



New St. Paul's Hospital and Health Campus

**PHASE 2: Development Concept Options
CONSULTATION SUMMARY**

July 2016

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Executive Summary

The City of Vancouver is preparing a Policy Statement that will guide the redevelopment of the new St. Paul's Hospital and integrated health campus on Station Street.

In June 2016, the City held three workshops, two open houses, and a questionnaire as part of Phase 2 of the planning process. The goal for this phase of consultation was to consider two Development Concepts ("Concept 1 - Urban Court" and "Concept 2 - Pedestrian Spine") for the new St. Paul's Hospital and integrated health campus. Participants were asked to assess how well the two concepts achieved the Guiding Principles that were developed in Phase 1, to identify likes and dislikes for each concept, and to give us general comments.

This feedback will be used alongside technical analysis to help identify and refine a preferred development concept and draft set of policies.

Participants were able to view the materials and give their comments both in-person and online. Over 400 people came out to the events and over 800 people completed the questionnaire.

Guiding Principles

Respondents to the questionnaire did not clearly indicate that one concept over the other better achieved the Guiding Principles from Phase 1.

Likes

When discussing "Concept 1 - Urban Court," respondents most often mentioned they liked:

- Its open space concept with an urban court and main entrance facing Thornton Park
- Hotel location

When discussing "Concept 2 - Pedestrian Spine," respondents most often mentioned they liked:

- The north-south orientation of the inpatient tower
- The pedestrian connections through the site

General Comments

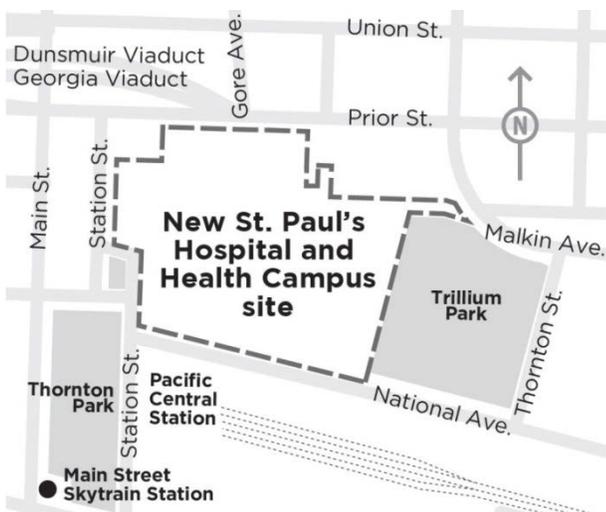
Respondents most often mentioned the following topics as areas needing further development or consideration:

- Traffic, parking and vehicle access
- The current St. Paul's Hospital site on Burrard Street and whether health care services would be maintained in the West End/downtown
- Resilience of the Station Street site in the case of an earthquake or sea-level rise
- Transit connections
- The overall planning process
- Social impact on adjacent communities and vulnerable populations
- Open space and pedestrian realm design (including safety and wayfinding concerns)
- Noise
- Cycling connections
- Building massing
- The types of services, retail and amenities to be provided

Background

In April 2015, Providence Health Care announced plans for a new St. Paul's Hospital and integrated health campus in the False Creek Flats (see map). The new St. Paul's will be a world-class health care centre, research and teaching facility that meets local and provincial health care needs and achieves social, economic and environmental objectives. City staff are preparing a Policy Statement that will guide the development of the new St. Paul's site on Station Street. It will guide land use, sustainability, transportation, density, building types and heights, amenities, phases of development, and other site-specific considerations.

For more information on the policy planning process, including information materials from Phases 1 and 2, and the Phase 1 Consultation Summary, please visit vancouver.ca/newstpauls.



Project Timeline



Phase 1. Guiding Principles (March 2016)

Identify aspirations and concerns that will shape the initial concepts and site options

Phase 2. Development Concept Options (June 2016)

Identify and evaluate site development concepts and policy objectives

Phase 3. Preferred Development Concept and Draft Policy (Summer to Fall 2016)

Review and refine a preferred development concept and draft set of policies

Policy Statement considered by City Council (Estimated late 2016)

If adopted, the Policy Statement will guide the subsequent rezoning process

Previous Consultation

Phase 1 Public Consultation Summary

During Phase 1, we invited the public to help us identify the key aspirations and concerns for the site. On March 8, 2016, City of Vancouver staff hosted a public open house to share the draft Guiding Principles for the new St. Paul's. The feedback received helped us to refine the Guiding Principles and informed the preparation of the two Development Concepts for the site being considered in Phase 2. (The refined Guiding Principles and Development Concepts are shown below.)

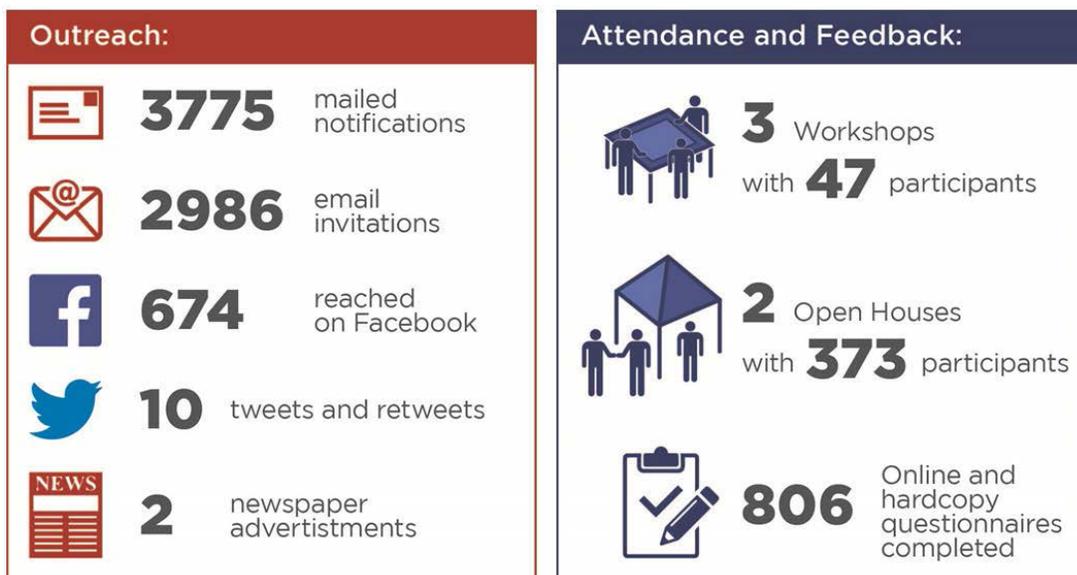
Social Impact Assessment

The City has engaged CommunityIMPACT Consulting to conduct a Social Impact Assessment (SIA) for the new St. Paul's. The SIA seeks to find out how the development of the new St. Paul's in this location may positively or negatively affect the people living or working nearby. Over 600 individuals and 30 groups were consulted through workshops and small group meetings between April and June 2016. The findings of the SIA will be incorporated into the Policy Statement.

Phase 2 Public Consultation

This document summarizes the process and feedback from this second phase of public consultation, which focused on two Development Concepts for the site. In June 2016, staff hosted one workshop with representatives from City Advisory Committees (June 13), two workshops with invited stakeholders (June 16 am and pm sessions) and two public open houses (June 18 and June 22). Participants were invited to help us evaluate how well the two concepts met the Guiding Principles established in Phase 1, tell us what they liked and disliked about each concepts, and identify what was missing/give general comments.

Phase 2 metrics



How will we use the Phase 2 feedback?

The responses summarized in this document will be used alongside technical analysis to help refine a Preferred Development Concept and draft set of policies.

In the fall, we anticipate having an open house to share the Preferred Development Concept and draft policies before the draft Policy Statement is considered by City Council.

Guiding Principles

Public feedback as part of Phase 1 consultation (March 2016) helped us to refine the Guiding Principles for the new St. Paul's. The refined Guiding Principles were shown at the Phase 2 events in June and are reproduced below:

Community Building and Site Planning

C1. Integrate the health campus.

Organize the new St. Paul's hospital and health campus around well-connected public spaces that integrate into the city and adjacent neighbourhoods.

C2. Enhance neighbourhood commercial activity. Locate and design new retail and commercial developments that serve the local community and bring activity and liveliness to existing and new city streets. Provide opportunity for existing businesses on Main Street and adjacent areas to benefit from new development and activity on the site.

C3. Provide community amenities. Provide and enhance community amenities (e.g. open space, recreation facilities, childcare, cultural spaces) in accessible locations close to transit to support visitors and workers of the new health campus, and those in adjacent neighbourhoods.

C4. Benefit the local community. Maximize socio-economic improvement through community benefit agreements, social procurement and local employment opportunities during and after construction. Monitor the social impacts that the development will have on local vulnerable populations and consider services for homeless and low-income populations.

C5. Transition in scale and form. Consider public views and respect view cones. Respond to the scale of Pacific Central Station and Main Street with edges that frame Thornton Park. Transition down in form and scale to the existing neighbourhoods to the north and Trillium Park to the east.

C6. Support health-related residential uses. Because the site is designated as a mixed employment area, no new residential uses will be permitted, with the exception of short-term accommodation and/or institutional health-related residential uses (e.g. 'hotel', residential uses for complex care or care of the frail elderly).

Open Spaces and Public Places

O1. Celebrate local history and the original shoreline.

Reflect the histories of the site (i.e. the original False Creek shoreline, First Nations history, Hogan's Alley, the Great Northern Station and industrial history) through building placement and design, public space design and public art.

O2. Create healthy open spaces and enhance the urban forest.

Embrace health-centred approaches to open space design, providing a variety of public places that foster social interaction and promote wellness. Manage rainwater in the design of open spaces and support Vancouver's Urban Forest Strategy by retaining the existing significant trees on the site and planting new legacy trees in open spaces and on streets.

O3. Create a Wellness Link.

Create a Wellness Link (i.e. a walking and potentially slow-cycling pathway) through the site with open spaces along the way to sit and rest. The pathway should connect Thornton Park with Trillium Park and beyond to places of interest in adjacent neighbourhoods. The Link would be part of a longer walking and cycling route connecting the False Creek Flats and the historic shoreline with the Seawall and False Creek.

Mobility and Connections

M1. Connect the city fabric.

Integrate the hospital and health campus into a city-serving street network connecting new and existing streets that form the backbone for development.

M2. Mobility for all ages and abilities.

Reflecting the goals of the Transportation 2040 Plan, new and existing transportation connections will accommodate all modes of travel and give priority to people of all ages and abilities who walk, cycle and take transit. East-west and north-south connections across the site should integrate into a broader walking and cycling system for the False Creek Flats. Accessibility will be a priority in all aspects of site and building design. Vehicle circulation, drop-off and parking should be addressed so that those who must drive or be driven are able to access hospital services.

M3. Plan for emergency vehicles and helicopters.

Accommodating the efficient movement of emergency vehicles will be a crucial consideration. Connections will be considered in consultation with the public, immediate neighbourhoods, Fire and Rescue Services, and our government partners (e.g. BC Emergency Health Services, Transport Canada). Noise impacts on adjacent neighbourhoods from sirens and helicopters should be considered and addressed where possible.

M4. Improve Transit Connections.

Work with TransLink to ensure the new St. Paul's site is strongly integrated into the overall transit network, with efficient connections to downtown and the West End.

Sustainability

S1. Rezoning Policy for Sustainable Large Developments.

