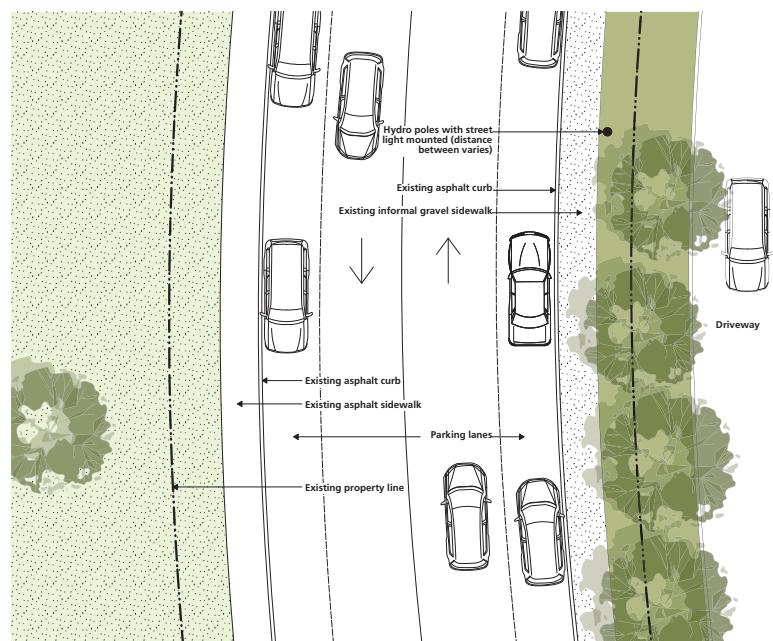
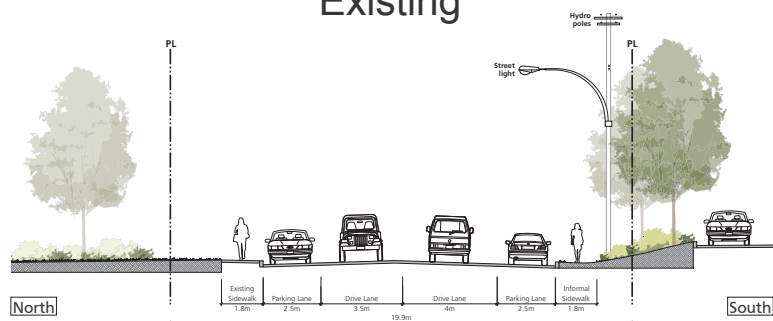


Street bump-out with rain garden

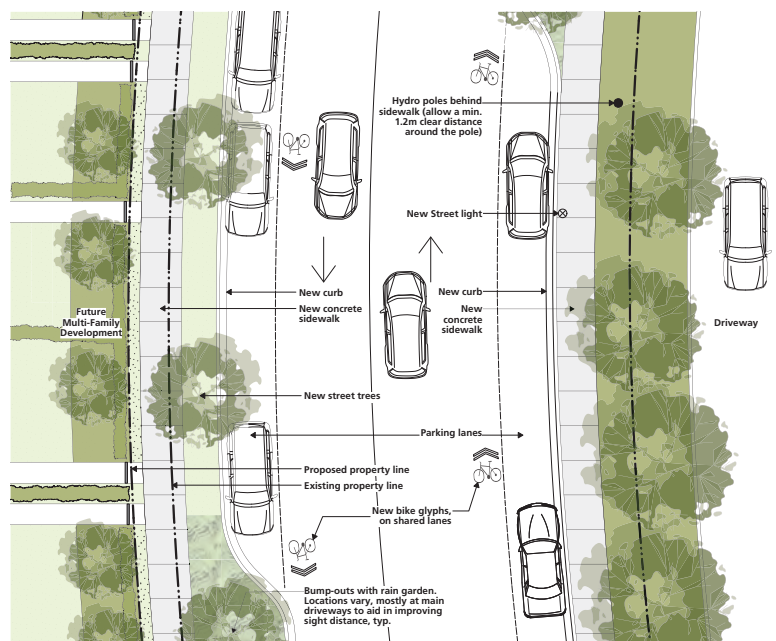
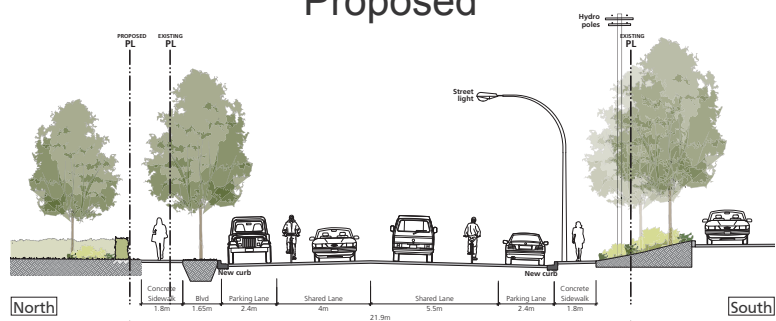


D Dufferin Crescent

Existing



Proposed



Precedent Images



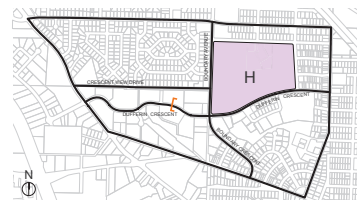
Sidewalk/Treed boulevard



Shared lane



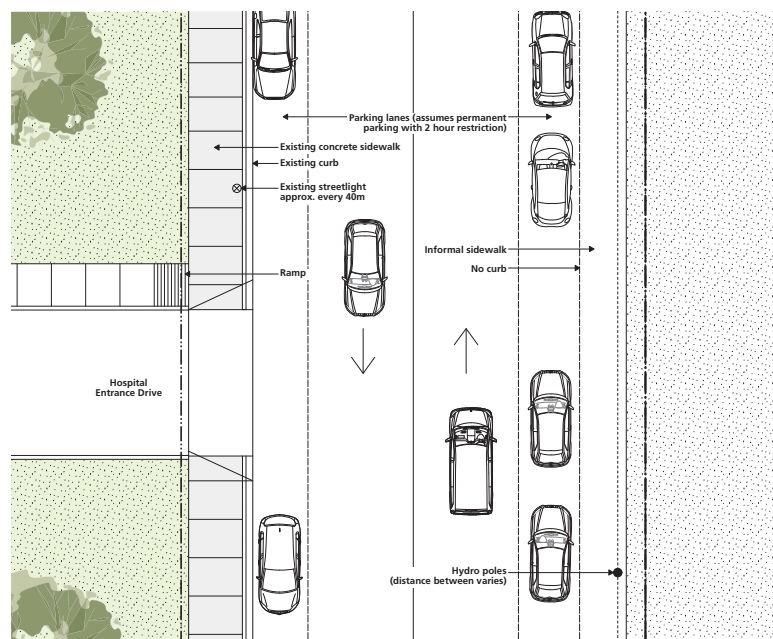
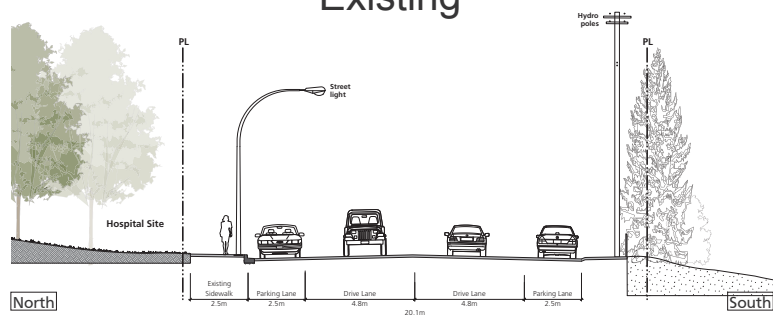
Street bump-out with rain garden



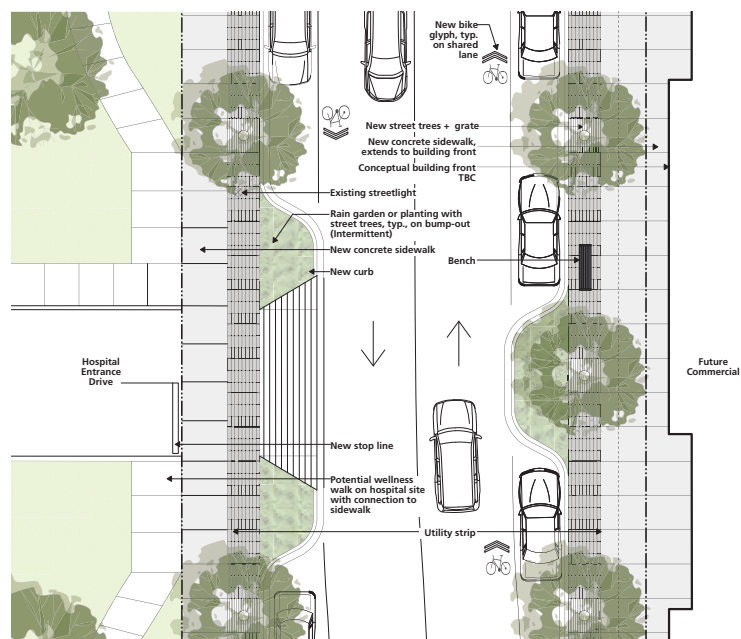
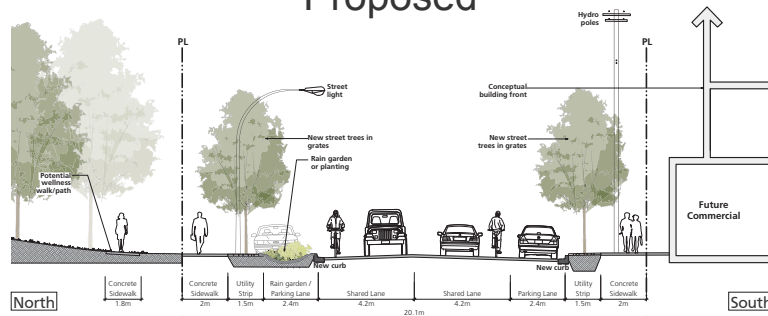
Street Section Key

