



## COUNCIL REPORT

Report Date: June 30, 2026  
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Meeting Date: July 14, 2026  
[Submit comments to Council](#)

TO: Vancouver City Council  
FROM: Acting General Manager of Planning, Urban Design and Sustainability  
SUBJECT: Vancouver General Hospital (VGH) Campus – Broadway Plan Policy Update

### Recommendations

THAT Council repeal the *Vancouver General Hospital Policy Statement (2000)* and the *Vancouver General Hospital Precinct Public Realm Plan (2006)* and approve the amendments to the *Broadway Plan* as presented in Appendix A and Appendix B, to:

- (i) Add the Vancouver General Hospital (VGH) Campus policies set out in Appendix A of this report as Appendix B to the *Broadway Plan* to guide rezoning and redevelopment of the VGH Campus; and
- (ii) Make minor administrative amendments to the *Broadway Plan* to reference the new Appendix B of the *Broadway Plan* and rename the affected Policy Area from “Large and Unique Site: Vancouver General Hospital (VGH) Campus” to “Large and Unique Site: Vancouver General Hospital Institutional Area”.

### Purpose and Executive Summary

The purpose of this report is to seek Council approval of the Vancouver General Hospital (VGH) Campus – Broadway Plan Policy Update (the “Policy Appendix”) contained in Appendix A to guide the redevelopment of the VGH Campus over the next 30+ years.

The Policy Appendix contains guiding principles, objectives and policies related to land use, density, height, built form and site design, public open space, heritage, transportation and mobility, sustainability, public benefits, and development phasing. It is being presented for Council’s consideration and, if adopted, will provide a framework to guide the rezoning and phased redevelopment of the hospital by Vancouver Coastal Health Authority (VCH).

This report provides Council with:

- Context and background on the VGH Campus, including VGH’s significance as a local, regional, and provincial healthcare provider, current challenges and the need for

expansion and modernization of healthcare facilities on the campus.

- A summary of the key issues and topics covered in the Policy Appendix.

### Council Authority/Previous Decisions

- **Vancouver Official Development Plan (2026)** identifies the VGH Campus as 'Institutional'.
- **Broadway Plan (2022)** supports the ongoing expansion and redevelopment of the VGH Campus (within the FUCB Policy Area) with additional hospital and healthcare uses, associated agencies and offices, medical and biotech institutions, related retail/service uses, hotel and the provision of significant open space. The proposed Policy Appendix (Appendix A) would be added to the Plan.
- **Broadway Public Realm Plan (2024)** contains provisions for the VGH Campus and adjacent public realm relating to mid-block pedestrian connections and public space, park and urban forest priority areas, ecological connectivity (Blue Green System) and greenways.
- **United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) Strategy (2022)** and **UNDRIP Action Plan (2024)** call for co-development and engagement with the Musqueam, Squamish, and Tsleil-Waututh Nations in planning decisions, integration of Indigenous rights, cultural presence, visibility into major projects; and land-related reconciliation actions, including recognition of Indigenous relationships to land and opportunities for economic participation.
- **Vancouver General Hospital Precinct Policy Statement (2000)** sets goals to make the precinct more organized, accessible, and connected to surrounding neighbourhoods, with a focus on creating a major public open space and pedestrian-friendly core. It directed new development to enable this open space, transition sensitively to nearby housing, and preserve key historic buildings such as the 1906 Heather Pavilion and other early structures.
- **Vancouver General Hospital Public Realm Plan (2006)** provides a comprehensive framework, in alignment with the *VGH Precinct Policy Statement (2000)*, to guide the design and delivery of public spaces and pedestrian connections across the VGH Campus, supporting its role as a major healthcare, research, and employment hub.
- **CD-1(59) Vancouver General Hospital By-law No. 4472 (1970, last amended 2015)** and associated **Vancouver General Hospital (VGH) Precinct CD-1 Guidelines (2002)** limit development on the VGH Campus to a floor space ratio (FSR) of 2.6. As the campus is now largely built out, this framework no longer enables the modernization, expansion, and long-term evolution needed for VGH to function as a resilient, sustainable, and growing regional health-care campus.
- **By-Law No. 8559 (October 2002)** authorized Council to enter into a Heritage Revitalization Agreement with the Owner of the Heather Pavilion, obligating the Owner to rehabilitate the heritage building and to preserve, stabilize, and protect it against deterioration and vandalism.
- **By-Law No. 8575 (November 2002)** designated certain improvements to the Heather Pavilion, with civic address of 2733 Heather Street, as protected heritage property under Section 593 of the Vancouver Charter, and to amend Heritage By-law No. 4837.

### City Manager’s Comments

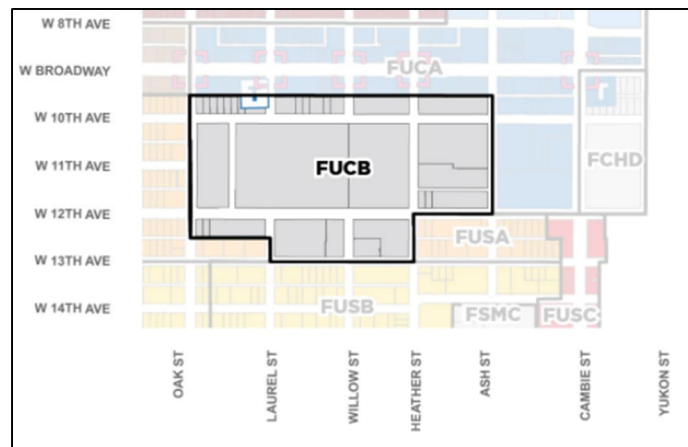
The City Manager concurs with the foregoing recommendations.

### Context and Background

#### Site and Context

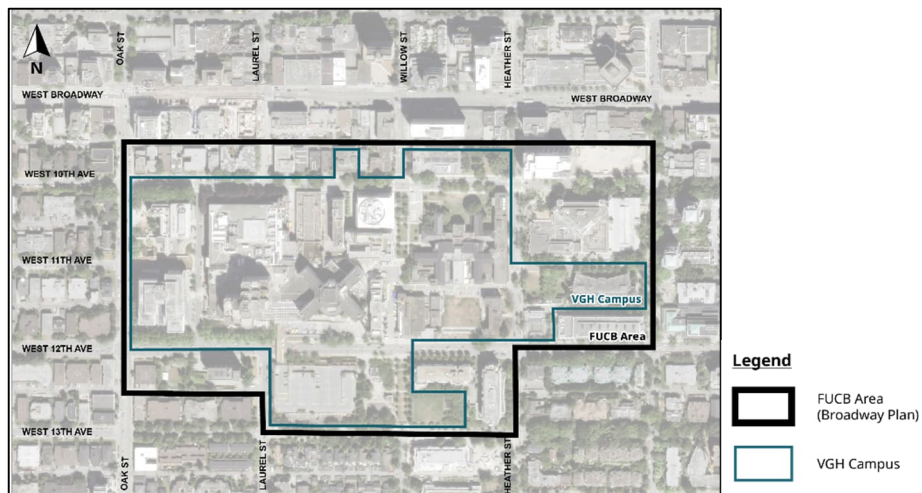
The Vancouver General Hospital (VGH) Campus is part of a Large and Unique Site (FUCB Policy Area) in the *Broadway Plan* (see Figure 1). It comprises 19.8 hectares (49 acres) within the Uptown/Cambie North Area sub-area of the Fairview neighbourhood. The site is generally bounded by the lane between Broadway and 10th Avenue to the north, 13th Avenue to the south, Oak Street to the west, and Ash Street to the east.

**Figure 1: FUCB sub-area under the *Broadway Plan*.**



Within the FUCB Policy Area, Vancouver Coastal Health Authority (VCH) is the primary landowner and stakeholder for the campus. VCH owned lands, outlined in blue in Figure 2, make up the ‘VGH Campus’, which represents the majority of the FUCB Policy Area. The VGH Campus is the focus of the current policy planning and rezoning work.

**Figure 2: VGH Campus within the *Broadway Plan* FUCB Policy Area**



Other sites within the FUCB Policy Area include the BC Cancer Centre, various VGH health and “Medi-tech” institutions (focused on research, development and testing of medical, scientific and technological products and processes), and some residential properties. These sites are not part of the current policy planning work. They will be reviewed in the future through individual rezoning applications, and policy updates may be considered at that time.

### Vancouver General Hospital History, Current Challenges and Future Needs

VGH was founded on 5.5 acres in 1902 and opened to patients in 1906. Through the mid 20th century, the hospital expanded rapidly; by the late 1950s it was Canada’s largest public hospital, and by the 1970s a major referral centre serving patients from across the province. From the 1980s onward, VGH transformed into a modern health sciences campus with major new facilities such as the Jim Pattison Pavilion, Gordon and Leslie Diamond Health Care Centre, Blusson Spinal Cord Centre, and Segal Family Health Centre. During this period, VGH became a centre for increasingly specialized care, with facilities designed to integrate research, teaching, and treatment.

Today, VGH has evolved into a nationally significant referral, teaching, and research hospital whose layered campus reflects more than a century of incremental growth. It remains the largest hospital in British Columbia, providing acute and trauma care, serving as the provincial referral centre for many adult programs and specialist services, while also acting as Vancouver’s community hospital.

Looking ahead, VGH finds itself at a critical juncture in the provision of provincial healthcare services. VGH Campus buildings and infrastructure are aging, with 80% of inpatient beds located in facilities built between 1953-1989. The Emergency Department, built in the mid-1970s, is too small for current needs. Inpatient and emergency bed shortages create daily operational challenges. With a growing and aging population in Vancouver, the region and the province, demand for healthcare services is projected to increase by 25% by 2035, with emergency volumes rising while aging buildings and limited land restrict expansion and modernization.

**Figure 3: Aerial view of VGH Campus consisting of the VCH owned lands.**



As the VGH Campus is largely built out and landlocked, new development requires demolition of existing buildings to make space for new facilities. New facilities must be constructed and operational before older buildings can be vacated and decommissioned to ensure continuity of patient care. Given the limited land available and need to maintain care, future expansion must occur through a strategic and phased approach.

Acknowledging the critical role VGH serves in local, regional and provincial healthcare, the Policy Appendix provides long-term direction to guide rezoning and redevelopment of the VGH Campus over the next 30+ years. The Policy Appendix (see Appendix A) is intended to enable renewal, growth and modernization of healthcare facilities through clear principles and design parameters while maintaining flexibility for evolving clinical and research needs.

### VGH Planning Program and Rezoning

Staff have been working with VCH since early 2025 on a renewed vision for the VGH Campus, and in October 2025 VCH submitted a rezoning application for their lands. Three concurrent policy planning and rezoning workstreams are underway to support the near- and long-term redevelopment of the VGH Campus:

- **VGH Broadway Plan Policy Update:** A *Broadway Plan* update, presented as a Policy Appendix with comprehensive, site-specific policies to guide the redevelopment of VCH owned lands (the VGH Campus) within the broader FUCB Policy Area. These policies are the subject of this report and are intended to guide the current and future rezoning processes. The proposed policies are attached as Appendix A.
- **Zoning Text Amendment:** Consideration of minor amendments to the existing VGH zoning by-law CD-1 (59) to permit modest increases to site coverage and density to support the construction of a new 11-storey building with Emergency and Inpatient Care facilities as a first phase of development. This zoning amendment is scheduled for Council consideration on the same agenda as this report (<https://council.vancouver.ca/20260602/documents/rr4.pdf>).
- **VGH Campus-wide Rezoning:** Consideration of VCH's rezoning application for the whole campus, which proposes a new site-specific CD-1 zoning by-law to support the long-term redevelopment and modernization of the VGH Campus over the next 30+ years. The application proposes updates to various development parameters, including but not limited to height, density, land use, setbacks, site-wide transportation networks, heritage and open space requirements for the VCH owned lands. The VGH Campus rezoning application is expected to be brought forward for Council consideration in Q1 2027. For more information on the VGH Campus rezoning application see Appendix C.

## **Discussion**

### Vancouver General Hospital (VGH) – Broadway Plan Policy Appendix Summary

This section provides a summary of the *Broadway Plan* Policy Appendix for the VGH Campus by topic, and discusses key issues and opportunities being addressed.

The policy update puts forward a vision for the future of the VGH Campus, including some departures from past policies, approvals and obligations in recognition of current challenges and

needs. It is intended to enable the renewal, growth and modernization of healthcare facilities through clear principles and design parameters while maintaining appropriate flexibility.

### *Reconciliation*

Work in meaningful partnership with the xʷməθkʷəy̓əm (Musqueam), Sk̓wx̓wú7mesh (Squamish) and səliłwətał (Tsleil-Waututh) Nations to advance decolonization of City of Vancouver and VCH policies, programs, and practices. Foster culturally safe and welcoming environments that visibly and respectfully reflect Indigenous values, histories, knowledge, languages and art, ensuring Indigenous presence and perspectives are embedded throughout the campus and its governance.

Key policy directions:

- Explore opportunities to collaborate with the local Nations to ensure priorities for cultural visibility shape the use, naming, design, cultural expression, and commemorative aspects of the public realm and open spaces.
- Building design, including interior and exterior spaces, should contribute towards creating culturally safe environments with a strong emphasis on xʷməθkʷəy̓əm (Musqueam), Sk̓wx̓wú7mesh (Squamish) and səliłwətał (Tsleil-Waututh) values, history and culture.

### *Land Use and Density*

The mix of land uses and development density for the VGH Campus aims to support and expand on core healthcare functions while allowing flexibility to adapt to evolving service needs and better integrate with the surrounding area.

