

Master Planning/Programming Approach

Cathryn Bang + Partners Architects (CBPA) will deliver the master planning/programming tasks by clearly defining approach and process to effectively develop the master plan objectives and programmatic basis.

The approach our team would propose is outlined below:

Activity 1: Information Base and Working Procedures

A. Participate in Steering Committee Meetings and Lead the User Group Meetings necessary to:

- Discuss the Goals for the project including what makes it unique.
 - Centers of Excellence
 - Patient Convenience
 - Health system-wide "Role Model"

Main Program:

Minor Program:

Program to find appropriate location:

- Identify and discuss relevant Master Plan criteria.
 - Access/Parking
 - Registration
 - Medical Records (and future use)
 - Lab (Clinical Lab, Core Lab, Pathology Lab)
 - Building Support
- Define the Specific Scope for the master planning/programming work effort.
- Develop a Working Schedule & Calendars of Meetings

B. Assemble the relevant information for the required patient Volume Analysis.

C. Assemble the relevant information for the required Building Analysis.

Activity 2: Master Planning/Programming

- A. Conduct an Analysis of the proposed Buildings.
 - Infrastructure/MEP systems for proposed services*
 - Code/regulatory compliance
 - Architectural imagery and aesthetics
- B. Conduct an Analysis of the Patient Volumes - Current, 1yr, 3 yr, & 5 yr.
- C. Participate in Steering Committee Meetings and Lead the User Group Meetings necessary to:

Identify Needs:

- Create and/or validate & refine the list of spaces proposed by the User Groups including the support services spaces to ensure that all needs are identified.
- Fully discuss and reach consensus on issues such as spatial adjacencies, functional relationships and critical performance characteristics for all of the program areas.
- Discuss the targeted efficiency factor for the proposed buildings and its implications for cost.

Building Analysis:

- Identify and discuss Building Analysis findings and Feasibility Options.

Prioritization:

- Schedule and Phasing

Budget:

- Preliminary Budget**

Note: * CBPA normal methodology would employ MEP Consultant.

** CBPA normal methodology would employ Cost Estimate Consultant.

Activity 3: Developing the Master Plan/Program Document

- A. Complete the Building Analysis and identify the Feasibility Options for review by the Steering Committee.
- B. Produce draft Program for review by the Steering Committee.
 - Functional Program
 - Scope of Services
 - Capacity Assumptions/Projected Volume
 - Primary External Adjacencies
 - Planning and Design Requirements
 - Operational Systems
 - Space Program
 - Summary of Spaces
 - Room-by-Room
- C. Produce draft Plan for review by the Steering Committee.
 - Site Diagrams
 - Blocking & Stacking Diagrams
- D. Produce draft Phasing for review by the Steering Committee.
- E. Update and refine the Budget and Schedule for review by the Steering Committee.

Activity 4: Final Detailed Project Master Plan/Program Document

A. Develop Draft Detailed Project Master Plan/Program addressing (but not limited to) the following topics.

- Project Objectives
- Building Analysis and Feasibility Options
- Program
- Plan
- Phasing
- Budget and Schedule

B. Review Draft Master Plan/Program with the Steering Committee and produce Final Master Plan/Program Document.

PROJECT METHODOLOGY RECOMMENDATION



CATHRYN BANG |
 Architect, Cathryn Bang + Partners
 Architecture Planning Interiors

Our processes of starting facility development work first with Master Planning are industry-tested and time-proven. Together we establish the “rules” that lead to success, while at all times protecting Clients’ interests.

I. ACCELERATED MASTER PLANNING

We believe a truly creative and vibrant facility can rise within the community while fulfilling the strategic needs of the Client. Our master planning methodology first provides clients with a fully considered approach to the development of the campus, taking into account business aspirations of institution.

BENCHMARK CHART: Common Planned Use of Capital



Source: Financing the Future Survey

Our work offer a quick and responsive facility scoping master planning solutions. It is to help the client who has operational challenges or expansion ideas establish a direction for facility and services development.

