

DEPARTMENT OF PLANNING AND DEVELOPMENT

"Building Pride in Providence"

April 19, 2002

Mr. Michael Clement
City Clerk
Providence City Hall
25 Dorrance Street
Providence, RI 02903

Dear Mr. Clement:

At a regular meeting of the City Plan Commission on April 16, 2002, and pursuant to Section 503 of the City of Providence Zoning Ordinance Chapter 1994-24, No. 365, as amended, the Commission reviewed the master plan for Rhode Island Hospital, dated April 9, 2002. The Commission voted unanimously as described below to make certain findings of fact and to approve the master plan subject to several conditions.

Findings of Fact

The Commission made the following findings of fact:

1. *Mission Statement:* The master plan contains a mission statement of the institution.
2. *Existing Conditions:* The plan contains a description of existing conditions.
3. *Historic Properties:* The plan states that no buildings are on the National Register of Historic Places or in a local historic district.
4. *Goals and Objectives:* The plan includes ten-year goals and five-year objectives.
5. *Changes in Land Holdings:* The institution purchased two lots on Dudley Street and two lots on Prairie Avenue for additional parking. It also purchased the Coro Building and parking garage in the Jewelry District.
6. *Changes in Land Use:* The institution lists no plans to change land use.
7. *Capital Improvements:* The institution's proposed capital improvements are as follows:
 - Expansion of the emergency department. This involves a new structure that will bridge over Dudley Street.
 - Expanded Comprehensive Cancer Center in the Ambulatory Patient Care building
 - Electrical Substation and Diesel Generator Project
 - Power Plant Expansion
 - Expansion of the Laundry Building
 - Expansion of the Main Building Central Core
 - Coro Building Renovations
 - Infrastructure Projects
 - Parking Development
8. *Demolition:* The plan states that the institution plans to demolish the South West Pavilion and the Power Plant Chimney.

9. The figures presented indicate that the parking plan is in conformance with the Zoning Ordinance. The institution provides 3,920 spaces, 1,231 in excess of the 2,689 required. The institution presents a number of options for accommodating vehicles displaced during construction.
10. The plan lists all proposed activities that would require an action by the Zoning Board of Review and City Council to implement.
11. The master plan contains sufficient maps and text.
12. Appropriate Certificates of Need are attached to the plan.

Determination

The Rhode Island Hospital master plan dated April 9, 2002 is complete and consistent with the provisions of the Zoning Ordinance and with *Providence 2000: The Comprehensive Plan*. The plan was approved subject to the following conditions:

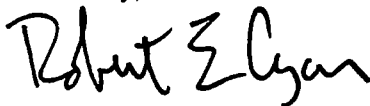
1. The proposed expansion of the Emergency Department shall be contingent on the institution securing permission of the City Council to bridge over Dudley Street.
2. Any parking plans during or after construction activities shall ensure that the parking plan is in compliance with the Zoning Ordinance.
3. The institution shall submit its traffic study regarding recommended circulation changes to the Providence Departments of Planning and Development, Traffic Engineering and Public Safety; and to the Rhode Island Department of Transportation for review. The DPD will coordinate this review.
4. The institution shall conduct further study, in conjunction with the Rhode Island Historical Preservation and Heritage Commission regarding the demolition or reuse of the Southwest Pavilion.

A public notice of this decision shall be placed in a newspaper of general circulation in Providence.

A copy of the approved master plan is attached to be made available in your office for review by the public. Additional copies of the plan are available for public review at the office of the City Plan Commission, Planning Division, Department of Planning and Development, 400 Westminster Street, 5th floor, Providence, Rhode Island during normal business hours.

Please note that this action does not require any action by the City Council.

Sincerely,



Robert E. Azar
Administrative Officer

Attachments

cc: Claudia Gorun, AIA, for Rhode Island Hospital
Edgar Paxson, Acting Director of Inspection and Standards

Attachment

Institutional Master Plan

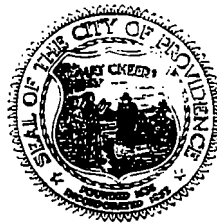
Rhode Island Hospital

According to the City of Providence
Zoning Ordinances

Submitted to: City Plan Commission, Department of Planning Development

Submitted by: Rhode Island Hospital

Submitted on: **April 9, 2002**



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Institutional Master Plan

Rhode Island Hospital

**According to the City of Providence
Zoning Ordinances**

Submitted to: City Plan Commission, Department of Planning Development

Submitted by: Rhode Island Hospital

Submitted on: April 9, 2002

INTRODUCTION

This submission of the Rhode Island Hospital Master Plan is being made as required by the City of Providence Code of Ordinances; Chapter 17 – Zoning. The format of this submission follows the twelve headings of the contents of a plan as outlined in the Ordinances for the submission of a plan that falls within an Institutional Floating Zone District.

The Rhode Island Hospital falls within an Institutional Floating Zone District as defined in Chapter 17 – Zoning, Section 503 of Providence's City Code of Ordinances. The purpose of this section is to permit the expansion of Health Care Institutions (I-1) in designated districts of the City. Institutional Floating Zone Districts are superimposed on existing zoning districts, and impose specified requirement in addition to those otherwise applicable and/or allow alternate uses to permit growth and expansion of health care institutions. In the establishment of an Institutional Floating Zone District the council evaluated the impact it would have on the surrounding neighborhood and its conformance with the city's comprehensive plan and the approved institutional master plan

The Code of Ordinances requires the submittal of an updated master plan every five years. The previous submittal of a master plan to the Board was in 1999. The Ordinances also requires that significant updates to the plan made in the intervening years be submitted for the Commission's review. An up-dated facilities master plan for Rhode Island Hospital was prepared, submitted and approved by RIH Board of Directors during December of 2000. Accordingly this submission is being made in conformance to that requirement.

Information in this document describes the plans currently in place at Rhode Island Hospital respective to the City of Providence Zoning Ordinance. It must be recognized, however, that unlike more stable times past, these plans are subject to change. They represent only a perspective on the future as viewed from today.

About Lifespan

Rhode Island Hospital is a partner in the Lifespan health care system. Lifespan, the first integrated health care system in Rhode Island, was established in 1994 by the founding partners, Rhode Island Hospital and The Miriam Hospital.

Other partners include the Hasbro Children's Hospital (the Pediatric division of Rhode Island Hospital), Emma Pendleton Bradley Hospital, Newport Hospital, The New England Medical Center in Boston plus South County Hospital as an affiliated member. Hospice Care of Rhode Island and VNA of Rhode Island are two members that are in the process of divesting from Lifespan as full members and will continue a relationship on a contractual basis.

Women's and infants Hospital is not part of the Lifespan system, however Rhode Island Hospital does have some spatial relationships with Women's and Infants, such the provision of power, the use of its receiving docks, the use of its incinerator for the disposal of medical waste. They are both joint partners in the Cooperative Care and Medical Office Center (MOC) building located on the RIH campus. As part of a land lease agreement, W&I have access to approximately 834 parking spaces. There are as well a number of clinical programs that cross the boundaries of both campuses, but have no facility master plan implications.

Lifespan's properties within Providence are located mainly on two separate campuses. The first campus includes properties associated with Rhode Island Hospital and the Hasbro Hospital. The second includes The Miriam Hospital. Separate Master Plans have been developed and are being submitted for these two campuses.

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9. Parking Plan
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11. Annotated Maps
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Section 503.1
Mission Statement of Rhode Island Hospital

The mission statement of the institution, including its relationship with the neighborhood and community in which it is physically situated.

503.1 MISSION STATEMENT OF RHODE ISLAND HOSPITAL

Mission of the RI Hospital

Rhode Island Hospital is an academic medical center that serves all people of the State of Rhode Island and Southeastern New England. Through its commitment to patient care, quality, respect, teaching and research it is the premier institution in Southeastern New England. Our goal is to become premier in New England and a model for excellence for the nation.

Vision for Rhode Island Hospital

Focusing on selected clinical strengths and developing them will further distinguish Rhode Island Hospital regionally and nationally. RIH will accomplish this by both aligning patient care, with an unyielding pursuit of excellence in teaching, research, technology and information and by developing a delivery system that is organized around Centers of Excellence designed to enhance quality and organize care effectively for patients and providers.

Strategy for the Rhode Island Hospital

Strategies for the future build on:

- Identified RIH strengths in clinical care, research, and teaching
- Changes expected in the population; and
- Central location of the RIH campus
- Improving the facilities to allow clinical programs to grow and change to meet the needs of current and future patients as well as physicians and other health care providers

RIH key Strategies for the future focus on:

- The needs of an aging population by establishing Centers of Excellence in Cardiovascularthoracic, Neurosciences, and Orthopedics, which serve the region.
- Chronic disease management by developing a Center of Excellence in Comprehensive Diabetes Management and an expanded organ transplantation program that includes interactive sites for patients.
- The needs of critically ill patients through improved critical time dependent services for cardiovascular disease, cerebrovascular disease and trauma care, and other emergency services
- Children's health care through both emphases on low technology and high technology programs to remain the leading provider in the southeastern New England.
- The needs of the population at risk for cancer and patients with cancer through enhanced education, identification/ screening, diagnosis, and treatment. The Comprehensive Cancer Center approach initiated in collaboration with other Lifespan Partners embraces the shift in the location of care from inpatient to outpatient by partnering with physicians to create comprehensive disease management programs in cancer providing patients with greater convenience in a more private and caring environment.

RIH will use these mechanisms to support and implement these strategies:

- Support our academic and clinical programs through a strong focus on philanthropy.
- Renovate and reorganize existing facilities in a manner aimed at improving patient care processes, outcomes, access, and pride.

- Expand academic programs not by expanding budget but by reallocations from low priority areas to high priority areas.

Centers of Excellence at RIH

Centers of Excellence are defined as a multidisciplinary group of people who work synergistically to create an environment which achieves high volume to provide high quality at lower cost; effectively employs and deploys technology; integrates information systems for practitioners and patients; links excellence in teaching and research with patient care; and provides patients with choice in an efficient, convenient and comprehensive manner.

At RIH, these Centers of Excellence will be:

Emergency/Critical Care
Cardiovascular
Cancer
Neuroscience
Orthopedics
Diabetes

Emergency/Critical Care, Cancer, and Diabetes will be the driving forces to insure success in our Cardiovascular, Neuroscience, and Orthopedics Centers.

Short Term Goals

- Improve employee morale and increase retention
- Improve patient satisfaction with the institution by improving our service delivery and communication
- Increase the capacity of the hospital by increasing the number of staffed beds, operating room hours and emergency room space.
- Assess outpatient services to provide better care.
- Evaluate non-Medicare reimbursement to ensure reimbursement meets cost.

Short Term Tactics to achieve Goals and Strategy (18-24 month horizon)

General:

- Eliminate contract labor by initiating a program to target recruitment and retention
- Hire case managers in the ED
- Develop and implement a cleaning program that will eliminate negative perceptions.
- Establish Ives Day for celebration of academics and philanthropy
- Create a Department of Pastoral Care
- Develop a mechanism for all employees to have Internet access
- Initiate new outpatient information systems

Facility Related:

- Improve access to the Hospital and its parking facilities
- Develop the Hallet Comprehensive Diabetes Center
- Bring the Emergency Department spaces up to current space standards
- Provide for the Emergency Department's growth
- Develop a chest pain unit in the Emergency Department
- Provide for a state-of-the-art Comprehensive Cancer Center
- Improve access and communications between the Oncology clinics and Radiation Therapy

- Upgrade the Operating suite
- Move Pre-admission Testing closer to the operating rooms
- Renovate the surgical intensive care unit
- Relocate and refurbish the Endoscopy suite
- Refurbish space for cardiac care
- Create an Orthopedic Center of Excellence
- Create new residents quarters
- Renovate Oncology clinics in the George building
- Establish a General Clinical Research Center
- Eliminate three and four bedded inpatient rooms from Rhode Island Hospital

Ongoing support for longer term Initiatives

- Continue and initiate planning the for Centers including all market, financial, facility, and operational aspects
- Coordinate with regulatory agencies
- Capital campaign planning and start-up

Community outreach

As the state's leading provider of uncompensated care for the poor and uninsured, Lifespan ensures that quality medical care is accessible for all Rhode Islanders. In addition, the system remains committed to the larger goal of improving the health status of the people of Rhode Island, and recognizes that in the long run good health flows not from medical interventions but from positive quality of life, healthy lifestyle choices, a safe environment, and freedom from poverty.