The redevelopment of the site will meet or exceed the City's Rezoning Policy for Sustainable Large Developments, including sustainable site design, access to nature, sustainable food systems, green mobility, rainwater management, zero waste planning, and low-carbon energy supply. All buildings should demonstrate leadership in energy conservation and indoor air quality following a standard such as LEED or Passive House.

S2. Regenerative approach and visible green elements.

A holistic and regenerative approach to health will underlie all aspects of the site development, considering people, community facilities, food, transportation, energy, water and ecology. Buildings will have visible and educational green elements.

S3. Renewable energy.

Explore opportunities to use low-carbon energy, including on-site integration of an energy centre to serve the hospital campus and adjacent neighbourhoods.

S4. Disaster preparedness.

Design and construct new buildings, streets, and infrastructure to the appropriate standards in preparation for disasters, including earthquakes, flooding and fire, consistent with best practices.

S5. Climate resilience.

Design and construct new buildings, streets, and infrastructure for resiliency and adaptation to climate change impacts, including sea-level rise, increased rainfall, and higher temperatures.

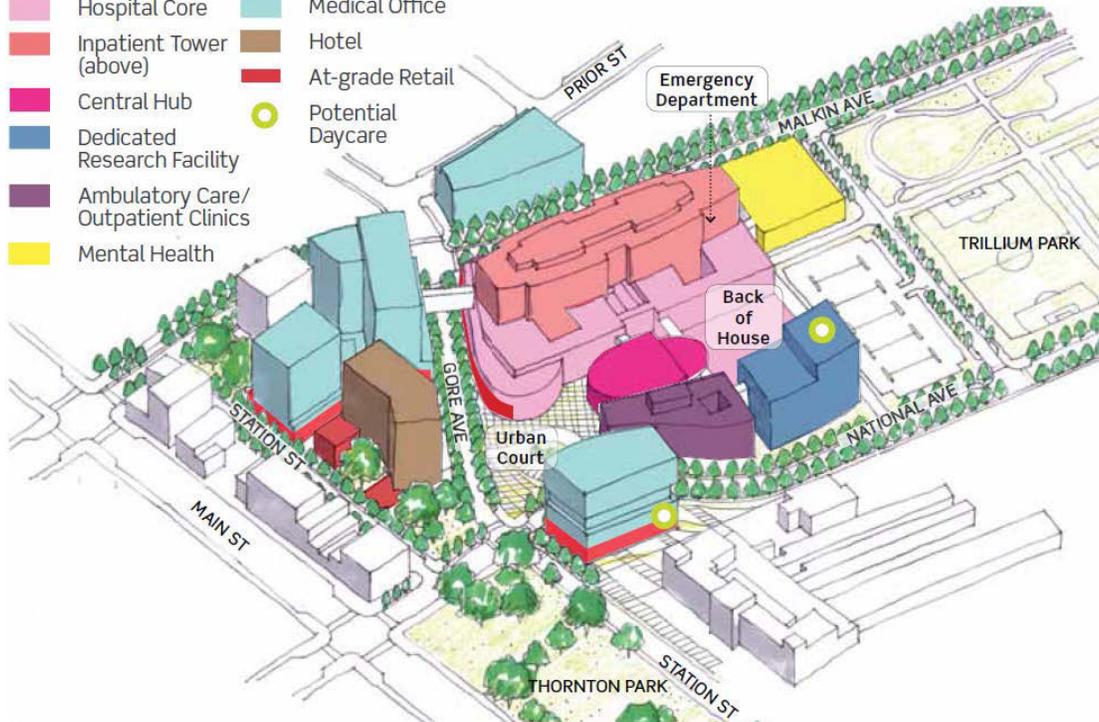
Development Concepts

At the Phase 2 events, we asked participants to consider the following two Development Concepts for the site. (See the boards online at vancouver.ca/newstpauls for details).

Concept 1: Urban Court

LEGEND

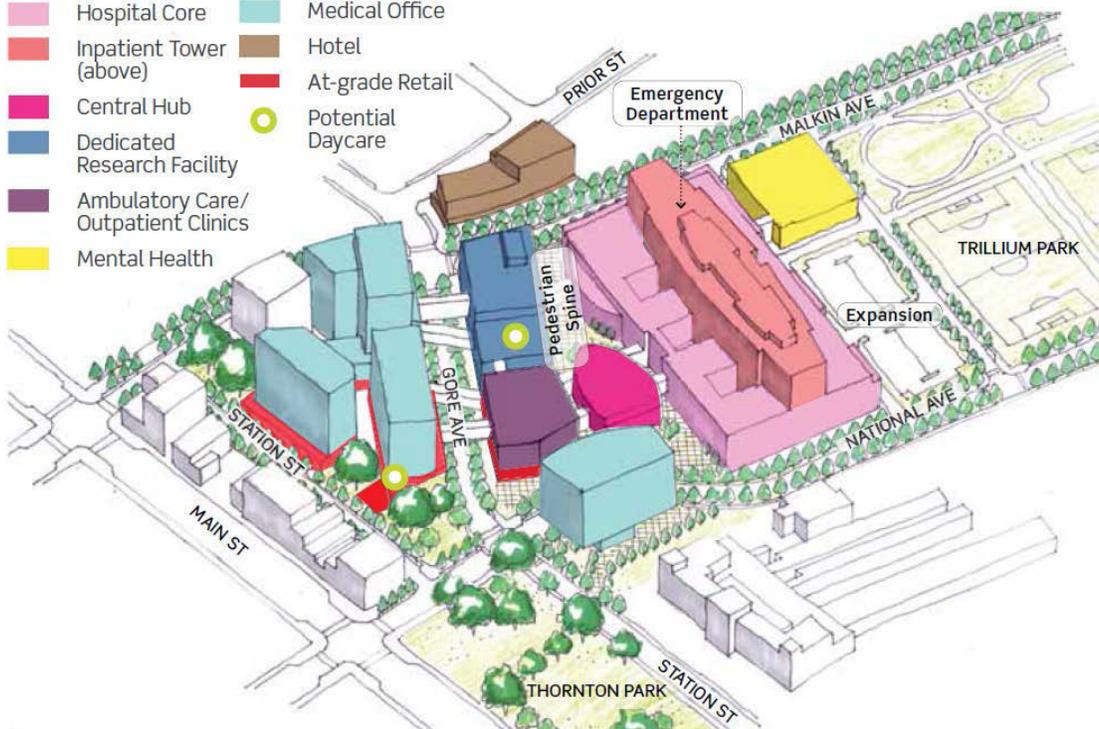
- | | |
|---|---|
|  Hospital Core |  Medical Office |
|  Inpatient Tower (above) |  Hotel |
|  Central Hub |  At-grade Retail |
|  Dedicated Research Facility |  Potential Daycare |
|  Ambulatory Care/ Outpatient Clinics | |
|  Mental Health | |



Concept 2: Pedestrian Spine

LEGEND

- | | |
|---|---|
|  Hospital Core |  Medical Office |
|  Inpatient Tower (above) |  Hotel |
|  Central Hub |  At-grade Retail |
|  Dedicated Research Facility |  Potential Daycare |
|  Ambulatory Care/ Outpatient Clinics | |
|  Mental Health | |



Stakeholder and Advisory Committee Workshops

These sessions provided a chance for stakeholders and committee-members with a variety of perspectives to have in-depth conversations with each other, City staff, Providence Health Care staff, and project planning and design consultants. On June 13, we held a workshop with representatives of City of Vancouver Advisory Committees. On June 16, we held two workshops with identified stakeholders in the neighbourhood and the city at large.

At the workshops, a background presentation was provided on the planning process, Providence’s vision for the new St. Paul’s, the site’s context and the two Development Concepts. Participants broke into small groups. In exercises facilitated by City staff, we considered the two options with regard to: built form/open space; mobility/transportation; and health care delivery/health outcomes/patient experience. We produced lists for “likes,” “dislikes,” and “what’s missing” for the concepts. A summary of this feedback is reproduced below.

Workshop Photographs



Feedback Summary

The following tables summarize the key themes and suggestions we discussed at the workshops. (See Appendix A for a complete list of the workshop notes).

Likes

Concept 1 – Urban Court	Concept 2 – Pedestrian Spine
<p>Built Form/Open Space <i>Urban Court:</i> Continuous open space from Thornton Park into urban court provides for a strong entrance; opportunities to use this open space <i>Hotel:</i> Closer to hospital, retail, services and transit; would help to bring activity to Gore after work hours; larger size would better fulfil demand <i>Inpatient tower orientation (east-west):</i> May be better from a passive solar design perspective</p> <p>Mobility/Transportation <i>East-west connection opportunity (over the back of house):</i> for movement across the site</p> <p>Health Care Delivery & Outcomes/Patient Experience <i>First Nations design:</i> Concept 1 can be refined to reflect First Nations principles. Orient and connect the buildings around an open space/healing garden over the back-of-house podium</p>	<p>Built Form/Open Space <i>Inpatient tower orientation (north-south):</i> Preferred in this Concept for views, interface with Strathcona, and allowing daylight to the pedestrian spine open spaces <i>Campus character:</i> Breaking up the hospital into multiple buildings seems more open and welcoming, allowing greater quantity and variation of open space <i>Gore Street retail:</i> Greater amount of retail frontage encourages more activity on the street <i>Iconic building (adjacent to Pacific Central Station):</i> Iconic nature is interesting and allows view to the hub and pedestrian spine</p> <p>Mobility/Transportation <i>Pedestrian Spine:</i> Experience of movement is outdoors rather than indoors <i>Sky Bridges:</i> Appreciate their function. Maybe too many shown? <i>Vehicle drop-off on National:</i> Better designed and seems to reduce conflict with pedestrians</p> <p>Health Care Delivery & Outcomes/Patient Experience <i>Pedestrian Spine:</i> Opportunity for a north-south wellness link <i>Research synergies:</i> Good connection to research building and opportunity for research on display along the Pedestrian Spine</p>

Dislikes

Concept 1 – Urban Court	Concept 2 – Pedestrian Spine
<p>Built Form/Open Space <i>Hospital massing:</i> Feels monolithic and institutional as a continuous building <i>Inpatient tower orientation (east-west):</i> View and shadow impacts for those north of the tower <i>Auto-court:</i> As shown, feels suburban. Suggest redesign to prioritize pedestrian and open space users</p> <p>Mobility/Transportation <i>Hub location:</i> Distance from sidewalk to hub through the urban court too long for pedestrians/bus riders with reduced mobility. Suggest pulling closer to sidewalk</p> <p>Health Care Delivery & Outcomes/Patient Experience <i>Research location:</i> Feels disconnected from rest of hospital and campus <i>Mental Health location (both concepts):</i> Separation into its own wing reinforces mental health stigma <i>Seems to be inefficient (mixed opinions, both concepts):</i> Long internal connections</p>	<p>Built Form/Open Space <i>Hotel location:</i> Too small and further away from hospital, high street destinations and transit <i>Sky Bridges:</i> Too many are shown and they may harm the at-grade experience, through shadowing or reducing amount of activity at ground level <i>Hub:</i> Confusion about why the hub is a standalone building</p> <p>Mobility/Transportation <i>Hub location:</i> Not visible from the SkyTrain station, so it is less intuitive to find the front door. Suggest pulling closer to intersection. Mixed opinions on visibility/access of the hub under the iconic T-shaped building</p> <p>Health Care Delivery & Outcomes/Patient Experience <i>Inpatient tower:</i> Consider possible light pollution impact from the turf field to the east <i>Mental Health location (both concepts):</i> Separation into its own wing reinforces mental health stigma <i>Seems to be inefficient (mixed opinions, both concepts):</i> Long internal connections</p>

What's missing?