Dufferin Crescent

Existing



Proposed



Precedent Images



Paved boulevard with street trees



Sidewalk patios



Street bump-out with rain garden



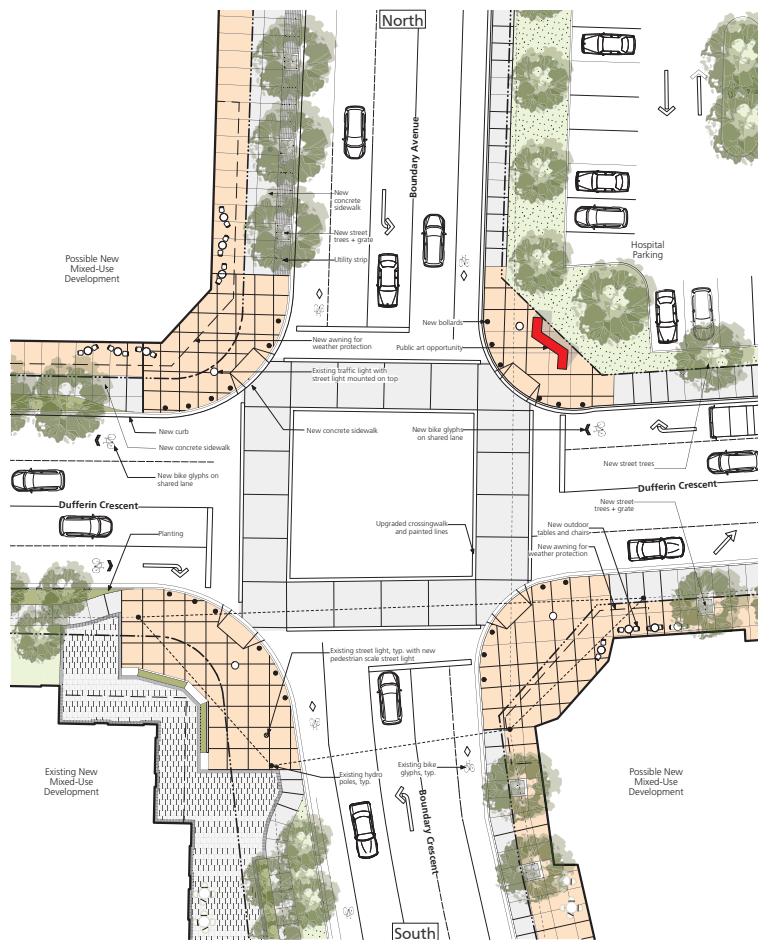
Street Section Key

Core Intersection

Existing



Proposed



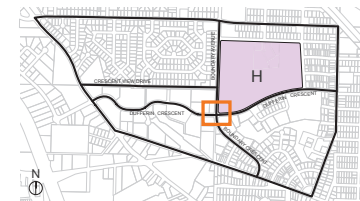
Precedent Images



Sidewalk patios

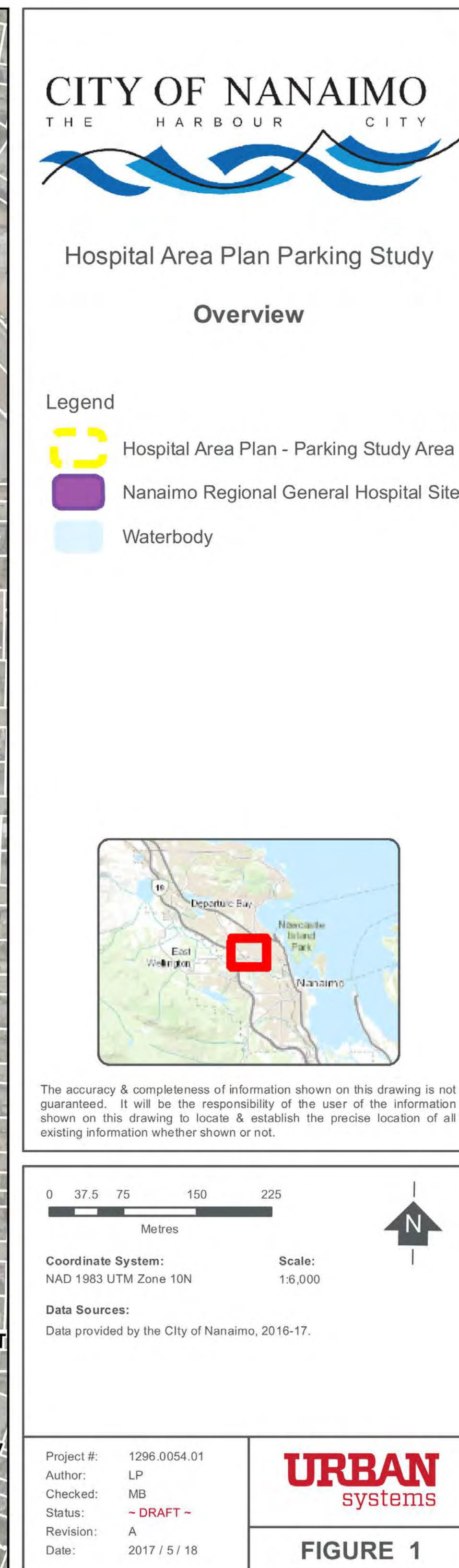
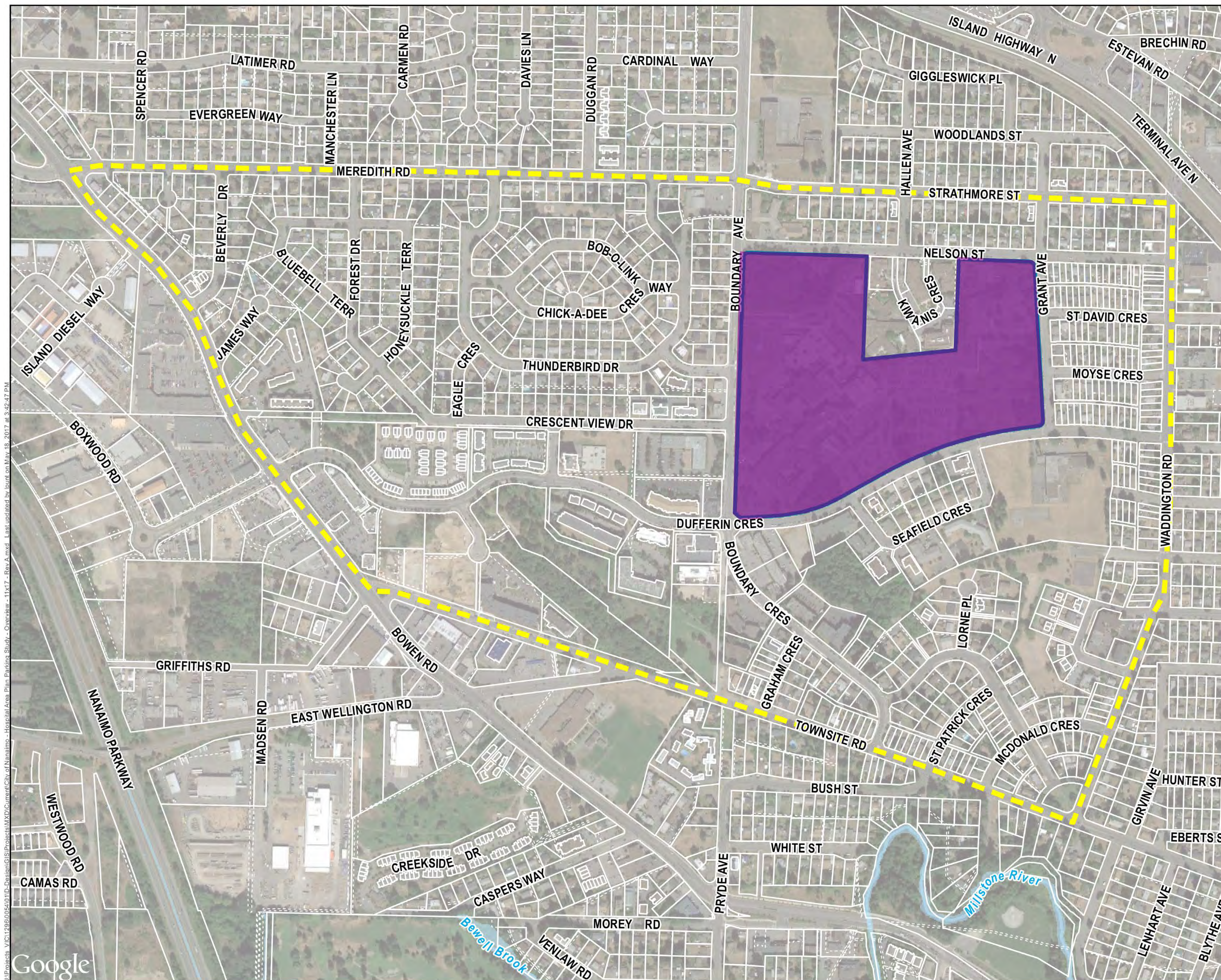


Paved boulevard with street trees



Street Section Key

Hospital Area Parking Plan Study Area



Key Parking Issues

- High parking demand & occupancy
- A need to better manage on-street parking supply
- On-street parking is free
- Parking occupied > 85% common between 9 am – 3 pm
- High turnover in some areas, very little in others
- Many competing parking needs (e.g. residents, hospital staff, visitors).

Hospital Area Parking Plan

Guiding Principles



Five Guiding Principles are proposed as a framework for developing solutions for the parking issues within the hospital area.



1. Maximize Benefits For All Users - Increase the flexibility and availability of on-street parking for all users groups in the Hospital Area through the efficient use of existing excess road space, with a focus on meeting the short and long term parking needs of both hospital staff and the broader community.



2. Fairness and Ongoing Customer Service - Make parking more accessible and easier to find by implementing payment options (as required), improving signage, and providing up-to-date information while ensuring fair parking practices. As parking needs are dynamic and highly responsive to local conditions, the City will continually update the parking strategy over time, and seek new innovative ways to improve on the status quo, streamline enforcement and balance the parking needs of local institutions, businesses and neighbourhoods.



3. Ongoing Partnerships - Parking policies will coordinate residential, business and institutional sectors to ensure the diverse parking and transportation needs of these users are addressed in an efficient and economical way. In particular, the City should work with the Nanaimo Regional General Hospital to identify solutions that lead to positive outcomes for both organizations and ensure that future changes to the Hospital campus do not negatively impact other user groups in the area.



4. A Balanced Transportation System - Parking management is used to encourage alternative modes of transportation, such as walking, cycling and public transportation. Parking supply should be strategically managed to meet the overall objectives for the neighbourhood, as well as the goals and objectives of the Nanaimo Transportation Master Plan. Making transit cost competitive to driving by linking parking costs to transit costs is essential.



5. A Self-funded Parking System - Fees collected from parking will be used to pay for the parking system (infrastructure, maintenance, equipment, enforcement, upgrades, customer service, land acquisition, management and more). Pricing levels will reflect relative demand while ensuring that parking in the Hospital Area of the City is self-funded by including the cost of future upgrades, land acquisition, and asset management in the cost of parking. This user pay system will aim to balance the needs of parking customers with the costs of managing parking.