Key policy directions:

- Support a flexible mix of healthcare-focused land uses while allowing complementary uses (e.g. institutional, office, retail, and service) as needed to support a major hospital campus.
- Overall density and floor area is to be determined through rezoning, based on healthcare requirements and the ability to achieve high-quality site design, built form and open space outcomes.

### *Built Form and Site Design*

The approach to site design and built form seeks to enable a coherent, high-performing healthcare environment, balancing the complex functional requirements of hospital facilities with good urban design to improve the experience of patients, staff, visitors and the broader community.

Key policy directions:

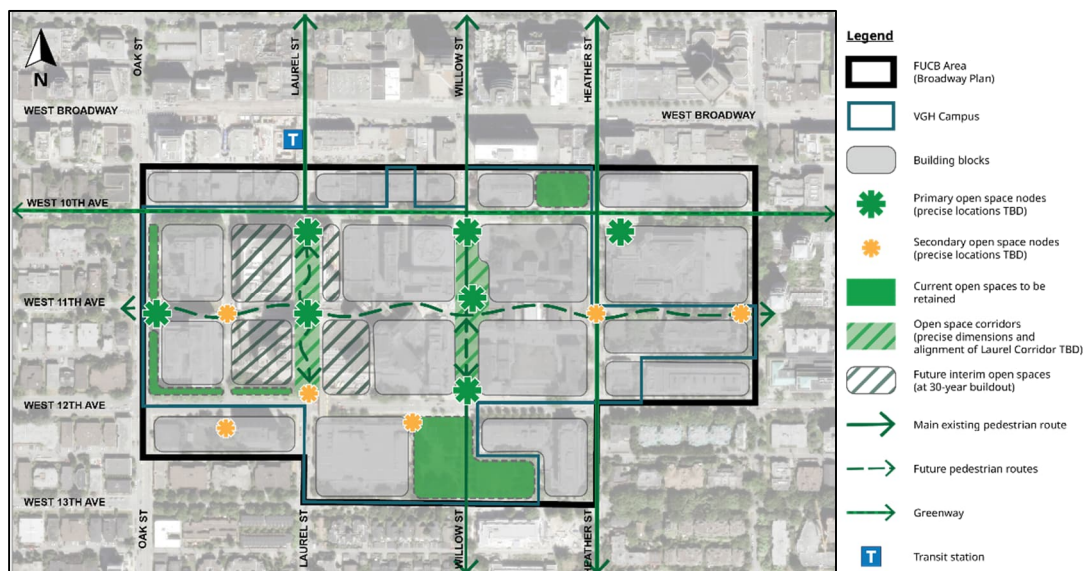
- Ensure healthcare functionality by accommodating the large, efficient building forms and heights needed to support clinical operations, while respecting protected public views and restricted helicopter flight paths, and ensuring high-quality design performance in building massing, architectural quality, and public realm experience.
- Create a more legible, cohesive, and accessible campus through a coordinated design approach that incorporates consistent architectural character, integrated wayfinding, and universally accessible design to support comfort for all users.



evolving healthcare needs.

Implemented in phases alongside redevelopment, the policy targets delivery of 30% of the VGH Campus area as public open space through a mix of smaller permanent and larger interim spaces, including a minimum target of 4.0 acres of permanent public open space. The proposed alternate open space concept is illustrated in Figure 5.

**Figure 5: Proposed open space concept**



Key policy directions:

- Establish a connected open space network with a coherent framework of publicly accessible linear corridors and nodes (e.g. pathways, plazas, gardens) that brings more structure to the campus, improves connectivity, and supports a healing environment.
- Deliver primary north-south and east-west connections and a continuous “Wellness Walk” linking buildings, open spaces, and surrounding networks.
- Integrate open space with phased redevelopment, targeting 30% of the VGH Campus as public open space using a mix of permanent spaces and interim spaces that evolve with redevelopment. This will include a range of public and semi-public spaces (e.g. courtyards, plazas, therapeutic gardens) to support movement, rest, social interaction, and patient/staff wellbeing.
- Secure and enhance a minimum of 4 acres of permanent public open space, designed to support long-term tree growth, sunlight access, clear wayfinding, and a strong campus identity, while integrating Indigenous cultural values and public art to create welcoming, and health-supportive environments.

### *Heritage Conservation*

In 2001, the City approved an application to rezone the campus to develop a series of ‘Medi-tech’ buildings that was conditional upon entering into a Heritage Revitalization Agreement (HRA) to rehabilitate and restore the Heather Pavilion (addressed at 2733 Heather Street). Following enactment of the HRA by-law, portions of the Heather Pavilion were municipally designated as a protected heritage building (see Figure 6). The approvals of the time looked to demolish non-protected portions of the building and preserve and rehabilitate the protected

portions in a park-like setting. Over the last 25 years, limited progress has been made on these approvals.

**Figure 6: 1906 Original Heather Pavilion (Blue) and 1908 Additions (Pink)**



The Heather Pavilion has not been used for patient care for over 20 years, and has floorplans, circulation systems and mechanical infrastructure that are deemed by VCH to be functionally obsolete for modern healthcare uses. VCH has indicated that retrofitting the building to meet contemporary standards for healthcare delivery and seismic resiliency would be complex, prohibitively expensive and ultimately offer a compromised version of what could be achieved in a new facility. These factors, along with growing demands for patient care, the spatial constraints on the campus as a whole and the need to maintain uninterrupted hospital operations, pose significant challenges to its physical retention. It is therefore proposed for demolition.

The Policy Appendix proposes the development of a Conservation Management Plan (to be approved with the campus-wide rezoning) as a tool for understanding the entire VGH Campus as a cultural heritage landscape, with key historical themes including the evolution of hospital design and medical education, and the historic significance of VGH as the oldest public hospital in Vancouver. Rather than preservation and rehabilitation of the portions of the Heather Pavilion designated as protected heritage property, the plan contemplates demolition and interpretation as the primary conservation treatment to commemorate the cultural heritage value associated with the building, reflecting the continued evolution of the VGH Campus.

The Policy Appendix enables consideration of heritage interpretation as an alternative conservation strategy to reflect the hospital's spatial and operational needs for future healthcare delivery and maintain continuous operations through a series of phased redevelopment of the VGH Campus.

Key policy directions:

- Establish a Heritage Conservation Management Plan to inform the future phased redevelopment of the entire VGH Campus.
- Enable consideration of interpretation as the primary conservation treatment as an alternative to preservation and rehabilitation of the Heather Pavilion.

- Advance substantive and meaningful interpretation strategies to commemorate the heritage value of the campus, including reuse of salvaged materials and heritage elements into contemporary architecture and landscape architecture.

Through the proposed Policy Appendix, staff are seeking Council direction to consider the repeal of the Heritage Revitalization Agreement (HRA) By-law and an amendment to the Designation By-law associated with the Heather Pavilion. These are required to enable the contemplated demolition of the designated heritage building and further advance interpretation and commemoration strategies through the Conservation Management Plan. This work would be undertaken as part of the campus-wide rezoning process and be brought forward for Council consideration at a Public Hearing in 2027.

### *Transportation and Circulation*

The VGH Campus will continue to intensify with more clinical services, staff and visitors within a compact, high-demand site. The Oak-VGH Millennium Line station opening in 2027 will significantly increase direct transit access to the campus, changing how patients, employees, and visitors arrive and move through the area.

Given the limited surrounding street network and the complex operational needs of a major hospital (e.g. emergency access, patient drop-offs, deliveries), transportation and public realm improvements must be carefully planned to ensure safe, reliable, and efficient access while maintaining uninterrupted hospital operations.

Transportation planning for the VGH Campus aligns with *Broadway Plan* and other City policies and builds on recent investments such as the 10th Avenue Greenway. Future improvements focus on strengthening connections to, from, and through the campus, while prioritizing universal accessibility and supporting the diverse mobility needs unique to a healthcare environment, including patients with limited mobility, caregivers, staff, and essential service vehicles.

Key policy directions:

- Improve safety and comfort for all road users by consolidating driveways, accommodating essential vehicle functions on-site, and exploring vehicular network changes (e.g. one-way streets, signalization, parkade connections) to reduce conflicts, simplify vehicle movement and support efficient hospital operations.
- Enhance walking, cycling, and rolling through protected active travel lanes, wider sidewalks, greenways, and a high-quality public realm that is integrated with transit, supported by clear wayfinding and strong internal campus connections.
- Provide bike parking and shared micromobility stations in locations with convenient access to greenways, transit and major destinations.

Staff are working with VCH to identify updated transportation and servicing requirements to facilitate the hospital's expansion. The existing VGH Servicing and Open Spaces Agreement (SOSA) will need to be revised as part of the campus-wide rezoning to reflect updated streets, utilities, public realm improvements, pedestrian and cycling connections, open spaces, and related infrastructure needed to support hospital operations and future redevelopment.

VCH has also proposed alternate configurations for the 10th Avenue Greenway, adjacent the hospital, primarily looking to replace the current uni-directional protected bike lanes on both

sides of 10th Avenue with a bi-directional bike lane on the north side. The current uni-directional configuration was recently constructed (2018-2020) following years of detailed consultation and design. Given that the current design has significantly reduced collisions on the 10th Avenue corridor, and reconfiguration would be impactful for many different stakeholders, staff do not recommend a change at this time but have committed to exploring alternatives further with VCH over the coming months as the campus-wide rezoning progresses.

### *Sustainability, Resilience, and Infrastructure*

This section emphasizes the sustainable and resilient redevelopment of the VGH Campus, including designing buildings to be low-carbon, environmentally sustainable, and capable of withstanding climate change impacts and hazards such as earthquakes. Maintaining modern, reliable utilities and services is identified as essential to supporting the health and well-being of people who live, work, and visit the campus.

Key policy directions:

- Balance healthcare requirements with sustainability leadership by pursuing high-performance, low-carbon design strategies and visible green elements (e.g. green roofs, terraces, planting) where feasible without compromising patient care and operations.
- Design for climate resilience by integrating passive cooling and heat adaptation measures (e.g. shading, building orientation), with particular attention to maintaining safe and comfortable conditions in sensitive spaces such as long-term care.
- Design buildings, infrastructure and systems to meet post-disaster standards, with robust and redundant water, energy, and communications systems to maintain continuous operation of critical hospital services.
- Upgrade and coordinate utilities to support campus intensity and advance integrated water and ecological systems to support stormwater management, urban ecology, and healthy public realm conditions.

### *Public Benefits*

The City recognises that the hospital functions at the VGH Campus represent a key benefit to the public by meeting local, regional and provincial healthcare needs. However, large institutions such as hospitals, especially at the scale of the VGH Campus, are major employment centres that create additional demand for public amenities like parks, childcare, and community facilities. While these institutions are not expected to fully cover the costs of growth, City policy indicates that they should contribute towards public amenities to help offset these impacts, balancing their essential healthcare role with the City's need to manage growth-related costs.

Accordingly, development within the VGH Campus will be subject to Development Cost Levies (DCLs) and, where applicable, Community Amenity Contributions (CACs) or Amenity Cost Charges (ACCs). Determination of public benefits will be subject to Council approval at the rezoning stage(s).

Key policy directions:

- Encourage the provision of campus and community-serving amenities such as childcare and flexible spaces for non-profits and health-related community uses, where feasible.
- Encourage a Community Benefit Agreement to advance local employment, inclusion,

and procurement.

### *Phasing Strategy*

Redevelopment of the VGH Campus will occur in phases over 30+ years. These phases will include construction of new clinical health and support buildings, and demolition of older buildings while maintaining operations. Through a strategic and cyclical approach of phased demolition and rebuilding, continuity of patient care will be maintained. Between these phases, interim open spaces are to be introduced where demolition has occurred. These temporary open spaces will be landscaped and activated for public use by patients, staff, visitors and the neighbouring community, and will shift across the campus as redevelopment progresses over time.

Key policy directions:

- General phasing of redevelopment will be based on the expansion and modernization needs of the hospital and neighbouring sites, reflected in individual rezoning and development permit applications.
- Without compromising hospital operations, clinical functions and patient privacy, sites cleared for future redevelopment should be landscaped and programmed for public use in the interim.

### Public Input and Local Nations Engagement

Between January and April 2026, the City collected public feedback on the VGH policy planning and rezoning processes through a project webpage, postcard mailouts to nearly 10,000 residents, online comment form, in-person information session (attended by 41 people), and question and answer (Q&A) period (for details, refer to: <https://www.shapeyourcity.ca/855-w-12-ave>). In total, the engagement efforts generated 1,890 webpage views and 19 formal submissions.

Community feedback was generally mixed, with online comments split evenly between support, opposition, and mixed opinions. Comments supported the modernization and expansion of the hospital, addition of more hospital rooms, retention of green space, and provision of multi-modal transportation options. Concerns included the impact of the size of new buildings, demolition of the Heather Pavilion, the lack of privacy for neighboring residential properties, and the need for VGH to adhere to previous agreements with the City.

Staff have also been engaging with the Local Nations through meetings and written project updates. Staff have discussed the planning processes underway and opportunities for input, while also including policies related to cultural visibility and creating safe healthcare spaces. Staff anticipate further discussion and input as part of the ongoing campus-wide rezoning process.

### Vancouver Heritage Commission (VHC)

The VHC reviewed this proposal on March 9, 2026 and supported the proposed redevelopment of the VGH Campus, in principle, subject to further work being done on developing conservation approaches for the Heather Pavilion. Refer to the full [meeting minutes](#) for the Commissions' recommendations.