Both Concepts

Built Form/Open Space

Open space design suggestions: Include variation in open spaces - i.e. places for movement, for gathering, for contemplation/respice, some shady, some sunny. Incorporate gardens, food production, indigenous plants, and habitat. Open space should be open to and welcoming to the existing community

Gore Street suggestions: design the new Gore high street to be interesting and active beyond working hours through amount and type of retail, hotel location, and integration of non-profit spaces to support the "arts walk" concept

Refine building massing: Conduct shadow studies to determine massing and maximize natural light on open spaces. For the block west of Gore, introduce upper level setbacks, articulation and height variation

Clarify size and operation of hotel

Consider mitigation of negative social impacts on housing, displacement and gentrification in the local area

Mobility/Transportation

Provide an integrated parking plan that also considers Trillium Park users and the existing neighbourhood

Path widths, intuitive wayfinding and landmarks to consider needs of aging population (including those in wheelchairs, with walkers, and with visual impairments)

Design of the Wellness Link around/within the campus is important and stronger east-west connections across the site are desired

Health Care Delivery & Outcomes/Patient Experience

Consider cultural communities' needs, including DTES, Chinese, Afrocanadian and First Nations

Stronger First Nations engagement with Musqueam, Squamish, Tsleil-Waututh First Nations and incorporation of First Nations design principles. Include medicinal plants in open space design and integrate First Nations art (as in YVR)

Research on display and educational opportunities in public spaces and patient spaces

Noise mitigation for emergency vehicles at night (consider surrounding communities, including City Gate)

Additional Comments for City Departments

Walking experience from SkyTrain through Thornton Park to Hub: Consider Crime Prevention Through Environmental Design (CPTED), activation, accessibility and weather protection

Review signal timing and potential need for *traffic calming* around the intersection of Station and National

Understand effects of *gentrification and displacement* on adjacent neighbourhoods

Protect industry along *Produce Row*

Consider whether Prior or Union would make a better *bike route* rather than Malkin

Consider *new transit routes* (including HandyDart, community shuttles and buses)

Shadowing of Trillium - consider difference of shadowing active sports fields vs. passive park to the north

Speak to the *Civic Asset Naming Committee* regarding new street names

Consider impact (traffic/noise) of possible new *fire hall* if located on the City-owned blocks north of the site

Open Houses

The City hosted open houses on Saturday, June 18 and Wednesday, June 22, with 373 members of the public in attendance between the two events. City staff, Providence staff, and design consultants were on hand to answer questions. The June 18 open house was held at Creekside Community Recreation Centre. The June 22 open house was held outdoors at Thornton Park, timed to coincide with the Farmers Market.

The information materials were available at the open houses and online.

Open House Photographs



Questionnaire

A questionnaire was available at the open houses and online (through Talk Vancouver) from June 18 to June 28 inclusive.

Questions We Asked

The questionnaire included the following 7 questions which asked respondents to rate on a 5-point scale from “1 (does not achieve)” to “5 (fully achieves)”:

1. In your opinion, how well does “Concept 1 – Urban Court,” achieve the Guiding Principles for *Community Building and Site Planning*?
2. In your opinion, how well does “Concept 1 – Urban Court,” achieve the Guiding Principles for *Open Spaces and Public Places*?
3. In your opinion, how well does “Concept 1 – Urban Court,” achieve the Guiding Principles for *Mobility and Connections*?
4. In your opinion, how well does “Concept 2 – Pedestrian Spine,” achieve the Guiding Principles for *Community Building and Site Planning*?
5. In your opinion, how well does “Concept 2 – Pedestrian Spine,” achieve the Guiding Principles for *Open Spaces and Public Places*?
6. In your opinion, how well does “Concept 2 – Pedestrian Spine,” achieve the Guiding Principles for *Mobility and Connections*?
7. In your opinion, how well do the concepts achieve the Guiding Principles for *Sustainability*?

The questionnaire included the following 5 open-ended questions:

8. What do you like about Concept 1?
9. What do you like about Concept 2?
10. What do you dislike about Concept 1?
11. What do you dislike about Concept 2?
12. Do you have any additional comments or feedback about these Development Concepts?

Questionnaire Summary

We received 807 completed online and hard copy questionnaires.

How well the Two Concepts Achieved the Guiding Principles (Questions 1-7)

Respondents were asked to assess the two concepts (C1: Urban Court and C2: Pedestrian Spine) and did not clearly indicate that one concept over the other better achieved the Guiding Principles:

- **Questions 1-6:** Between 57 and 61 per cent of respondents thought both concepts achieved the Guiding Principles for *Community Building/Site Planning*, *Open Spaces/Public Places* and *Mobility/Connections* (giving a rating of “4” or “5”).
- **Question 7:** When asked whether the concepts achieved the Guiding Principles for *Sustainability*, 47 per cent of respondents thought that they achieved the Guiding Principles (giving a rating of “4” or “5”). A high percentage of people (26 per cent) responded “Don’t know / Not sure” or did not answer the question.

Likes and Dislikes (Questions 8-11)

When asked what they liked or disliked about the two concepts respondents most often mentioned the following topics [number of respondents who mentioned this topic as a like or dislike]:

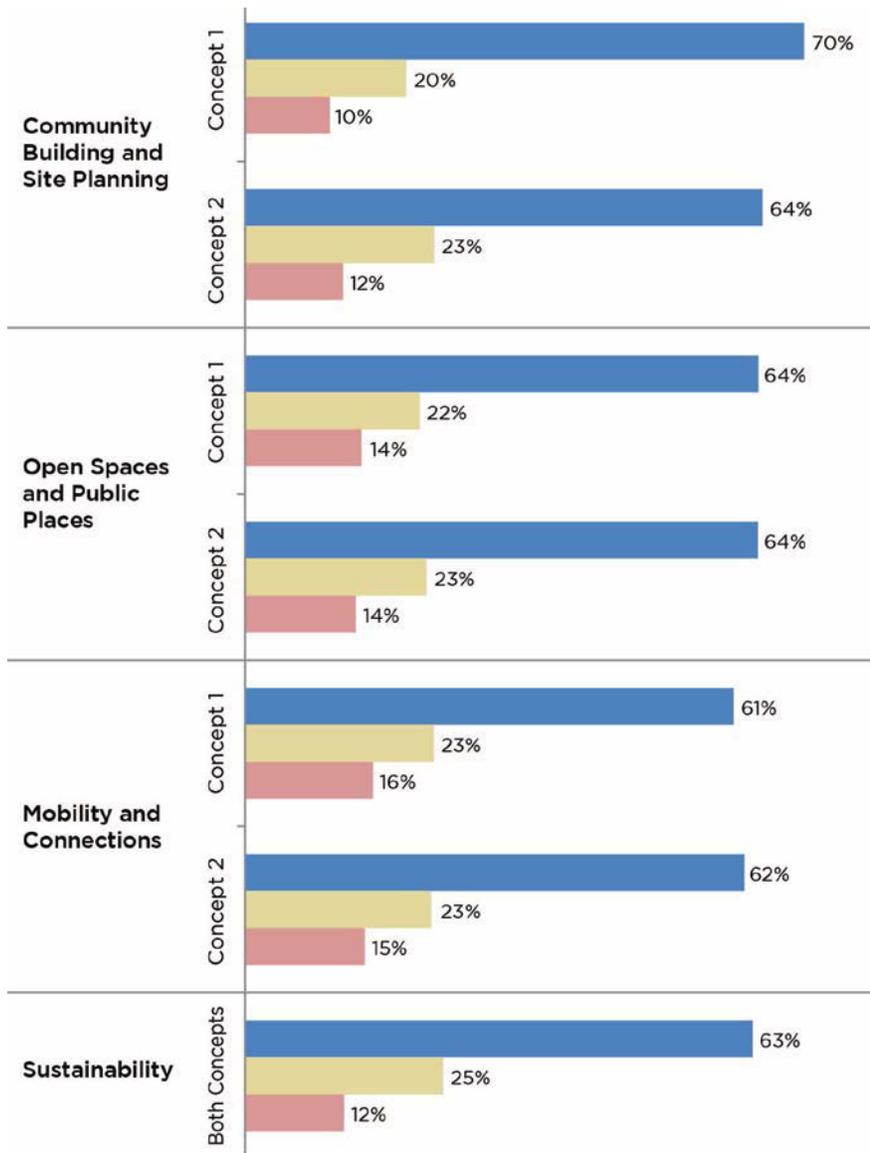
- **Open space:** Respondents more often mentioned they liked C1’s open space concept, with an urban court and front door facing Thornton Park [176], while comparatively fewer mentioned that they liked C2’s open space concept with the north-south pedestrian spine [67].
- **Inpatient tower:** Respondents more often liked C2’s inpatient tower orientation (running north-south) [131] and often mentioned the opportunities for views and vistas it allowed [72], while comparatively fewer liked C1’s inpatient tower orientation (running east-west) [56] and less often liked the views and vistas it allowed [36].
- **Pedestrian connections:** Respondents more often mentioned that they liked C2’s pedestrian connections [104] and were more often concerned about (disliked) the pedestrian connections in C1 [39].
- **Hotel:** Respondents more often liked the hotel location in C1 [144] and comparatively fewer mentioned that they liked the hotel location in C2 [88].
- **Sky Bridges:** Opinions were mixed on the overhead pedestrian walkways shown in C2 [28 liked them; 22 did not like them].
- **Future expansion:** Respondents more often mentioned (liked) that C2’s design better allowed for future expansion of the hospital to the eastern side of the site [61, compared to 6 for C1].

General comments (Question 12)

When asked for additional comments and feedback, respondents most often mentioned the following topics [number of respondents who mentioned this topic or suggestion]:

- **Transportation:** traffic congestion [30], parking [25], and vehicle access [17]; transit [25] and providing bus transit right to the door for those who have trouble walking longer distances [10]; pedestrian connections [15], navigation/wayfinding [10]; and cycling connections [11].
- **The current St. Paul’s on Burrard Street** and whether health care service would be maintained in the West End [28]
- **Resilience** of the site in the case of an earthquake or sea-level rise [26]
- **Concerns about the planning process** [23]
- The **social impact** the hospital development will have vulnerable populations in the neighbourhood through increased housing costs or retail gentrification [18]
- **Open Space:** Concern over whether enough open space was provided [17], safety in open spaces [15] and whether the right kinds of open spaces will be provided [14]
- **Noise concerns** for those who live near the site [16]

Graph of Responses:
How well do the Development Concepts achieve the guiding principles for...



Legend:

- Achieves (4 or 5)
- Neutral (3)
- Doesn't Achieve (1 or 2)

Note:

- Graphs do not include those who responded “Don’t know / not sure” or who did not complete the question.
- Percentages may not add up to 100 due to rounding.

Table: Comparative Likes and Dislikes for the Concepts

This table looks at various aspects of either option and compares how often it was stated as a like or dislike.