Hospital Area Parking Plan Planning Process



Previous Work - Public Input

Base Conditions - Parking Surveys

Analysis and Draft Recommendations

Community Input - Options

Draft Plan and Management Strategy

Community Input - Draft Plan

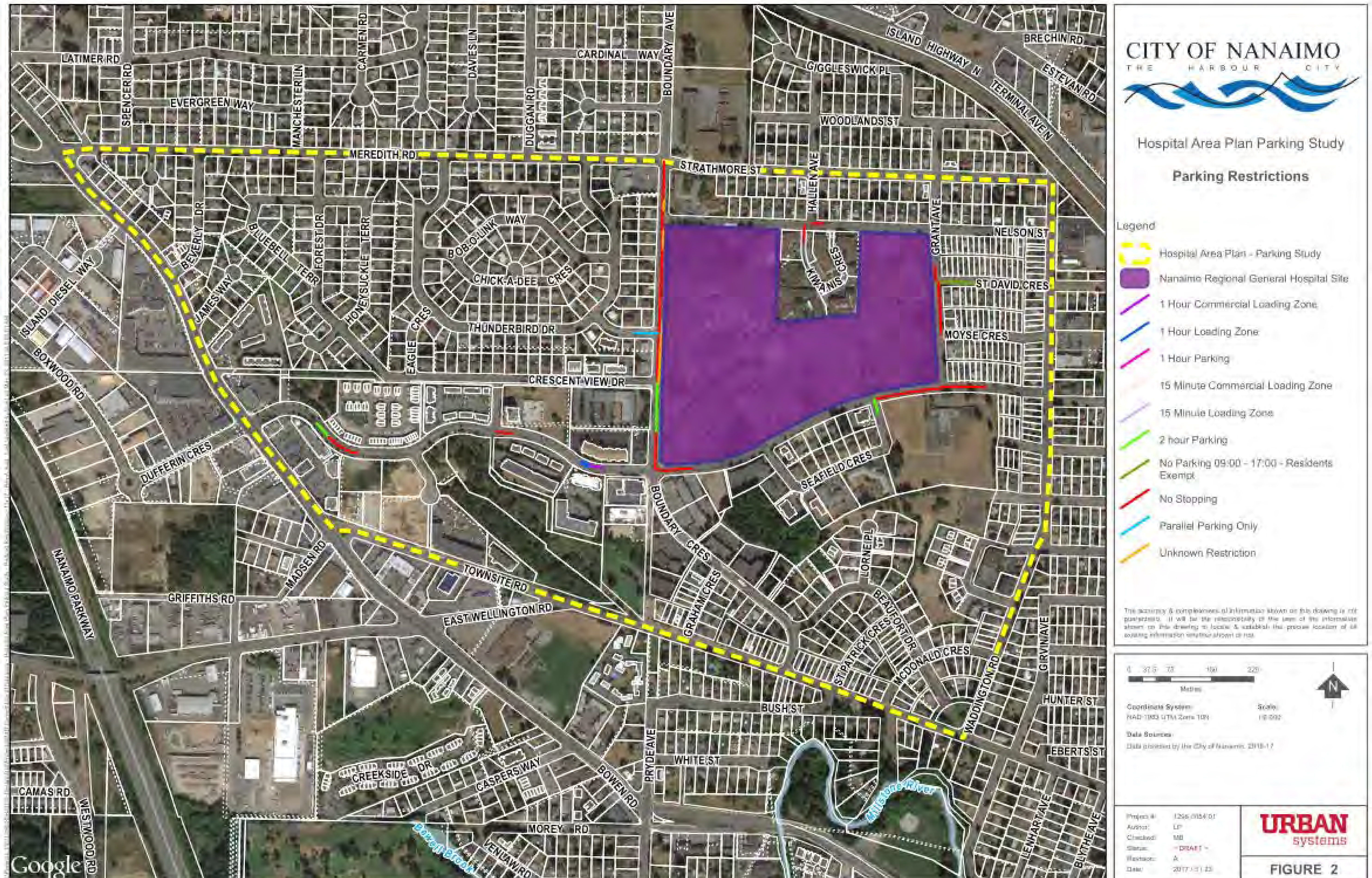
Finalization and Implementation

We are Here



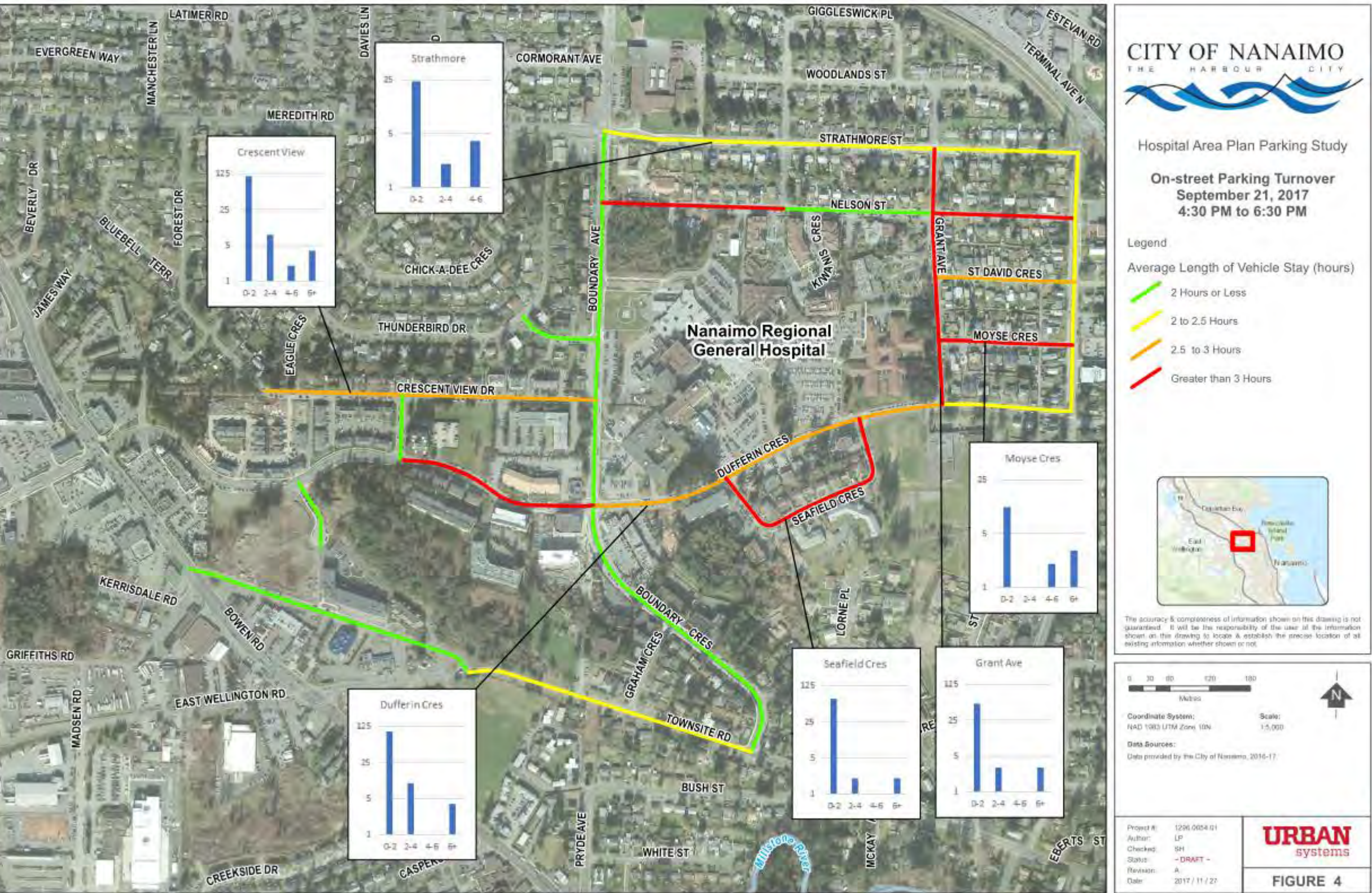
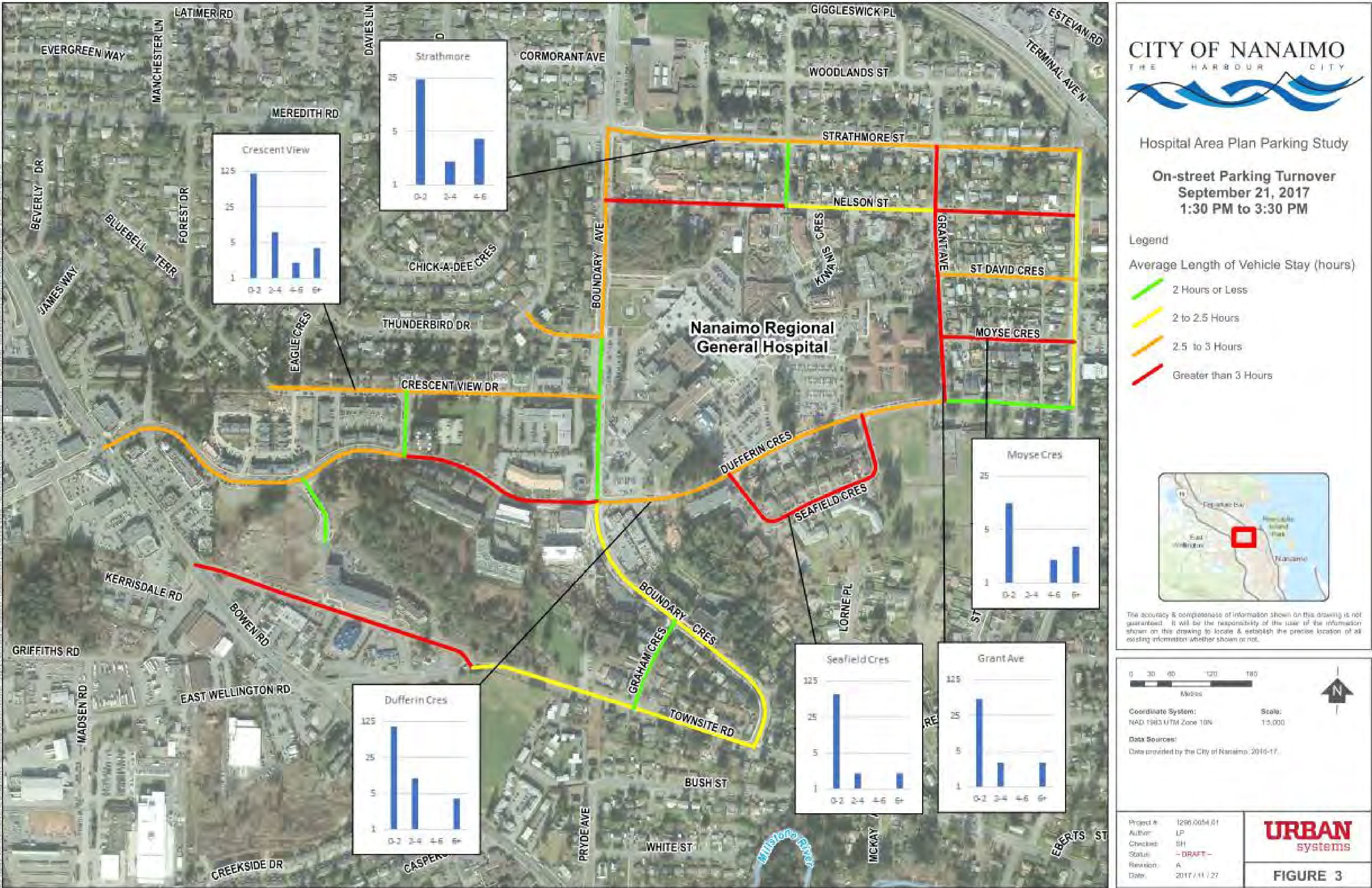
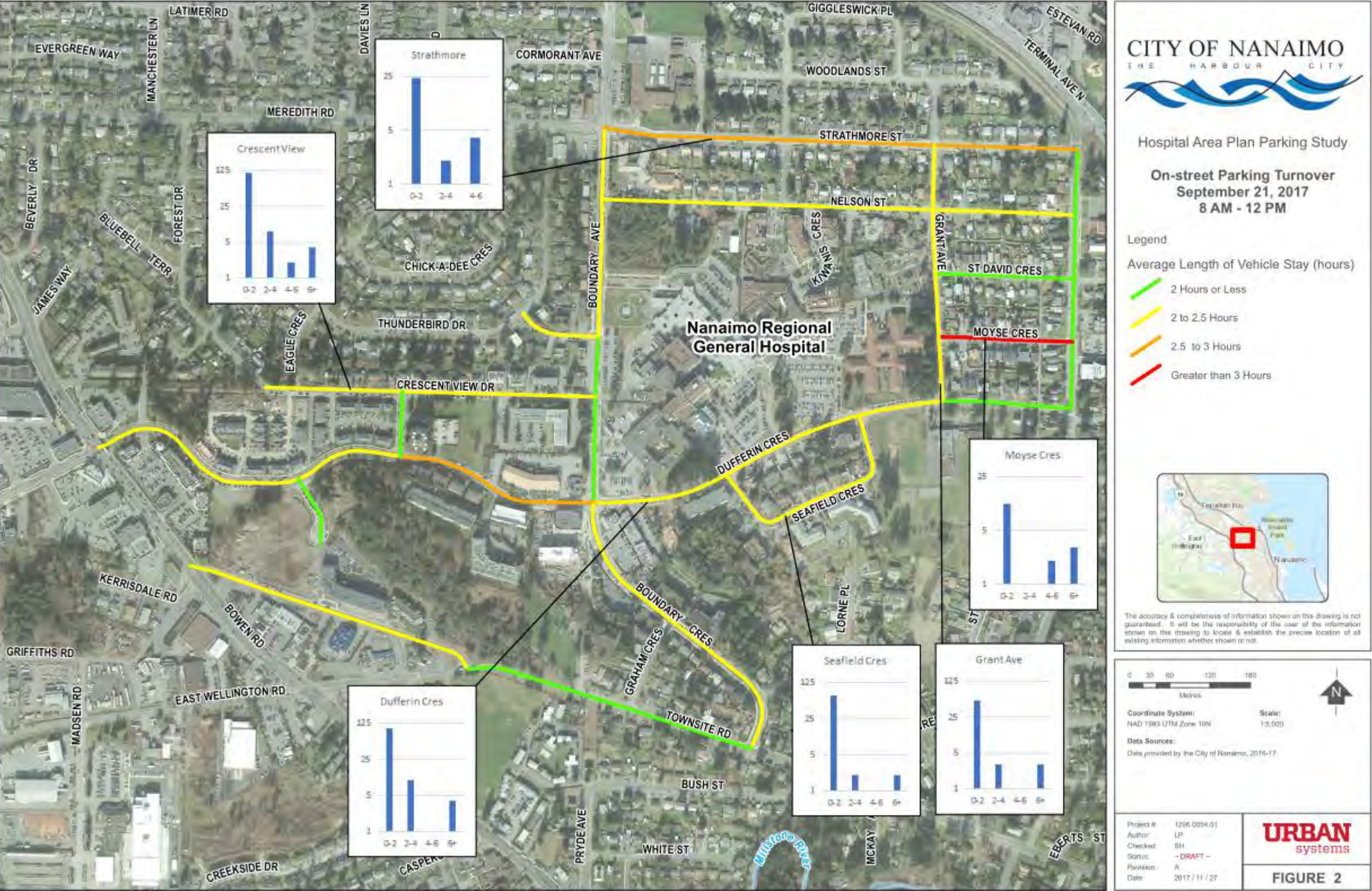
Hospital Area Parking Plan