### Urban Design Panel (UDP)

The UDP reviewed this proposal on March 25, 2026 and supported the proposal with recommendations as follows:

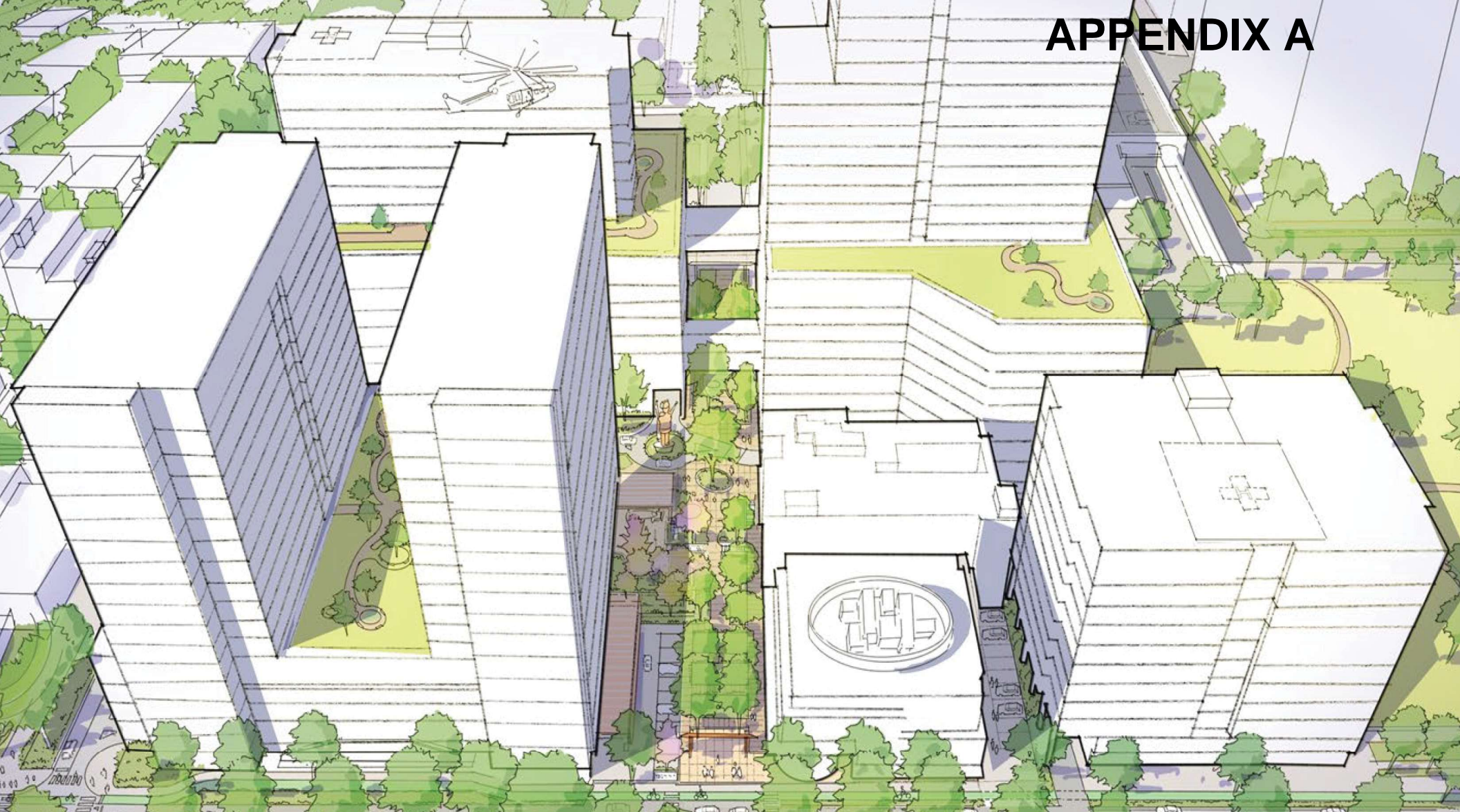
- The open space requirements should not be physically required from a healthcare facility, recommend focus be on healthcare functions and systems;
- Recommend the guidelines to be clearer with the public realm;
- Further review of the setbacks and accessibility to provide more pockets of greenery;
- Recommend the priorities of healthcare take precedence over the heritage designations;
- Built form guidelines should avoid any language on prescribing specific land uses on the ground floor, including requiring retail;
- Recommend guidelines that look at wayfinding, weather protection and nighttime design;
- Recommend looking at the impacts of future shadowing from the proposed buildings.

Staff considered the recommendations of the UDP in the policy directions proposed and they will continue to inform the campus-wide rezoning process. Refer to the full [meeting minutes](#) for a summary of panel commentary.

### Conclusion

The General Manager of Planning, Urban Design and Sustainability recommends approval of the *Broadway Plan* amendments, generally as presented in Appendix A, to include Vancouver General Hospital (VGH) Campus policies to guide future rezonings and redevelopment.

\* \* \* \* \*



# BROADWAY PLAN

**Appendix B: Large And Unique Sites**  
**VANCOUVER GENERAL HOSPITAL CAMPUS**

This appendix to the Broadway Plan was approved  
by Vancouver City Council on July \_\_, 2026.

# Land Acknowledgement

Vancouver General Hospital is situated on the traditional and unceded territories of xʷməθkʷə́yəm (Musqueam), Skwxwú7mesh (Squamish), and səliłwətał (Tsleil-Waututh) Peoples. The term unceded acknowledges the unique, ongoing, and inherent rights and Title that the Nations hold to their respective territories based on their ongoing presence and stewardship since time immemorial. The term serves as a reminder that xʷməθkʷə́yəm (Musqueam), Skwxwú7mesh (Squamish) and səliłwətał (Tsleil-Waututh) have never left their territories, nor legally ceded, or given up the Land to the Crown by any means recognized in Canadian or Indigenous law.

Each Nation has distinct histories and distinct traditional territories which fully or partially encompass the City. To learn more about their histories, cultures, and governance visit their websites:



xʷməθkʷə́yəm (Musqueam Indian Band)

[musqueam.bc.ca/our-story/our-territory/](https://musqueam.bc.ca/our-story/our-territory/)



Skwxwú7mesh (Squamish Nation)

[squamish.net/about-our-nation/our-land/](https://squamish.net/about-our-nation/our-land/)



səliłwətał (Tsleil-Waututh Nation)

[twnation.ca/about/](https://twnation.ca/about/)

## City of Vancouver

Vancouver City Council endorsed the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP) in 2013 and has designated Vancouver as a City of Reconciliation. To achieve its goals, the City established the Reconciliation Framework in 2014, which was reaffirmed by the City in 2022. In October 2022, Vancouver City Council adopted the UNDRIP Strategy for Vancouver. In June 2024, the UNDRIP Action Plan was approved by the Councils of all partners. All City activities including the Civic District planning process will align with, and advance, the UNDRIP Strategy's calls-to-action.

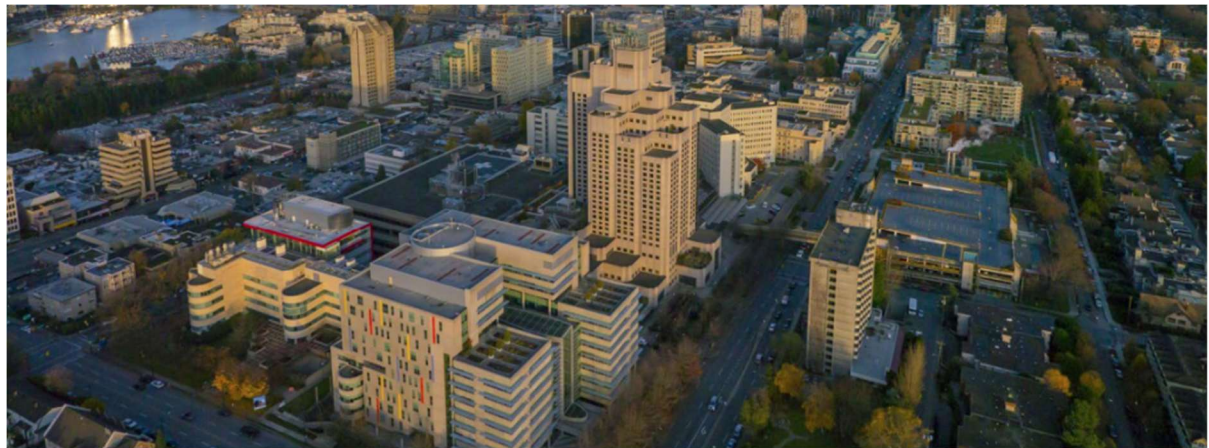
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# 1. Introduction

Vancouver General Hospital (VGH) was founded in 1902, with a 5.5-acre Fairview site purchased the same year and opened to patients in 1906. Through the mid-20th century, the hospital expanded rapidly; by the late 1950s it was the largest public hospital in Canada, and by the 1970s it had become a major regional referral centre serving patients from across the province. From the 1980s onward, VGH transformed into a modern health sciences campus with the development of major facilities reshaping the precinct, including the Jim Pattison Pavilion, the Gordon and Leslie Diamond Health Care Centre, the Blusson Spinal Cord Centre, and the Segal Family Health Centre. During this period, VGH became a centre for increasingly specialized care, with facilities designed to integrate research, teaching, and treatment.

Today, VGH has evolved into a nationally significant referral, teaching, and research hospital whose layered campus reflects more than a century of growth. VGH plays a critical role in the broader healthcare system in British Columbia, providing acute care for the local community and serving as the provincial referral centre for many adult programs and specialist services. VGH provides the highest level of specialized care in the province for all British Columbians and also functions as the local community hospital for people who live in Vancouver. VGH is also one of only two hospitals certified to provide the highest level of adult trauma care in the province. VGH remains the largest hospital in British Columbia and a key employment hub within the Broadway Plan area.



*Figure 1: VGH Campus today,  
viewed from the southwest*

Looking ahead, VGH finds itself at a critical juncture in the provision of healthcare services in the province. VGH Campus infrastructure is dated and aging, with 80% of inpatient beds located in facilities built between 1953-1989. The Emergency Department, built in the mid-1970s, is undersized and challenged to meet current demand. Inpatient and emergency bed shortages create daily operational challenges. With a growing and aging population in Vancouver, the region and the province, demand for healthcare services is projected to grow by 25% by 2035, with emergency volumes increasing even as aging buildings and limited available land currently constrain future development. As the VGH Campus is largely built out and landlocked, new development requires the strategic demolition of existing buildings to make space for new hospital facilities. New facilities must be constructed and operational before older clinical buildings can be vacated and decommissioned to ensure continuity of patient care.

Acknowledging the critical role VGH serves in healthcare, this appendix provides long-term policy direction to guide rezoning and redevelopment of the VGH Campus over the next 30 years. Given the limited land available for redevelopment, and requirement to maintain continuity of care, future expansion must occur through a strategic and phased approach. As a result, proposed new buildings are also anticipated to be taller and more space efficient, contributing to an overall increase in campus density. The policies in this appendix are intended to enable growth through clear principles and design parameters to support renewal, expansion, and modernization while maintaining flexibility for evolving clinical and research needs.

# 2. Site Description and Context

## Location

The Vancouver General Hospital (VGH) Campus is located in Fairview, in the FUCB Policy Area (Vancouver General Hospital Institutional Area) within the Uptown/Cambie North Sub-Area of the Broadway Plan. The site is generally bounded by the lane between Broadway and 10th Avenue to the north, 13th Avenue to the south, Oak Street to the west, and Ash Street to the east. The wider FUCB Policy Area includes the Vancouver General Hospital, BC Cancer Centre, and associated healthcare research institutions.

## Broadway Plan

VGH Campus is part of one of several ‘Large and Unique sites’ in the Broadway Plan area, requiring further study and site-specific policy directions to guide rezoning and redevelopment. Redevelopment of the VGH Campus provides an opportunity to deliver on multiple Plan objectives including significant expansion of hospital and healthcare uses, new job space, associated services and open spaces.

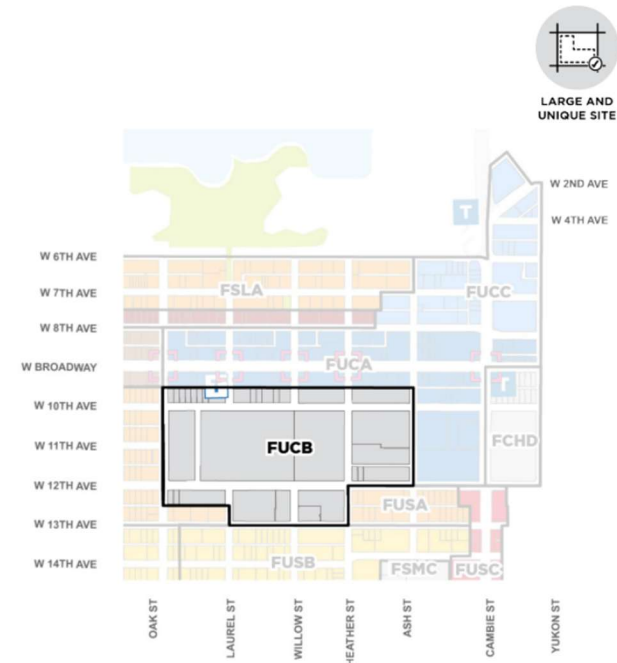


Figure 2: FUCB Sub-area Map

# 3. Guiding Principles

The following ten guiding principles were established through partner consultation and public engagement, as well as City needs and priorities for the site. They will be used to guide the overall implementation of policies for the area.

## 1. Reconciliation



Work in meaningful partnership with the xʷməθkʷəy̓əm (Musqueam Indian Band), Sḵwx̱wú7mesh Úxwumixw (Squamish Nation), and səliwətał (Tsleil-Waututh Nation) to advance reconciliation. This includes decolonizing City of Vancouver and Vancouver Coastal Health policies and practices, creating culturally safe and welcoming spaces, and visibly embedding Indigenous values, history, knowledge, and art throughout the campus in enduring and respectful ways.