Topic	Like/ Dislike	Statement	Times Stated	
			C1	C2
Open Space Concept	Like	C1: Likes the “Urban Court” open space design C2: Likes the “Pedestrian Spine” open space design	176	67
	Dislike	C1: Dislikes the Urban Court open space design C2: Dislikes the Pedestrian Spine open space design	33	17
General open space	Like	Generally likes the open space	74	37
	Dislike	Not enough open space	23	56
Navigation and wayfinding	Like	Likes navigation and wayfinding in this concept	47	45
	Dislike	Concerned about navigation and wayfinding in this concept	38	40
Urban Design and Building Massing	Like	Generally likes the urban design and building massing	98	83
	Dislike	Generally dislikes the urban design and building massing	79	67
Views and Vistas	Like	Likes the opportunities for views and vistas to, from and/or through the site	36	72
	Dislike	Dislikes impact on views and vistas in the neighbourhood	34	19
Hotel location	Like	Likes the location of the hotel	144	88
	Dislike	Dislikes the location of the hotel	38	70
Inpatient tower orientation	Like	Likes the inpatient tower location and orientation	56	131
	Dislike	Dislikes the inpatient tower location and orientation	49	33
Gore Street	Like	Likes Gore Street / retail design	43	27
	Dislike	Dislikes Gore Street / retail design	7	11
Offices location	Like	Likes the location of the offices	9	21
	Dislike	Dislikes the location of the offices	14	10
Research location	Like	Likes the location of research	10	22
	Dislike	Dislikes the location of research	6	6
Overhead pedestrian walkways	Like	C1: Likes that it has fewer overhead pedestrian walkways compared to C2 C2: Likes the overhead pedestrian walkways	4	28
	Dislike	C1: Dislikes that it has fewer overhead pedestrian walkways compared to C2 C2: Dislikes the overhead pedestrian walkways	5	22
Pedestrians	Like	Likes the pedestrian connections in this concept	36	104
	Dislike	Concerned about the pedestrian connections in this concept	39	26
Vehicles	Like	Likes vehicle access (inc. drop-off and pick-up)	14	8
	Dislike	Concerned about vehicle access (inc. drop-off and pick-up)	16	11
Cycling	Like	Likes cycling connections	5	3
	Dislike	Concerned about cycling connections	8	10
Transit	Like	Likes transit connections	12	17
	Dislike	Concerned about transit connections	25	25
Future expansion	Like	Likes future expansion possibility in this concept	6	61
	Dislike	Dislikes future expansion possibility in this concept	13	6

Detailed Questionnaire Analysis

How well do the two concepts achieve the Guiding Principles?

Concept 1 – Urban Court

<i>How well does Concept 1 – Urban Court achieve the Guiding Principles for...?</i>	Community Building/Site Planning		Open Spaces/ Public Places		Mobility/ Connections	
Response	Count	%	Count	%	Count	%
5 (Fully achieves)	176	22%	189	23%	163	20%
4	329	41%	302	37%	298	37%
3	145	18%	168	21%	177	22%
2	42	5%	72	9%	72	9%
1 (Does not achieve)	34	4%	39	5%	48	6%
Don't know / Not sure / Did not answer	81	10%	37	5%	49	6%
TOTAL	807	100%	807	100%	807	100%

Concept 2 – Pedestrian Spine

<i>How well does Concept 2 – Pedestrian Spine achieve the Guiding Principles for ...?</i>	Community Building/ Site Planning		Open Spaces/ Public Places		Mobility/ Connections	
Response	Count	%	Count	%	Count	%
5 (Fully achieves)	206	26%	182	23%	170	21%
4	278	34%	303	38%	295	37%
3	176	22%	172	21%	174	21%
2	55	7%	71	9%	65	8%
1 (Does not achieve)	36	4%	33	4%	46	6%
Don't know / Not sure / Did not answer	56	7%	46	6%	57	7%
TOTAL	807	100%	807	100%	807	100%

Both Concepts (Sustainability)

<i>How well do the concepts achieve the Guiding Principles for ...?</i>	Sustainability	
Response	Count	%
5 (Fully achieves)	117	15%
4	258	32%
3	147	18%
2	44	5%
1 (Does not achieve)	29	4%
Don't know / Not sure / Did not answer	212	26%
TOTAL	807	100%

Methodology for summarizing open-ended questions

Between 378 and 547 unique entries were filled in by survey participants for each open-ended question on likes and dislikes for Concepts 1 and 2, and for general comments (total of 2388 entries).

To evaluate and summarize the extensive feedback, entries were grouped or coded under summary statements to capture the intent of the comments.

Examples of "Like" statements:

- Likes the inpatient tower location and orientation
- Likes the navigation and wayfinding
- Generally likes the urban design and building massing
- Likes the location of research

Examples of "Dislike" summary statements:

- Concerned about navigation and wayfinding
- Dislikes the inpatient tower location and orientation
- Generally dislikes the urban design and building massing
- Dislikes the location of research

Many entries contain more than one statement. For example, the following entry:

"More appealing layout. The hotel towards Main street looks like it will allow more of a view for residents up Main St. Also seems to have retail a bit more concentrated."

...is counted under four different statements:

- Generally likes the urban design and building massing
- Likes the location of the hotel
- Likes the opportunities for views and vistas to, from and/or through the site
- Likes Gore Street / retail design

By counting the instances of statements we are able to see generally what aspects and topics were of highest interest for respondents overall.

Responses: Likes, Dislikes and Additional Comments (Questions 8-12)

The tables below gives the themes and suggestions we heard about most, when asked for the likes and dislikes for Concepts 1 and 2, and for general comments. See Appendix B for a further list responses we heard to questions 8-12.

Concept 1 Likes (10 most common responses)

Statement	Verbatim Examples	Times mentioned	Rank
Likes the Urban Court open space design	"Has more of an open campus feel. I like the urban court. It feels planned and deliberate." "the view into the complex from the street will be nicer, with the urban court providing a wide open feeling."	176	1
Likes the location of the hotel	"Hotel further way from residential area and more closely tied to retail." "I like that the hotel is closer to mass transit"	144	2
Generally likes the urban design and building massing	"I like the way the massing optimizes sunlight with stepped heights lower on the south end and higher on the north end." "it integrates well into the neighbourhood "	98	3
Generally likes the open space	"more open space around the buildings," "There seem to be more open spaces and sight lines"	74	4
Likes the inpatient tower location and orientation	"The acute care building seems less of an imposing monolith. " "Building orientation east west to capitalize on views and natural light."	56	5
Likes the navigation and wayfinding	"It looks like it would be more open and easy to navigate, especially if approaching from the skytrain station"	47	6
Likes Gore Street / retail design	"seems to have retail a bit more concentrated."	43	7
Likes the opportunities for views and vistas to, from and/or through the site	"I really like the idea of 1/2 the rooms having a mountain view and 1/2 having sun. " "the visual openness of the design when viewed from thornnton park"	36	8
Likes its pedestrian connections	"better flow of people and walkways" "feels more open, lest congested for pedestrians"	36	8
Likes location of the central hub	"That the central hub is easily accessed from the street."	23	10

Total number of entries: 547

Concept 2 Likes (10 most common responses)

Statement	Verbatim Examples	Times mentioned	Rank
Likes the inpatient tower location and orientation	"I like that the in-patient facility has been placed so that all rooms get sunlight." "north-south orientation of main bldg, is less hostile to Strathcona"	131	1
Likes its pedestrian connections	"the focus on pedestrian traffic" "It seems to have better pedestrian connections (inside & outside) throughout the site."	104	2
Likes the location of the hotel	"I like that the hotel is off to the side. " "Like the Hotel location at northern edge and link to community beyond"	88	3
Generally likes the urban design and building massing	"there appears to be more of fine scale urban grid" "Better fit with Strathcona to north. "	83	4
Likes the opportunities for views and vistas to, from and/or through the site	"Main hospital blocks less mountain view" "views from all patient rooms"	72	5
Likes the Pedestrian Spine open space design	"The Pedestrian Spine is nice, away from traffic which may be quieter than the Urban Court" "I like the idea of the pedestrian pathways as way to create a walkable healthy neighborhood."	67	6
Likes future expansion possibility	"Future expansion seems like it would be easier, more integrated, and therefore better accommodated."	61	7
Likes the navigation and wayfinding	"It seems more compact and easier to navigate" "Easier to find external pedestrian access through complex."	45	8
Generally likes the open space	"More walking spaces and generally more open and accommodating to patients and the community. " "Appears to have more open space between buildings."	37	9
Likes the overhead pedestrian walkways	"Passageways offer more connections I think." "I like the idea of overhead walkways connecting the buildings. I think this would be particularly advantageous for people with multiple appointments, and I believe it will improve wayfinding."	28	10

Total number of entries: 533

Concept 1 Dislikes (10 most common responses)

Statement	Verbatim Examples	Times mentioned	Rank
Generally dislikes the urban design and building massing	"Not human scale." "Appears to be a random arrangement of buildings. No clear structure."	79	1
Dislikes the inpatient tower location and orientation	"I dislike the east-west orientation of the acute care tower - it's seems like such a barrier to sunlight (for the northside), and to the iconic mtn view (for the southside). And 1/2 the rooms/patients (facing north) will never see the sun throughtout the day, while others will see it all day."	49	2
Concerned about its pedestrian connections	"pedestrians are not considered as strongly in this design - ie no pedestrian spine and difficult of getting from one part of the campus to the other" "Pedestrian access seems to be focussed on the perimeter streets -- which are busy streets and will likely be even busier -- not ideal for a health-promoting walk."	39	3
Concerned about navigation and wayfinding	"Layout feels disjointed. Cuts off Strathcona from the Flats. Fewer arteries through the campus; feels more like a fortress." "I am concerned about how confusing to find ones way around might be"	38	4
Dislikes the location of the hotel	"the hotel is too 'front and center'. if it's meant to offer rates/amenities purposely toward families of patients it's high visibility and noisier streetside doesn't fit."	38	4
Too high or too dense	"buildings are too high." "Appears to be more crowded"	37	6
Dislikes impact on views and vistas in the neighbourhood	"Takes away mountain views." "Mass of medical office at the south edge visually overwhelms train station."	34	7
Dislikes the Urban Court open space design	"Hub seems tucked away, not as accessible" "I dont think the urban court will be put to good use, people don't typically like spending time in a wide open area. A smaller area (as long as it still includes items like benches) is preferable."	33	8
Dislikes location of the emergency department	"Dislike Emerg entrance/exit plunked one block away from a residential neighbourhood. Will be noisy and congested." "That the Emergency is not readily visible from Main Street"	27	9
Concerned about its transit connections	" I feel only one bus stop access to a corner of the property quite a distance from the main entrance/ emergency is ridiculous. There needs to be at least one closer to that entrance." "I wish it was closer to the Skytrain - the station will be even busier, much busier - needs to be easy to get out of station and on the way to hospital quickly"	25	10

Total number of entries: 462

Concept 2 Dislikes (10 most common responses)

Statement	Verbatim Examples	Times mentioned	Rank
Dislikes the location of the hotel	"A hotel close to an emergency dept? Too noisy" "The hotel is poorly positioned in relation to transit hubs."	70	1
Generally dislikes the urban design and building massing	"It looks like the north side of the walkway will be mostly in the shade as the hospital core towers over that side." "It's "colder" in design and doesn't feel inviting, loses the sense of arrival present in concept 1. "	67	2
Not enough open space	"The pedestrian 'spine' seems a little narrow, an available outdoor space closer to the main building/entrance would be good." "not enough significant trees noted on the plan."	56	3
Concerned about navigation and wayfinding	"Central Hub seems much harder to access as a person arriving from transit, way less clear where to go." "I like the idea of a village concept in terms of the groupings of buildings, but am concerned that this will pose problems for way finding. I think an open court will make it much easier for people to see where they need to go."	40	4
Dislikes the inpatient tower location and orientation	"The north-south orientation of the hospital itself seems to divide the site in half. Everything on the east side would be cut off. No connection to Trillium park." "I dislike the North-South orientation of the main building. Neither side enjoys sunshine or diffused northern light."	33	5
Concerned about its pedestrian connections	"Pedestrian spine could fall into disuse if not planned with the correct retail/size of open space. " "The hospital forms a giant block that all other traffic (pedestrian, bicycles) has to go around."	26	6
Too high or too dense	"Buildings very bunched, and area is closed up, on itself." "Mass of medical office at the south edge and the adjacent south end of the hospital visually overwhelm train station."	25	7
Concerned about its transit connections	"There needs to be another bus stop near the main entrance/emergency. For those taking public transit the sky train station and the lone bus stop currently near it and a corner away from the entrance is a bit far. Especially for mobility challenged patients, friends and families."	25	7
Dislikes location of the emergency department	"Would prefer to put the emergency department closer to main st and skytrain to be more accessible, seems to be tucked out of the way and hard to access" "Locating noisy ambulance, helicopter and firetruck traffic in one location so close to an existing, historic, very well established neighbourhood is a really, really, bad idea."	22	9
Dislikes overhead pedestrian walkways	"Dense building all up and down Gore, with several skywalks that will create shadows and decrease foot traffic on the street."	22	9