Current Restrictions



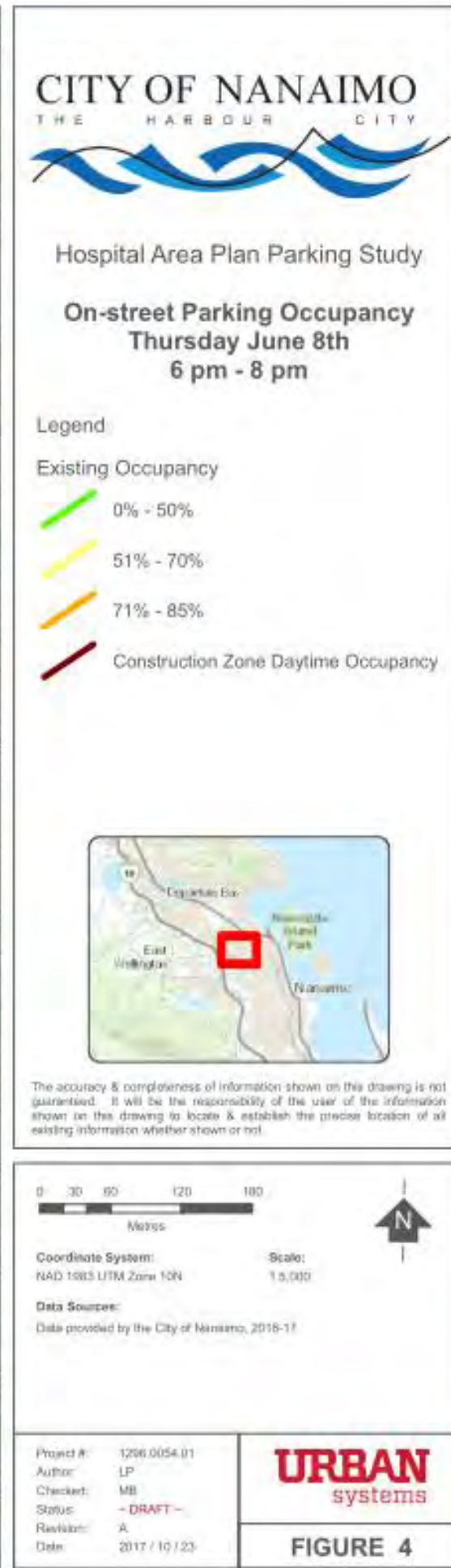
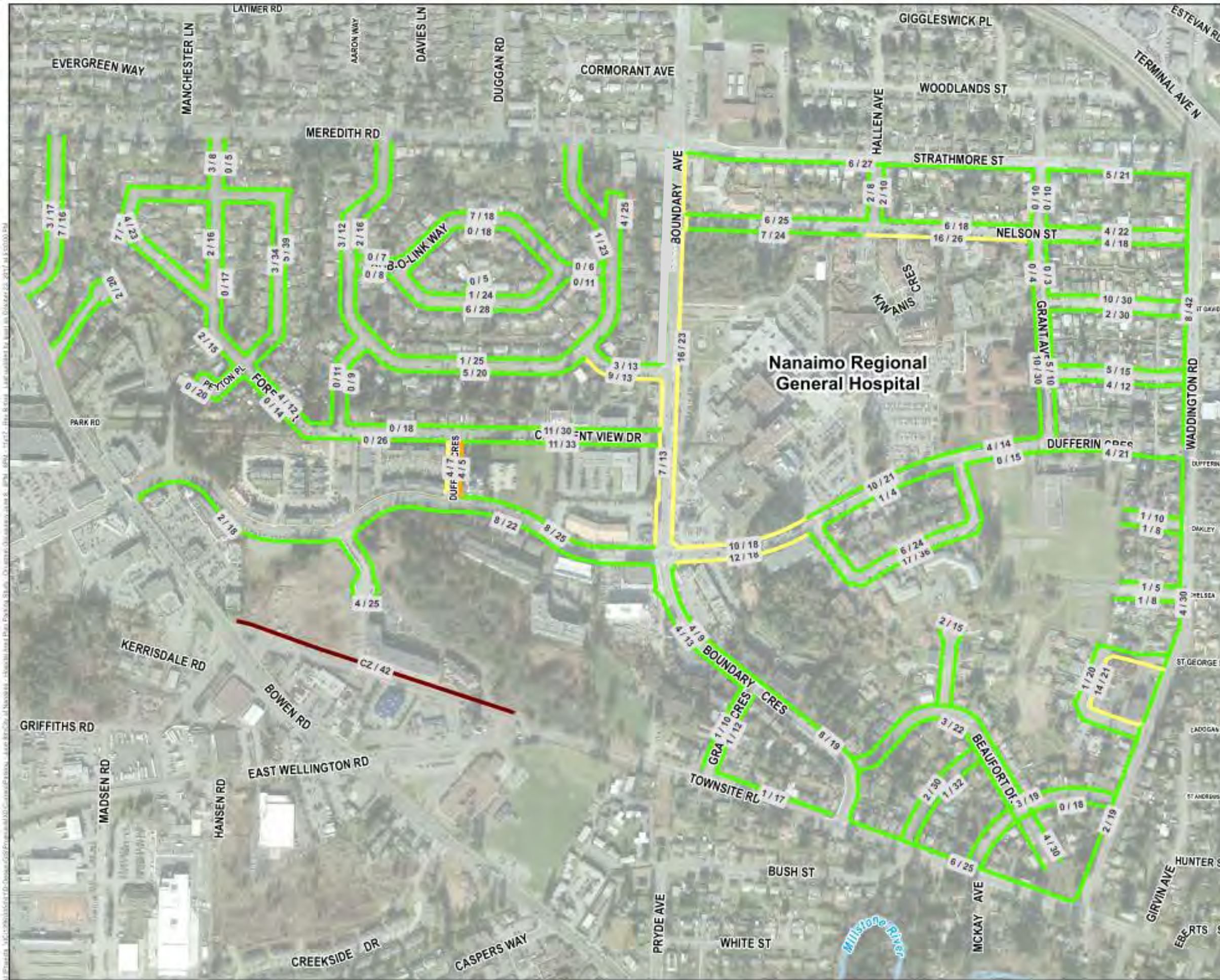
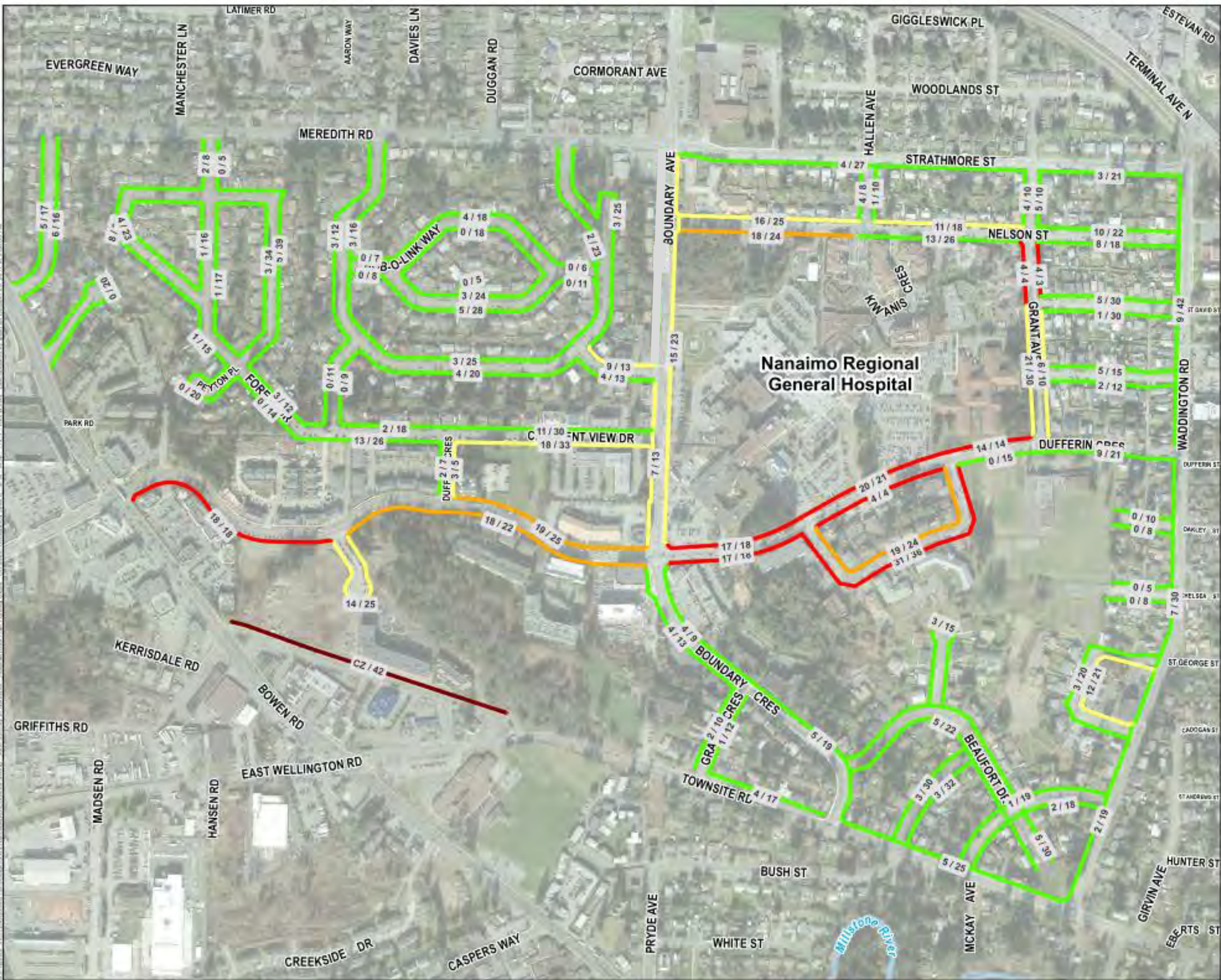