The clinicians and employees of the system's partner hospitals are involved in a wide range of health care services, research initiatives, and community collaborations. While a comprehensive index of these projects exceeds the scope of this report, a snapshot of Lifespan's community-based activities includes:

- Lifespan's Community Health Institute spends \$600,000 yearly to provide a variety of community outreach, with particular emphasis on the needs of low-income communities.
- Individual Lifespan institutions also provide a wide range of community services, such as asthma education, AIDS prevention, and prostate screening.
- Lifespan is a founding partner in the South Providence Development Corporation, and has actively participated in SPDC's efforts to provide employment opportunities to South Providence residents and to create new businesses in the community.
- Lifespan is also a founding partner in Health & Education Leadership for Providence (HELP), a partnership with the city's private, not-for-profit colleges and universities.
- Lifespan's Child Protection Program – an endowed program based at Hasbro Children's Hospital – provides a variety of services aimed at detecting and preventing child abuse.

- Draw A Breath, based at Hasbro Children's Hospital and supported by the Rhode Island Hospital Foundation, is a multi--faceted program that provides children and their families with information, knowledge and access to other resources that can help in controlling pediatric asthma. Draw Breath sponsors asthma education programs in Providence schools, a one-week summer camp for children with asthma and a swim-training program for asthmatic children in South Providence.
- In collaboration with the American Heart Association, Lifespan sponsors *HeartPower!* An innovative educational program aimed at helping 27,000 Rhode Island school children develop health heart habits.
- The Miriam Hospital's Immunology Center provides a wide range of services to HIV-positive men and women, including testing and counseling services provided at Community Access, a South Providence storefront.

Section 503.2

Existing Conditions

Section 503.2 – Existing Conditions

Description of existing conditions that shall include a list of all properties owned or leased by the institution, arranged by assessors plat and lot and street address; present uses, whether single or multiple uses, including street level and all upper story uses; condition of buildings, structures, parking lots, open space and the like; and other relevant existing conditions of the campus or grounds

503.2 Existing Conditions

General

The official main point of entry into the hospital is from Eddy Street, however, an equal or greater amount of traffic comes from Dudley Street, and this stream of traffic includes emergency services, deliveries of goods, equipment, utilities, medical gasses and patients accessing the MOC, Co-op and Hasbro Children's Hospital.

Rhode Island Hospital is also the main delivery point for bulk materials for all of the Lifespan institutions that arrive on large tractor-trailers. These are off-loaded at the Capeway Building, located on Willard Street and then broken down according to destination, loaded onto smaller trucks that are better suited to negotiate the streets of Providence and roads leading to other Lifespan hospitals in Rhode Island.

503.2.a List of properties owned or leased by the institution

503.2.b Present Uses

503.2.c Plot and lot number site plan

Listed on the following pages are Rhode Island owned and leased properties, complete with plat, lot size, primary use and condition. These sheets contain or exhibit the following information:

- a) Listing of all Rhode Island Hospital property by name, description, primary use and condition.
- b) An area map of Rhode Island Hospital and surrounding area delineating building locations, and name, plus parking lot locations, designation/use and their capacity, plus plot and zone designation.
- c) The Rhode Island Hospital campus map indicating the Hospital's:
 - Inpatient buildings
 - Non clinical support buildings
 - Parking areas
 - Residential houses
 - Outpatient buildings

**Rhode Island Hospital Property
Land Use**

Plat	Lot	Lot Size (sf)	Name/ Description	Primary Uses	Condition
22	349	940,921	Aldrich	Offices,labs	Good
22	349	940,921	Ambulatory Patient Center	Hospital	Good
22	349	940,921	Annex	Offices	Good
46	255	52,427	Capeway Building	Maintenance, storage	Good
21	30	11,650	Coro Building	Offices, Clinical, Research	Good
21	244	63,541	Coro Building	Offices, Clinical, Research	Good
21	254	46,767	Coro Building	Offices, Clinical, Research	Good
21	257	6,282	Coro Building	Offices, Clinical, Research	Good
21	392	2,638	Coro Building	Offices, Clinical, Research	Good
21	409	33,633	Coro Garage	Employee, public parking	Good
21	416	8,491	Coro Garage	Employee, public parking	Good
22	349	940,921	Crawford Allen	Hospital	Poor
22	349	940,921	Crescent Building	Offices	Good
22	349	940,921	Davol Building	Hospital	Good
45	845	20,512	Day Care Center Formerly Somerset St.	Day care	Good
22	349	940,921	Generation Plant	Power generation	Good
22	349	940,921	George Building	Hospital	Good
22	348	30,582	Gerry House	Dorm	Good
22	349	940,921	Grad's Dorm	Offices,labs	Good
22	349	940,921	Grosvener Building	Hospital	Good
22	349	940,921	Hasbro's Children	Hospital	Good
22	349	940,921	Jane Brown	Hospital	Good
22	349	940,921	Keystone Building	Offices	Good
23	663	4,150	Landscape	Vacant lot	Good
45	100	165	Landscape	Vacant lot	Good
46	245	4,564	Landscape	Vacant lot	Good
46	256	3,618	Landscape	Vacant	Good
46	484	1,538	Landscape	Vacant	Good
22	349	940,921	Main Building	Hospital	Good
45	846	10,739	McDonald House	Leased (McD.H.)	Good
46	615	67,308	Medical Mall	Hospital	Good
22	349	940,921	Meehan Building	Hospital	Good
22	349	940,921	Metcalf Solarium	Offices, labs	Good
22	349	940,921	Middle House	Offices,labs	Good
22	349	940,921	Multiphasic Building	Offices, labs	Good
22	349	940,921	Nursing Arts Building	Offices, labs	Good
22	349	940,921	Parking Lot A	Public parking	Good
23	889	50,724	Parking Lot B	Public parking	Fair
46	37	6,060	Parking Lot C	Public parking	Good
46	38	56,560	Parking Lot C	Public parking	Good
46	44	5,050	Parking Lot C	Public parking	Good
46	49	15,150	Parking Lot C	Public parking	Good
46	53	10,382	Parking Lot C	Public parking	Good
46	593	10,100	Parking Lot C	Public parking	Good
46	602	5,799	Parking Lot C	Public parking	Good
46	63	4,026	Parking Lot D-1	Employee parking	Good

**Rhode Island Hospital Property
Land Use**

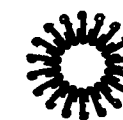
Plat	Lot	Lot Size (sf)	Name/ Description	Primary Uses	Condition
46	64	5,109	Parking Lot D-1	Employee parking	Good
46	65	4,946	Parking Lot D-1	Employee parking	Good
46	67	5,040	Parking Lot D-1	Employee parking	Good
46	68	5,040	Parking Lot D-1	Employee parking	Good
46	69	5,040	Parking Lot D-1	Employee parking	Good
46	70	5,040	Parking Lot D-1	Employee parking	Good
46	71	5,040	Parking Lot D-1	Employee parking	Good
46	72	5,040	Parking Lot D-1	Employee parking	Good
46	74	5,040	Parking Lot D-1	Employee parking	Good
46	75	5,040	Parking Lot D-1	Employee parking	Good
46	78	10,080	Parking Lot D-1	Employee parking	Good
46	81	37,296	Parking Lot D-1	Employee parking	Good
46	83	10,080	Parking Lot D-1	Employee parking	Good
46	87	9,049	Parking Lot D-1	Employee parking	Good
46	90	2,016	Parking Lot D-1	Employee parking	Good
46	483	4,794	Parking Lot D-1	Employee parking	Good
46	541	1,260	Parking Lot D-1	Employee parking	Good
22	36	4,232	Parking Lot D-3	Employee parking	Good
22	56	122,568	Parking Lot D-3	Employee parking	Good
46	92	21,627	Parking Lot D-4	Employee parking	Good
46	145	39,734	Parking Lot E-1	Employee parking	Good
46	594	58,090	Parking Lot E-1	Employee parking	Good
46	598	29,634	Parking Lot E-1	Employee parking	Good
46	240	6,146	Parking Lot E-3	Employee parking	Good
46	242	4,036	Parking Lot E-3	Employee parking	Good
46	243	4,209	Parking Lot E-3	Employee parking	Good
46	244	4,381	Parking Lot E-3	Employee parking	Good
45	40	13,604	Parking Lot E-10	Employee parking	Good
45	42	5,260	Parking Lot E-10	Employee parking	Good
45	43	5,242	Parking Lot E-10	Employee parking	Good
45	44	5,210	Parking Lot E-10	Employee parking	Good
45	45	2,203	Parking Lot E-10	Employee parking	Good
45	46	7,671	Parking Lot E-10	Employee parking	Good
45	48	3,823	Parking Lot E-10	Employee parking	Good
45	49	4,024	Parking Lot E-10	Employee parking	Good
45	50	4,024	Parking Lot E-10	Employee parking	Good
45	51	4,024	Parking Lot E-10	Employee parking	Good
45	185	2,979	Parking Lot E-10	Employee parking	Good
45	575	2,396	Parking Lot E-10	Employee parking	Good
45	851	25,601	Parking Lot E-10	Employee parking	Good
45	39	7,042	Parking Lot E-10, landscaping	Employee parking	Good
45	164	11,288	Parking Lot E-10, landscaping	Employee parking	Good
23	706	6,179	Parking Lot E-11	Employee parking	Good
23	707	5,034	Parking Lot E-11	Employee parking	Good
23	413	19,650	Parking Lot E-11, landscaping	Employee parking	Good
46	612	81,600	Parking Lot E-2, Prov. Gas	Employee parking	Good
46	262	10,239	Parking Lot E-5	Employee parking	Good

**Rhode Island Hospital Property
Land Use**

Plat	Lot	Lot Size (sf)	Name/ Description	Primary Uses	Condition
23	351	323,399	Parking Lot E-7, D-2,partial B	Employee, public parking	Fair
23	418	4,863	Parking Lot E-8	Employee parking	Good
23	538	4,862	Parking Lot E-8	Employee parking	Good
45	163	2,903	Parking Lot E-9	Employee parking	Good
45	862	69,884	Parking Lot E-9	Employee parking	Good
45	89	9,000	Parking Lot E-9	Employee parking	Good
45	91	9,000	Parking Lot E-9	Employee parking	Good
23	702	5,500	Parking Lot E-12	Employee parking	Good
23	703	5,500	Parking Lot E-12	Employee parking	Good
22	349	940,921	Parking Lot P-1	Public parking	Good
22	349	940,921	Parking Lot P-2	Employee parking	Good
22	349	940,921	Parking Lot P-3	Public parking	Good
22	349	940,921	Parking Lot P-4	Public parking	Good
22	349	940,921	Parking Lot P-5	Public parking	Good
22	349	940,921	Parking Lot P-6	Public parking	Good
22	N/D	24,840	Parking Lot P-7	Public parking	Good
23	355	1,663	Parking Lot W-4	Employee parking	Good
23	419	4,397	Parking Lot W-4	Employee parking	Good
23	427	21,155	Parking Lot W-4	Employee parking	Good
23	517	1,427	Parking Lot W-4	Employee parking	Good
23	541	2,848	Parking Lot W-4	Employee parking	Good
23	657	2,354	Parking Lot W-4	Employee parking	Good
23	658	2,592	Parking Lot W-4	Employee parking	Good
23	659	2,781	Parking Lot W-4	Employee parking	Good
23	661	3,657	Parking Lot W-4	Employee parking	Good
23	684	2,262	Parking Lot W-4	Employee parking	Good
23	685	3,051	Parking Lot W-4	Employee parking	Good
23	696	3,479	Parking Lot W-4	Employee parking	Good
23	700	2,862	Parking Lot W-4	Employee parking	Good
23	421	59,230	Parking Lot W-4, W-5	Employee parking	Good
23	442	23,582	Parking Lot W-4, W-5	Employee parking	Good
23	N/D	32,000	Parking Lot W-4, W-5	Employee parking	Good
23	372	8,027	Parking Lot W-5	Employee parking	Good
23	417	6,259	Parking Lot W-5	Employee parking	Good
23	439	6,179	Parking Lot W-5	Employee parking	Good
23	440	6,103	Parking Lot W-5	Employee parking	Good
23	652	7,560	Parking Lot W-5	Employee parking	Good
23	654	8,208	Parking Lot W-5	Employee parking	Good
23	656	4,098	Parking Lot W-5	Employee parking	Good
23	662	3,903	Parking Lot W-5	Employee parking	Good
23	704	6,687	Parking Lot W-5	Employee parking	Good
23	729	2,806	Parking Lot W-5	Employee parking	Good
23	762	2,350	Parking Lot W-5	Employee parking	Good
23	406	2,420	Parking Lot W-5, landscaping	Employee parking	Good
23	438	5,500	Parking Lot W-5, landscaping	Employee parking	Good
23	730	2,604	Parking Lot W-5, landscaping	Employee parking	Good
22	342	46,250	Physician Office Bldg.	Offices	Good