Total number of entries: 468

General Comments (20 most common responses)

Statement	Verbatim Examples	Times mentioned	Rank
Concerned about congestion and impacts on traffic in the neighbourhood	"There will be real pressure on the surrounding neighbourhood for accommodation and parking." "Vehicle access seems limited given the congestion in the area, which will likely be substantially worse with removal of the Viaducts."	30	1
Concerned about whether health care service will be maintained in the West End	" for the site that you are leaving downtown, whoever develops it, I think there should be a mandatory ambulance station worked in to it." "I think St. Paul's should stay in the West End. "	28	2
Concerned about resilience (flooding/earthquake/sea level rise)	"What Flood Control Level are you using? Does it take into account expected sea level rise? Doesn't seem to, as existing regulations are way too low." "I am deeply concerned that the new site is at such a low elevation and in an area that may well be geologically vulnerable to liquefaction during a significant earthquake. The old site is at a better elevation with bedrock beneath, and is also central to a very densely populated area that makes it well suited to its purpose."	26	3
Concerned about its transit connections	"No matter the plan if you insist on ripping this hospital out of the West End, then there needs to be a single, no transfer public transit method to get here." "too much parking, encouraging and enabling car use. Transit, transit and more transit. HOW are you going to get to GREEN if this is how you are planning the future."	25	4
Concerned there will not be enough parking provided	"I think that the underground parking should be enlarged. Here is why: We have an aging population. A spouse who drops off a partner for treatment, outpatients, or for admission, may find a walk from alternative parking to the main hospital a bit daunting."	25	4
Doesn't like process	"Instead of calling this "consultation", why don't you call this "public relations" because it doesn't seem like you're listening to the public. "	23	6
Generally likes	"Both are thoughtful approaches and are considerate not only of the hospital users/patients/staff but of the community as well. "	21	7
Concerned about social impacts in the neighbourhood (including increased housing cost and retail gentrification)	"Missing -- Culturally appropriate features: food, gardens, design. Give hospital workers information of the neighbourhood: Chinatown Community, First Nations, problems with gentrification, displacement, depression, colonialism. How will it affect affordability for housing and commercial lots in the DTES? Think about the people living here, *not tokenistic features* but the people who make the community. First Nations perspective on health care. Engage, consult, reconcile. Inclusive spaces. Collaborate with local creative industries (Art on hospital walls, etc.)"	18	8
Not enough open space/trees	"Needs more 'significant' TREES on the North and East sides and corners"	17	9

Concerned about its vehicle access (inc. drop-off and pick-up)	"Please ensure proper traffic flow and parking in the design. You DRIVE your sick family members to the hospital and you have to PARK your car."	17	9
Concerned about noise	"What is being done to mitigate noise pollution in the surrounding area? Does that have an impact on patients' wellbeing and the surrounding community?"	16	11
Concerned about the safety of open spaces	"There's a mention of foot traffic and how excessible the new location is to pedestrians. Has anyone designing this ever walk around that area? I wouldn't walk anywhere near that area in the early morning or late night. Has any consideration been put in regarding security and protection?"	15	12
Concerned about its pedestrian connections	"looking at additional opportunities for pedestrian travel through the site, without having to enter the buildings would be a huge benefit for local residents."	15	12
Concerned about whether the right kinds of open space will be provided	"Green space should be maximized; there should be community gardens so residents to plant plants and connect with nature; public art should be key; a children's playground to bring children to the area for positivity and energy."	14	14
Suggestion to prioritize space for hospital functions over other land uses (retail, office, hotel)	"The site is quite small for a major medical center and I think that more space should be provided for hospital development rather than retail, hotel and office development."	11	15
Concerned about its cycling connections	"Both concepts need a bike "speedway" for staff and able bodied clients." "Needs transportation strategy that minimizes private car access and dramatically reduces parking requirements (transit, bike, share cars, etc.)."	11	15
Prefers Concept 1	"I prefer Concept 1"	10	17
It was hard to understand materials	"As a layperson, I find these graphics hard to decipher. Is it possible to do a more life-like 3D mock up and a virtual tour of these options?"	10	17
Concerned about navigation and wayfinding	"We need to think about site orientation for visitors. It's easy to find your way when looking at nice colour-coded charts like these. But for an out-of-town visitor who's stressed because of illness, and trying to find the way on a dark rainy day, it could be very confusing. It needs a single, simple, welcoming entry."	10	17
Generally dislikes the urban design and building massing	"This needs to go back to the drawing board as it is completely out of scale with the neighbourhood it claims to serve. You should also be more clear and transparent on the number of floors in each building. The hospital should be a single building, not several."	10	17
Concerned about providing bus transit right to the door for those who have trouble walking longer distances	"for both Concepts, there will need to be better Transit access. Not everyone, especially in the downtown area, has a car, and feeling unwell can make 2 or 3 blocks of walking from Main Street seem like miles."	10	17

Total number of entries: 378

Who did we hear from?

Workshops

City of Vancouver Advisory Committee representatives (June 13):

- Active Transportation Policy Council
- Cultural Communities Advisory Committee
- LGTBQ2+ Advisory Committee
- Mayor's Task Force on Mental Health and Addictions
- Persons with Disabilities Advisory Committee
- Seniors Advisory Committee
- Urban Aboriginal Peoples Advisory Committee
- Vancouver City Planning Commission
- Vancouver Fire & Rescue Services Advisory Committee
- Vancouver Heritage Commission

Stakeholders (June 16 am and June 16 pm):

- Ambulance Paramedics
- Atlantic Street Residents
- BC Ministry of Health
- BC Trucking Association
- Chinatown
- Community Engagement Hub Coordinator of Tsleil-Waututh Nation, Musqueam Indian Band and Squamish Nation
- Downtown Vancouver Association
- EarthHand Gleaners
- False Creek North Residents Association
- Greater Vancouver Board of Trade
- HUB
- Ivanhoe Hotel and Pub
- Left Bank Residents
- Strand Developments (456 Prior St)
- Strathcona BIA
- TransLink
- UBC Faculty of Medicine
- Vancouver Coastal Health
- Vancouver Economic Commission
- Vancouver Field Sport Federation
- Vancouver Fire and Rescue
- Vancouver Native Health Society

Open Houses

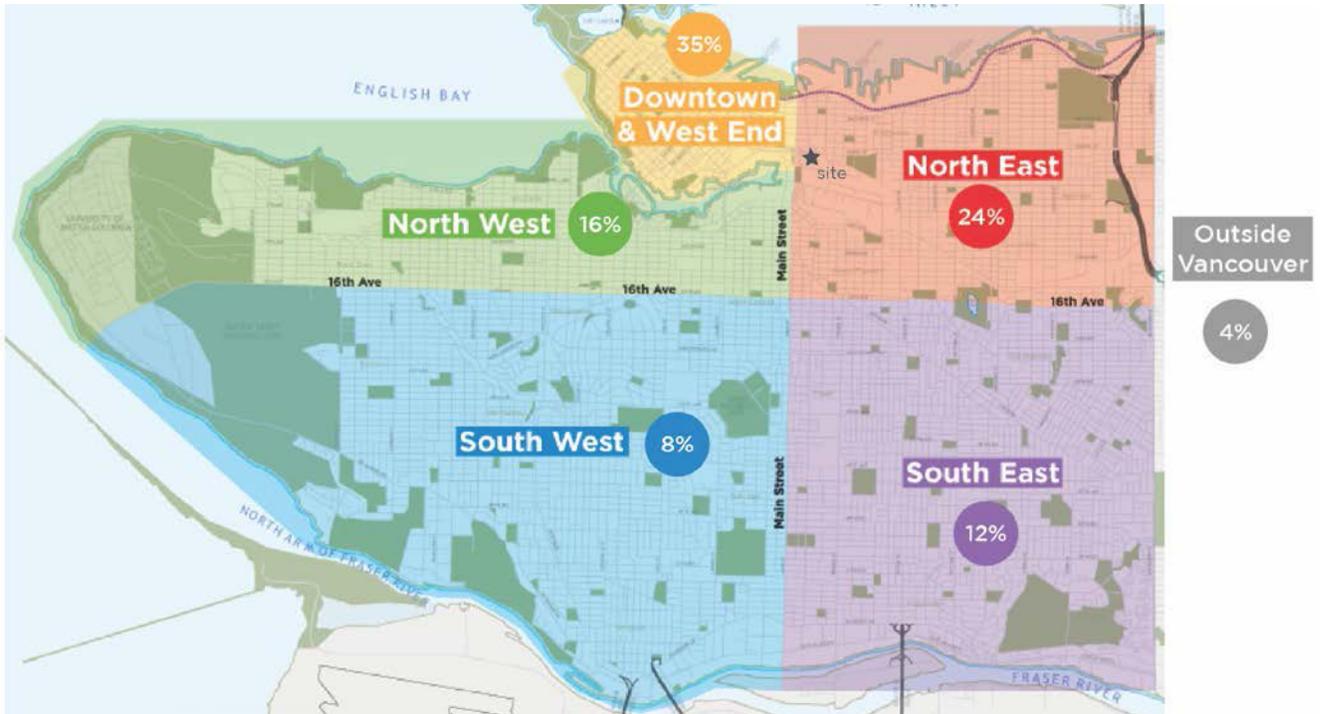
The City hosted open houses on Saturday, June 18 and Wednesday, June 22, with 373 members of the public in attendance between the two events.

Questionnaire

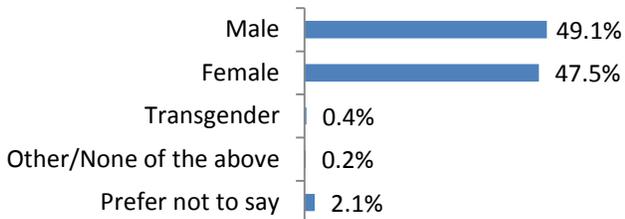
A questionnaire was available at the open houses and online (through Talk Vancouver) from June 18 to June 28 inclusive. We received 807 completed questionnaires.

We asked respondents to tell us a little about themselves. Overall we heard from a good cross-section of people across the City and from a balance of age groups.