## 2. Supporting Clinical Hospital Needs



Prioritize excellent patient care, operational efficiency, and staff wellbeing in all aspects of campus planning, design, and operations. Development should support a world-class clinical environment that is functional, flexible, and efficient, while accommodating future growth in population, healthcare demand, and workforce needs. Facilities should be designed to evolve alongside changing models of care and clinical best practices.

## 3. Open Space



Use public open space as a key organizing element of the campus, now and into the future. Strengthen the existing north-south Willow Street green connection and create significant, accessible, connected permanent and interim public open spaces throughout the campus as it redevelops. Open spaces should receive sunlight at key times, support safety and social interaction, connect to nature, and include long-living trees, rest areas and a connected 'Wellness Walk' linking surrounding streets and avenues, and where operationally and technically practical, maximize space for long-living trees.

#### 4. History and Heritage



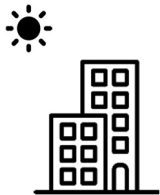
Recognize and respect the cultural heritage value of the VGH Campus. Understand its historical evolution, and past and present community significance. Heritage approaches should balance conservation with clinical, operational, and site constraints. Where physical retention of buildings is not feasible, redevelopment options should thoughtfully commemorate and memorialize associated heritage values through design, interpretation, and storytelling that preserves cultural meaning for future generations.

#### 5. Built Form and Integration with Surrounding Neighbourhoods



Design new development to align with the evolving urban fabric shaped by the Broadway Plan. Built form should support increased density, transit-oriented growth, and high-quality public spaces, while integrating thoughtfully with surrounding neighbourhoods. High-quality architecture, landscape design, and building forms, with a distinct and consistent design expression, should reflect the site's healthcare function. Buildings should contribute to a cohesive and adaptable high-quality campus identity; enhance comfort, accessibility, and wellbeing; and support integration with surrounding neighbourhoods.

#### 6. Building Siting, Orientation, and Solar Access



Optimize building siting and orientation to maximize solar access, daylight, and comfort across the campus subject to compatibility with hospital planning and operation efficiencies. Explore building heights up to established view cone limits to enable more generous and functional ground-level open spaces. Development should generally align with anticipated future heights along West Broadway and in adjacent mixed-use areas, while supporting a well-scaled, efficient, and climate-responsive campus environment.

## 7. Mobility and Connections



Integrate the VGH Campus into the city-serving street and transportation network to support safe, intuitive, and efficient movement for people and goods. Prioritize accessibility and universal design across the campus, with emphasis on walking, cycling, rolling and transit for people of all ages and abilities. Ensure efficient access for emergency and healthcare vehicles, while providing adequate drop-off, circulation, and parking for those who must drive.

## 8. Intuitive Design, Legibility, and Wayfinding



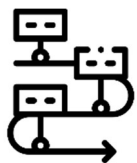
Create a campus that is easy to navigate through clear spatial organization, intuitive pathways, accessible design, and cohesive wayfinding and signage systems. Design should reduce confusion and stress for patients, visitors, and staff while reinforcing a strong and recognizable campus identity. A legible and coherent layout should support efficient movement, comfort, and a clear sense of place across the site.

## 9. Sustainability, Resilience, and Disaster Preparedness



Ensure long-term environmental sustainability and operational resilience through energy-efficient, low-carbon, seismically resilient, and climate-adaptive design. The campus should remain functional during and after disasters, climate-related events, and public health emergencies. Development should align with Broadway Plan blue-green and One Water strategies, protect high-value trees and canopy, and support the City's goal of carbon neutrality by 2050.

## 10. Flexibility and Phasing

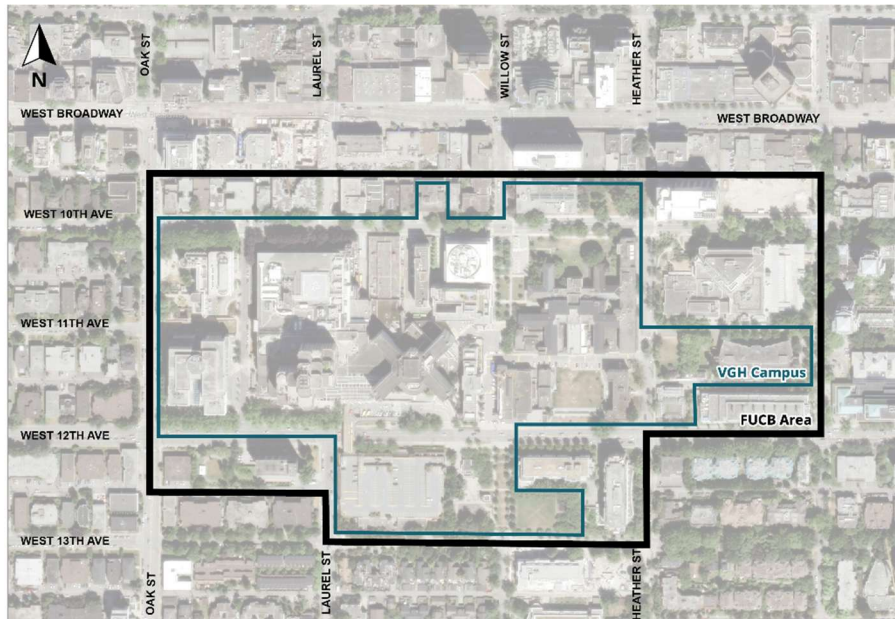


Plan and design the campus to be adaptable over time, supporting both near-term needs and long-term evolution in healthcare delivery. Buildings and infrastructure should allow for future expansion, reconfiguration, and technological change. Development phasing should be logical and carefully coordinated to minimize disruption, maintain hospital operations, and ensure continued alignment with guiding principles throughout all stages of redevelopment.

# 4. Vision



A renewed vision for the VGH Campus presents a significant opportunity to modernize and intensify healthcare services within a transit-accessible urban setting. Despite being largely built out, targeted demolition and phased redevelopment can support the replacement of aging facilities with modern, high-performing healthcare infrastructure. This approach would enable increased service capacity to meet the needs of a growing and aging population, while improving functionality, efficiency, and the overall experience for patients, staff, visitors, and the surrounding community.

Vancouver Coastal Health (VCH) is the primary landowner within the VGH Campus, holding approximately 11.2 hectares (27.8 acres) within the FUCB sub-area (see Figure 3). This policy framework focuses primarily on the VGH Campus, encompassing lands owned and operated by VCH and VGH.



Properties outside the VGH Campus remain subject to the broader directions and policies of the Broadway Plan. Future changes within the area are expected to occur through site-specific rezonings and, where appropriate, amendments to this policy framework.

### Legend

-  FUCB Area (Broadway Plan)
-  VGH Campus

*Figure 3: VGH Campus location within the Broadway Plan FUCB Policy Area*

# 5. Land Use and Density

This section provides guidance on the mix of land uses that will help address healthcare needs and integrate the modernized and expanded VGH Campus into the surrounding area. Special consideration has been given to ensuring adequate flexibility for future uses, as required within an evolving healthcare delivery setting.

The following policies regulate and use within the VGH Campus. For descriptions of the uses listed below, refer to Section 2: Definitions of the City of Vancouver *Zoning and Development By-law 3575*.

## Land Use:

- 5.1** With a primary focus on Hospital and associated healthcare related functions, the following uses are supported throughout the VGH Campus to provide flexibility for the various program requirements across the site:
- a. Cultural and Recreational Uses;
  - b. Institutional Uses;
  - c. Office Uses;
  - d. Parking Uses;
  - d. Retail Uses;
  - e. Service Uses; and
  - f. Transportation and Storage Uses, including Aircraft Landing Place.
- 5.2** Active ground floor uses (e.g. Retail, Service uses) are encouraged along streets and at edges to activate key pedestrian routes and public spaces.

- 5.3** The size, type and amount of retail and service uses on the site should support and complement the core function of the site as a healthcare campus. Retail and Service uses not directly related to healthcare are permitted as an accessory use.
- 5.4** Dwelling Uses, including Multiple Dwelling and Seniors Supportive or Assisted Housing are supported. Dwelling uses must be in the form of secured rental accommodation for hospital and health campus employees, researchers, trainees, students, visiting clinicians, patients' families and other healthcare related users (i.e. "institutional health-related residential). General residential uses are not supported.

**Density:**

- 5.5** Maximum density is subject to hospital functional needs and urban design performance. Density should support the hospital functional program and the phased replacement of existing facilities while maintaining continuity of care. Density and/or floor area allowances will be determined through the rezoning process.



*[Figure 4: Jim Pattison Pavilion](#)*

# 6. Built Form and Site Design

The built form and site design of the VGH Campus should support a cohesive, high-performing healthcare environment that promotes excellence in medical care while fostering comfort and wellbeing for patients, staff, and visitors. A distinct and consistent design expression across the site should create a uniquely recognizable identity, reinforcing a sense of place and orientation.

This section provides guidance on building form, massing and height to meet the evolving needs of healthcare delivery while ensuring an appropriate fit with the surrounding neighbourhood as it evolves.

## Height:

- 6.1** Building heights will be determined based on hospital operational requirements and urban design performance, subject to:
- a. Council-approved Public View Guidelines including the Queen Elizabeth Park view (sections 3.2.1 3.2.3);
  - b. Helicopter flight path requirements (if more restrictive); and
  - c. Other urban design performance criteria such as impacts on the public realm, solar access on open space, building massing and skyline profile, and architectural expression.

## Massing and Built Form Performance:

- 6.2** To the extent possible, while still achieving healthcare standards and requirements, development should be designed generally in accordance with the following:
- a. Broadway Plan Built Form and Site Design General Policies (See Section 11.1);

- b. Broadway Public Realm Plan;
- c. City-wide Development and Design Guidelines (where applicable).

- 6.3** In accordance with Chapter 7 of the Broadway Plan, the built form policies listed above are not a prescriptive blueprint and may be interpreted flexibly and with discretion by City staff to support alternative approaches that better achieve the overall intent of the Plan.
- 6.4** Larger building massing and floor plates will be considered within the VGH Campus to support functional and operational efficient design to meet healthcare standards and requirements.
- 6.5** Subject to hospital operational and efficiency needs, design strategies should make best efforts to minimize shadow impacts and maximize access to natural light in patient areas, workspaces, and open spaces to enhance comfort, usability, and therapeutic value.
- 6.6** Explore opportunities to collaborate with xʷməθkʷəy̓əm (Musqueam), Sk̓wx̓wú7mesh (Squamish) and səliłwətał (Tsleil-Waututh) Nations in alignment with the City of Vancouver’s UNDRIP Action Plan to ensure the Local Nations’ priorities for cultural visibility shape the use, naming, design, cultural expression, and commemorative aspects of the public realm and open spaces as well as local Vancouver-based art and architecture.

### **Setbacks:**

- 6.7** Building setbacks within the VGH Campus should support a high-volume pedestrian environment associated with the hospital and institutional uses, while providing space for landscaping, weather protection, and public realm amenities. They should enhance ground-level comfort and accessibility, support active frontages where appropriate, and strengthen pedestrian connections through the campus to the surrounding neighbourhood. Setback expectations are as follows:
- a. Minimum setbacks of 5.5 m (18 ft.) from back of curb are expected on all street frontages;

- b. Unless demonstrated to be infeasible based on hospital operational requirements, enhanced setbacks will be sought to strengthen the public realm, including supporting the provision of open space, tree retention, mountain views, solar access, and the creation of a connected Wellness Walk network:
- c. Enhanced setbacks for Privately Owned Public Spaces (POPS) are strongly encouraged where feasible (see Broadway Public Realm Plan).
- d. Additional dedication, SRW, and/or corner cuts may be required based on transportation network changes.

### **Site Orientation, Wayfinding, and Campus Legibility:**

- 6.8** Locate, orient and design buildings, pathways, and open spaces to provide views and clear and intuitive wayfinding to the main entrances and key destinations, while ensuring universal accessibility.
- 6.9** Provide a cohesive, high quality and unified architectural expression and integrated signage system across the VGH Campus to support wayfinding as part of building and site design.

### **Community Interface and Semi-Public Open Space:**

- 6.10** To better integrate the VGH Campus into the surrounding community and urban fabric, the design should aim to serve not only direct users of the precinct but also the neighbouring community. This can be achieved by:
  - a. Enhancing the campus edges: Strengthen the relationship to the neighbourhood by creating a welcoming, active, and pedestrian-oriented interface along public streets and key pedestrian routes. Where compatible with hospital operations, clinical planning, security, and patient privacy requirements, development should incorporate publicly oriented ground-floor uses such as retail, food services, lobbies, waiting areas, patient-support spaces, education or display areas, and other campus-serving functions. Design strategies should also soften campus edges through landscaping, seating (e.g. patios), and connected linear public spaces that enhance accessibility, comfort, and community integration.

- b. Prioritizing pedestrian-oriented design: Design pathways and landscaped areas with human scale, pedestrian-oriented design to create a welcoming environment. Emphasize accessibility, comfort, and intuitive wayfinding to encourage people into and through the campus; and
- c. Creating destinations and activity hubs: Establish a network of engaging, publicly accessible spaces, including both linear and nodal spaces. Features such as healing and meditation gardens and other interactive or restorative environments can help foster social interaction, relaxation, and a sense of place.

**6.11** Where operationally and technically feasible, upper-floor terraces and roof areas should be provided that incorporate landscaping, therapeutic outdoor space, green roofs, or staff/patient amenity areas. Access may be restricted or controlled as necessary to address safety, privacy, security, staffing and operational requirements.