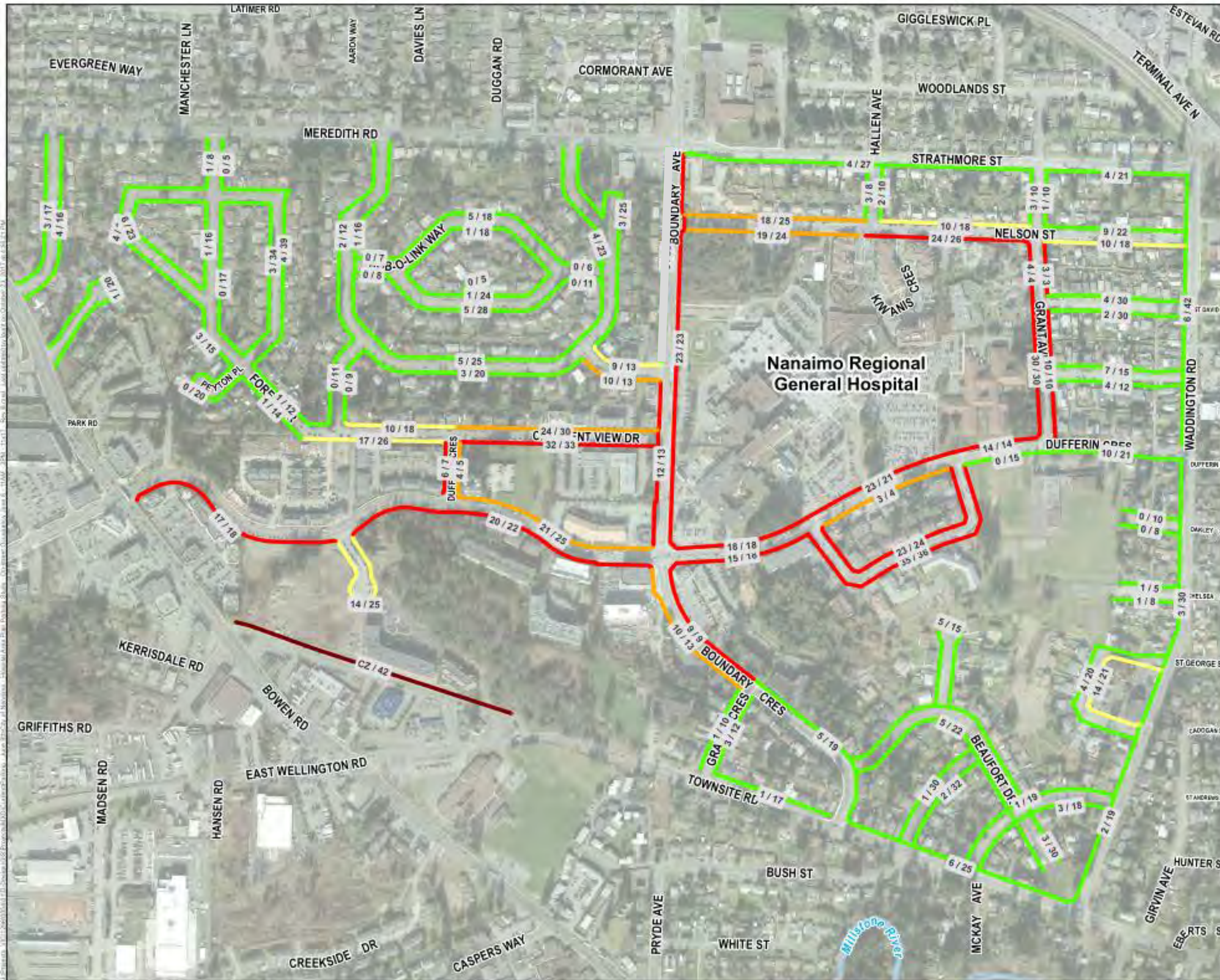
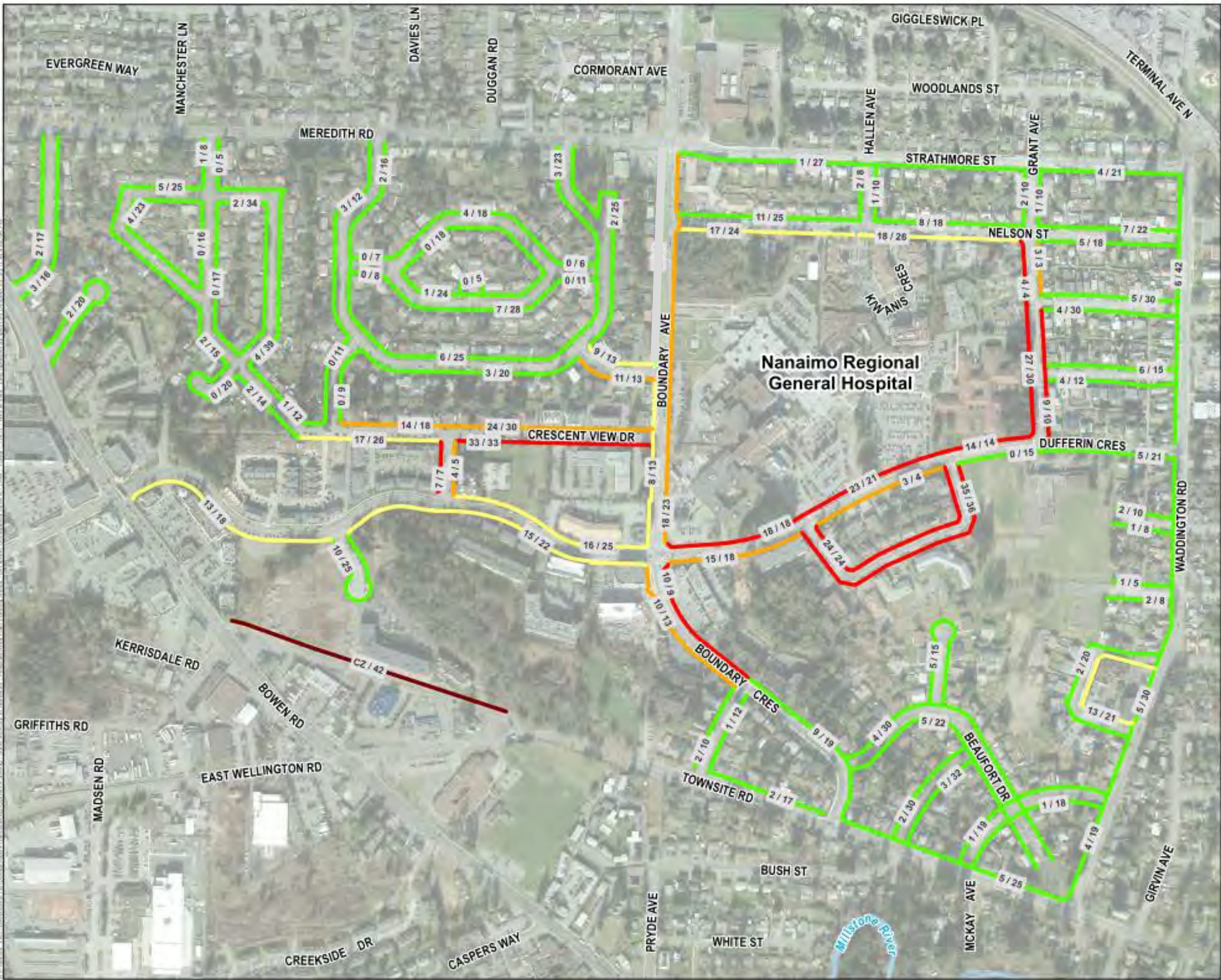
Hospital Area Parking Plan