**Rhode Island Hospital Property
Land Use**

Plat	Lot	Lot Size (sf)	Name/ Description	Primary Uses	Condition
22	349	940,921	Potter Building	Hospital	Poor
22	349	940,921	Radiation Therapy	Hospital	Good
22	349	940,921	Samuel's Dental Center	Hospital	Good
22	349	940,921	Southwest Pavilion	Offices, labs	Poor
23	772	175,625	Women and Infants Hospital	Leased (To W & I)	Good



Rhode Island Hospital

A Lifespan Partner
**Facilities
Management
Department**

593 Eddy Street
Providence, RI 02903
Tel: 401 444 8000
Fax: 401 444 8389

Sheet Title

PLAT PLAN

Project Title

RHODE ISLAND
HOSPITAL
ZONING PLAN

Project Information

W.O. No: -

Date: APRIL 11, 2002

File No: -

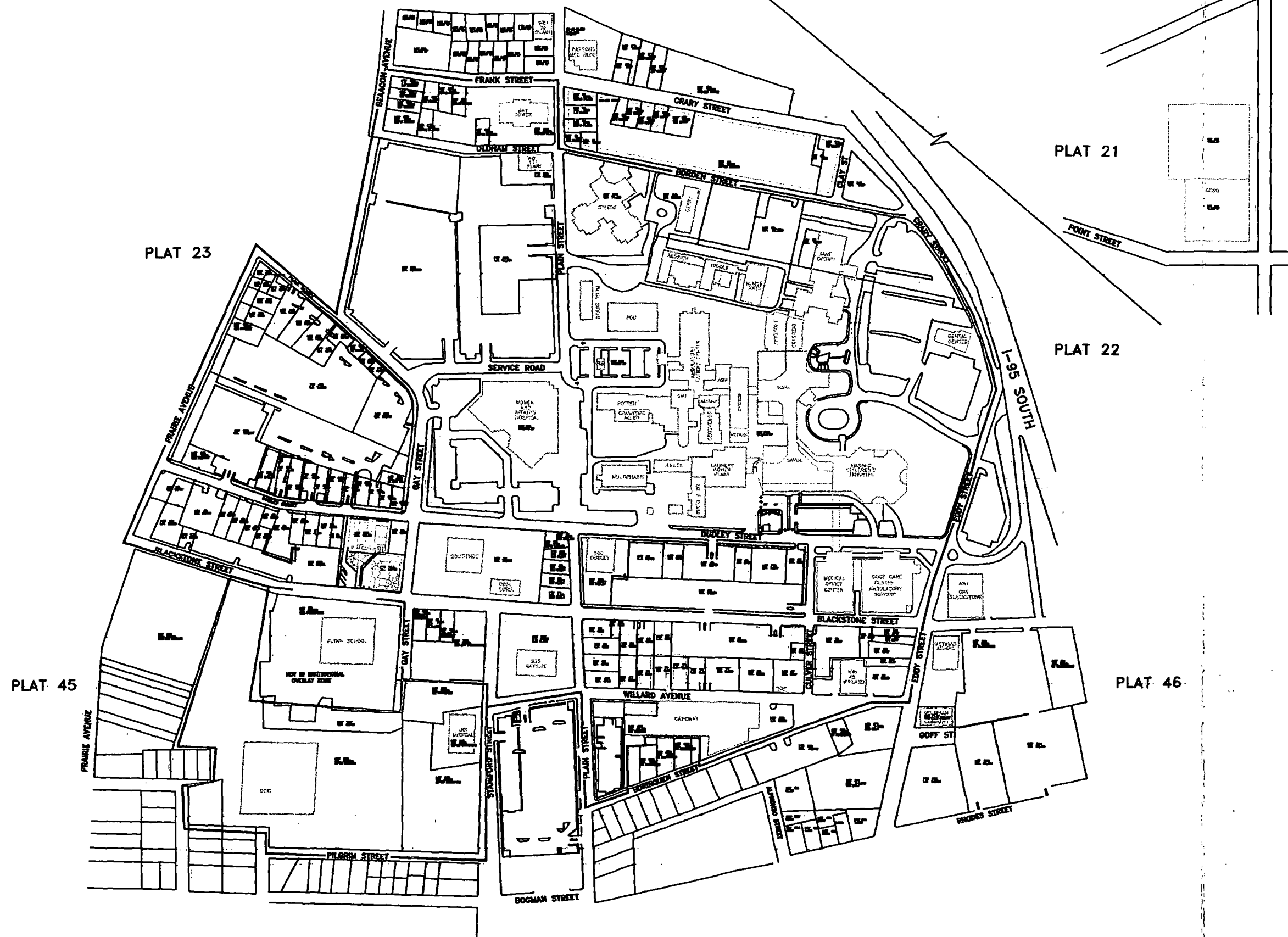
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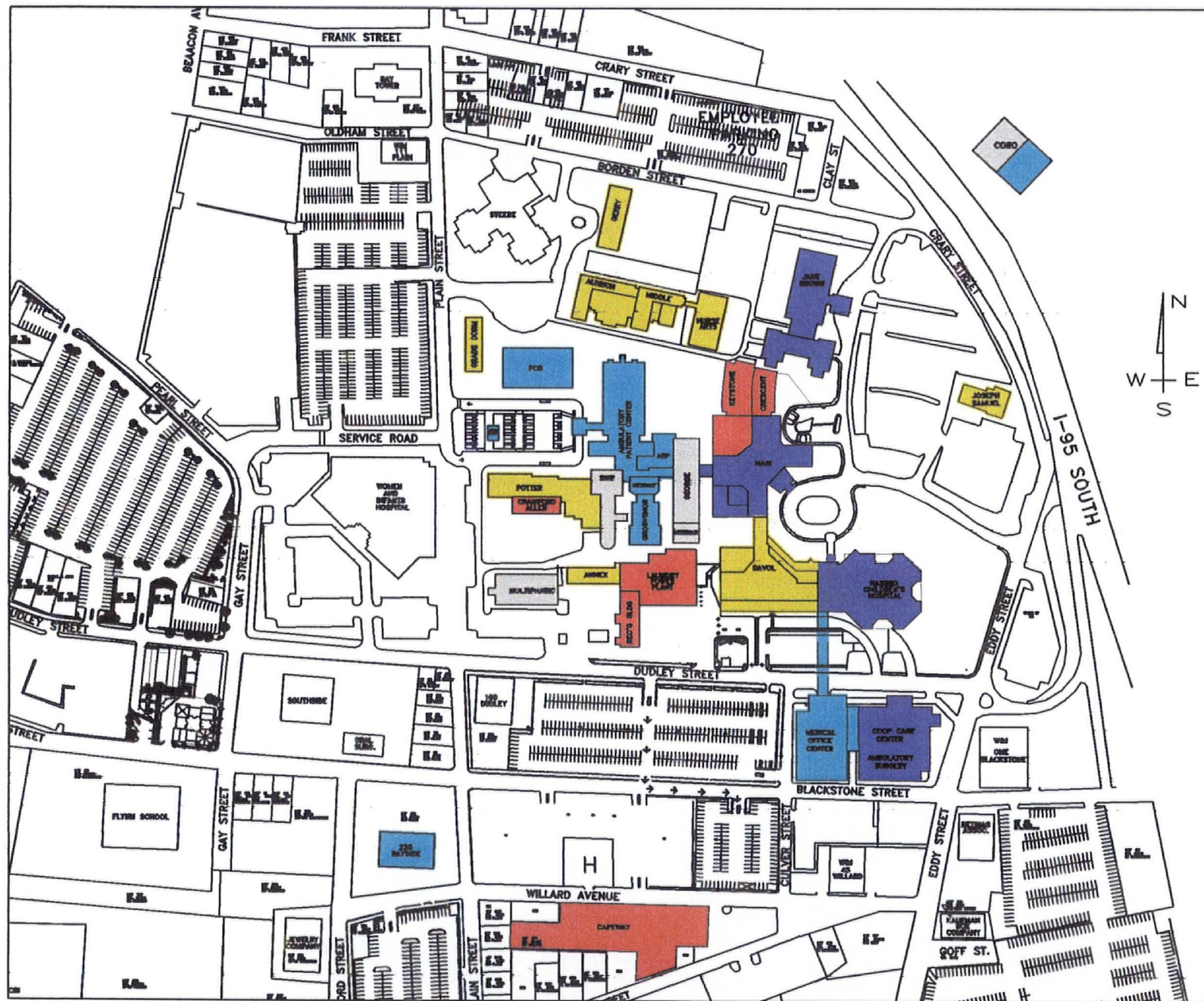
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Drawing No.

A1-1





BUILDING USE

LEGEND

INPATIENT	
OUTPATIENT	
O.C.E.	
RESEARCH	
SERVICE	

503.2.d Condition of buildings.

In September of 1997, Lifespan hired Space Diagnostics and Shepley Bulfinch Richardson and Abbott, AIA, to conduct a study to assess building assets and determine the suitability for continuing investment and long-term highest and best use for the Rhode Island Hospital Buildings. The first phase of the study involved a facility condition evaluation of all building stock on all of the Lifespan campuses. This evaluation considered the key characteristics of each building in 11 categories that are critical to functional performance:

- Site Access/Parking
- Functional Design
- Structural System
- Exterior Envelope
- Mechanical/HVAC Systems
- Electrical/Communication Systems
- Information Systems
- Life Safety Code Compliance
- Vertical Circulation
- ADA Compliance
- Overall Physical Condition

We believe that this evaluation is the document that best describes the existing conditions of the buildings and we included it as an attachment to this submission. The facility evaluation (summarized on the tables on pages H1-H19) identified several conditions in specific buildings, which seriously constrain their performance. For example, in some buildings fixed and immutable “functional design” elements such as floor-to-floor heights and building width are inappropriate for patient care. No reasonable amount of capital can alter these characteristics, and so these structures always will be less than satisfactory in supporting inpatient care.

This study was used for the next phase of the facilities development plan to determine which buildings need to be vacated as soon as possible. The urgency of moving out of substandard building coupled with the need to expand a number of key programs led to the acquisition of the Coro building at the end in March 2001. There were many reasons to purchase Coro Building:

1. Resolves immediate space constraints affecting the implementation of the Master Plan.
2. Enables relocation from Southwest Pavilion to address safety and infrastructure issues.
3. More cost effective and less time consuming than building a new building
4. Access to 920 car parking garage
5. The complex is close to the main campus
6. Easy highway access for patients and staff

See also following attachments:

- 503.2.d1 - Rhode Island Hospital – Facility Condition Summary
- 503.2.d2 - Description of the Coro building and its proposed future use.
- 503.2.d3 - Description of buildings contemplated to be demolished; space that needs to be relocated; plan to accomplish these relocations.