#### **Ground-Floor Interface, Activation and Design Quality:**

**6.12** Where operationally and technically feasible, ground-floor frontages facing public streets and major pedestrian routes should incorporate active or publicly oriented uses, such as retail, food services, community health functions, or publicly accessible lobby and amenity spaces. Active or publicly oriented ground-floor spaces should target generous floor-to-floor heights, generally up to 6 m (20 ft.), or otherwise demonstrate sufficient flexibility, accessibility, daylight, and adaptability appropriate to the intended hospital or campus-serving use.

**6.13** Provide weather protection to support active pedestrian uses, designed to reflect and enhance the character of the VGH Campus with appropriate scale, form and materiality.

**6.14** Development should demonstrate a high quality of architecture and landscape design that reflects the site's prominent location and important healthcare functions.

**6.15** Building design, including interior and exterior spaces, within the VGH Campus should contribute towards creating culturally safe environments in line with Vancouver Coastal Health Indigenous Cultural Safety policies and with a

strong emphasis on xʷməθkʷəy̓əm (Musqueam), Sḵw̓x̓ wú7mesh (Squamish) and səliłwətał (Tseil-Waututh) values, history and culture.

### **Accessibility, Universal Design and Livability:**

- 6.16** To the greatest extent possible, ensure that all indoor and outdoor spaces are usable by everyone, regardless of their age or ability.
- 6.17** Particular attention should be paid to principles of universal design to ensure that all buildings and the public realm are designed to be welcoming and accessible for all.
- 6.18** Recognize the need for livable interior spaces for patients, employees and visitors by incorporating building designs that mitigate regular or intermittent noise associated with the site including traffic, building operations, emergency vehicles, and helicopters where applicable.

# 7. Open Spaces

As the VGH Campus continues to grow to meet healthcare needs, well-planned open spaces can support wellbeing, improve pedestrian connectivity and wayfinding, and help shape long-term redevelopment. The campus will include a mix of permanent and interim public, semi-public, and private open spaces (e.g. courtyards, gardens, plazas, pedestrian corridors, and rooftop areas) generally forming a connected and accessible network. These spaces will link to nearby parks and destinations and introduce greenery through the site. Designed for patients, staff, visitors, and the surrounding community, open spaces will offer places for rest, movement, and social interaction.

## Open Space Network Approach:

- 7.1** A comprehensive, publicly accessible open space network should be provided across the VGH Campus, consisting of continuous, interconnected linear and nodal open spaces that together form a coherent spatial framework. These landscaped and hardscaped open spaces should be constructed and maintained by the landowners and designed to support a healing focused environment.
- 7.2** Redevelopment of the VGH Campus is expected to follow a cyclical pattern of demolition and construction that reflects the evolving delivery of healthcare across the site over time. Between these phases, employing a “fallow field” approach, interim open spaces will be introduced where demolition has occurred and prior to new development taking place. Unless demonstrated to be infeasible based on hospital operational requirements, these temporary open spaces will be landscaped and activated for use by patients, staff, and the community, and will shift across the campus as redevelopment progresses.
- 7.3** Through all phases of development, the total amount of at-grade open space – including both interim and permanent spaces - should target no less than 30% of the VGH Campus at any one time. Roads and surface parking are excluded from open space area calculations.

## Interim Open Spaces

- 7.4** All redevelopment parcels that will remain vacant for more than two years should be activated with an interim open space use treatment, unless demonstrated to be infeasible due to operational or safety constraints.
- 7.5** Interim open spaces, when activated, should be designed to:
- a. Ensure universal accessibility and barrier free access to the extent feasible;
  - b. Incorporate seating, adequate lighting, shade, and weather protection where feasible;
  - c. Use modular, movable, or low impact materials;
  - d. Maintain visual quality through landscaping;
  - e. Provide passive surveillance (CPTED).

## Public Pathways and Open Space Corridors:

- 7.6** Public pathways and open space corridors should define the edges of the campus, provide connections to and through the campus from the Oak-VGH rapid transit station and the surrounding neighbourhood, and provide a range of benefits to those who use the site. They should be designed as 24-hour pedestrian corridors for staff, patients, visitors and neighbours to safely move around and between VGH Campus destinations, and include the following key elements:

### *Willow Corridor*

- 7.7** Continue to implement the established north-south pedestrianized linear park along the 20 m (60 ft.) wide Willow Street alignment, offering opportunities for seating, shade, respite and active movement through the heart of the VGH Campus while also connecting to the surrounding community.

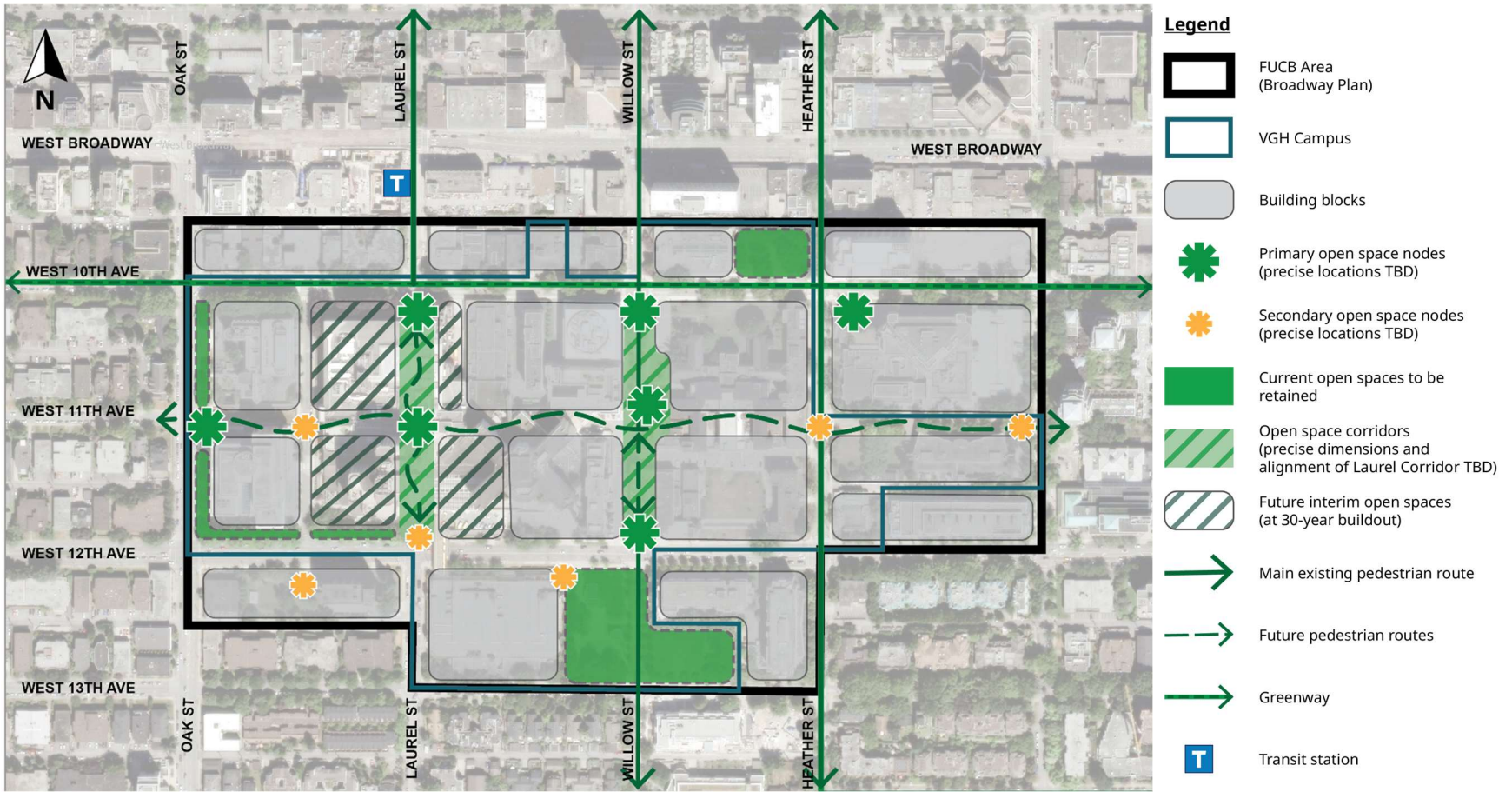


Figure 5. Illustrative Open Space Concept at build out

### *Laurel Corridor*

- 7.8** Establish a north-south pedestrian connection across the VGH Campus along the Laurel Street alignments north of W 10th Avenue and south of W 12th Avenue, offering opportunities for seating, shade, respite and active movement as well as a more direct connection to the Oak-VGH rapid transit station. The precise alignment of this connection will be determined at the development permit stage(s).

### *East-West Pedestrian Connection*

- 7.9** Establish an east-west pedestrian connection through the VGH Campus generally along the 11th Avenue alignment between Heather and Laurel Streets. Unless demonstrated to be infeasible based on hospital operational requirements, this east-west link should offer a safe 24-hour pedestrian connection separated from vehicle traffic that connects to existing green corridors at Laurel and Heather Streets. The precise alignment of this connection will be determined at the development permit stage(s).

### *Wellness Walk*

- 7.10** Establish a Wellness Walk network, made up of circuitous and connected walking routes that provide a pleasant walking experience. Enhanced setbacks should be considered along the way for additional landscaping, tree planting and tree retention, and street furniture. Wellness Walk routes should generally be accommodated along key streets and linear open space corridors including W 10th and W 12th Avenues, Oak and Laurel Streets, the Willow and Laurel Corridors, Heather and Ash Streets, and consider the following design elements:
- a. Appropriate landscaping and street furniture;
  - b. Wide walkways with level and smooth surface treatments and a clear separation/buffer from parallel vehicle/bike routes;
  - c. Trees to provide shade for the well-being of patients who are sensitive to temperature changes;

- d. Minimizing the number and lengths of driveway crossings.
- 7.11** The Wellness Walk should incorporate features such as long-living trees, frequent seating areas for respite, lighting and generous accessible pathway widths, where feasible.
- 7.12** Wellness Walk loops should be lined with frequent at-grade entrances and overlook from upper level uses to promote safety and comfort, where feasible.

***Open Space Nodes:***

- 7.13** Open space nodes – including plazas, courtyards, and therapeutic gardens – should be strategically located along pedestrian pathways to offer opportunities for rest, reflection, social interaction and respite. These spaces should be provided in a range of scales and activity levels to serve diverse user needs (i.e. larger primary spaces and smaller secondary spaces).

**Permanent Public Open Space Target:**

- 7.14** Target a minimum of 16,188 m<sup>2</sup> (4.0 acres) of permanent public open space to be provided across the VGH Campus as the area redevelops. The following key open space elements are intended to contribute to this minimum target:
  - a. Existing open spaces south of W 12th Avenue between Laurel and Heather Streets;
  - b. Existing open space at the north-west corner of W 10th Avenue and Heather Street;
  - c. Public Pathways and Open Space Corridors; and
  - d. Open Space Nodes.

These permanent open spaces should be secured through Statutory Rights-of-Way (SRWs) as appropriate. These open spaces may accommodate overhead bridges (not less than 6 m above grade), building overhangs (i.e. weather protection), underground parking, and other required underground utilities or tunnels related to hospital operations.

- 7.15** Permanent open spaces should include areas for long-living trees, integrate landmark features to aid wayfinding and reinforce campus identity. Consider incorporating cultural and heritage elements.

### **Semi-Public Open Spaces:**

- 7.16** To augment public open space on site, a variety of semi-public spaces – both at-grade and above-grade – should be provided to support health and wellness objectives within the VGH Campus. These unique site features should provide opportunities for patients, visitors and employees (and potentially the general public) to connect with the natural environment and find quiet areas of reflection and respite.

### **General Design of Open Spaces:**

- 7.17** Explore opportunities to decolonize the site and visibly incorporate xʷməθkʷəyəm (Musqueam), Sḵwəxwú7mesh (Squamish) and səliłwətaʔ (Tsleil-Waututh) values, history and culture into the public realm in alignment with the City of Vancouver’s UNDRIP Action Plan.
- 7.18** Develop a detailed Public Art Strategy for the VGH Campus with a strong emphasis on xʷməθkʷəyəm (Musqueam), Sḵwəxwú7mesh (Squamish) and səliłwətaʔ (Tsleil-Waututh) values, history and culture.
- 7.19** Design open spaces to be clearly legible and facilitate intuitive wayfinding to key destinations.
- 7.20** Where operationally and technically feasible, design strategies should make best efforts to optimize access to sunlight in public and semi-public open spaces through careful site design. Design specific places for staff, patients and visitors to access natural sunlight at key times of the day (e.g. around lunch time).
- 7.21** Create opportunities for retention of existing and planting of long-living trees in permanent public spaces including nodal open spaces, linear corridors. See *Rezoning Policy for Sustainable Large Developments* and associated *Bulletin*.
- 7.22** Explore opportunities to incorporate the history of the VGH Campus into the open space network, as appropriate.

**7.23** Employ Crime Prevention Through Environmental Design (CPTED) principles in the design of all open spaces to promote safety, visibility, and user comfort.

## 8. Heritage



*Figure 6: VGH Main Building (circa 1908), later renamed as the Heather Pavilion in 1959. (VPL5187)*



*Figure 7: Heather Pavilion today. (VCH)*

The intent of this section is to ensure that a Conservation Management Plan is integrated with overall campus master planning to understand and commemorate the cultural heritage value associated with the VGH Campus as a historic place. It is based on the evolution of development in the area over several eras, and five key themes identified in the Historical Context Statement that shaped its cultural, physical, and functional development and continued evolution:

- Changing Physical Geography
- Rapid Population Growth
- Evolving Hospital Design and Trends in Architectural Expression
- Professionalization and Integration of Medical Education
- The Hospital as a Reflection of Society

Incorporated in 1902, Vancouver General Hospital (VGH) is the oldest public hospital in Vancouver. The development of the VGH Campus in Fairview neighbourhood reflects the City's rapid expansion beyond the historic Granville Townsite (currently known as the Gastown Historic Area) at the beginning of the 20th century. Significant public investment allowed for the construction of the VGH Main Building and other institutional buildings to support the growing population of Vancouver.