On-Street Parking - Turnover Analysis



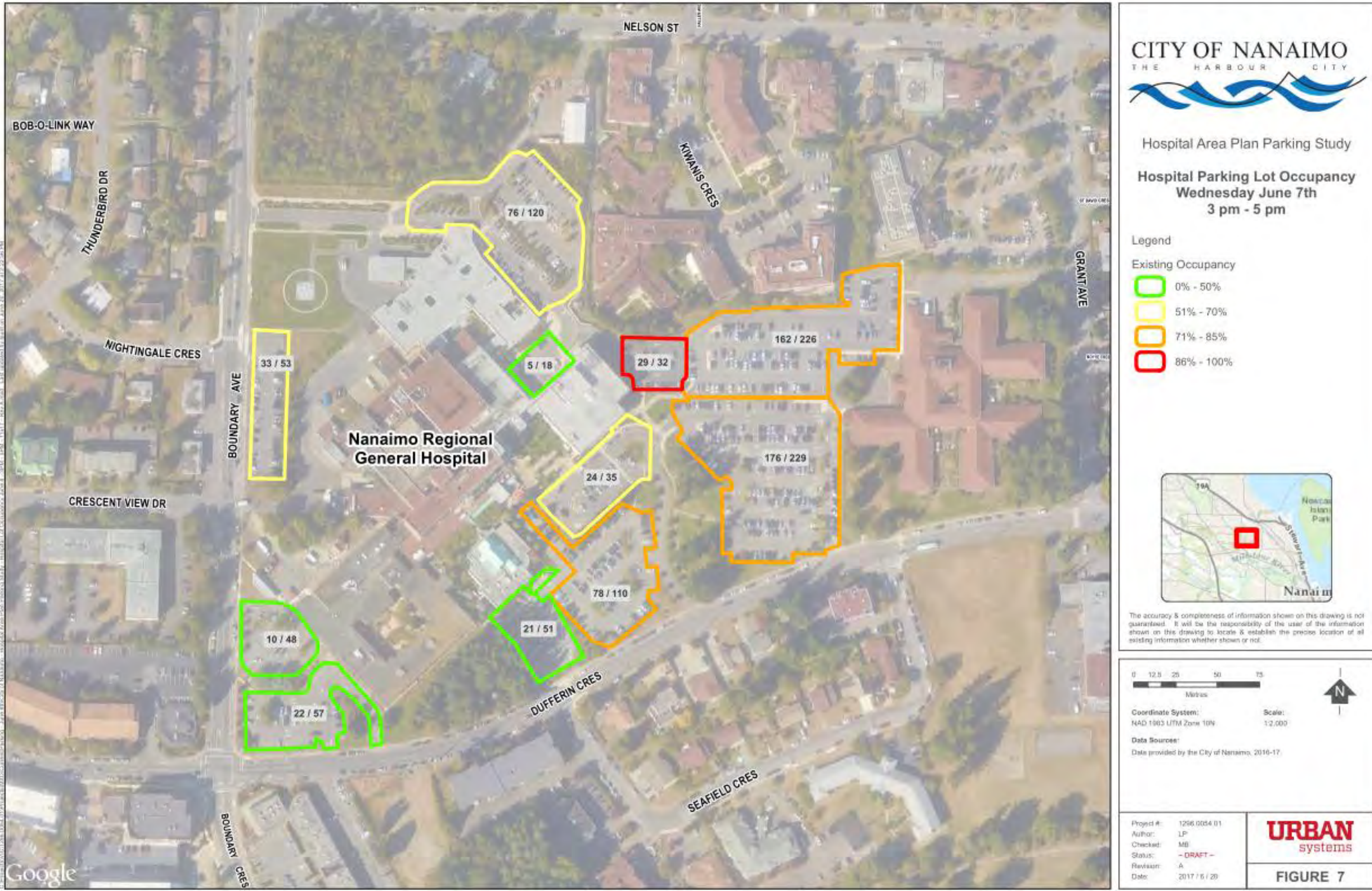
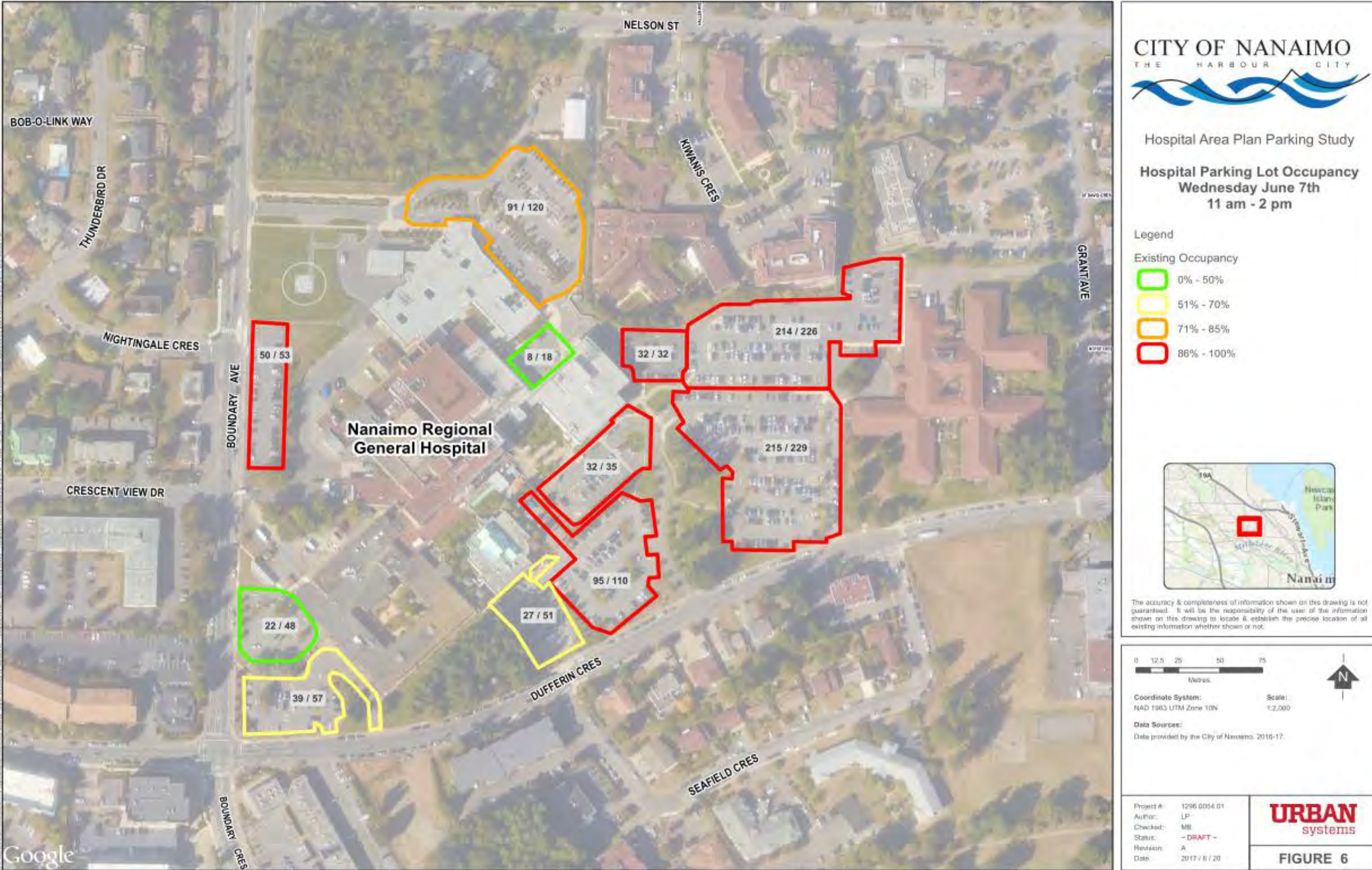
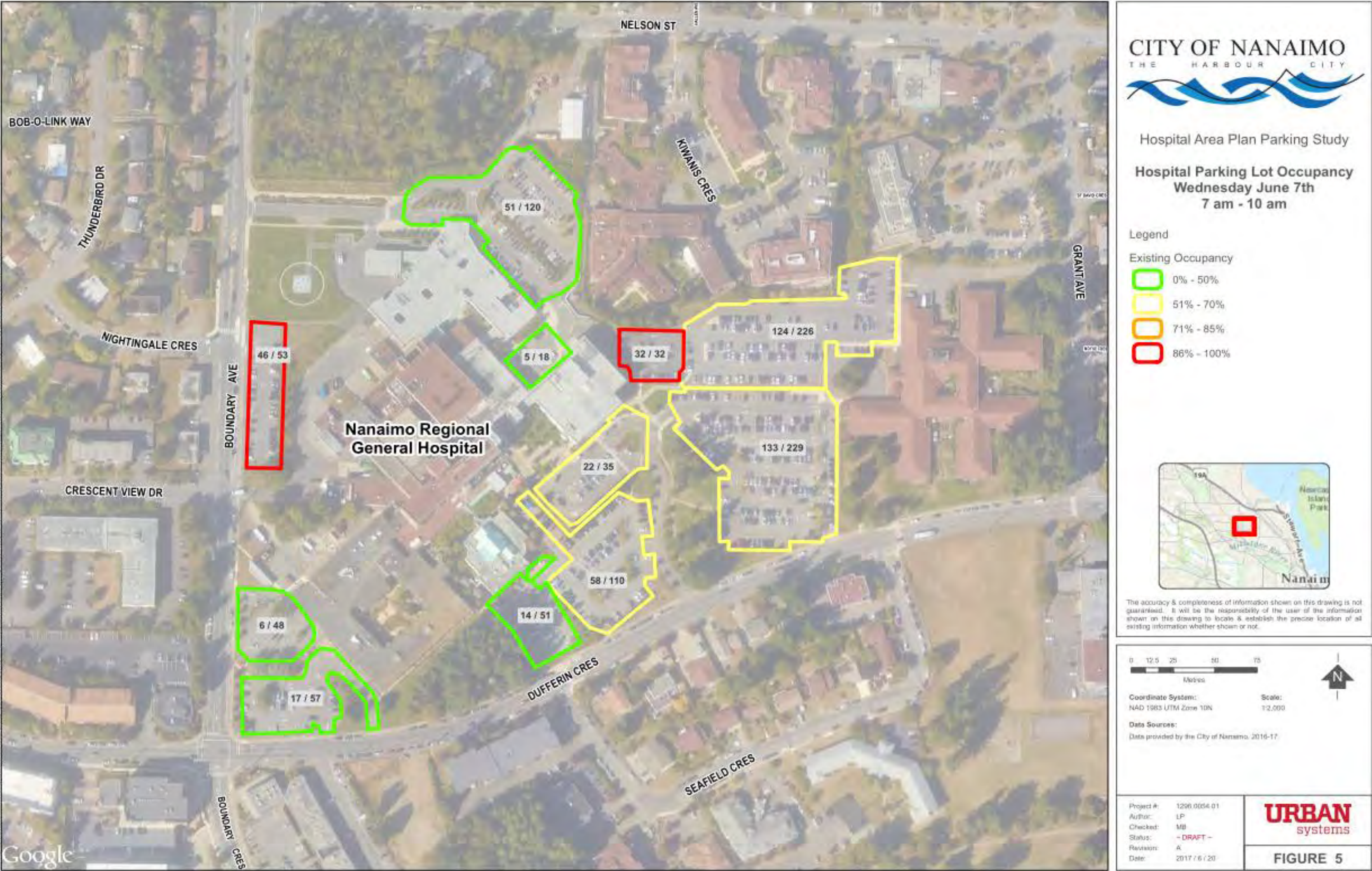
Hospital Area Parking Plan