503.2.d1 - Attachment — Rhode Island Hospital - Facility Condition Summary

BUILDING EVALUATION

LEGEND

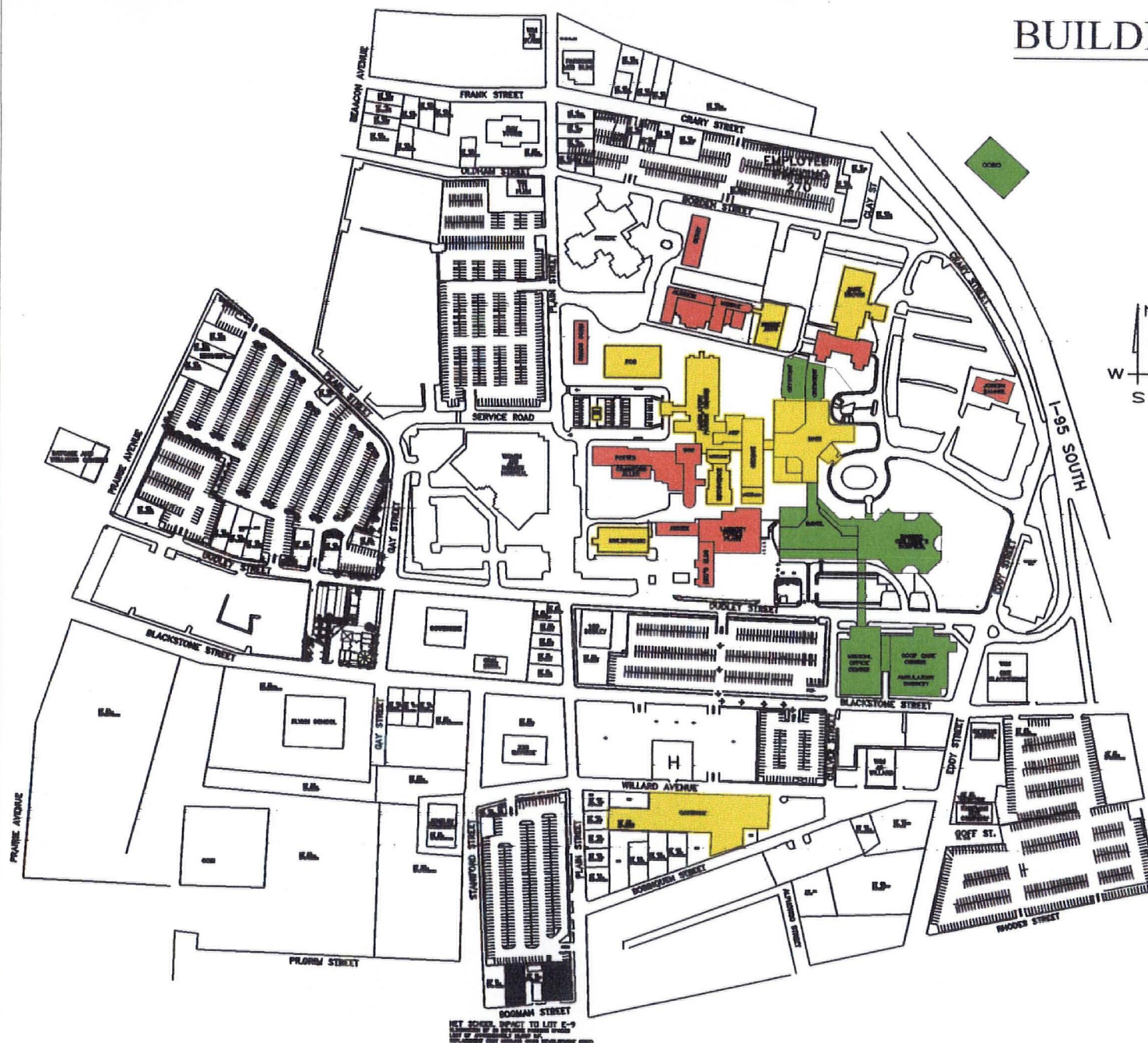
GOOD



FAIR



POOR



NET SCHOOL IMPACT TO LIT E-9
CLASSROOM OF 25 STUDENTS
LIT OF APPROXIMATELY 1000
STUDENTS

Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory
6/23/97

1. Building Name	2. Year Built	3. Total GSF (S.F.)	4. Number of Floors	5. Floorplate (GSF)	6. Minimum Floorplate	7. Building Type	8. Major Systems	9. Major Systems - Structural/Exterior Envelope	10. Major Systems - Mechanical/HVAC	11. Major Systems - Electrical	12. Major Systems - Fire	13. Major Systems - Vertical Circulation	14. Comments
A.P.C.	1973	344,904	15-story plus Bsm	15th-1,560; 1st thru 14th-22,430; Bsm-35,510	12'-6"	Ambulatory Patient Care	13th thru 15th-Service Production & Bldg Support(Mech. & Elev. Equipment) 1st thru 12th flr-Ambulatory Care Bsm - Service Production & Bldg Support	Type I (443) poured conc. frame. PC veneer, alum. single pane windows and BUR roofing which needs replacing ASAP. PC is spalling and exposing reinforcing. The ext. condition of this bldg. is poor.	AHU equipment and cooling tower are on the 13th floor. All are 20+ years old. Fan coil units provide control to spaces. All AHU have an economizer cycle and are fully automated. Chillers are as old as bldg and in fair condition. They are located in the Keystone. Steam is provided from Power Plant. Fresh air intake is located poorly. It takes in exhaust fumes.	Transformer recently replaced, however panels and feeders are 20+ years old. Light fixtures have all been updated as has the tele-communication system. A fiber optic back bone is in place, and all level 4 or 5 data ports installed. Nurse call system requires upgrade.	Partial fire sprinkler system. New fire alarm system throughout the bldg. No dead end corridors are present, and all smoke/fire walls maintain their integrity from deck to deck.	Original 1973 elevators that are well maintained, updated to meet ADA standards. Sufficient quantity to meet the demand.	Asbestos is present on piping. Third floor asbestos removal project is now under way. The ground water table is high in this area of the site. Basement level has consistent ground water leaks at the foundation.
Aldrich	1928	56,669	7-story plus basement	7th-5,940; 6th thru 2nd-6,200; 1st-12,355; Bsm-	?	Resident Doms	4th thru 7th flr-Clinical Research(Med, Ortho, Diag. Imaging, Pathology, Cancer, etc. Research labs) 2nd & 3rd flr-Limited Access Office/Conference/Education (Research Admin. Offices) 1st flr-Unrestricted Access Office/Conference/Education	Type II (222) poured conc. structure. Solid masonry construction in poor condition. BUR roof is in poor condition and the windows need replacing	2-pipe perimeter system w/ window AC units. AHU serves 4th, 6th & 7th. (2) Chiller located on the roof, the chiller in Keystone and cooling tower in A.P.C. covers only a portion of Aldrich. Remaining is covered by window AC. Plumbing system was not designed to accommodate a laboratory and should be replaced.	Main transformer, feeders and panel boards require replacement. Light fixtures have been updated as has the tele-communication system. A fiber optic back bone is in place, and all level 5 ports.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors are present, and all smoke/fire walls maintain their integrity from deck to deck.	Elevators are well maintained, have been updated to meet ADA standards, and there are sufficient quantity to meet the demand.	This is not a laboratory. This building has been upgraded, and the infrastructure can not support it. Consider retiring Aldrich.
Annex	1928	20,775	4-story plus Bsm	1st thru 4th-4,160 Bsm-4,150	12'-3"	?	2nd thru 4th flr-Limited Access Office/Conference/Education (IS Technical Center, Community Relations, Safety, Hospital Construction, Property Mgt., Etc.) Bsm & 1st flr-Service Production & Bldg Support(Facilities Management)	Type II (222) poured conc. structure. Solid masonry construction in poor condition. BUR roof is in poor condition and the windows need replacing.	2-pipe perimeter system w/ window AC units. No AHU. Plumbing system is original and requires replacing/updating.	Main transformer, feeders and panel boards require replacement. Light fixtures have been updated as has the tele-comm. system. A fiber optic back bone is in place, and all level 4 or 5 data ports are installed.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present, and all smoke/fire walls maintain their integrity from deck to deck.	Poor; none available to the building.	Consider retirement.

Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory
6/23/97

1. Building Name	2. Year Built	3. Total Gross S.F. (GSF)	4. Number of Floors	5. Floor Area (GSF)	6. Building Height (ft)	7. Original Use	8. Current Use	9. Structural System	10. Heating System	11. Cooling System	12. Fire Protection System	13. Elevator System	14. Comments
Bayside	?	6,313	?	5th-6,310	?	?	5th flr-Ambulatory Care (Adult Psychiatry)						Little is known about this building at this time.
Capeway	?	41,331	1-story plus Basement	1st-38,296 Bsm-3,035	20'-0"	Warehouse	Bsm & 1st flr- Service Production & Bldg Support (Facilities Management, Grounds, Stores, Support, etc.)	Type V(000) CMU walls in poor condition. Wood and steel roof trusses are not fire protected, but exposed. The roof is in poor condition requiring replacement soon.	The heating system is presently not in use. Building has 1996 boilers, but they are idle. Building has no air handling system. Plumbing system is in fair condition.	Main transformer, feeders and panel boards require replacement. Light fixtures have been updated as has the tele-comm. system. A fiber optic back bone is in place, and all level 4 or 5 data ports are installed.	Partial fire sprinkler system. New fire alarm system throughout.	N/A	Presently a storage building. Consider a new building for storage/receiving/laundry at this location.
CO-OP	1994	101,772	4-story plus Ground	2nd thru 4th- 14,890	12'-4" Ground Flr	Inpatient and Outpatient care	1st thru 4th flr-Inpatient Care(CO-OP) Grd-Ambulatory Care(Outpatient Surgery and Recovery)	Type II (222) fire protected steel frame construction. Brick veneer on steel stud exterior envelope in good condition. Roof and skylight canopy in good condition. Thermally broken alum. windows.	AHU supply corridors and common spaces with VAV system and ducted supply and return. Patient rooms are equipped with self contained water source heat pumps supplying both heating and cooling.	System as old as the bldg and in good condition. New tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place through-out the campus.	100% fire sprinkler system. New fire alarm system through-out the hospital. No dead end corridors under present occupancy, and no fire or smoke wall penetrations.	New, ADA accessible elevators of sufficient quantity w/separate service and passenger cars. Connection to the hospital pneumatic tube system is presently at the recovery desk-1st floor.	This building's HVAC system and exit corridors were not necessarily designed to hospital standards. This could make it less flexible when considering its "Highest and Best Use".
Crawford-Allen	1958 1984	5,278	1-Story plus Mezzanine and Basement	5,278	13'-0"	Laundry and support for the Potter Bldg	Bsm-Service Production & Bldg Support (Laundry, Respiratory Services)	Type II (222) poured conc. structure.	2-pipe perimeter system w/ window AC units. Limited areas covered by Keystone chillers. Plumbing system is original and requires replacing/updating.	Feeders are marginal and require replacement. Panel boards have been updated recently, as have the light fixtures. New tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place throughout the campus.	Partial fire sprinkler system. New fire alarm system throughout. No dead end corridors present, and all smoke/fire walls maintain their integrity from deck to deck.	Elevator is combined service and passenger, non ADA compliant and in poor condition.	As part of the Potter building, this facility was primarily a service basement.

Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory
6/23/97

Building Name	Year Built	Total Gross Area (GSF)	Number of Floors	Floor Plate Area (GSF)	Minimum Floor Plate Area (SF)	Original Use	Current Use	Structure/Exterior Envelope	Mechanical/HVAC	Electrical	Plumbing/Systems/SES	Life Support/Systems/Verif	Other Comments
Crescent	1964 1990	3,236	Basement	3,236	13'-0"	Officing and Public Corridor	Bsmt-Public-Access Service and Amenities (Admitting)	Type I (332) poured conc. structure. Brick veneer on CMU back-up pointed in 1996. Alum windows and ballasted EPDM roofing installed in 1990.	AHU supply make-up air. They have an economizer cycle and are fully automated. Chilled water is from Keystone chillers and A.P.C cooling towers. System is in good condition. Plumbing system is cast iron and copper. Again, in good condition.	Main transformer, feeders and some panel boards are in fair condition. New tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place throughout the campus.	Partial fire sprinkler system. New fire alarm system through-out. No dead end corridors present, and all smoke/fire walls maintain their integrity from deck to deck.	N/A	Asbestos in present in this building.
Davol	1983 1993	98,487	10-story plus Basement and	4th thru 10th-780 3rd-15,710 2nd-27,830 1st-24,350 Bsmt-25,120	14'-6"	Inpatient and Emergency Department	10th thru 3rd flr-Limited-Access Office/Conference/Education 3rd-Service Production & Bldg Support (Mech./Electrical Equip) 2nd-Inpatient Care(surgical Ors, x-ray) 1st flr-Ambulatory Care & Wet Lab (ED, Hematology Lab, Physician Referrals, Dept. of Surgery and Anesthesia) Bsmt-Diagnostic and Treatment(CT, X-ray)	Type II (222) fire protected steel frame. Exterior is insulated metal panel. It is in good condition, but there are minor leaks. Roof and skylight canopy are in fair condition. Thermally broken alum. windows and doors are in good condition.	AHU supply make-up air. They have an economizer cycle and are fully automated. Four pipe VAV supply each area. each area. Steam is supplied from the main power plant to chillers and cooling towers on the roof. These were rebuilt in 1991. They are not sized for the Davol expansion. Sanitary system is in fair condition while supply side is good.	Main transformer, feeders and panel boards are in good condition. New tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place throughout the campus. Light fixtures have been updated, but nurse call system should be replaced soon.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present, and all smoke/fire walls maintain their integrity from deck to deck.	Elevators are sufficient in quantity, adequately sized, and provide separate service and passenger cars. Bldg can (4) additional elevators.	Asbestos in present on plumbing joints in this building. The ED decontamination tank is underground here. It is in good connotation. Isolation rooms per CDC are present in the ED. The site is well organized, provides clear visibility to both walk-in and ambulance entries, and provides adequate parking.
Generator	1975	16,106	3-story	5,370	14'-0"	Generator	1st thru 3rd-Service Production & Bldg Support	Type II (222) poured conc. structure. Masonry construction in poor condition. Roof is in fair condition	25 ton AHU supplies this area as well as the Power Plant and laundry. No AC.	Four steam turbine generators supply the campus with electricity. (2) are 1,750 KW and are 1975 vintage. installed in 1993. One 1983 "Black-Start" generator is back up if the Power Plant turbines would shut down. It is well maintained and tested as required.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present.	One service elevator seems adequate. It is not ADA accessible.	The 2,000 amp, 4,160 volt, 3 phase, 4-wire switch gear is at it maximum. It must be replaced prior to any expansion on campus. Gasoline storage tanks require replacement prior to 1998 when EPA regulations become stricter.

**Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory**
6/23/97

Building Name	Year Built	Area (S.F.)	Number of Floors	Floor Area (S.F.)	Height (Feet)	Original Use	Current Use	Structural System	Heating System	Cooling System	Fire Protection System	Elevators	Comments
George	1959 1994	46,191	3-story plus Basement	1st thru 3rd- 10,590	12'-6"	Inpatient Care	3rd flr- Limited-Access Office/ Conference/Education & Wet Lab Research (Med. Officing, Research, Animal) 2nd flr-Diagnostic and Treatment(CT, Ultrasound, Special Procedure) 1st flr-Public-Ambulatory Care & Access Services and Amenities (Clinic, Bank, Environs. Services) Bsmt-Service Production & Bldg Support (Food production, Stores)	Type I (332) poured conc. structure. Brick veneer on CMU back-up pointed in 1996. Windows roof and doors all require replacement	Small split system mounted on the roof. AHU supply make-up air. HVAC system is in good condition.	Main transformer, feeders and panel boards are approx. 40 yr. old, but in good condition.	Partial fire sprinkler system. New fire alarm system through-out. No dead end corridors present.	Elevators are sufficient in quantity adequately sized, but combine service and passenger. They are ADA compliant and in fair condition.	Asbestos present throughout building, but in good condition i.e. non-friable.
Gerry House	1964 1991	47,169	5-story plus Ground and Basement	1st thru 5th- 6,380 Grd-7,500 Bsmt-7,780	10'-0"	Dorm	2nd thru 5th flr- Limited-Access Office/ Conference/Education (Resident Services, On-Call Rms, etc.) 1st flr- Limited-Access Office/Conference/ Education & Clinical Research (Div. of Infectious Disease, Growth Hormone Study, etc.) Grd flr-Unrestricted Access/Office/ Conference/Education (Social Rm, Office/Conf.) Bsmt-Service Production & Bldg Support(Envirn. Services, Nutritional Health)	Residential occupancy; Type I (332) poured conc. structure. Brick veneer on CMU back-up and in good condition. Windows roof and doors all require replacement.	2-pipe system w/AHU with a chiller. from 1964 in the basement. Chiller is in poor condition. Retubing has been suggested because the physical size of the chiller room will not allow for replacement.	Feeders and panels are marginal and require replacement. Light fixtures have been updated and new tele-comm. system w/level 4 and /or 5 data ports.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present. Smoke detection present.	Elevators are sufficient in quantity adequately sized, but combine service and passenger. They are ADA compliant and in fair condition. Both trash and linen chutes are sealed.	Asbestos present throughout building, but in good condition i.e. non-friable. Building requires ADA update throughout.
Grad's Dorm	1929 1993	14,788	3-story plus Basement	3,700	10'-0"	Dorm	2nd & 3rd flr- Limited-Access Office/ Conference/Education (Continuing care, Tomorrow Fund, etc.) 1st flr-Ambulatory Care(Employee Health) Bsmt- Wet Lab Research (Central Research Lab)	Type I (332) poured conc. structure. Brick masonry wall construction in poor condition. Windows roof and doors all require replacement.	Roof mounted split system w/AHU, and small chiller. No energy management. Window AC units provide most of the cooling. Plumbing system is original and in poor condition.	Feeders and panels are marginal and require replacement. Light fixtures have been updated and new tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place throughout the campus.	100% fire sprinkler system. New fire alarm system throughout the hospital. No dead end corridors and no fire or smoke wall penetrations. The building does utilize an exterior fire stair.	No elevator in this building.	Asbestos is present throughout the building, but it is in good condition; i.e. non-friable. Accessibility is fair. All areas could be improved.

Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory
6/23/97

1. Building Name	2. Year Built	3. Total GSF	4. Number of Floors	5. Floor Plate (GSF)	6. Minimum Floor to Floor	7. Original Use	8. Major Current Use	9. Major Structural & Exterior Envelope	10. Major Mechanical/HVAC	11. Major Electrical Systems	12. Major Fire Protection Systems/FSES	13. Major Vertical Circulation	14. Comments
Grosvenor	1924 1993	9,284	1-story plus penthouse	1st-8,680 PH-600	?		1st flr- Diagnostic and Treatment(Gamma Knife Center, MRI Network)	Type I (332) poured conc. structure. Brick masonry wall construction in poor condition. Windows, skylight, roof and doors all in good condition.	Roof top AHU system in good condition. Both sanitary and supply plumbing should be replaced. Only O2 and Vac-Med gas present.	Panel boards have been updated recently, as have the light fixtures. New tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place through- out the campus.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present.	No elevator in this building.	Asbestos present throughout building, but in good condition; i.e. non-friable. Good ADA access and accommodations throughout.
Hasbro Children's	1994	186,407	6-story plus Ground and Lower Level	4th thru 6th-20,500 3rd-16,650 2nd-28,760 1st-24,500 Grd-26,650 LL-28,550	13'-0" Typ. 14'-6"	Children's Hospital	6th thru 2nd flr-Inpatient Care(Peds beds, Ors, PICU and ICU) 1st flr-Public-Access Service and Amenities (Gift shop, Social Services, etc.) Grd & LL. flr-Ambulatory Care(ED, Radiology, Registration, Outpatient Ors, Peds Clinics)	Type II (222) fire protected steel construction. Building can be expanded three stories. Exterior envelope is brick veneer on CMU. It is in good condition. Thermally broken alum. windows and doors, and an ballasted roof system are all in good condition.	4-pipe VAV system with DDC controls. Installed in 1994, it has computerized management, economize cycles and 100% fresh air. Steam is supplied from the power plant to chillers and cooling tower in Hasbro. O2, Vav and medical air are found in all rooms.	Electrical, tele-communications and nurse call installed in 1994. All excellent.	100% fire sprinkler coverage, excellent fire alarm and smoke detection system. No dead end corridors or smoke or fire wall penetrations.	Elevators are sufficient in quantity, adequately sized, and provide separate service and passenger cars. All are ADA accessible. Building has a pneumatic tube system, and linen and trash chutes.	(2) Combination positive/negative pressure rooms are associated with each nurse station. They do not meet CDC standards however. High visibility with great front door access. Nicely designed exterior courtyards for the children and adequate parking and public transportation. Separate public and service corridors, high floor to floor structure and additional vertical capacity all provide high marks. Nurse pods lock staffing ratios and make it difficult to operate flexibly. Water table is 6 feet below grade.
Incinerator	1957 1984	2,224	1-story	2,224	20'-0"	Incinerator	Bsmt-Service Production & Bldg Support	Type III (000) non-combustible steel frame. Metal panels are in fair condition, but PM should be scheduled	1982, 1,300 lb/hr, rotary kiln incinerator will burn up to 100 ton/month. Heat recovery system is in place. It is fueled by natural gas.	Feeder and panel boards are in good condition. Staff are actively carrying through the PM program.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present.	N/A	A new smoke stack and scrubber system will be required to meet the 1990 Clean Air Act by May 1997. Either this should become the medical waste site for the Lifespan system or Lifespan should contract with an outside vender and eliminate the incinerator.
Jane Brown North	1970 1994	84,796	5-story plus Basement	5th-14,040 1st thru 4th-13,710 Bsmt-15,900	10'-0"	Inpatient Care	5th thru 1st flr-Inpatient Care(Psych, Oncology, Cardiothoracic, Vascular units) Bsmt flr- Ambulatory Care & Limited-Access Office/ Conference/ Education (Adm., Card. Rehab., IV Therapy, MRI Network, etc.)	Type I (332) poured conc. structure. Brick veneer on CMU back up in good condition. Roof in good condition, but windows require replacement.	AHU system with VAV reheat. Chilled water is supplied from chillers are in Keystone. Approx. load 350 ton. These chillers are presently overloaded by 4000 ton throughout the campus. A total of four negative pressure isolation room are available in Jane Brown. Fresh air intake is in a poor location. Plumbing system is poor and requires replacing. O2, Vac and med. air available in the patient rooms.	Main transformer and panel boards are reaching the end of their service life. Light fixtures, nurse call and tele-communication systems have all been recently replaced. the new tele-comm. system was installed with level 5 data ports. A fiber optic back bone is in place through-out the campus.	Partial fire sprinkler system. Fire alarm system requires updating. Dead end corridors are present. No smoke or fire wall penetrations where noted.	Elevators are sufficient in quantity adequately sized, but combine service and passenger. They are ADA compliant and in fair condition. A new pneumatic tube system has been installed. Both trash and linen chutes are in working condition and code compliant.	Asbestos present throughout building, but in good condition; i.e. non-friable. The building is only connected at the basement level. It is remote, there is not the desired quantity of private rooms, and the nurses feel the "H" shape is not a functional plan.

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Lifespan
The Rhode Island Hospital Campus Inventory**
6/23/97

1. Building Name	2. Year Built	3. Total Gross Sq. Ft. (GSF)	4. Number of Floors	5. Floor Area (GSF)	6. Minimum Floor Area	7. Original Use	8. Major Components	9. Structural Exterior Envelope	10. Major Systems Mechanical/HVAC	11. Major Systems Electrical	12. Major Systems Plumbing/HSES	13. Major Systems Elevators/Vertical Circulation	14. Comments
Jane Brown South	1921 1993	53,268	5-story plus Basement	5th-7,950 1st thru 4th-8,770 Bsmt-9,985	10'-0"	Inpatient Care	5th thru 2nd flr-Inpatient Care (Psych, GYN, Med/Surg., units) 1st flr-Vacant Bsmt flr-Limited-Access Office/Conference/Education (IS, Nursing, Security, Environ. Services)	Type I (332) poured conc. structure. Brick masonry exterior wall is in poor condition. Roof in good condition, but windows require replacement.	AHU system with VAV reheat. Chilled water is supplied from chillers are in Keystone. Approx. load 350 ton. These chillers are presently overloaded by 4000 ton throughout the campus. A total of four negative pressure isolation room are available in Jane Brown. Fresh air intake is in a poor location. Plumbing system is poor and requires replacing. O2, Vac and med. air available in the patient rooms.	Main transformer and panel boards are reaching the end of their service life. Light fixtures, nurse call and tele-communication systems have all been recently replaced. The new tele-comm. system was installed with level 5 data ports. A fiber optic back bone is in place through-out the campus.	Partial fire sprinkler system. Fire alarm system requires updating. Dead end corridors are present. No smoke or fire wall penetrations where noted.	Elevators are sufficient in quantity adequately sized, but combine service and passenger. They are ADA compliant and in fair condition. A new pneumatic tube system has been installed. Both trash and linen chutes are in working condition and code compliant.	Asbestos present throughout building, but in good condition; i.e. non-friable. The building is only connected at the basement level. It is remote, there is not the desired quantity of private rooms.
Joseph Samuel	1931 1993	14,875	2-story plus Basement	2nd-2,590 1st-5,600 Bsmt-6,680	12'-0"	Dental Office	2nd flr-Limited-Access Office/Conference/Education (ED Adm.) 1st flr-Ambulatory Care (Dental Clinic) Bsmt flr-Limited-Access Office/Conference/Education (ED Adm., Dental Center Officing)	Type II (222) concrete frame construction. The exterior envelope of brick masonry is in poor condition. The roof and wood window require replacing.	Small Dx system in poor condition. Perimeter hot water heat provided from a newer boiler on site. Window AC units provide the majority of the cooling. Med air and Vac pumps need replacing.	Main panels and breaker boxes are at the end of their useful life. Light fixtures have been updated as has the tele-comm. system. A fiber optic back bone is in place. N/call requires updating.	Life safety violations exists through the building. It is partially fire sprinklered, has a poor fire alarm system and numerous fire wall penetrations.	N/A	Asbestos present throughout building, but in good condition; i.e. non-friable. Visibility of this building is good, as is parking. ADA entry awkward. One must pass by treatment bays to fine the reception desk. Public accommodations and access path do not meet ADA requirements.
Keystone	1968 1988	22,798	1-story plus Basement and Sub-Bsmt	1st-8,500 Bsmt-8,900	13'-0"	Support and Cafeteria	1st flr-Public-Access Service and Amenities (Cafeteria) Bsmt flr-Limited-Access Office/Conference/Education (IS and Telecommunications Officing) Sub Bsmt-Service Production & Bldg Support (Mech. Equipment)	Type I (332) poured conc. and fire protected steel structure. Brick veneer on CMU back-up pointed in 1996. Alum windows and curtain wall. Ballasted EPDM roofing installed in 1989.	AHU supply make-up air. They have an economizer cycle and are fully automated. Steam is provided by the power plant to the chillers in Keystone. System is in good condition, but are overloaded by approximately 4000 tons..	Main transformer, feeders and some panel boards are fair condition. New tele-comm. system w/level 5 ports. A fiber optic back bone is in place through-out the campus.	Partial fire sprinkler system. New fire alarm system through-out has recently been installed. No smoke or fire wall penetrations where noted.	N/A	Asbestos in present in this building.
Laundry	1906 1994	23,710	3-story plus Basement	2nd & 3rd-7,230 1st-3,790 Bsmt-5,450	13'-0"	Laundry	1st thru 3rd-Service Production & Bldg Support (Laundry) Bsmt-Service Production & Bldg Support (Maintenance and Morgue)	Type IV(2HH) Heavy timber construction with masonry bearing walls. The exterior envelope is in poor condition.	25 ton AHU supplies this area as well as the Power Plant and generator. No AC.	Electrical systems are in need of replacing.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present.	One service elevator seems adequate. It is not ADA accessible.	Systems and equipment in old and in need of updating. This is one of the oldest building on campus. Asbestos is present in pipe insulation and flooring materials. It is also present in the abandon cooling tower on the roof.