Constructed in 1906, the VGH Main Building was the first building on the VGH Campus. The three-storey institutional building originally featured a forecourt framed by two symmetrical wings flanking a central pavilion. Designed by the architectural firm Grant and Henderson, it is valued as one of the City's most significant early institutional buildings. It is also significant for its association with the medical and healthcare education in Vancouver, and for its associations with the professionalization of nursing as pursued by women in the early 20th century. The VGH Main Building was renamed as the Heather Pavilion in 1959, following the completion of the Centennial Pavilion (currently known as the Leon Judah Blackmore Pavilion).

In 2002, parts of the historic Heather Pavilion were protected under municipal designation, and its ongoing conservation is subject to a Heritage Revitalization Agreement. However, the building has not been used for patient care for over 20 years, with existing floorplans, circulation systems and mechanical infrastructure deemed by VGH to be functionally obsolete for modern healthcare uses. Vancouver Coastal Health (VCH) has indicated that retrofitting the building to meet contemporary standards for healthcare delivery and seismic resiliency would be complex, prohibitively expensive and ultimately offer only a compromised version of what could be achieved in a new facility. These factors, along with growing demands for patient care, the spatial constraints on the campus as a whole and the need to maintain uninterrupted hospital operations, pose significant challenges to its physical retention. It is therefore proposed for demolition.

Driven by the need to ensure future readiness and flexibility for healthcare delivery on the campus, the *Conservation Management Plan* is intended to inform the series of phased decanting and demolition of its existing buildings to make developable land available for replacement healthcare facilities.

## Conservation of Heritage Buildings:

The following outlines the primary framework for heritage conservation to support the contemplated land use planning at the site:

- 8.1 Recognize the five key themes identified in the *Historic Context Statement* when understanding the history and significance of the VGH Campus as a historic place.
- 8.2 Identify heritage resources consistent with the identified key themes and develop interpretation strategies that recognize their historic significance.
- 8.3 Implement the *Conservation Management Plan* during the phased redevelopment of the VGH Campus to ensure uninterrupted patient care and proper maintenance of heritage resources until their eventual decanting and demolition.
  - a. Review relevant heritage statutes, by-laws, and legal agreements on title (including, but not limited to, Heritage Revitalization Agreement, Heritage Designation By-Law, relevant restrictive covenants). Identify required modifications and City Council approvals associated with the contemplated series of demolition and phased redevelopment.
  - b. Advance substantive and meaningful interpretation strategies to commemorate the heritage value of the VGH Campus and its heritage resources.
  - c. Interpretation strategies should prioritize careful salvage of significant historic materials for re-use, including sensitive integration of salvaged high-quality materials with contemporary architecture and landscape architecture.
- 8.4 Heritage conservation planning and implementation should be consistent with the [Heritage Policies](#). Reference the [Standards and Guidelines for the Conservation of Historic Places in Canada](#), as well as other relevant international guiding documents, to align with best practices in heritage conservation.

# 9. Transportation and Circulation

The VGH Campus is one of the region’s most significant healthcare destinations and employment centres. As the campus evolves, it will accommodate additional healthcare services, employment, and visitors. The future Oak–VGH Millennium Line station will significantly increase the number of people able to easily access the area by transit.

The main portion of the campus which will be redeveloped (bounded by Laurel Street, Heather Street, W 10th Avenue, and W 12th Avenue) encompasses approximately five standard city blocks. The site is unique because of the density of planned uses within the site and limited street network. Careful planning of transportation and public realm improvements is required to provide flexibility as the site evolves while continuing to support safe, efficient, and accessible access for hospital patients, staff, visitors, deliveries, and emergency vehicles, as well as for people travelling past the site.

The VGH Campus is located within the Broadway Plan area. As such, transportation and public realm improvements should align with the direction established through the Broadway Plan and the Broadway Public Realm Plan, as well as the City’s Transportation 2040 Plan. These plans identify key walking, cycling, and public space connections in the area and provide the foundation for the VGH transportation policies.

VGH Campus is a unique destination, serving patients, staff, and visitors with a diverse range of mobility and accessibility needs. The transportation network surrounding and within the campus should prioritize safe, comfortable, and universally-accessible travel for people of all ages and abilities, as well as critical hospital operations.

Recent transportation improvements, including upgrades to the 10th Avenue Greenway adjacent to the campus, provide a foundation for future transportation changes in the area. The design of the 10th Avenue Greenway was developed through City planning processes and implemented with the support of Council, Vancouver Coastal Health, BC Cancer Agency, and many other interest holders,



*Figure 8: 10th Avenue Greenway looking east*

including the accessibility community. The policies below build on these improvements and focus on enhancing connectivity to, from and through the campus as it evolves.

## **Movement and Circulation**

Streets around the VGH Campus are important corridors for people travelling to, from and through the site. To facilitate movement and circulation around the campus, design changes to streets will be employed to create a safe and comfortable environment for walking, cycling and rolling and manage conflicts between all road users.

- 9.1** Consolidate and minimize the number of driveways along local streets and greenways. Vehicle access along greenways should be avoided where feasible and only considered where alternative access from adjacent streets or internal campus roads cannot be reasonably accommodated.
- 9.2** Align driveways with the existing street network, where possible. Driveways close to, but not aligned with an intersection, should be avoided and must be far enough from an intersection to avoid impacting intersection operations and safety.
- 9.3** Consider a potential additional driveway access on Laurel Street into the Emergency Department prior to relocation of the Emergency Department.
- 9.4** Deliver high quality sidewalks and public realm improvements such as street trees, landscaping, lighting, and street furniture with signage and wayfinding, where possible, with setbacks achieved through redevelopment. Sidewalks should meet guidelines set by the Broadway Public Realm Plan to accommodate high pedestrian volumes including on streets with transit stops and hospital access.
- 9.5** Provide a comprehensive internal network of accessible pathways and roadways through the campus. This includes an east-west pedestrian connection across the campus aligned with W 11th Avenue with a safe crossing and connection to Heather Street walking and cycling facilities; and north-south pedestrian connections that are aligned with Willow Street connecting W 10th Avenue with W 12th Avenue (see also Section 7. Open Space)

- 9.6** Provide clear wayfinding for people walking and cycling integrated throughout and around the campus. Beyond signage, this includes line of sight and design treatments that highlight key destinations and pathways around the site and within buildings.
- 9.7** Over time, reduce reliance on on-street parking and loading by integrating space on-site. Any new loading and passenger loading spaces on-street should provide adequate buffer space to adjacent protected active travel lanes.
- 9.8** Other measures that impact vehicle circulation will need to be explored as the area develops to more effectively manage conflicts by simplifying movements and minimizing overall vehicle volumes on local streets and greenways, including:
- a. Introducing one-way vehicle travel on W 10th Avenue;
  - b. Introducing one-way vehicle travel on Heather Street. Note that except at intersections, multiple vehicle lanes are not supported;
  - c. Interconnect building parkades with accesses to Willow Street at W 10th Avenue and W 12th Avenue near Willow Street to facilitate vehicle access and reduce local street circulation;
  - d. Explore the opportunity of realigning Laurel Street between W 10th Avenue to W 12th Avenue to generally align with the legs to the north and south.

## Greenways

Greenways are high-quality active transportation, recreation, and public space corridors. A well-connected greenway network makes it easier and safer for people to use active transportation for most of their trips. They should be designed with wide sidewalks, AAA cycling infrastructure and a high-quality public realm to support walking, biking, and rolling for people of all ages, abilities, and identities. Where possible, shared micromobility stations or station hubs (including both public bike share and shared e-scooters) should be integrated to encourage active travel.



*Figure 9. 10th Avenue Greenway looking west*

Greenways also provide accessible and lively corridors to travel by creating space for people and nature, which contribute to positive health benefits for people who live, work or visit nearby. Greenways should provide opportunities for ecological improvements, such as green rainwater infrastructure and planted boulevards with street trees which provide the added benefits of shade relief and support stormwater management goals.

### ***West 10th Avenue***

- 9.9** Maintain and enhance protected active travel lanes on W 10th Avenue. The existing uni-directional active travel lanes should be retained and improved through adjacent redevelopment.
- 9.10** Alternative active travel configurations – such as protected bi-directional bike lanes on the north side of W 10th Avenue could be considered where all of the following conditions are met:
  - a. W 10th Avenue is generally converted to one-way vehicle operations;
  - b. A safe and feasible design that is legible and comfortable for all users and is confirmed in accordance with City standards;
  - c. The design is generally supported by the public and adjacent stakeholders.

### ***Heather Street***

- 9.11** Provide protected active travel lanes which connect seamlessly into 10th Avenue and the Heather Greenway beyond the site and safely manage both existing and potential future motor vehicle crossing points.
- 9.12** Provide a protected intersection at Heather Street and W 10th Avenue to connect active travel lanes on both greenways, signalized if and as necessary for safe operations.
- 9.13** Provide a traffic signal at Heather Street and the new internal street, mid-block between W 10th Avenue and W 12th Avenue, if needed to facilitate safe vehicle and pedestrian movements. Ensure that the pedestrian and vehicle accesses on either side function with the new signal.

- 9.14** Minimize conflicts between road users at Heather Street and W 12th Avenue through signal timing modifications and dedicated turning lanes.

***Laurel Street***

- 9.15** Explore an additional station access point from Oak-VGH Station to the VGH Campus. The feasibility and location will be determined through rezoning. The additional station access point will aim to:
- a. Provide direct connection between transportation modes;
  - b. Increase foot traffic for retail/commercial businesses; and
  - c. Provide convenient access to VGH lobbies and services.

**Arterial Streets:**

Arterial streets around the VGH Campus support the efficient movement of motor vehicles including transit, emergency vehicles, goods movement and people accessing the health campus. Arterial sidewalks should be universally-accessible and support comfortable walking, rolling and socializing. Where possible, major vehicular access points should align with the street network and facilitate safe movement directly to and from the arterial streets.

***West 12th Avenue***

- 9.16** Normalize and fully signalize the driveway on W 12th Avenue on the Willow Street alignment to allow for vehicle access and reduce conflicts between people walking and driving. Ensure the internal vehicle network supports convenient movement to and from this access point.
- 9.17** Provide an eastbound left turn lane on W 12th Avenue at the Willow Street alignment to facilitate efficient turns into the VGH Campus.
- 9.18** Facilitate vehicle access from W 12th Avenue while keeping the number of driveways along the street to a minimum.

- 9.19** Work with TransLink to ensure bus stop locations best serve the hospital campus and provide sufficient space along W 12th Avenue for bus stops that include universally accessible sidewalks, bus landing areas, bus shelters, and benches.

### **Bicycle and Shared Micromobility:**

- 9.20** Design bicycle parking in accordance with the requirements set out in the City's Parking Bylaw and provide good accessibility to the greenway network. Consider how each building is conveniently served by bicycle parking.
- 9.21** Align cycling end-of-trip facilities with direct access to internal bike permeable connections and the Greenway network.
- 9.22** Locate shared micromobility stations (e.g. public bike share and shared e-scooters) with direct access to transit and major destinations and along the greenway network. Coordinate construction with the electrification of stations. At least two public bike share stations must be on VCH Property as indicated in pre-existing legal agreements, which may include the existing station near W 10th Avenue and Oak Street. Other potential private property or on-street locations for either system include:
- a. W 10th Avenue near Heather Street; and,
  - b. W 10th Avenue near Laurel Street.

### **Motor Vehicles:**

- 9.23** Provide adequate parking, loading, and passenger loading, spaces on-site for patients, staff, and visitors to meet the evolving needs of the hospital campus over time. This includes HandyDART and hospital transfer vehicles. Weather protection and covered laybys within close proximity to building entrances are encouraged.
- 9.24** Parking, loading, and passenger loading needs for the campus must be accommodated on-site, with convenient access from arterial streets to the greatest extent feasible. Temporary off-site, shared, interim, or managed arrangements may be considered during the initial phases of redevelopment or during construction.

- 9.25** Vehicle turnaround and maneuvering, including for loading, passenger loading, and waste management vehicles, must occur fully on-site.
- 9.26** Locate vehicle parking, loading, and passenger loading access at locations that minimize conflicts with pedestrians and cyclists and designed to minimize conflicts through design treatments such as, but not limited to, separated facilities, marked crossings, and appropriate signage.

# 10. Sustainability, Resilience and Infrastructure

This section provides direction on planning and designing a sustainable and resilient VGH Campus, including the necessary utilities for its long-term redevelopment. The policies aim to ensure the area is developed to be low carbon, meet high standards for environmental sustainability, and is able to withstand climate change and other hazards like earthquakes. Keeping utilities and services up-to-date is crucial for the health and well-being of residents, workers, and visitors. Policies that are applicable to ensuring the area supports low carbon outcomes can be found in other sections, particularly Section 9: Transportation that seeks to prioritize walking, cycling, and transit use.

## Sustainability

- 10.1** Demonstrate leadership in Sustainability by meeting or exceeding the requirements identified in the *Green Building Policy for Rezonings*. Include visible green elements and employ green building and passive design elements, to the extent possible while still achieving healthcare standards and requirements. Examples include: rooftop gardens, green roofs, and terraces, trees and plantings on upper levels and balconies, and green walls.
- 10.2** Design building exteriors with adaptation to extreme heat in mind, incorporating passive strategies that increase resilience (e.g. external shading), with a particular focus on ensuring comfortable temperatures are maintained for any long-term care spaces.
- 10.3** Apply passive strategies to building heating, ventilation and cooling, to the extent possible while still achieving healthcare standards and requirements, and except where prohibited by healthcare facility design constraints (e.g. operating rooms). Examples include: the use of solar orientation and operable windows.