On-Street Parking - Occupancy Study



Hospital Area Parking Plan

Off-Street Parking Occupancy Study (NRGH Lots)



Hospital Area Parking Plan

Preliminary Public Feedback



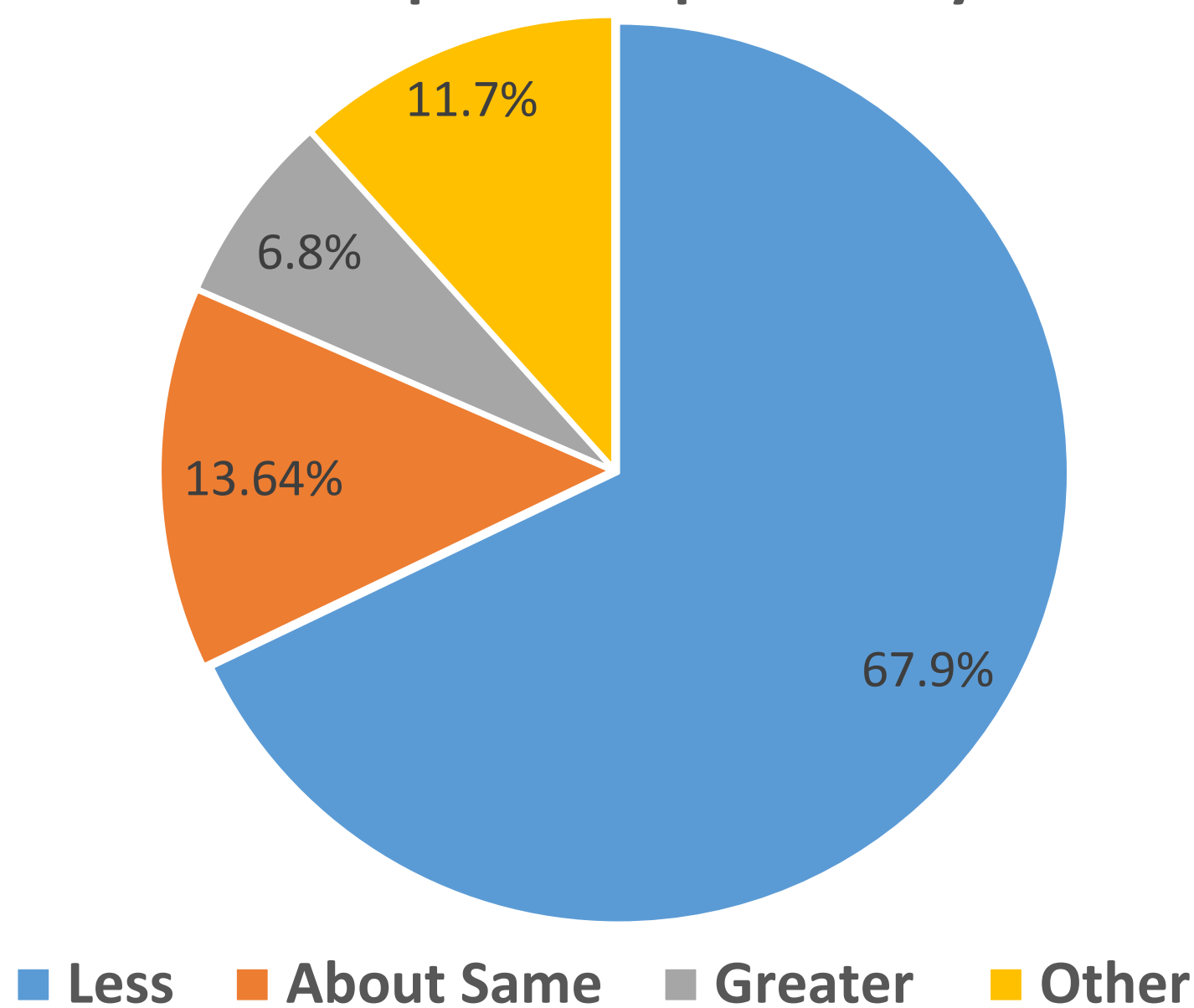
An online survey was conducted June - August 2017 to collect comments on the Hospital Area Plan from the public. The survey had a total of 23 questions about Issues and Opportunities in the Hospital Area, out of which, 6 questions were directly related to parking. Key findings are summarized in this panel.

Key Findings:

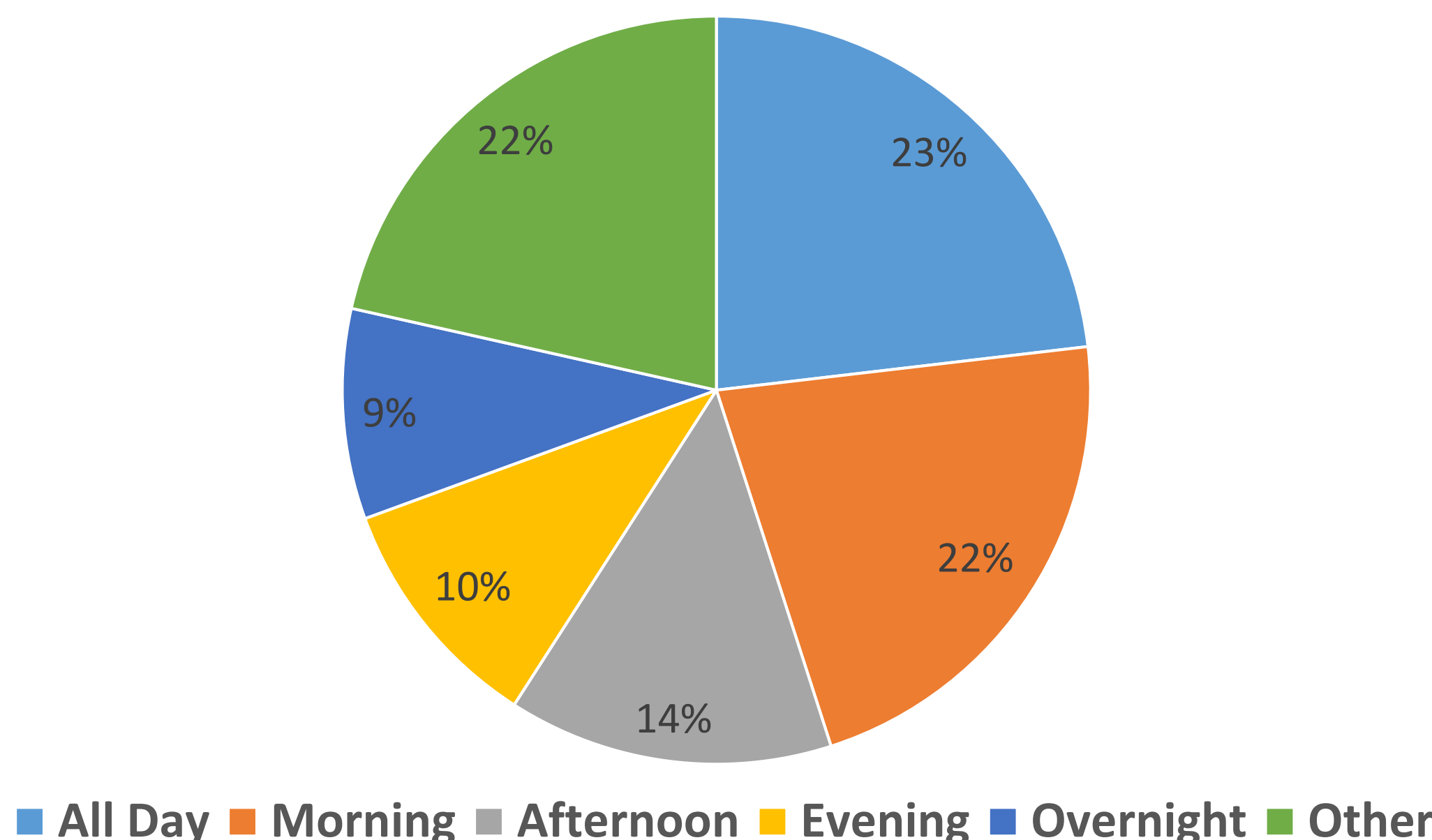
- 200 of the respondents (51%) stated they park their vehicle on the street while 189 (49%) did not.
- For the question “What are the three things that you would like to improve in the Hospital Area?”, parking was mentioned 292 times in the participants’ responses; this was the most common response.
- For the question “Do you have any specific concerns about on-street parking in the Hospital Area?”, the top three phrases with the highest number of mentions were “insufficient on-street parking” at 70 times, “reduced visibility” at 33 times and “insufficient hospital parking” at 29 times.

The charts below provide visual summaries for the remaining questions.