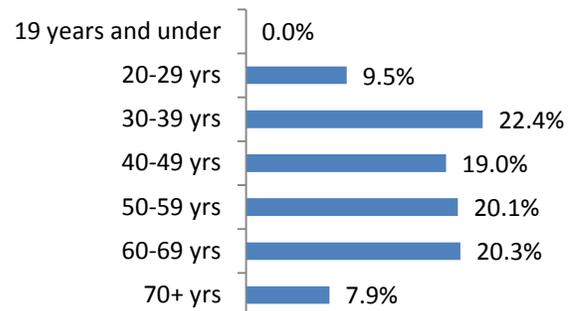
Respondents' home postal code:



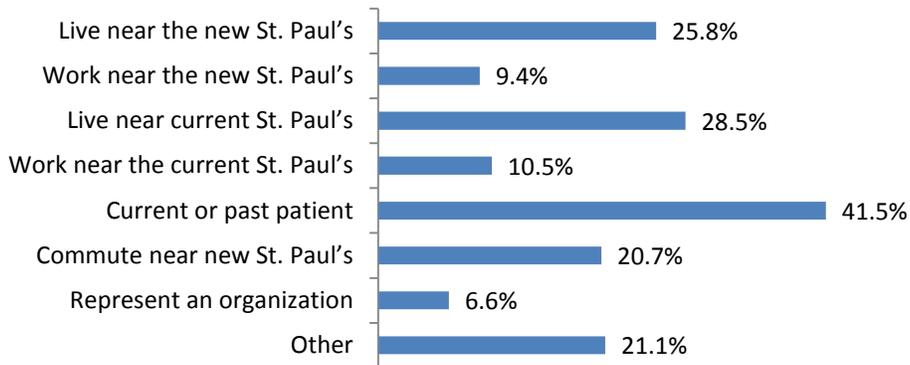
Gender



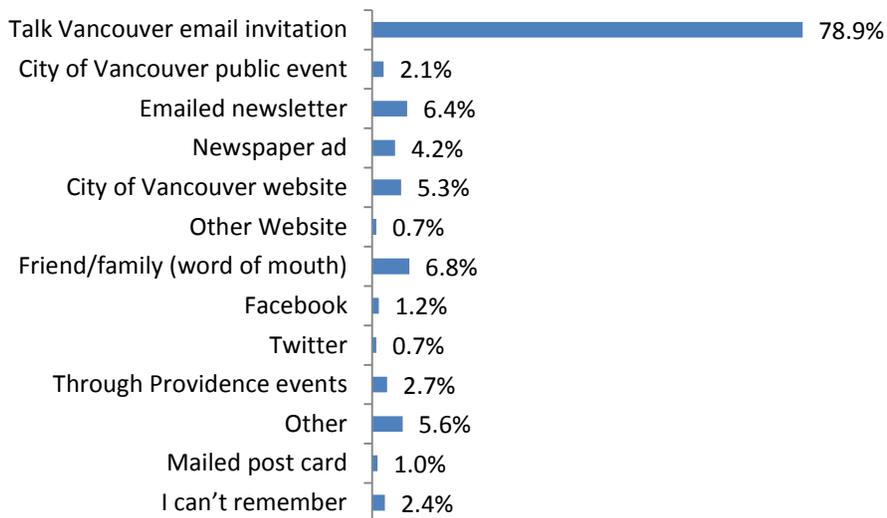
Age



What is your connection to the new St. Paul's? (check all that apply)



How did you hear about the new St. Paul's consultation? (check all that apply):



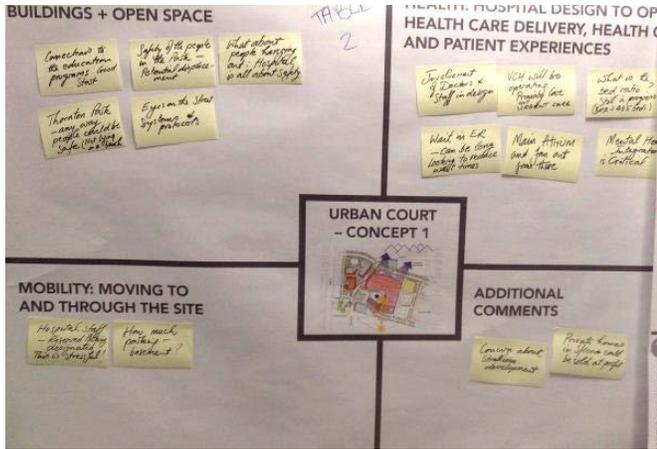
Appendices

Appendix A: Complete list of Stakeholder and Advisory Committee workshop notes

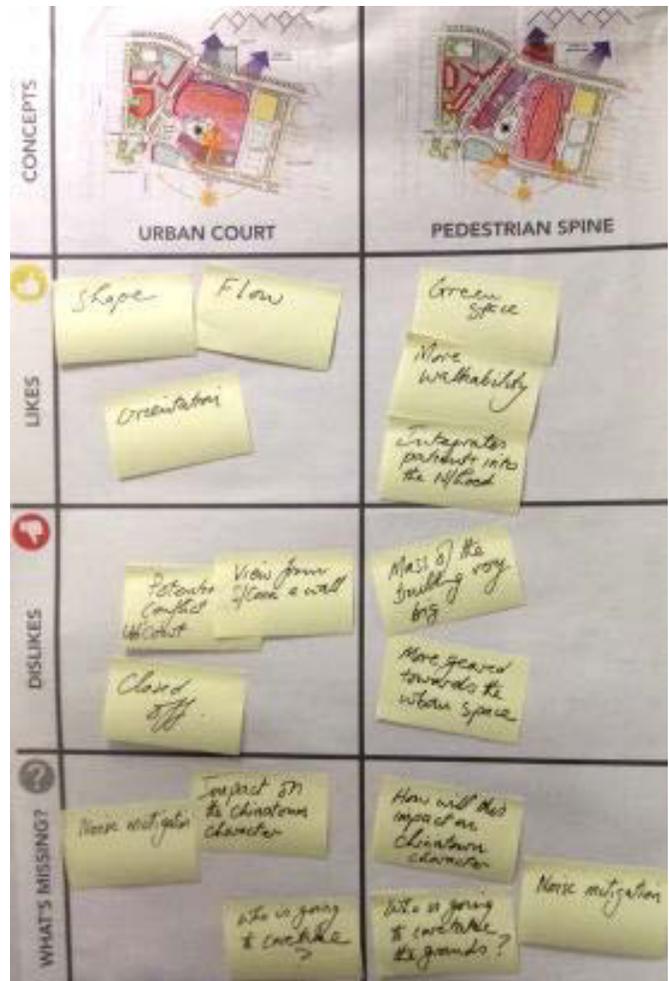
Below are the comments written as part of the workshop exercises. Notes are combined from all tables over the three workshops into a single list.

Exercise Products (example photos):

Notes on Concept 1:



Preferencing Exercise:



Notes on Concept 2:



NOTES RELATING TO CONCEPT 1 - URBAN COURT

The Experience: buildings + open space

Mental health building separate is marginalizing. If it doesn't feel like a prison, it's okay, but can't tell here.
Spaces for cultural practices
Court is far from patients/not private
Connections to the education programs. Good Start
Safety of the people in the Park – potential displacement
Thornton Park – anyway people could be safe (Not lying on a beach)
Eyes on the street. Systems & protocols
What about people hanging out. Hospital is all about safety
Sun & heat for acute care rooms – morning east-night west -> will it be pro/con rel to Option 2?
Hotel in wrong place – city needs to understand culture
Wellness outpatient – Aboriginal side of things; sacred spaces
Roof top uses – green roof some of them
How many people are working here?
SKY BRIDGES
Access to fields
Approach from Skytrain not as appealing visually (need to be on N end of Thornton to see)

Would like real thought put into NW lease building height scaling of A relative to B [scale of adjacent medical office development to the existing leased building in the Northwest corner of the site]
Option 1 open space and vehicular depiction counterproductive: suburban monument
Hotel – experience needs to be most welcoming
C1 hotel better for transportation access -> quieter for N Side
Hotel is overwhelming in C1 – shadowing
Inpatient tower seems to have better solar on the one side for energy - +from building site from [illegible]
Importance of light, landmarks, greenery good pedestrian; eg Women's College TO
Concept 1 lends itself – open plaza to retail.
Could office space be replace with open space? Need more
Who is hotel for?
Visibility of front door is better
Hotel location could be too busy
Clearer hierarchy of open space
Prefer hotel location on Option 1: Density + Vibrancy + Viability

Health: Hospital design to optimize healthcare delivery, health outcomes and patient experiences

Consider relationship to Chinatown – integration of Chinese health
Where are specialists that are currently located near St. Paul's
Sacred space, Aboriginal healing space – needs to be part of design
Hospice care?
Medical offices in neighbourhood +Good!
Make it convenient for families – look at cycle of patients
Involvement of Doctors and staff in design
VCH will be operating primary care, not urgent care
What is the bed ratio? Still in progress (base is 435 beds)
Wait in ER – can be long looking to reduce wait times
Main atrium and fan out from there
Mental health integration is critical
Ambulance work in process
ambulances/hr
Throughput
Backlog
Need X Amb capacity

Ensure ambulance bay access not impeded (Surrey Memorial)
Enough dedicated space needed (at least 10 to 12)
Need an ambulance presence in West End also to service patients there
Like where back of house is located
Mass Decon at Emergency (it is to be provided)
Mental Health to be connected is great!
Where would the 24/7 centre be located AMBULATORY
The reason why they end up in ED is because there is no central 24/7 care front
Isolating mental health from 24/7 care is a mistake
What is the logic of the ED (busiest) closest to Strathcona?
Like idea to divert people out of ER w Ambulatory core centre
Healing garden on+over back of house
Opportunity for aboriginal + F.N. Cultural healing open areas + BOH
Less Connection B/W Research + Office

NOTES RELATING TO CONCEPT 1 - URBAN COURT

Mobility: moving to and through the site

Can we have an arc(?) affect to make the connection happen?

Care about easy + safe aspect for all disabilities/abilities/mobilities

Wayfinding very important

Need easy to find drop off + parking spots, and/or shuttle services. Wheelchairs, walkers, seniors. Direct elevator access into the hospital

Skytrain system is not very close

Malkin: how can have bike route as well!?

Though (there is a bike lane on Burrard today)

Wellness link could be around the campus

Ways to incorporate – pedestrian walkways

Conflict of bike and emergency vehicles. Bike route on Prior?

2-3 hour parking

Covered walkway at Thornton Park

Drop-off by car + Handy dart

Valet???

Talk to Trans. Bus stops at the door

Secure bike parking

Long internal corridors

Hospital staff – reserved parking designated! This is stressful!

How much parking – basement?

The location of plant operations cuts off the flow of the site

Like Gore opportunity for active transportation N-S

Connection E/W opportunity

Connection b/w Main + Thornton + Trillium Parks

Concern re: Traffic Congestion + On street parking

Flow on site between buildings is limited

Impacts for patients, visitors, staff

For employees + Pedestrians

Prioritizing access for peds (1 does this better)

Ped access from DTES

Industrial Truck Access?