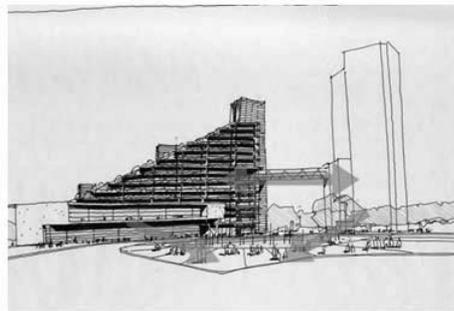
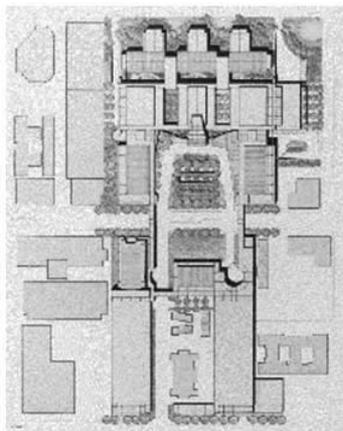
This 'accelerated' strategic master planning service provides the information need to move the facility in a strategic direction and to get their projects off the ground. We have developed an efficient method to quickly review and test issues regarding the next steps for the facility. We start with the client's business plan and goals. Then we look at the organization from a functional perspective. We also examine operational issues.

In few sessions, we develop strategic project concepts for clients review, along with Phasing and rough order of magnitude Budgets:

- Discover the Facility Issues and Set Goals
- Develop project Concept Scenarios for Study and Evaluation
- Define project Scenarios, order of magnitude Budgets and Phasing Schedules

The further outcome is confident planning applications for future development. Methodology we undertake is deeply influenced by its unique economic, historical, geographical, social, and environmental context; model on Healthy Urban Development.

Also, our specialists affiliated with Joint Commission International JCI explore how best to ensure the accreditation, and to model on International Best practices for each project. With our progressive approach to the facility planning, there is a tremendous opportunity for us with an entrepreneurial spirit to develop the scenarios of optimal changes in facilities required by **"Practice Reinventions"** and **"Service Innovations"**.



II. EXAMPLE: Strategic Master Plan

CAPITAL PROJECT GOALS:

- o Develop scenarios of Short term, Mid-level and Moderate Investments
- o Update physical space to reflect MC's move into "service line" and "physician as strategic drivers" model.
- o Improve first impression of MC as "Leading Medical Centre".
- o Remind Community MC's "Clinical Excellence" programs

DELIVERABLES:

I. Strategic Vision and Goals Statement(provided by MC)

II. Existing Conditions Evaluation:

- Updated Blocking & Stacking Diagrams
- Departmental SF Matrix

III. Future Growth Forecast:

- Verify 3 Year Volume Projections provided by MC
- Required # Beds and Procedure Room Matrix
- Proposed Blocking & Stacking Diagrams
(Reflecting future growth needs and expansion capabilities)

IV. Meeting Image Improvement Needs:

- Proposed improved Site Plan(w/ improved Entry points and Circulations)
- Proposed improved Building Exterior Images
- Proposed improved Interior Images
- Proposed improved Signage

V. Strategic Master Planning Option 1, Option 2, and Option 3

VI. Schedule Implications Comparison Matrix

VII. Budget Implications Comparison Matrix

Today's dynamic and changing field of healthcare with a continuous stream of new technologies, protocols and consumer demands, in conjunction with the pressures for increased efficiency, require that healthcare providers constantly re-evaluate and renew their operations.

In planning and designing facilities, we consider that we are designing for an uncertain future. Building too tightly to a current brief without consideration for future flexibility and adaptability will result in a building which is obsolete the day it is completed.

We plan and design healthcare building that meet a complex set of technical and user requirements. Our proper integration of building services, medical technology, and support areas for staff, patient and visitors is central to the development of a successful clinical environment. Advances in medical practice have presented new opportunities to create facilities that provide for delivery of sophisticated care in a setting which is more reflective of the everyday experience of the community it is serving.

A healthcare facility could be thought of as a city. A street system, both horizontal and vertical, which provides a clear sense of hierarchy and 'way finding' for the population they serve. Key elements at its centre are designed to last a long time and planned for change, an expandability and adaptable framework to accommodate changing needs.

As specialist in the planning and design of healthcare architecture, we bring a wealth of experience from the US as well as internationally. This permits us to both 'benchmark' the planning and design of new facilities against past experience and to understand the physical implications of trends affecting the healthcare field. Some of these forces for change include a response to an aging population, a shift to ambulatory care with improved technology and the implications of greater consumer choice. As a resulting the importance of good planning and design, which includes aesthetics, is on the rise in all areas of healthcare projects.