**Table H-II:
Lifespan**
The Rhode Island Hospital Campus Inventory
6/23/97

Building Name	Year Built	Total Area (GSF)	Number of Floors	Footprint (GSF)	Minimum Floor Area	Original Use	Current Use	Exterior Wall	HVAC System	Electrical	Plumbing	Fire Protection	Other Comments
Main	1955	298,822	11-story plus Bsm't, Sub Bsm't and Penthouse	12th-8,700 4th thru 11th-18,450 2nd & 3rd-21,560 1st-32,130 Bsm't-33,380 SubBsm't-33,900	10'-10"	Inpatient Care	11th & 12th-Service Production & Bldg Support(Mech. and Elevator equip.) 10th thru 4th fir-Inpatient Care(CCU, Cardiology, Ortho, ICU/Resp, Oncology, Neurology, Vascular, Trauma/Burns, CCU/ICU) 2nd & 3rd fir- Diagnostic and Treatment(Radiology, Cardiac Non-Invasive, Nuclear Med., Transfusion Services) 1st fir-Public-Access Service and Amenities (Retail Services, Vending, Hospital Adm., Bank, Nursing Adm., Gift Shop, etc.) Bsm't-Ambulatory Care and Service Production & Bldg Support(Ambulatory Peds, Pre-Admission Testing, Food Service, Pharmacy and Mat'l's, Facilities Management) Sub Bsm't-Service Production & Bldg Support(Mech./Electrical equip.)	Type I (443) poured conc. frame structural with brick veneer on CMU exterior wall systems are in good condition. Ballasted EPDM roofing, aluminum windows and exterior door all have recently been replaced.	(2) 350-ton chillers, installed in 1988, are located in the basement with the cooling towers on the roof. One chiller is active while the other is idle until it is activated for the core area floors 5 through 10. Renovated floor are receiving VAV constant reheat systems with 100% outside air and DDC controls. Fresh air intake is at ground level. Its location is questionable. Renovated room have full compliment of medical gases. Existing room have only O2 and Vac. These existing room have soft solder connections. A total of four negative pressure isolation room are available.	Electrical systems are in need of replacing. Two new transformers should be installed soon. The 100kw emergency generator is only for life safety circuits. It is over 25 years old and should be replaced.	Partial fire sprinkler system. This is a high-rise. It should have F.P. Dead end corridors are present. No smoke or fire wall penetrations where noted.	(5) elevators serve the main building. The are designated for passenger and service. They are of adequate size and ADA compliant. Two are in good condition and three require updating. A 4-inch pneumatic tube system was installed in 1995. There are active trash and linen chutes as well as a working dumb waiter, and a tray conveyor between the dietary floors.	Asbestos is present throughout building, but in good condition; i.e. non-friable. Great access to 195 is available. Visibility of this building is good, as is parking. A well designed exterior entry and drop-off, with adequate parking and public transportation access, is present. Signage could be clearer however. Soil condition is poor with the building basement below sea level. Fifth floor mechanical support floor addition is planned for 1997. The nurses do not believe this to be a functional floor plan. They do not like the "U" shaped units or the double loaded corridors. Four bed wards still exist on some floors.
Medical Office Center	1994	136,966	6-story plus Ground	5A-14,900 2nd thru 5th-20,820 1st-20,550 Grd-18,255	12'-4" Ground Flr 19'-9"	Ambulatory Care	5A & 5th fir-Limited-Access Office/Conference/Education (Officing) 4th thru 1st fir-Ambulatory Care(Clinics and Officing) 1st fir-Public-Access Service and Amenities (Retail Services, Vending, Café, Esco Drug Co., etc.) Grd fir- Diagnostic and Treatment(Diagn. Imaging, Mammography Center)	Type II (222) fire protected steel frame construction. Brick veneer on steel stud exterior envelope in good condition. Roof and skylight canopy in good condition. Thermally broken alum. windows.	AHU supplies make-up air to the building VAV system provides good temperature control. Chilled water is supplied from Hasbro equipment. System is in good condition.	System as old as the bldg and in good condition. New tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place through - out the campus.	100% fire sprinkler system. New fire alarm system through - out the hospital. No dead end corridors, and no fire or smoke wall penetrations.	New, ADA accessible elevators of sufficient quantity service and passenger cars. Connection to the hospital pneumatic tube system is present at the recovery desk-1st floor.	Standard medical office building ideal clinic space. This was a chemical plant site. Soil reclamation was necessary. Now the ground water is monitored from under the slab.

Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory
6/23/97

Building Name	Year Built	Total Area (SF)	Number of Floors	Room Count (SF)	Minimum Room Size (SF)	Primary Use	1st Floor Description	2nd Floor Description	3rd Floor Description	4th Floor Description	5th Floor Description	6th Floor Description	7th Floor Description	8th Floor Description	9th Floor Description	10th Floor Description	11th Floor Description	12th Floor Description	13th Floor Description	14th Floor Description	15th Floor Description	16th Floor Description	17th Floor Description	18th Floor Description	19th Floor Description	20th Floor Description	21st Floor Description	22nd Floor Description	23rd Floor Description	24th Floor Description	25th Floor Description	26th Floor Description	27th Floor Description	28th Floor Description	29th Floor Description	30th Floor Description	31st Floor Description	32nd Floor Description	33rd Floor Description	34th Floor Description	35th Floor Description	36th Floor Description	37th Floor Description	38th Floor Description	39th Floor Description	40th Floor Description	41st Floor Description	42nd Floor Description	43rd Floor Description	44th Floor Description	45th Floor Description	46th Floor Description	47th Floor Description	48th Floor Description	49th Floor Description	50th Floor Description	51st Floor Description	52nd Floor Description	53rd Floor Description	54th Floor Description	55th Floor Description	56th Floor Description	57th Floor Description	58th Floor Description	59th Floor Description	60th Floor Description	61st Floor Description	62nd Floor Description	63rd Floor Description	64th Floor Description	65th Floor Description	66th Floor Description	67th Floor Description	68th Floor Description	69th Floor Description	70th Floor Description	71st Floor Description	72nd Floor Description	73rd Floor Description	74th Floor Description	75th Floor Description	76th Floor Description	77th Floor Description	78th Floor Description	79th Floor Description	80th Floor Description	81st Floor Description	82nd Floor Description	83rd Floor Description	84th Floor Description	85th Floor Description	86th Floor Description	87th Floor Description	88th Floor Description	89th Floor Description	90th Floor Description	91st Floor Description	92nd Floor Description	93rd Floor Description	94th Floor Description	95th Floor Description	96th Floor Description	97th Floor Description	98th Floor Description	99th Floor Description	100th Floor Description
Meehan	1972 1992	11,504	3-story plus Basement	2,860	12'-6"	Inpatient Care	3rd flr-Animal Holding & Wet Lab Research (CRF/Cent Animal Facility, Hematology/Meehan 2nd flr- Diagnostic and Treatment(CT) 1st flr- Wet Lab Research (Clinical Hematology) Bsmt-Service Production & Bldg Support & Wet Lab Research (Stores and Morgue)	Type I (332) poured conc. structure. Brick veneer on CMU back-up pointed in 1996. Windows roof and doors all require replacement.	Free standing split system serves Meehan. AHU supply make-up air. They have an economizer cycle and are fully automated. system is in good condition. Sanitary and supply systems good. Only O2 and Vac present in building.	Main transformer, feeders and panel boards are in good condition. New tele-comm. system w/level 4 and /or 5 data ports. A fiber optic back bone is in place throughout the campus. Light fixtures have been updated, but nurse call system should be replaced soon.	Partial fire sprinkler system. New fire alarm system through-out. No dead end corridors present.	Elevators are sufficient in quantity adequately sized, but combine service and passenger. They are ADA compliant and in fair condition.	Asbestos present throughout building, but in good condition; i.e. non-friable.																																																																																													
Middle House	1928 1994	35,894	5-story plus Basement	5th thru 3rd- 5,400 2nd-5,350 1st-6,920 Bsmt-7,440	?	Resident Dorms	4th & 5th flr-Animal Holding & Wet Lab Research (Animal Facility, Central Research Facility) 2nd & 3rd flr- Limited-Access Office/Conference/Education & Wet Lab Research (Endocrinology and Surgical Research and officing) 1st flr-Assembly Area & Unrestricted-Access Office/Conference/Education (Nursing Admin. and Classroom) Bsmt-Service Production & Bldg Support(Mech./Electrical equip. and storage)	Type II (222) concrete frame construction. The exterior envelope of brick masonry is in poor poor condition as are the windows, roof and doors.	An 100 ton chiller and roof top AHU serve the 4th and 5th floors of Middle House. The system has an economizer cycle and tied into the central control network in the power plant. The system s in need of Along with this split system, window AC and perimeter heat supply this building. The plumbing system is in poor condition. Med air is supplied to the labs from a system in Aldrich.	All electrical and tele-commun. systems have been recently	Partial fire sprinkler system. New fire alarm system through-out the bldg. No dead end corridors are present, and all smoke/fire walls are intact.	Elevator quantity is passable of adequate size, and are combined passenger and service. The existing condition is fair. There is no other vertical circulation.	Asbestos present throughout building, but in good condition; i.e. non-friable. Accessibility is fair. All areas could be improved.																																																																																													
Multiphasic	1969 1991	30,118	2-story plus Basement	2nd-10,800 1st-10,400 Bsmt-8,920	12'-6"	Laboratory and Service	1st & 2nd flr- Limited-Access Office/Conference/Education & Wet Lab Research (Pediatric and Medical Research and officing) Bsmt-Service Production & Bldg Support(Facilities Dept. Shops)	Type I (332) poured conc. structure, and exterior skin. The concrete is spalling and there by exposing reinforcing bar to the elements. The roof and windows require immediate attention.	Roof mounted split system w/AHU, and small chiller. System is connected to the campus wide energy management computer. chiller are 25-30 years old. Plumbing system is in fair condition. Med air compressor is 20 years old. There is no AC in the basement.	Transformers and switch gears are greater than 25 years old. Light fixtures have been updated as has the tele-comun-ications system.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present.	No elevator in this building.	Asbestos is present throughout the building, but it is in good condition; i.e. non-friable. Accessibility is fair. All areas could be improved. Visibility is fair. The building has poor signage and it is difficult to find the "front door".																																																																																													

Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory
6/23/97

1. Building Name	2. Year Bldg. Completed	3. Total Bldg. Sq. Ft. (G.S.F.)	4. Number of Floors	5. Bldg. Volume (G.S.F.)	6. Typical Floor Area (G.S.F.)	7. Occupancy	8. Bldg. Description	9. Structural System	10. Heating System	11. Cooling System	12. Fire Protection	13. Elevator	14. Comments
Nursing Arts	1954 1991	23,039	2-story plus Basement	7,680	?	Nursing School	Bsmt, 1st & 2nd flr- Assembly Area & Wet Lab Research (Surgical Research and Lecture Halls) Bsmt-Service Production & Bldg Support(Environmental Services)	Type II (222) concrete frame construction. The exterior envelope of brick masonry is in good condition. The roof has recently been replaced. The windows and doors need maintenance.	2-pipe system w/ internal AHU supplying the corridors only. The chiller is in the basement of Keystone, and supplies AC through the AHU for only the public areas. The plumbing system is in fair condition, and the labs are supplied with O2, Vac and med air.	All electrical and tele-comm. systems have been recently	Partial fire sprinkler system. Fire alarm system requires updating. Dead end corridors are not present, and no smoke or fire wall penetrations where noted.	The hydraulic elevator is small, non-accessible, and in fair condition.	Asbestos is present throughout the building, but it is in good condition; i.e. non-friable. Accessibility is poor and public accommodations fair. In all areas of the building accessibility building accessibility could be improved.
Physicians Office Bldg.	1961 1992	55,781	4-story plus Basement	2nd thru 4th- 11,420 1st- 10,370 Bsmt-11,150	12'-6"	Physicians Office Bldg.	Bsmt thru 4th flr- Ambulatory Care(Clinics and Officing) Bsmt flr- Diagnostic and Treatment	Type I (332) poured conc. structure. Brick veneer exterior wall with CMU back-up. The building has not been repointed since 1961. The roof is in good condition, but the windows should be replaced.	The chillers found in Keystone supply the POB as well. As noted, these chillers are over loaded. An internal AHU supplies make-up air to the building. Fan coils provide conditioning. The fresh air intake is within 25 feet of the parking lot. It does take in car exhaust. The plumbing supply system in poor condition. Med air and Vac are supplied to the building.	The electrical system in marginal at best. The light fixtures have been updated to energy efficient type, and the tele-communication system has been campus wide. A fiber optic backbone has been installed through-out the campus.	Partial fire sprinkler system. New fire alarm system through-out has recently been installed. No smoke or fire wall penetrations where noted.	Elevators are sufficient in quantity adequately sized, but combine service and passenger. They are ADA compliant and in good condition.	Asbestos is present throughout the building, but it is in good condition; i.e. non-friable. Silver recovery is in place on all X-ray developers in the POB. Visibility is good. Parking is close and ADA access excellent. Signage could be improved. The building can be expanded 2-stories.
Potter	1941 1956	39,294	3-story plus Basement	3rd-6,500 2nd-11,240 1st-11,160	10'-0"?	Children's Hospital	3rd flr-Clinical Research(Family Therapy Research) 2nd flr- Limited-Access Office/ Conference/Education & Wet Lab Research (Pediatric Dept. and Chem. Lab) 1st flr- Limited-Access Office/ Conference/Education (Pediatric Dept., Labor Relations, Pedi/Cardiology, Social Services) Bsmt- Limited-Access Office/ Conference/Education (Family Psychiatry, Respiratory Services)	Type II (222) poured conc. structure. Solid masonry construction in poor condition. BUR roof is also in poor condition, but the windows are in good condition.	2-pipe perimeter system w/ window AC units. No AHU. Plumbing system is original and requires replacing/updating.	Feeders are marginal and require replacing. Panel boards have been updated recently, as have the light fixtures. New tele-comm. system w/level 5 and /or 6 data ports. A fiber optic back bone is in place throughout the campus.	Partial fire sprinkler system. New fire alarm system throughout. No dead end corridors present, and all smoke/fire walls maintain their integrity from deck to deck.		Do not invest in this building. It has poor floor to floor heights, the exterior condition is poor and the mechanical systems are poor. Retire.

**Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory**
6/23/97

1. Building Name	2. Year Built	3. Total Gross Sq. Ft. (GSH)	4. Number of Floors	5. Floor Plan (GSH)	6. Minimum Floor to Floor	7. Original Use	8. Current Occupancy	9. Structural System/Envelope	10. Major Systems/Equipment	11. Major Systems/Equipment	12. Major Systems/Equipment	13. Major Systems/Equipment	14. Comments
Power Plant	1975	9,887	1-story plus mezzanine	9,887	30'-0"?	Power Plant	Bsmt-Service Production & Bldg Support(Mech. & Electric Equipment)	Combination of Type II (222) concrete frame structure and Type III (000) non-combustible steel frame. Metal panels in fair condition but need attention.	Four steam watertube boiler are capable of operating on either natural gas or fuel oil, together with the turbine generators supply steam for heat and cooling towers. The (2) 1964 boilers have been rebuilt in 1991. The other two (1974 and 1984) have casing leaks that need attention. Boilers have an approx. life expectancy of 30 yr. Consider replacement of the two 1964 boilers soon. Boilers are also at capacity. If additional building is to occur, additional boilers must be installed. Feed water pumps need replacing. Non-potable water loop req'd. Now, potable and non-potable are mixed.	The two power sources supplying the campus are (2) Narragansett Electric and the co-generation transformers require updating. Switch gears through the complex date to 1972-73 and should be systematically replaced. (8) of the (12) 4,160 volt distribution points are in excellent condition. The other (4) require replacement.	Partial fire sprinkler system. Fire alarm system requires updating. No dead end corridors present.	N/A	Expansion of the cooling capacity is possible. An additional cooling tower on the roof of the power plant was planned for and should be installed prior to any campus expansion. Some asbestos remains in the power plant. It is scheduled for removal. Ceramic cooling towers require attention and the condensers need additional PM work. Although well maintained, most of the piping and equipment is old and undersized. Chilled water loop does not serve each building at this time. Oil tank were replaced in 1993. They are equipped with spill containment, and they meet the 1998 EPA requirements. New computerized control system was installed to monitor the energy consumption, and adjust the system as required 24 hour per day.
Radiation Oncology	1974 1993	20,046	Basement only	20,046	13'-0"	Patient Care	Bsmt fir- Diagnostic and Treatment (Radiation Therapy)	Type I (332) poured conc. structure.	The chillers found in Keystone supply the Radiation Oncology area as well. As noted, these chillers are over loaded. An internal AHU supplies make-up air to the building. Fan coils provide conditioning. The plumbing supply system in fair condition. Med air and Vac only are supplied to the building.	Main transformers and switch gears that feed this building are 20 years old and need updating. Light fixtures, nurse call and telecommunication systems have all been recently updated. A fiber optic back bone is in place throughout the campus.	Partial fire sprinkler system. Fire alarm system requires updating. Dead end corridors are not present, and there are no smoke or fire wall penetrations.	Refer to A.P.C.	Asbestos is present throughout the building, but it is in good condition; i.e. non-friable. Silver recovery is in place on all X-ray developers. This program has poor visibility and patient/visitor access. Parking is adequate, but the path to the department is difficult to follow. Signage is lacking, the ADA accessibility is fair and the public accommodations along that path poor.
Southwest Pavilion	1900	61,013	6-story	6th-7,040 4th thru 5th-8,390 2nd & 3rd-10,440 1st 10,030 Bsmt-5,940	12'-0"	Original Hospital	6th Flr-Vacant 2nd thru 4th flr- Wet Lab Research 1st flr- Limited-Access Office/ Conference /Education & Diagnostic and Treatment (Clinical Management, Cont. Care, Dept. of Med., Diag.	Type IV(2HH) Heavy timber construction with masonry bearing walls. The exterior envelope is in poor condition. Roof flashing work was underway when the site tour was conducted. Wood window are in poor condition, leak and are single pane.	The 2nd floor is supplied by a Dx unit. The remaining floors rely on window AC units for cooling and the leaky windows for fresh air. The plumbing system is 97 years old. It is tired. O2, Vac and med air are supplied to the labs. The medical gas system is in fair condition.	Main transformer and switch gear are located in the George Building. It was recently updated. Light fixtures and telecommunications systems have replaced. The new tele-comm. system was installed with level 5 data ports.	100% fire sprinkler coverage with a new fire and smoke alarm system. Dead end corridors are present, and fire escapes are the second means of egress.	The elevator is old and in poor condition. It is under sized and non-accessible.	This building is in poor condition. Demolition is recommended.

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Table H-II:
Lifespan
The Rhode Island Hospital Campus Inventory
6/23/87

1. Building Name	2. Year Built	3. Total GSF	4. Number of Floors	5. Floorplate GSF	6. Minimum Floorplate	7. Original Use	8. Major Elements	9. Major Systems: Structural, Exterior, Envelope	10. Major Systems: Mechanical/HVAC	11. Major Systems: Electrical	12. Major Systems: Fire	13. Major Systems: Vertical Circulation	14. Comments
CORO	1992	73,573	2-story plus Basement	2nd-25,930 1st-29,040 Bsmt-18,600	?	Officing	Bsmt thru 2nd flr- Limited-Access Office/Conference/Education (Lifespan officing)	?	4-pipe VAV system with DDC controls. Installed in 1992.	All electrical and tele-commun. systems installed in 1992. New tele-comm. system w/level 4 and /or 5 data ports. CORO is networked with the Lifespan hospital campuses.	100% fire sprinkler system. New fire alarm system through -out CORO.	New, ADA accessible elevators of sufficient quantity	Lease property
Daycare Center	1991 1992	5,868	1-story	5,868	?	Child Daycare	1st flr-Public-Access Service and Amenities (Retail Services, Vending, Café, Esco Drug Co., etc.)	Type V (000) wood frame construction with masonite lap siding, vinyl clad windows, and new roof.	Rooftop Dx units supply HVAC to the building. These are as old as the building. They do not have an economizer cycle however. Plumbing system is good. Supply side is copper and sanitary is PVC.	All electrical and tele-commun. systems installed in 1992. No data ports in the building.	100% fire sprinkler system and a new fire alarm system throughout.	N/A	The Daycare Center has good visibility and image, assess for both visitors and service. Parking is adequate and within 500 feet of the front door. The soil condition is poor.
Total GSF		2,002,185											

**503.2.d2 - Attachment — Description of the Coro Building and its proposed future
use**

Coro Complex Overview

Site Description & Location

The Coro Center Complex is located at 167 Point Street designated as Lots 30, 244, 254, 257, 392, 409, and 416 on Plat 21 of the Tax Assessor's Plat Maps for the city of Providence, state of Rhode Island. The overall site area is approximately 3.97 acres. The location and the site is favorable due to its close proximity to both downtown Providence and the interstate highway system. This site is well positioned to benefit from the anticipated future expansion associated with the interstate 195 relocation/reconstruction project. The relocation will place the highway merge with Route 95 directly adjacent to the property along the opposite side of Point Street where the current Interstate Route 95 northbound lane exists. The relocation of the highway will result in the property receiving excellent visibility and a further enhancement of property identification. This location, coupled with the site's size and, more importantly, its D2 zone classification, would allow many development opportunities to the site should the current property operation cease to exist.

History

The Coro Center was originally constructed as a manufacturing complex for the Coro Jewelry Company in 1929. It is unique in the Rhode Island marketplace given its overall significant size of 273,000 net rentable square feet of combination medical and professional office space. The property was at one time heavy manufacturing. It was acquired by Coro Center Partners, LP, in March of 1986 and converted to Class "B" office space in the late 1980s.

Building Square Footage

The facility provides for a gross building area of 308,280 square feet and net rentable area of 273,002 square feet. The portion of the building identified as the West Wing (medical) consists of 178,028 square feet (5 levels) while the East Wing (professional office space) consists of 94,972 rentable square feet (4 levels).

Parking

Parking is available on site. A 54 space surface parking lot is located fronting Point Street and a 13-space handicap parking lot is located off of Hoppin Street at the main entrance to the West Wing. The facility is also supported by a 920-car parking garage (6 levels). The garage is attached to the main building via skywalk at the West Wing of the Coro Center.

Appraised Value

In May of this year a complete summary appraisal report was formulated by Andolfo Appraisal Associates, Inc. The appraiser classifies the facility as a Class "B" medical and professional office type. The fee simple market value of the property as of May 10, 2000 was: **\$32,000,000.**

Improvement Description

The physical condition and functional utility of the building is considered average to good. Based upon the Coro Center's substantial rehabilitation in 1988 / 1989, the effective age of the office structure is approximately 10 to 12 years. Based upon age, location, and physical and functional condition, the remaining economic life of Coro Center is estimated at 40 to 50 years.

Tenant Status as of May 2000

Listed below is the current tenants, area occupied, base rental rate and lease expiration date.

<i>Tenant</i>	<i>Area Occupied</i>	<i>Rent P / SF</i>	<i>Lease Expiration Date</i>
Lifespan (RIH)	84,707	16.00	4/30/04
Churchill & Banks	9,545	16.00	2005
Coro Café	2003	21.00	2003
The Miriam Hospital	31,462	16.00	2001
Anchor Medical	6,645	16.00	2001

Additional income is derived from lease agreements for antennas located on the roof of the Coro Garage from Nynex-Cellular and Omnipoint Cellular.