Food distribution access

Additional Comments

Concern about Strathcona development

Private homes in S/cona could be sold at profit

Remember that Station (North side) is service alley for

Ivanhoe

Campagnolo

4 Other restaurants

Motorcycle shop

Adjacent industry is becoming orphaned – need to be included in the Standing Committee on Policy and Strategic Priorities Need front door to be able to respond to MH/A patients 24/6

Need to normalize putting in back stigmatize MH/A

Look to YVR for first Nations elements

NOTES RELATING TO CONCEPT 2 - PEDESTRIAN SPINE

The Experience: buildings + open space

More pressure for retail/commercial with hotel on Prior
Like the openness in terms of connections + outdoor access through site
Better views from main hospital\
How many hotel rooms? *Lots*
Green space is important; outdoor space and light
Long shift staff residence
Eye's of security needed
Have pedestrians to come here to use the space. Inviting
Option 2 w/ ambulatory more prom from Malkin & Station – flow? Maybe move hub slightly south
Views from acute rooms – netter than N side of Opt 1 (where you will look at office)
View seems open & better
Security presence for people walking through the area
Medical office pedestal on Opt 2 good in either option
Shading on central spine
If the courtyard is perpetually shaded it will not be used.
Focus on massing to allow sun access to central courtyard

Option 2 appears to deliver balance of access, permeability with industrial protection
C2 Hotel provides better economic dev
A “Robson” style corridor is not welcoming to that community – appropriate services
Gore – “Walkable” elderly community
Concern about public space/loitering space + Access – homeless friendly
Light
Strong wayfinding distinctive through art + arch
Rapid change is problem
What is the retail vision and what uses
May become a bit of an island at night?
Q: will Gore empty out @ night?
Shadow analysis
Concept 2 has better circulation
Like podium medical office building (to south)
Less visible central hub
Prefer location of research
More porous west of Gore
More porous open space

Health: Hospital design to optimize healthcare delivery, health outcomes and patient experiences

Concerns about impacts to Chinatown - ensure they are involved.
Public auditorium – opp for amenities
Flip option 1 to connect everything better
Distance from ED and Ambulatory care looks a long distance
Need to pull closer together
Expansion is for beds, Regional laboratory
Emergency entrance final division? Drop off space problem
Centre for HIB Aids? Dr Peter Centre could move, but not commitment yet
Better access to the sun
Distance between ER not friendly or practical
Mental health should be near green spaces
Are these allowances off ER for disaster response?

Pop up for emergencies
Is there an internal EOC?
Movement and open space is the experience of the hospital
Bridges + hub: appears to support flow of staff + users
Wellness link is good in this option
Way buildings arranged promote better connections for patients and staff
Looks harder to maintain security in C2 (not agreed) – concern @ too much security – need to make it public; 24-7 always people around
Concerns about mental health and safety for neighbourhood next door
Integrate mental health & ED
Synergies with research + TECH
Physical connections between research + Office

NOTES RELATING TO CONCEPT 2 - PEDESTRIAN SPINE

Mobility: moving to and through the site

Ambulatory building slightly shorter trips from Skytrain
Seems to take more effort to way find in this one – but
hard to say

Walk from underground parking to hospital is far

Scooters are getting bigger

Seniors won't switch to bicycles

Traffic flow lights to be activated: traffic management
systems

Close to train BUT: plans for shuttle to move people

Trillium does not have enough parking for cars & bikes

Parking? Below grade entrance to be convenient to

Trillium users

Create opportunities for walking & biking to site (consider
safe routes)

End of trip facilities (Cycling)

Safe routes & separation for bikes

Opening of entry from Thornton better than 1

Opt 1 patient drop off circle on National better

Gore Ave throughway is better Option 2

Flow on site between buildings is better than Concept #1

Bridge connections to buildings is critical to flow of
patients & staff

Greater permeability and human experience

What direction are most ambulances coming from/going
to?

Concept 2 does better job for pedestrian access

Concept 2 has better pedestrian permeability; provides
more options so long as it is connected into

Strathcona BUT: the site design isn't clear that a thru-
ped connection is provided

Gore experience not conducive to station street volumes
in C2 – complete St is City Goal

Better Porosity to Strathcona n'hood

Connections N/S to Skytrain for Strathcona

Additional Comments

This one is better

4 new streets possible for naming opportunity

Need services to be available at West End; walk in clinic

Implications – health; traffic; jobs

Hotel location much better – great to get to Chinatown &
surrounded by new development

Interaction of fire hall & hotel (possibly Gore & Union)

Hotel option at station/National

Hotel location is better in concept 2 (or could be in south

most building) more restful, slightly removed from
central campus

What are shadows like in this concept?

NOTES RELATING TO BOTH CONCEPTS

The Experience: buildings + open space

Experience: “Transparency”: show what is happening within: latest tech; research; “show+tell”: visibility (1+2)
1+2: ‘Trees’ are not so much sacred as is ‘usable’ inclusive open space – nor are property lines if planned for carefully with & without
Experience: Open us site (amenities in particular) to neighbouring businesses (1+2)
Gore in both concepts look like a dark experience – not welcoming
Trying to create synergy – why no affordable housing?
Food services in larger neighbourhood
Gardens
Good to consider future expansion
Mental health gardens important
Arrival along N edge feels less considered
Design – shadowing on public space/amenities
Concern with Gore in particular + residents north
C1+C2 esp

Health: Hospital design to optimize healthcare delivery, health outcomes and patient experiences

Concerned about the demand for housing as response (for both concepts)	Accessible spaces on roofs can bring the sounds of birds and outdoor experience very healing – opp for crafts like weaving (C1+2)
Addressing + overcoming terrorism + Disasters (1+2)	St Paul move be part of displacement + DTES patients won’t even be there (C1+2)
Research on display. Teaching and research on display for patients (1+2)	Along with hospitals comes medical residents with higher income (C1+2)
Health 1+2: Working with community groups/local artists: integrate + create “outward focus” with outreach eg SPCA nearby – programs for dogs to visit with patients/families	Housing, displacement, gentrification. SRA bylaw protest form, not people. *AirBNB potential + near(?) hospital
Is there a plan for roof use? (green, access to nature) (1+2)	Interaction of patients + Research
Siren noises: ensure type then off in hood	Staff flow or patient flow efficiency?
Helicopter noises... (not very frequent thought)	Cultural sensitivities
Big Fan noise – put air intake on roof	Visibility of ED?
Lots of teaching opp for food + plants – connect to hospital kitchen	Efficiency
	Open Spaces
	Art
	Trees/Green space
	Outdoor seating for families and patients

NOTES RELATING TO BOTH CONCEPTS

Mobility: moving to and through the site

Mobility: ease of transfer from Skytrain/Grey Hound/Pacific Station (1+2)

Mobility: Building for disaster response-access after an earthquake or floor etc. (1+2)

Mobility(?) Safety(?): How will binners be accessing United We Can (If still in same location by that time!) (1+2)

Protect Gore's human scale experience. Move drop-off for ambulatory care onto National (1+2)

Active transportation corridor N-S east of the site? (1+2)

Mobility: connect to open space/paths/bike lanes planned as part of FCF Plan + infrastructure (1+2)

Mobility: access to site from south/west. Right now traffic main/Terminal slow – need speedier access (1+2)

(1+2) Back-up for emerg. Access if Malkin Ave blocked by trucks delivering to businesses east of Trillium Park

Malkin expectation has to be set us as a “truck” route primary as opposed to a “bike” route (1+2)

Lots of bike parking w facilities

Intuitive/interactive wayfinding

ED+parkade = first step for many

Navigation – seeing your destination

Truck access concerns

Need to make sure Chinatown gets their food hubs (C1+2)

Critical to take a demand management approach to supply+pricing of staff parking (1+2)

Prioritize site design for pedestrian access from North + West of site – orient main entrance to corner of station + National; design for peds (1+2)

Primary bus access will be from key routes on Main, Hastings + likely Malkin (1+2)

Disconnect between how Nathaniel described Fore as “Robson” and City's plan for traffic volumes on Station A

Additional Comments

We would like to see...

well-connected city streets (Access to transit (TransLink); Convenience for drop-off and parking; Bike/ wheelchair/ scooter conflict; Transit: station to park

Spaces for gathering & respite

Public safety

Ease to move through and around site

All weather protection in public spaces and ped. routes

Energy: passive design principles + onsite renewal energy (1+2)

Economic devp: add “entrepreneur zone” for innovation+cluster devp (1+2)

Community: over building amenities to provide services to neighbourhoods (esp if hotel use): Childcare; district energy (1+2)

Mandate to be a supportive (and non life threatening) partner to Flats north-east “messy” industry (1+2)

Economic Development: Fits in with “industrial” nature around FCF: complements + adds to, rather than changing (1+2)

Economic Development: ensure connectivity to other local anchors/institutions to allow collaboration (1+2)

Healthcare delivery: Vancouver sorely needs a birthing centre – need to ensure provided in new hospital (1+2)

Aboriginal wellness Centre? “Campus of Care” (C1+2)

Language/culturally appropriate services; community economic dev (C1+2)

Hogan's Alley “Art Walk?” Should Honour Black History (C1+2)

Is there active engagement with Musqueam, Squamish and Tseilwatuth nations integrating cultural engagement and respect for land and traditions? (C1+2)

“Arts” corridor – are you intending to actually create studio public engagement spaces for visual and performing artists – (or does it really mean “retail”?) (C1+2)

Is there consideration of the Afrocanadian and Chinese-Canadian histories of Chinatown and Hogan's Alley? (C1+2)

Road options – how come they are the same?

Trillium Lights

Need to see context – NEFC etc

Nearby artists in Strathcona – collaboration opportunity?

PREFERENCING EXERCISE

CONCEPT 1 - URBAN COURT	CONCEPT 2 - PEDESTRIAN SPINE
<p><i>Likes</i></p> <ul style="list-style-type: none"> Hotel along Station Hotel location Hub entrance more obvious Shape Flow Most like hotel in this location because of access + transit <ul style="list-style-type: none"> + flosser to commercial – more predictable for residents on Malkin (the office space) Orientation Opening from Gore <ul style="list-style-type: none"> Might have more light Flow, integrated More traditional concept <ul style="list-style-type: none"> Easier to understand re: wayfinding Entrance to hub superior <ul style="list-style-type: none"> Line of sight Intuitive Distinct entrance Better view of Mountains Open space Easier to see front door (and parts of the hospital) from the park Better hotel location Potential for central hub and grouping around it Hotel placement makes sense being next to retail + transit (use+Character) of the section (add to main st community) Central Daycare Elevated courtyard concept 	<p><i>Likes</i></p> <ul style="list-style-type: none"> Brightness, access to light -> hospital location More welcoming experience Better wellness link (path flat) High Street (Robson St) -> Pedestrian N-S Better connected services View corridor Solar Access* Less shadow impact Mental health garden Integrated plaza Walkways across -> can stay dry Green space More walkability Integrates patients into the N/hood Retail options Back-of-house Pedestal building (med office) More corridors + skybridges. Street wall enables this Less street noise (Comparatively) Hotel Location Normal urban space Better light, public allure Better public connections Better edges Street interface along Gore Normalize the concept of health and wellness More conducive to a public presence More permeability re: offsite connections Better connections for staff Good transparency for inside/outside transitions Accessibility of site for flow-through. Pedestrians, feels more open for staff, patients, residents More welcoming Hospital has constant exposure at some point in the day Some (few) like the hotel in this location, potential for views to mountains Sky bridges More green space Art walk (think YVR Art partnership w/First Nations) Mixed use hotel-retail on Malkin Cantilevered Medical office Feels more open Views from the in-patient tower are better Outside navigation is easier Less site coverage/more public space Granular permeability + connectivity Greater synergy among medical offices N-S inpatient tower alignment more desirable Podium as SW office tower potential for neat architecture <ul style="list-style-type: none"> + Visual permeability