**10.4** To the extent possible while still achieving healthcare standards and requirements, meet or exceed the requirements of the City's *Rezoning Policy for Sustainable Large Developments* (or other applicable policy in place at the time of rezoning).

### **Resilience:**

**10.5** Design and construct critical buildings within the VGH Campus to meet post-disaster requirements to minimize damage to the structure and increase the reliability of continuous operation of critical services after a significant earthquake.

**10.6** Provide disaster-resilient and redundant water, sewer, energy and communications connections in accordance with best practice, hospital standards and Vancouver Building By-Law requirements, including back-up systems where necessary.

**10.7** Work with the City's Resiliency and Risk Management staff through the subsequent rezoning and development permit processes to identify resilience vulnerabilities associated with the project and develop mitigation strategies to address them. Strategies should be explored to ensure the integrity of structures, systems and operations following a major disaster, with particular attention to earthquakes and flooding.

### **Energy:**

**10.8** To the extent possible while still achieving healthcare standards and requirements, design all buildings to achieve zero emissions in operations as per the Zero Emissions Building Plan and Climate Emergency Action Plan. High-performance design approaches, such as advanced envelope performance, electrified mechanical systems, and low-carbon energy systems, should be incorporated to the greatest extent feasible for clinical facilities. Where programmatically and technically feasible, non-clinical buildings should demonstrate leadership by pursuing high-performance standards such as Passive House or equivalent.

- 10.9** Where operationally and technically feasible, integrate sustainable energy solutions into area planning by promoting and expanding low-carbon thermal energy networks, like the City-owned Neighbourhood Energy Utility, to reduce carbon pollution, make use of waste heat, and enhance energy resilience by alleviating pressure on the electrical grid.

### **Utilities:**

- 10.10** Ensure that existing utilities, including adjacent and off-site water, sanitary and stormwater mains, street lighting, and third-party utilities are reviewed, upgraded, and/or relocated to meet the site's demands as necessary to the satisfaction of the City Engineer and third-party utility owners. Development applications will be responsible for their direct impact on adjacent infrastructure systems and considered such that they mitigate long term capital and operating costs to the City. Separate sanitary and stormwater service connections are required, and any existing on-site combined sewers must be separated. Study options to avoid the service connection to the Municipal Arterial Roads and to Metro Vancouver's trunk sewers.
- 10.11** Design, construct and install all new utilities incidental to servicing the site, and realign existing utilities if needed to meet site demands at no cost to the City, within the proposed road network or statutory rights-of-way.
- 10.12** Work collaboratively with the City through the development and construction process to accommodate the Willow Trunk stormwater project.
- 10.13** Provide all electrical services (including all third-party utilities) on private property, without relying on space within streets or the public realm.

### **Groundwater Management:**

- 10.14** Provide a preliminary hydrogeological study of the site with the rezoning application, in accordance with the Groundwater Management Bulletin, with a preliminary plan to outline how permanent discharge of groundwater to City's sewer infrastructure will be avoided. Provide a final hydrogeological study of the site, including investigation and

analysis of groundwater and soil conditions that may affect the development, with the development permit application. Minimize the interception and diversion of groundwater into the City's sewer system.

### **Streams:**

**10.15** The City's historical records indicate the potential of a natural watercourse passing through this site. Further exploration is required. If the watercourse is discovered, appropriate legal agreements may be required as part of the rezoning and/or other future permitting stages, to ensure flows are not obstructed during through redevelopment.

### **Rainwater Management:**

- 10.16** Provide green rainwater infrastructure to manage runoff from areas of the right-of-way to the maximum extent practical. Landscape based green rainwater infrastructure typologies (i.e. bioretention, bioswale, tree trench) should be prioritized over sub-surface systems (i.e. infiltration trench, permeable paving) on Heather Street if feasible.
- 10.17** Support street tree planting with green rainwater infrastructure practices, include bioretention gardens and rainwater tree trenches. When feasible with due consideration to hospital building footprint needs, consider including appropriate setbacks both above grade and below-grade to support infiltration and tree growth.

# 11. Public Benefits

The City recognises that the healthcare functions at the VGH Campus represent a key benefit to the public by meeting local and provincial healthcare needs. However, large institutions such as hospitals, especially at the scale of the VGH Campus, are major employment centres that create additional demand for municipal public amenities like parks, childcare, and community facilities. While these institutions are not expected to fully cover the costs of growth, City policy indicates that they should contribute towards public amenities to help offset these impacts, balancing their essential healthcare role with the City's need to manage growth-related costs. Accordingly, development within the VGH Campus will be subject to Development Cost Levies (DCLs) and, where applicable, Community Amenity Contributions (CACs) or Amenity Cost Charges (ACCs).

This section provides direction on the provision of public benefits within the VGH Campus. The final public benefits package will be subject to Council approval at the time of rezoning, with consideration to the following:

- 11.1** Explore integrating childcare facilities within the redevelopment. Facility size and location will be assessed through the rezoning process; however, childcare spaces should serve both children of employees and the surrounding communities.
- 11.2** Explore providing spaces for uses on site such as offices for not-for-profit organizations and meeting rooms or multi-purpose spaces for compatible, health-related local community groups. Note that part time use should be secured through a Community Use Agreement.
- 11.3** In alignment with applicable City policy at the time of rezoning, development of a Community Benefit Agreement (CBA) with the City is encouraged to ensure social and economic benefits for the city. The CBA should address construction and on-going operations (where feasible) and include targets for local, inclusive employment and social and local procurement.

## 12. Implementation and Phasing

Redevelopment of the VGH Campus site will occur in phases over 30+ years. These phases will include construction of new clinical health and support buildings, and demolition of older buildings while maintaining operations. Through a strategic approach of phased demolition and rebuilding, continuity of patient care will be maintained. Redevelopment will follow a cyclical pattern of demolition and development that reflects the evolving nature of healthcare delivery and community needs. Between these phases, interim open spaces will be introduced where demolition has occurred. These temporary open spaces will be landscaped and activated for public use by patients, staff, visitors and neighbouring community, and will shift across the campus as redevelopment progresses.

### Anticipated Phasing:

- 12.1** General phasing of redevelopment will be based on the expansion and modernisation needs of the hospital and neighbouring sites, reflected in individual rezoning and development permit applications.
- 12.2** It is anticipated that the VGH Campus will redevelop through strategic demolition of aging and obsolete facilities to make space for redevelopment while maintaining ongoing operations. This is currently anticipated to occur starting along W 10th Avenue moving eastward, then along Heather Street, followed by redevelopment along West 12th Avenue.

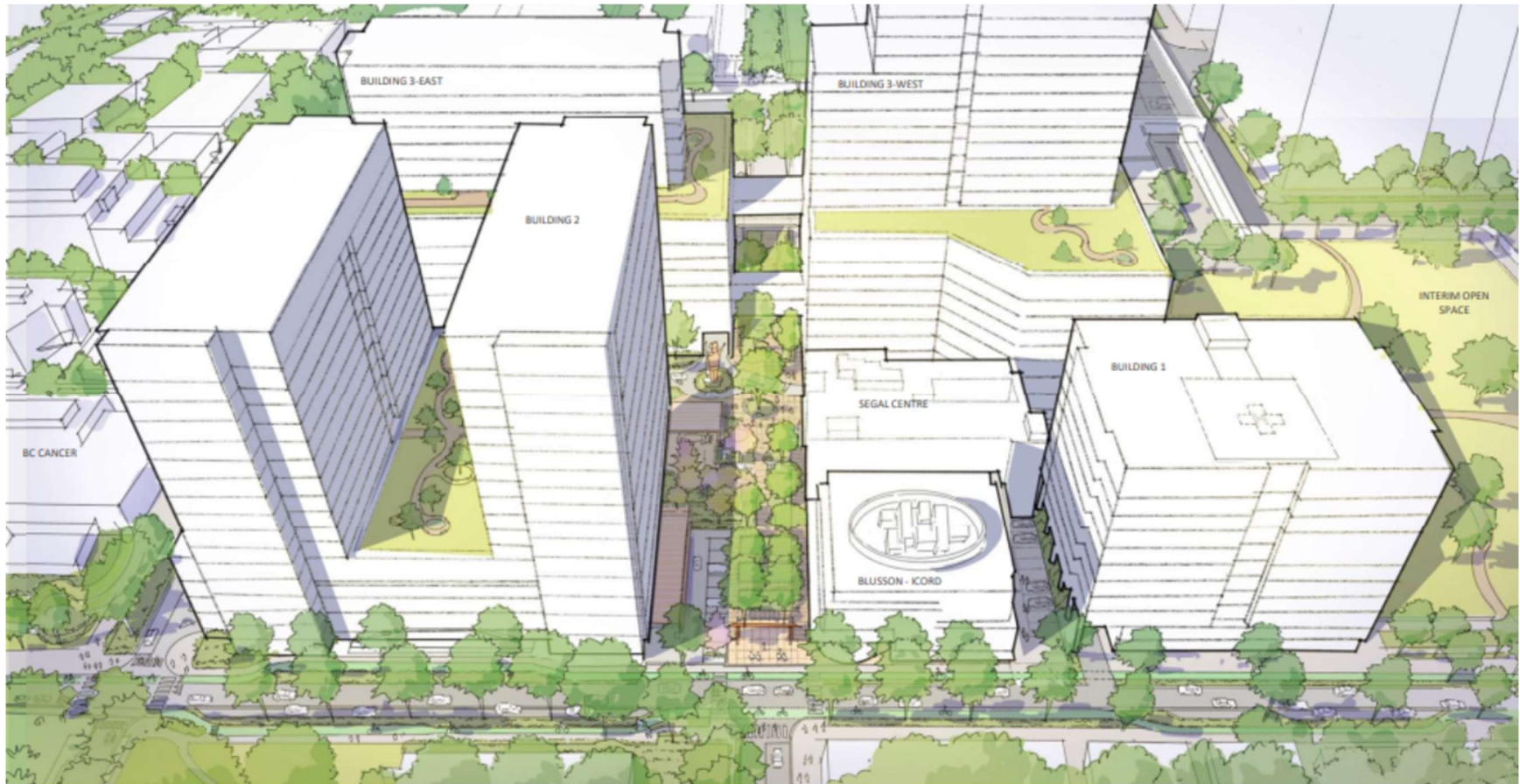
### Vacant Lands / Interim Open Spaces:

The following policies guide the strategic, safe, and health-supportive use of vacant or underutilized lands during phased redevelopment of the VGH Campus, ensuring these spaces contribute positively to patient care, staff well-being, and community health:

- 12.3** Without compromising hospital operations, clinical functions and patient privacy, sites cleared for future redevelopment should be landscaped and programmed for public use. This may include passive green space uses or more active uses as appropriate.
- 12.4** Interim open spaces, when activated, should be designed to:
- a. Ensure universal accessibility and barrier free access to the extent feasible;
  - b. Incorporate seating, adequate lighting, shade, and weather protection where feasible;
  - c. Use modular, movable, or low impact materials;
  - d. Maintain visual quality through landscaping;
  - e. Provide passive surveillance (CPTED).
- 12.5** Interim open spaces should prioritize therapeutic, restorative and health-promoting functions including opportunities for passive recreation, rehabilitation, and mental well-being.
- 12.6** Explore partnerships with community organizations and institutions to program interim open spaces while promoting social and cultural inclusion.