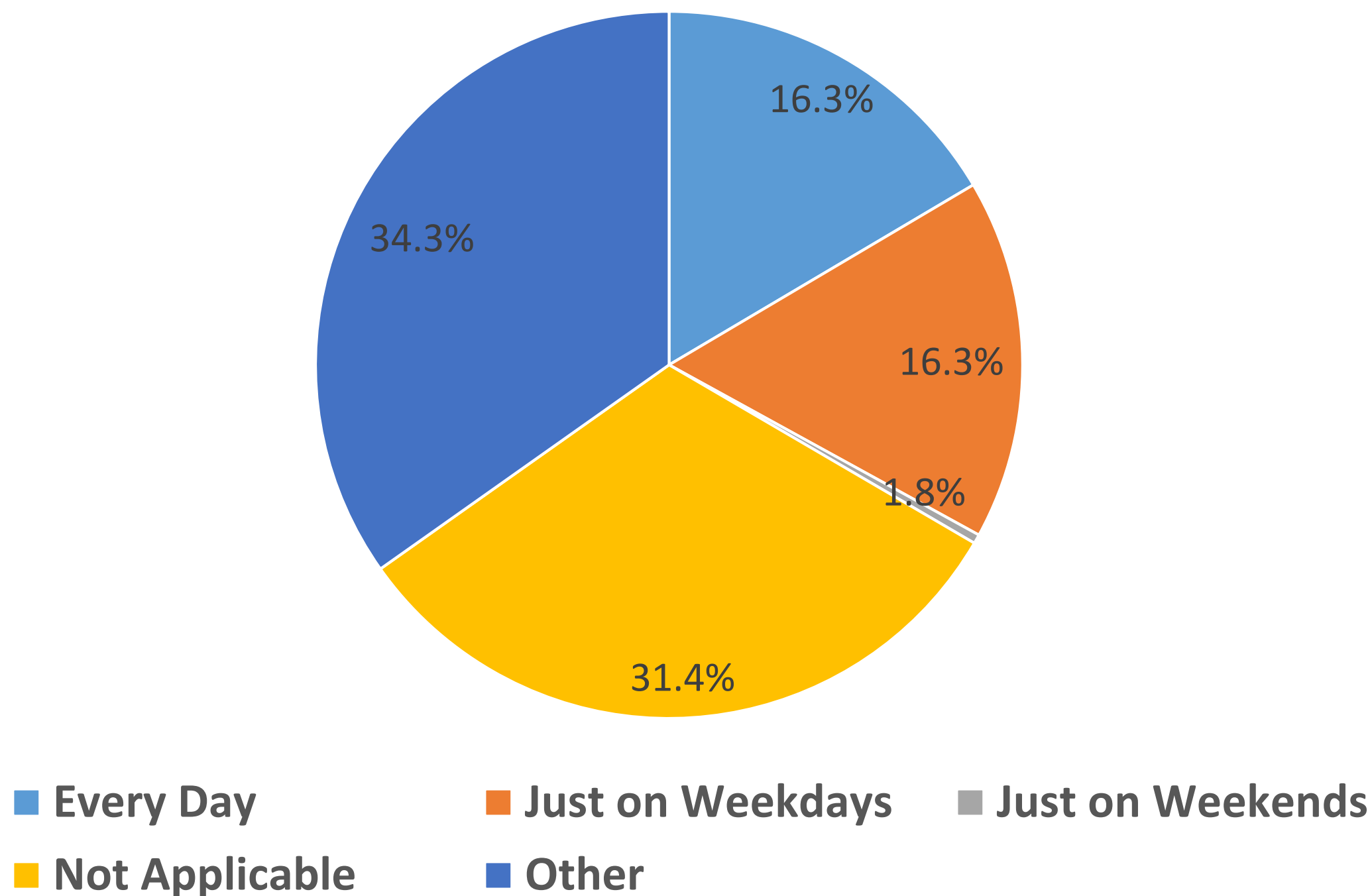
What is the availability of on-street parking in the Hospital Area compared to previous years?



What time of day do you park your car on the street?



How often do you park your vehicle on the street?



Hospital Area Parking Plan

Parking Management Strategies



Public input and parking occupancy / turnover data was used to develop the following potential parking management strategies focused on balancing the short-term parking needs of visitors to the area and the long-term parking needs of residents and people traveling to the area for work.

Overall, the logic behind the proposed parking restrictions can be broken down into four broad actions:

1. Implement Transportation Demand Management strategies and policies to reduce or redistribute travel demand to the Hospital Area. Critical to supporting this initiative is providing people traveling to and from the hospital area with viable alternatives to single occupancy vehicle travel (e.g. increasing transit frequency, promoting ride sharing and carpooling and improving active transportation facilities).
2. Keeping areas of unrestricted parking in areas where residents are less likely to be impacted. This includes on collector streets near the hospital, sections of streets adjacent to vacant spaces (i.e. open space and parkland), and space adjacent to underutilized institutional lands.
3. Implementing pay parking and two hour parking zones on collector roads around the hospital, particularly on the side of the street abutting the hospital property, to encourage more turnover and create space for short-term parking customers.
4. Introducing two-hour resident exempt parking restrictions in residential areas close to the hospital, focusing on areas with high concentrations of single-family homes, particularly those areas with smaller single-family lots, to create more short-term parking for people visiting the hospital and to reduce parking conflicts between residents and long-term parking customers travelling to the area for work.

These four broad action have been translated into a series of specific parking managemnt strategies broken into two phases.

Hospital Area Plan Parking Study

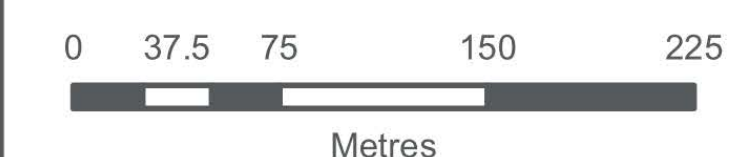
Proposed
Parking Restrictions
Phase 1.0

Legend

- Hospital Area Plan - Parking Study Area
- 2 hour parking (8AM to 5PM)
- 2 hour parking with Resident Permit Exempt (8AM to 5PM)
- Pay Parking (Current Downtown Rates - 8AM to 5PM)
- Maintain Existing Restrictions
- Unrestricted
- Number of Parking Stalls



The accuracy & completeness of information shown on this drawing is not guaranteed. It will be the responsibility of the user of the information shown on this drawing to locate & establish the precise location of all existing information whether shown or not.



Coordinate System:
NAD 1983 UTM Zone 10N

Scale:
1:6,000

Data Sources:
Data provided by the City of Nanaimo, 2016-17.

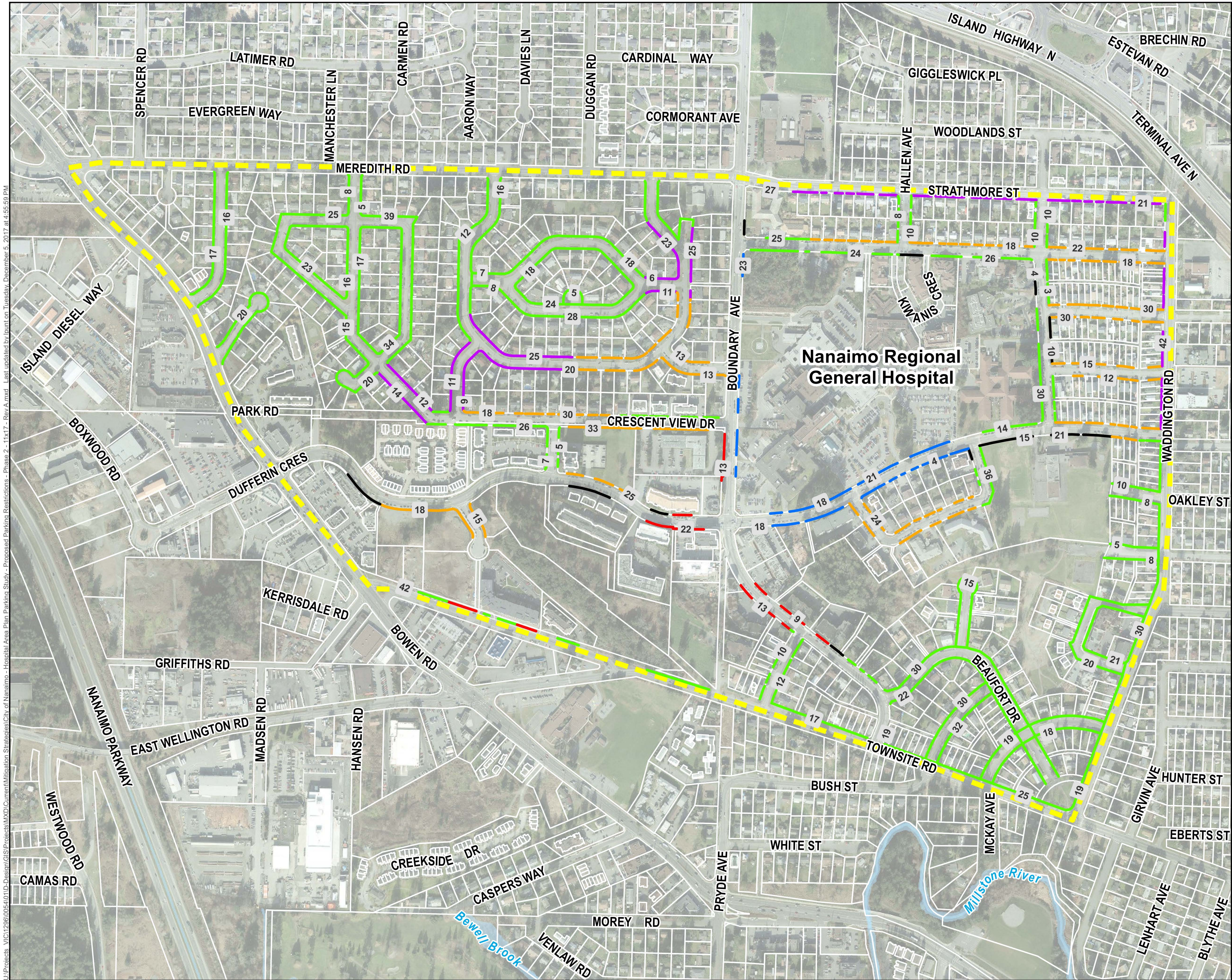
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Revision: A
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FIGURE 1

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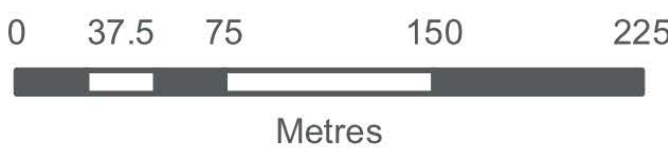
Hospital Area Plan Parking Study

**Proposed
Parking Restrictions
Phase 2.0**

- Hospital Area Plan - Parking Study Area
- 2 hour parking (8AM to 5PM)
- 2 hour parking with Resident Permit Exempt (8AM to 5PM)
- Pay Parking (Current Downtown Rates - 8AM to 5PM)
- Maintain Existing Restrictions
- Unrestricted
- Review Future Impact in Phase 2.0
- Number of Parking Stalls



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Coordinate System:
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Scale:
1:6,000

Data Sources:
Data provided by the City of Nanaimo, 2016-17.

Project #: 1296.0054.01
Author: LP
Checked: SH
Status: ~ DRAFT ~
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FIGURE 2