PREFERENCING EXERCISE

<p>CONCEPT 1 - URBAN COURT</p> <p><i>Dislikes</i> Hospital is a wall to Strathcona Feels more institutional; megastructure Won't be as bright; feels less like urban space Plaza too large/open -> need place of convergence not just thoroughfare Potential conflict in urban Court of Revision Closed off View from S/cona like a wall Hotel location (eg saw with medical) Street noise More traffic on Malkin More suburban B.O.H on site is poor (if above ground) Site seems to have poor flow & interconnections between components Hub is better positioned Monolithic; not porous South-facing windows on in-patient tower too intense heat Less spacious because of location of back of house, front vehicle drop-off E-W alignment of inpatient tower</p>	<p>CONCEPT 2 - PEDESTRIAN SPINE</p> <p><i>Dislikes</i> Rethink hotel location Massing of the building very big More geared towards the urban space Separated feeling (comparatively) between buildings \$ of med office on pedestal (architecturally) Walk-in access to central hub Less visible from Skytrain See ambulatory first (less intrusive) Station St medical Office seems looming, experience of entry not as good No retail below (south) medical office Hub squashed into the middle Greater light pollution from Trillium Park fields Hotel was helpful for wider community; more isolated</p>
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<p>BOTH CONCEPTS</p> <p><i>Likes</i> Emergency access on North side + proximity to DTES Development of Gore can be good if done sensitively to hood Not a traditional(?) Robson; Davie St a better example esp for commercial types Mobility seems good in both overall with Gore + Malkin Option 2 with hotel 1</p> <p><i>Dislikes</i> Location of mental health -> separated from main hospital Communicate step-down on private property on main x Malkin Too much mass overall, giant blocks of buildings... C1+C2 Ensure strong use of design & open space on rooftops, green spaces to create healing enviro otherwise feels chaotic, overwhelming Parking is a concern (both option)</p>

BOTH CONCEPTS (continued)

What's missing

Resolution on transportation accessibility access and inclusion
Integration of sacred space and cultural sensitivities
Cultural practice, in particular in relation to Aboriginal and Chinatown
LEED Building
Wayfinding/elevator access
Rain cover
Indigenous planning Standing Committee on Policy and Strategic Priorities Therapeutic gardening (Food?)
Learning events, glass atriums, natural light -> Wellness objectives (like at YVR)
Access to Station
Park Safety (Thornton Park)
Climate Change Standing Committee on Policy and Strategic Priorities Park Planning?
Servicing plan
Noise mitigation
Impact on the Chinatown character
Who is going to caretake the grounds?
Secure + safe bike parking
Balconies? Fresh air? For patients? (Later design consideration)
Haz-mat Area
Staging area -> Street level
Decontamination
Visible
Street width on N Station – accommodate street use as back lane to main also loading/parking
(For concept 1) Skybridges? Could be added. Concept 2 ped skybridge + street wall can be integrated
(For concept 1) Urban condition of S-W corner due to drop off area
Arcupeic(?) massing. More design dvpmt (Offices)
Car, taxi access. General Congestion
N-S connections on East side
Hotel where the medical office is on the S-W corner
Ensure to involve artists (not just art)
The operation of the hotel is important
The design + welcomingness for health
Street level experience very important (not missing – just comes later)
Cultural sensitivity imperative: will be very disruptive -> what can be done to minimize this? Ensure social services, community amenities
Integrate mental health & ED
More water features
Commemorate history; False Creek + F Nations
Presentation to Chief and Council from Musqueam Nation
Effective use of podium/rooftop space (eg gardens, open space)
More East-West connections mid-block
More discussion of future context
Cultural/art space
How adjacent streets (Station/Main/Gore) will accommodate future population
Outdoor/indoor seating
Q: Why mental health same in both, “tucked away”

Appendix B: Questionnaire likes, dislikes and general comments received

The tables below give the number of times we heard a statement (statements mentioned five or more times are included in this list.)

Concept 1 Likes

Topic Area	Statement	Times mentioned
General	Generally likes	15
Open space	Likes the Urban Court open space and/or the connection between Thornton Park and the Hub	176
Open space	Likes the opportunity for an east-west connection/open space	10
Open space	Generally likes the open space	74
Open space	Likes the navigation and wayfinding	47
Urban Design	Generally likes the urban design and building massing	98
Urban Design	Likes the opportunities for views and vistas to, from and/or through the site	36
Urban Design	Likes the location of the hotel	144
Urban Design	Likes the inpatient tower location and orientation	56
Urban Design	Likes Gore Street / retail design	43
Urban Design	Likes location of the emergency department	13
Urban Design	Likes the location of ambulatory care	5
Urban Design	Likes the location of the offices	9
Urban Design	Likes the location of research	10
Urban Design	Likes the location of mental health	9
Urban Design	Likes location of the daycare	7
Urban Design	Likes location of the central hub	23
Transportation	Likes its pedestrian connections	36
Transportation	Likes its vehicle access (inc. drop-off and pick-up)	14
Transportation	Likes its cycling connections	5
Transportation	Likes its transit connections	12
Hospital Function	It appears better for hospital function/internal circulation	8
Hospital Function	Likes future expansion possibility	6

Total number of entries 547

Concept 2 Likes

Topic Area	Statement	Times mentioned
General	Generally likes	11
Open space	Likes the Pedestrian spine open space	67
Open space	Generally likes the open space	37
Open space	Likes the opportunity for daylight on open spaces	7
Open space	Likes the navigation and wayfinding	45
Urban Design	Generally likes the urban design and building massing	83
Urban Design	Likes the opportunities for views and vistas to, from and/or through the site	72
Urban Design	Likes the location of the hotel	88
Urban Design	Likes the inpatient tower location and orientation	131
Urban Design	Likes Gore Street / retail design	27
Urban Design	Likes location of the emergency department	10
Urban Design	Likes the location of ambulatory care	23
Urban Design	Likes the location of the offices	21
Urban Design	Likes the location of research	22
Urban Design	Likes the location of the daycare	12
Urban Design	Likes the location of the central hub	9
Urban Design	Likes the overhead pedestrian walkways	28
Transportation	Likes its pedestrian connections	104
Transportation	Likes its vehicle access (inc. drop-off and pick-up)	8
Transportation	Likes its transit connections	17
Hospital Function	It appears better for hospital function/internal circulation	15
Hospital Function	Likes future expansion possibility	61

Total number of entries 533

Concept 1 Dislikes

Topic Area	Statement	Times mentioned
General	Relates to Clinical Planning	7
General	Comment regarding the Flats/NEFC Process	5
General	Doesn't like this location for new St. Paul's	9
Open space	Dislikes the Urban Court open space design and/or the connection between Thornton Park and the Hub	33
Open space	Not enough open space/trees	23
Open space	Concerned about the safety of open spaces	7
Open space	Would like to see better open space connections across the site	17
Open space	Concerned about navigation and wayfinding	38
Urban Design	Generally dislikes the urban design and building massing	79
Urban Design	Dislikes impact on views and vistas in the neighbourhood	34
Urban Design	Too high or too dense	37
Urban Design	Dislikes the location of the hotel	38
Urban Design	Dislikes the inpatient tower location and orientation	49
Urban Design	Dislikes Gore Street / retail design	7
Urban Design	Dislikes location of the emergency department	27
Urban Design	Dislikes the location of ambulatory care	6
Urban Design	Dislikes the location of the offices	14
Urban Design	Dislikes the location of research	6
Urban Design	Dislikes the location of mental health	18
Urban Design	Dislikes the location of the daycare	5
Urban Design	Dislikes the location of the central hub	6
Urban Design	Dislikes that it does not have more overhead pedestrian walkways	5
Urban Design	Suggestion to prioritize space for hospital functions over other land uses (retail, office, hotel)	7
Transportation	Concerned about its pedestrian connections	39
Transportation	Concerned about its vehicle access (inc. drop-off and pick-up)	16
Transportation	Concerned about its cycling connections	8
Transportation	Concerned about its transit connections	25
Transportation	Not enough parking	13
Transportation	Too much focus on cars	11
Transportation	Concerned about impacts on neighbourhood traffic	21
Transportation	Concerned about noise	7
Hospital Function	It appears poor for hospital function/internal circulation	8
Hospital Function	Dislikes future expansion possibility in this concept	13
Other	Concerned about resilience (flooding/earthquake/sea level rise)	7
Other	Maintain Health Care Service in the West End	7

Total number of entries 462

Concept 2 Dislikes

Topic Area	Statement	Times mentioned
General	Generally dislikes	6
General	Relates to Clinical Planning	7
General	Comment regarding the Flats/NEFC Process	5
General	Doesn't like this location for new St. Paul's	8
Open space	Dislikes the Pedestrian Spine open space design	17
Open space	Not enough open space/trees	56
Open space	Concerned about the safety of open spaces	12
Open space	Would like to see better open space connections across the site	12
Open space	Concerned about navigation and wayfinding	40
Urban Design	Generally dislikes the urban design and building massing	67
Urban Design	Dislikes impact on views and vistas in the neighbourhood	19
Urban Design	Too high or too dense	25
Urban Design	Dislikes the location of the hotel	70
Urban Design	Dislikes the inpatient tower location and orientation	33
Urban Design	Dislikes Gore Street / retail design	11
Urban Design	Dislikes location of the emergency department	22
Urban Design	Dislikes the location of the offices	10
Urban Design	Dislikes the location of research	6
Urban Design	Dislikes the location of mental health	19
Urban Design	Dislikes the location of the central hub	11
Urban Design	Dislikes overhead pedestrian walkways	22
Transportation	Concerned about its pedestrian connections	26
Transportation	Concerned about its vehicle access (inc. drop-off and pick-up)	11
Transportation	Concerned about its cycling connections	10
Transportation	Concerned about its transit connections	25
Transportation	Not enough parking	10
Transportation	Too much focus on cars	5
Transportation	Concerned about impacts on neighbourhood traffic	19
Transportation	Concerned about noise	10
Hospital Function	Dislikes future expansion possibility in this concept	6

Total number of entries 468

General Comments

Type of comment	Statement	Times mentioned
General	Generally likes	21
General	Prefers Concept 1	10
General	Prefers Concept 2	8
General	Doesn't like Process	23
General	It was hard to understand materials	10
General	Comment regarding the Flats/NEFC Process	15
General	Likes this location for new St. Paul's	6
Open space	Concerned about recognizing history	6
Amenities	Concerned about whether there will be proper amenities	6
Open space	Concerned about public art	6
Retail	Concerned whether the right kind of retail will be provided	9
Open space	Not enough open space/trees	17
Open space	Concerned about whether the right kinds of open space will be provided	14
Open space	Concerned about the safety of open spaces	15
Open space	Concerned about navigation and wayfinding	10
Urban Design	Generally dislikes the urban design and building massing	10
Urban Design	Dislikes impact on views and vistas in the neighbourhood	6
Urban Design	Too high or too dense	8
Urban Design	Dislikes location of the emergency department	8
Urban Design	Dislikes the location of mental health	5
Urban Design	Suggestion to prioritize space for hospital functions over other land uses (retail, office, hotel)	11
Urban Design	Built the hospital quickly	9
Transportation	Concerned about its pedestrian connections	15
Transportation	Concerned about its vehicle access (inc. drop-off and pick-up)	17
Transportation	Concerned about its cycling connections	11
Transportation	Concerned about conflicts between cyclists and pedestrians	5
Transportation	Concerned about its transit connections	25
Transportation	Concerned about providing bus transit right to the door for those who have trouble walking longer distances	10
Transportation	Concerned there will not be enough parking provided	25
Transportation	Concerned regarding parking price	8
Transportation	Concerned about parking and access for Trillium field users	6
Transportation	Too much focus on cars	6
Transportation	Concerned about congestion and impacts on traffic in the neighbourhood	30
Transportation	Concerned about noise	16
Other	Concerned about social impacts in the neighbourhood (including increased housing cost and retail gentrification)	18
Other	Concerned about sustainability	9
Other	Concerned about resilience (flooding/earthquake/sea level rise)	26
Other	Suggestion to include First Nations Principles in the design	6
Other	Concerned about whether health care service will be maintained in the West End	28

Number of fields entered by respondents 378

PEDESTRIAN SPINE -