# 13. Conceptual Site Illustrations

*Figure 10: Indicative aerial view of VGH Campus looking south from W 10<sup>th</sup> Avenue*



*Figure 11: Indicative aerial view of VGH Campus looking south-east from W 10<sup>th</sup> Avenue*

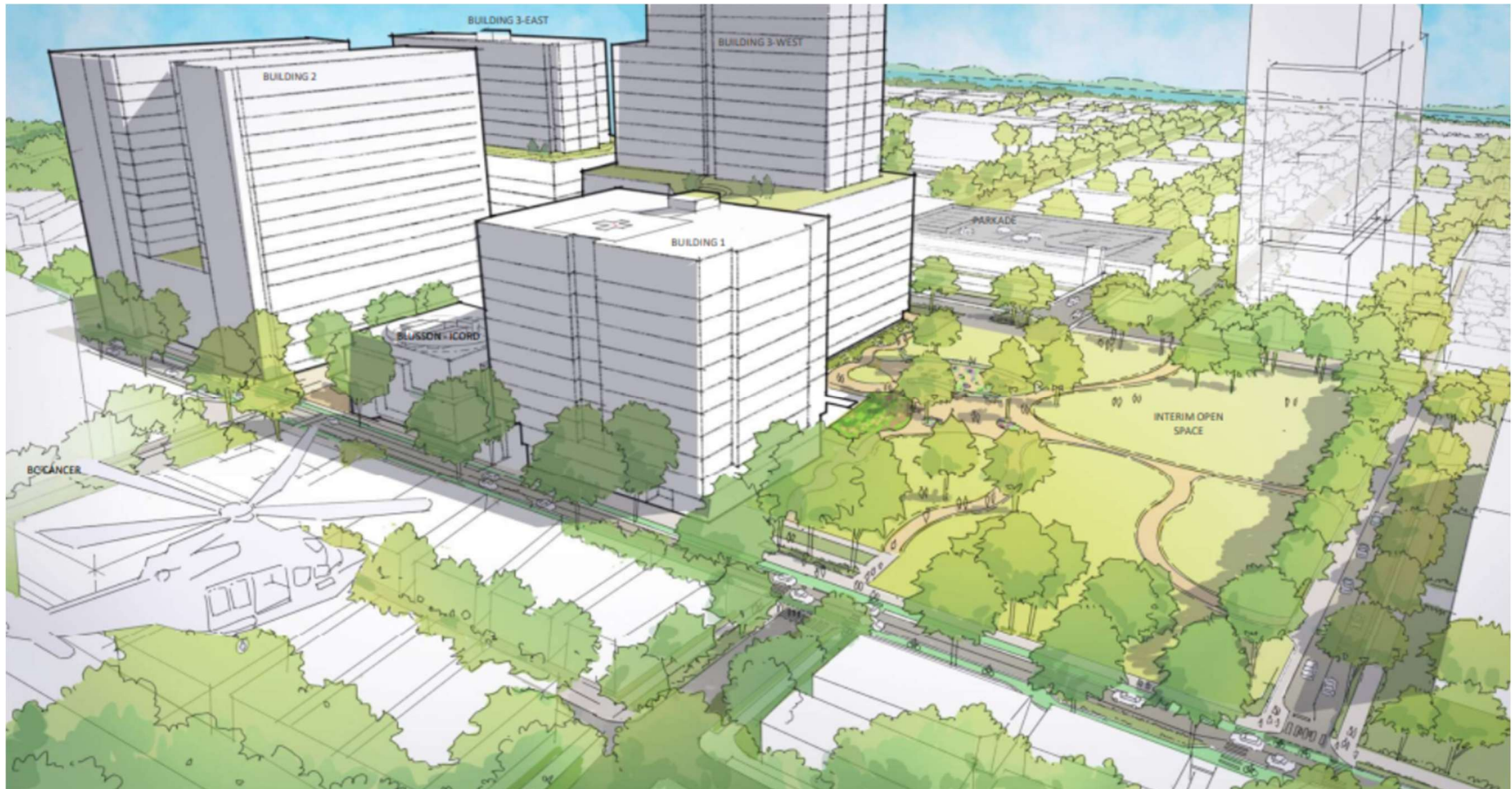
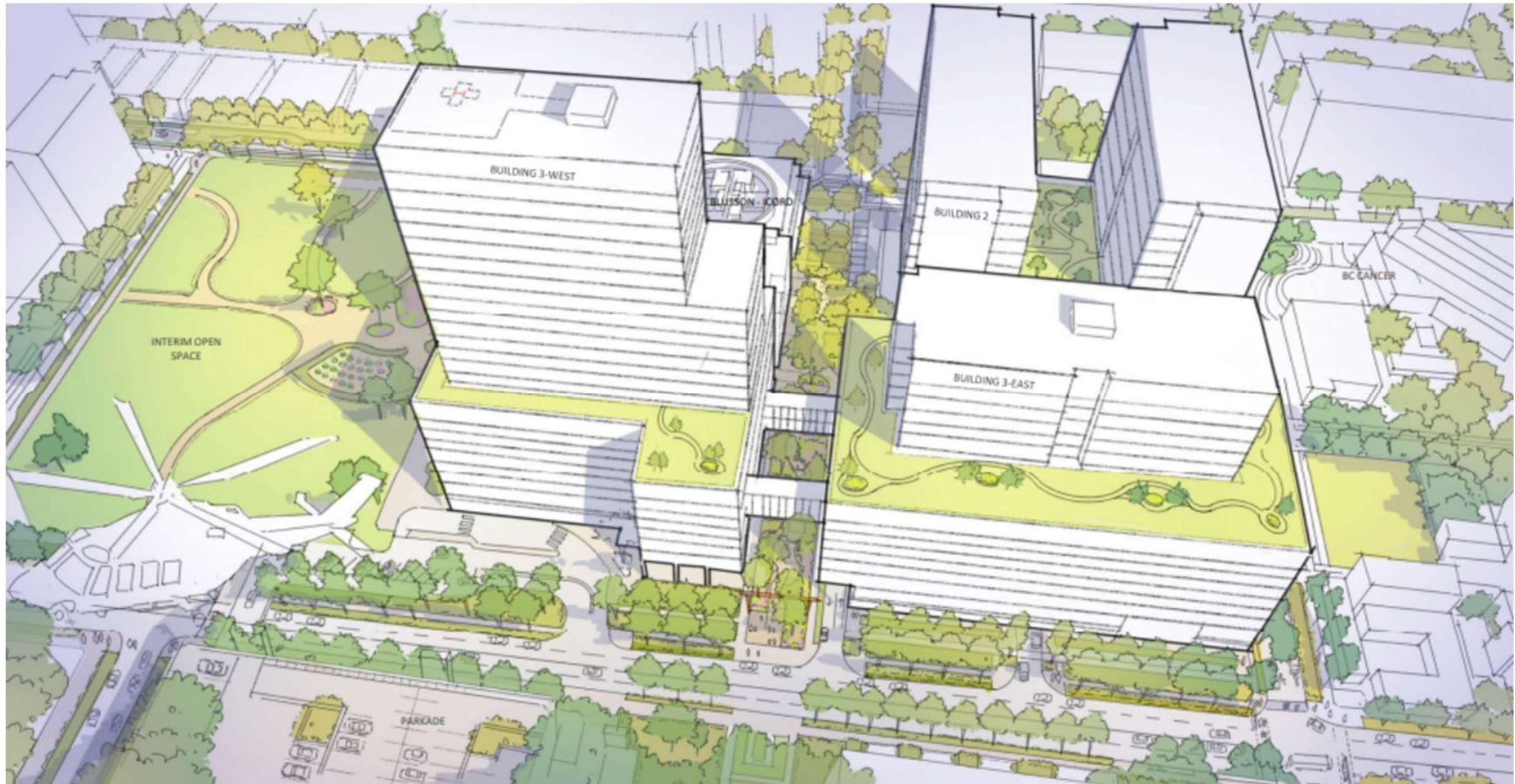


Figure 12: Indicative aerial view of VGH Campus looking north from W 12<sup>th</sup> Avenue



## **APPENDIX B CONSEQUENTIAL BROADWAY PLAN AMENDMENTS**

By adopting the Recommendation in this report, Council amends the *Broadway Plan*, effective immediately, as follows:

1. On page 193 Council strikes:

**“9.19** Large and Unique Site: Vancouver General Hospital (VGH) Campus”, and replaces it with:

**“9.19** Large and Unique Site: Vancouver General Hospital Institutional Area”.

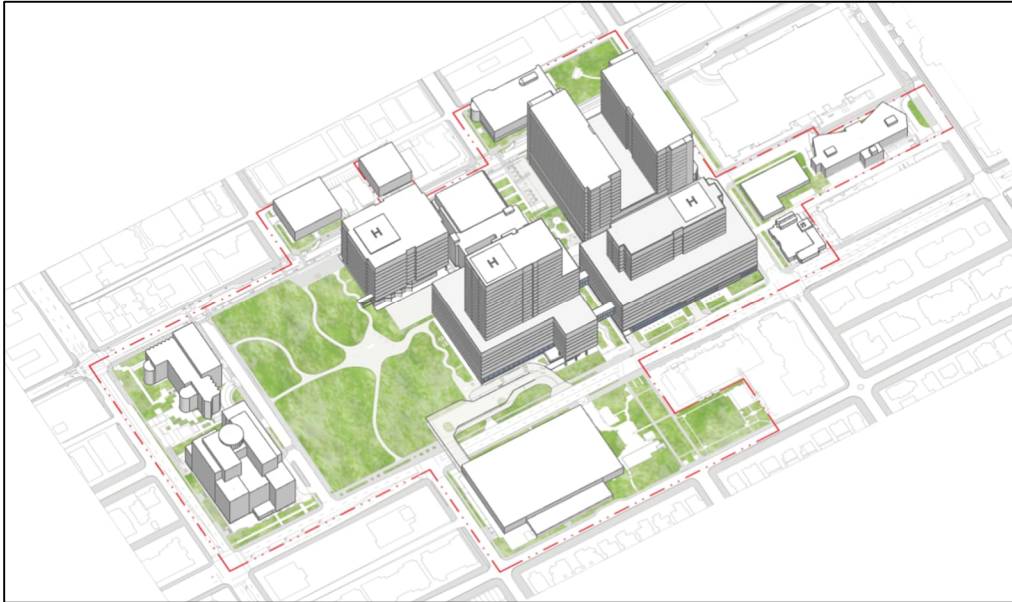
2. On page 194 Council adds:

**“9.19.5** See Broadway Plan Appendix B: Large and Unique Sites Vancouver General Hospital Campus for site specific policy directions for the FUCB Policy Area.”

## APPENDIX C

### VANCOUVER GENERAL HOSPITAL (VGH) CAMPUS REZONING PROPOSAL SUMMARY

#### Proposal Summary

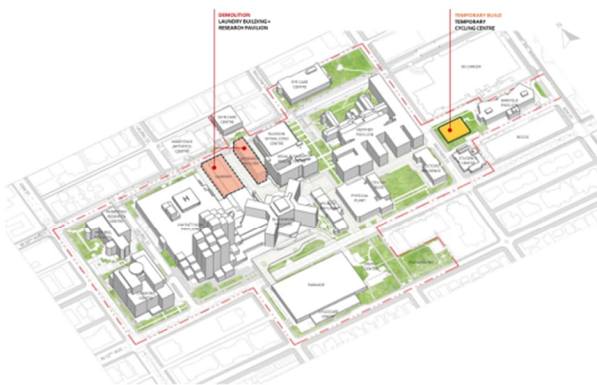


The [applications](#) from Kasian Architecture Interior Design and Planning Ltd. on behalf of Vancouver Coastal Health Authority to rezone the Vancouver General Hospital (VGH) campus site propose:

- Long-term phased redevelopment vision to modernize healthcare infrastructure and replace aging facilities, addressing the immediate and long-term healthcare needs of the community and expanding service capacity;
- 10 phases of redevelopment with new buildings up to 24 storeys (see below);
- Over 300,000 sq. m of modernized healthcare facilities, with a maximum site density of approximately 5.0 FSR;
- Near-term request to amend site coverage and density in the CD-1 (59) (Comprehensive Development) District By-law to allow for a new 11-storey Emergency and Inpatient Care Building on 818-900 West 10th Avenue and 803-899 West 12th Avenue, and a temporary cycling centre at 2785 Ash Street;
- Framework for redevelopment that ensures the hospital remains fully operational throughout all phases of construction;
- Zoning boundary adjustments;
- Updates to zoning parameters including uses, density, site coverage, heights, and building setbacks;
- Updates to open space requirements;

- Revisions to heritage conservation requirements, including demolition of the Heather Pavilion – a municipally-designated heritage building (see submitted [Heritage Document \(External link\)](#));
- Proposed changes to circulation and access, including vehicle access and drop-off, service and loading, bikeways, and pedestrian pathways (see p. 179-201 of [Rezoning Booklet \(External link\)](#));
- New heliports;
- A commitment to reconciliation; and
- A commitment to environmental sustainability and climate resilience.

### Proposed Phasing



**PHASE 1**

Demolition of Laundry Building and Research Pavilion, Relocation of VGH Cycling Centre



**PHASE 2**

Construction of New Building (Building 1) for Emergency and Inpatient Care



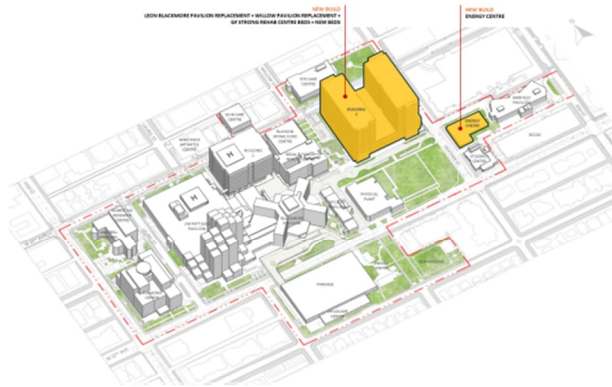
**PHASE 3**

Demolition of older Support Buildings (Heather Street to Willow Street, 10th Avenue to 12th Avenue)



**PHASE 4**

Landscaping of site cleared by demolition of buildings in Phase 3



**PHASE 5**  
 Construction of new Acute Care building (Building 2) in the northern part of cleared site + Heather Street, 11th Avenue, Willow Street Updates



**PHASE 6**  
 Demolition of Leon Blackmore Pavilion, Willow Pavilion and Physical Plant Building



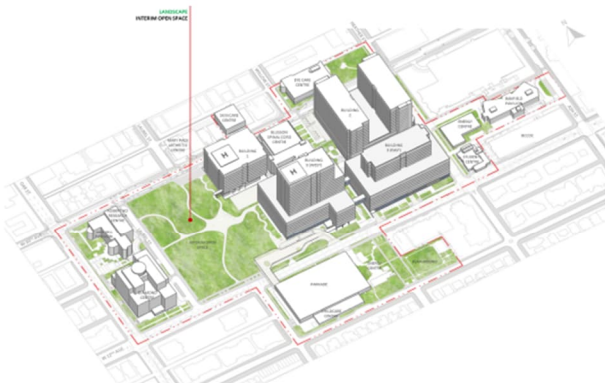
**PHASE 7**  
 Landscaping of site cleared by demolition of buildings in Phase 6



**PHASE 8**  
 Construction of new Acute Care building (Building 3) + 12th Avenue and Willow Corridor Updates



**PHASE 9**  
 Demolition of Jim Pattison Pavilion North and South



**PHASE 10**  
 Landscaping of site cleared by demolition of Jim Pattison Pavilion