Market Rent Potential

The overall weighted average lease rate in downtown Providence is \$18.33 per square foot, net of tenant electric. Based on current Coro lease agreements, a market survey projected by CB Richard Ellis, and rates we determined for other Lifespan Buildings, the projected gross rental rate over the next 5 years is approximately \$20 to \$22 per square foot.

			Occupancy Rate for Entire Complex (273,000)			40.06%	41.64%	61.61%	63.26%
			Occupancy Rate for Coro West Only (178,000)			8.08%	10.51%	41.14%	43.66%
Department	Occupancy Date	Floor	Useable Sq. Ft.	Common area SF	Total Sq. Ft.	Mar-00	Sep-00	Feb-02	Mar-02
Emer. Med Rsh		1	800	192	992				
Info. Services	6/1/00		3,494	839	4,333		4,333	4,333	4,333
Simulator	3/1/02		3,629	871	4,500				4,500
Neurology/Adcare	3/1/00		3,305	793	4,098	4,098	4,098	4,098	4,098
Animal Facility			7,000	1,680	8,680				
Research Admin.			4,162	999	5,161				
Optifast Storage	11/1/01		2,250	540	2,790			2,790	2,790
PT / OT			10,300	2,472	12,772				
Total First Floor			34,940	8,386	43,326	4,098	8,431	11,221	15,721
Hallet Dia./Eye		2	16,643	2,829	19,472				
Child Psychiatry			15,000	2,550	17,550				
Radiology			1,148	195	1,343				
Generic			564	96	660				
Total Second Floor			33,355	5,670	39,025	0	0	0	0
Anchor Pedi.	3/1/00	3	2,075	213	2,288	2,288	2,288	2,288	2,288
Anchor Med.	3/1/00		6,441	661	7,101	7,101	7,101	7,101	7,101
Anchor / Expansion	8/1/02		2,789	286	3,075				
RIH Lab	5/14/02		815	84	899	899	899	899	899
Beh. Med. - Clinical	4/1/01		3,008	309	3,317			3,317	3,317
Pedi Asthma/Card/Pul			9,050	929	9,979				
Expansion/ generic			1,000	103	1,103				
Weight Mgt FMH	9/1/01		9,855	1,011	10,866			10,866	10,866
Total Third Floor			35,033	3,594	38,627	10,289	10,288	24,472	24,472
Ortho. Reseach		4	9,060	1,916	10,976				
Bio Med. Research			7,043	1,489	8,533				
Brown University	8/6/01		7,524	1,591	9,115			9,115	9,115
Total Fourth Floor			23,628	4,996	28,624	0	0	9,115	9,115
Behav. Med.	4/1/01	5	27,509	919	28,428			28,428	28,428
Total Fifth Floor			27,509	919	28,428	0	0	28,428	28,428
East Wing - 94,972 Rentable SF	94,972		154,465	23,565	178,030	14,387	18,720	73,236	77,736
Total Lower Level			12,235	2,319	14,554	14,554	14,554	14,554	14,554
Total First Floor			24,498	4,642	29,140	29,140	29,140	29,140	29,140
Total Second Floor			21,280	4,033	25,313	25,313	25,313	25,313	25,313
Total Third Floor			21,827	4,136	25,963	25,963	25,963	25,963	25,963
			79,840	15,130	94,970	94,970	94,970	94,970	94,970

			Core Building occupancy List	273,000	109,357	113,690	168,206	172,706

503.2.d3 - Attachment --- Buildings targeted for demolition and amount of space to be relocated

MASTER PLAN SPACE REPLACEMENT MATRIX

Buildings targeted by Master Plan for demolition		GSF of Building	Actual to Relocate	On Campus	CORO	COOP
Southwest Pavilion						
Radiology tech school	1,550		1,550	1,550		
House staff lounge	720		720	720		
Clinical Management	1,560		1,560	1,560		
Quality assurance	1,200		1,627	1,627		
Food services	350					
Medicine	120					
Volunteers	1,120		1,500	1,500		
Social workers	362		400	400		
Clin. Labs	4,636		5,000	7,500		
Ortho research	4,720		10,800		10,800	
Cardiology research	2,130		2,500	2,500		
Perinatal research						
Emergency medicine research	1,473		800		800	
Pulmonary research	2,658					
Nephrology research	2,657					
GI research	3,400		3,500		3,500	
George/Meehan Building						
Med. Oncology Clinic	8,738		25,025	25,025		
Oncology research	10,500		7,000		7,000	
MRI/Radiology	13,100					
TMH - Koefler Building						
Oncology research	800		1,500		1,500	
Administrative offices	2,500		2,500	2,500		
	61,794		65,982	44,882	23,600	
Additional services that need to relocate make room for services that need to remain on campus				On Campus	CORO	COOP
Weight Management	Fain 3	6,500	9,210		9,210	
Child Psychiatry	Potter	2,708	14,000		14,000	
	POB	3,165				
PT	APC 2	10,237	10,350			10,350
Surgery Admin	APC 1	4,900	5,700	5,700		
Ortho Clinic	APC 7	5,700	5,750			5,750
Diabetes Clinic	POB 1	1,000	18,000		18,000	
Eye Clinic	APC 7	5,700				
Bone Density	GH	544				
Growth Hormone Study	Gh	1,020				
Endoscopy	APC 4	4,547	9,000	9,000		
Behavioral Medicine	TMH	8,000	31,424		31,424	
Pedi/Asthma/Cardiology	POB 2	4,300	8,400		8,400	
Simulator Research	New		3,628		3,628	
			115,462	14,700	84,662	16,100
Actual services to relocate					108,262	
Additional research support					11,062	
Staff Lounge/Restrooms					4,000	
Mechanical space/Data/Loading Dock					2,350	
Existing Tenants					11,900	
TOTAL SPACE REQUIRED			181,444	59,582	137,574	16,100

SUMMARY						
On Campus				On Campus	CORO	COOP
Clinical labs from SWP				7,500		
Misc. Admin from SWP				8,357		
Surgery Admin				5,700		
Research from SWP, George, Meehan and TMH				1,500		
Cancer Center from George and Meehan				25,025		
TMH from Koefler				2,500		
Endoscopy				9,000		
				59,582		
To CORO						
Ortho Research from SWP					10,800	
Oncology research from SWP and Koefler					8,500	
Other wet lab research from SWP					4,300	
Weight Management from Fain 3					9,210	
Diabetes Center					18,000	
Behavioral Medicine					31,424	
Pedi/Asthma/Cardiology					8,400	
Child Psychiatry					14,000	
Simulator research					3,628	
Other					29,312	
					137,574	
To COOP						
PT						10,350
Ortho Clinic						5,750
Actual to relocate			181,444	59,582	137,574	16,100

Section 503.3

**National Register of
Historic Places**

503.3
National Register of Historic Places

A list of properties on the National Register of Historic Places or designated in a local historic district and proposed exterior changes to these properties (other than ordinary maintenance as defined in section 501.6 herein), if known

503.3 PROPERTIES ON THE NATIONAL REGISTER OF HISTORIC PLACES

There are no properties or structures on the Rhode Island Hospital campus that are within the local historic district.

Section 503.4

**Ten year goals and
Five year objectives**

503.4 Ten year goals and five year objectives

503.4.1 - Ten Year goals

503.4.1a - Attachment - Site Plan for 6-10 year objectives

503.4.2 - Five year objectives

503.4.1a - Attachment - Site plan for 1 - 2 year objectives

503.4.1b - Attachment - Site plan for 3 - 5 year objectives

Statement of ten-year goals and five-year objectives and means and approaches through which such goals and objectives may be reached.

503.4.1 Ten Year Goals

(See 503.4.1a - Attachment - site plan for the 6-10 Year objectives)

The primary objective of the RIH Facility Master Plan is to provide a framework for decision making that will support incremental development consistent with the hospital's strategic goals for the coming decade and beyond. The key issue is positioning the institution to grow market share in a state where the population is projected to remain constant and the residents prefer not to travel very far for services. Thus, the focus will be in developing centers of excellence as well as research spaces to complement and enhance these service lines and to postulate an inpatient and outpatient facility plan. Rhode Island Hospital has developed a plan for facility improvements that provide short term solutions within the context of a long term overall plan.

All projects identified in the Master Plan are critical links in the institution's commitment to deliver quality medical care through a combination of medical outcomes, technology excellence and interpersonal care.

Objectives of the Facilities Master plan

1. Respond to patient service requirements and provide patients a satisfying experience
2. Enhance image and identity for key service lines
3. Improve access and way-finding
4. Provide appropriately sized and located accommodations for key programs
5. Support expansion of Research activities
6. Remove obsolete buildings according to the facilities assessment report. Improve safety and reliance of infrastructure systems.

Goals for specific focus programs

1. Expand ED to accommodate current and future demand. Create an improved Trauma Center and new Chest Pain Unit.
2. Create an identity for Oncology to enhance its role as a significant service provider.
3. Utilize the Coop Building for additional need/surgery beds and to consolidate orthopedic services.
4. Utilize the CORO Building to facilitate the implementation of the Facility Master Plan for each campus and foster the development of quality ambulatory and research space.
5. Integrate Cardiology services and strengthen its functional organization.
6. Integrate research programs.
7. Replace/add Surgical services and Pre-admission Testing.
8. Prepare infrastructure capacity for future clinical programs.
9. Create a Level 1 Clinical Research Trial Center.
10. Create a Neurosciences Center of Excellence.
11. Begin demolition of the buildings identified by the Facilities Conditions assessment (see 508.8.1 - attachment showing buildings targeted for demolition).

In the long term, Rhode Island Hospital is planning to replace/add bed capacity. In accordance to the facility master plan, we have two site options for additional beds. One is in the building above the ED and the second one is in the Cardiology building planned to be built near the South West Pavilion (SWP); these options are currently under review.

In the short term, RIH plans to open two inpatient floors on the 2nd and 3rd floor of the Co-op Building and relocate beds presently located in the Main Building. This will give access to

additional beds in the Main building that could be converted into ICU beds and resolve immediately the utilization of 3 & 4 bedded rooms.

The planning for the floors above the emergency department has not yet been completed. Since this floor will be adjacent and at the same level with the existing Operating Room (OR) suite, RIH anticipates using this space to built replacement and/or new operating rooms and/or other surgery related services. It is projected to have this space operational in 2005 or 2006. From a zoning and structural point of view, there is an opportunity to add up to two additional floors in addition to the OR level. While this planning has not yet be completed, these floors could potentially be used as diagnostic and treatment space and/or patient beds.

503.4.1 - Attachment --- Site plan for the 6 - 10 year goals

**Rhode Island
Hospital**

503.4.2 Five Year Objectives

(see 503.4.2a - attachment - site plan for the 1 - 2 year objectives site plan for the 1-2 year objectives and 503.4.2b site plan for the 3 - 5 year objectives)

As stated before, the primary objective of the RIH Facility Master Plan is to provide a framework for decision making that will support incremental development consistent with the hospital's strategic goals for the coming decade and beyond. The projects listed below can be constructed and implemented independently of other projects in the Plan. These projects are an integral part of the institution's overall delivery of care and major first steps in correcting overcrowded, disorganized and inefficient conditions that are inconvenient for the patients to access and for the staff to support.

Specific 5 year Goals

1. Expand the Emergency Department to accommodate current and future demands. The Emergency Department is operating in space that is significantly below need based on current and growing patient volumes. Optimal adjacency to Cardiology diagnostics and state-of-the-art imaging does not exist.

The proposal is to expand the space at the second level of Davol, see description under 503.7.

- Provide structural framing to support shell space above the Emergency Department and Surgery expansion for long term potential expansion.
- Plan for space to accommodate specialized care areas such as units for the urgent care, chest pain, stroke and detox components of the new Emergency Department.

2. Create a facility where comprehensive cancer care can be provided. At the present time Rhode Island Hospital does not provide an integrated Oncology service line.

The Oncology services are undersized and lack strong identity on the campus.

Radiation Oncology is distant and poorly linked to both outpatient inpatient services.

Consolidate the outpatient services in the Ambulatory Patient Care (APC) building to enable the physicians and staff to function as multidisciplinary clinics and ultimately as a Comprehensive Cancer Center.

Provide appropriately sized accommodations and link them to radiology by building a new entrance and elevator core.

3. Create research facilities. The research laboratories lack identity and reside in old buildings that are well beyond their useful lives. Lack of adequate physical facilities prohibits the development of new research programs.
4. Renovate two floors in Co-op Building into medical/surgical inpatient floors and relocate orthopedic services to the first floor of Co-op. There are vacant beds on floors 2 and 3 and underutilized clinic space on floor 1. Develop components for a Muscular Institute taking advantage of vacant and underutilized space on the first floor - Orthopedic Clinic and Brace Shop.
5. Add capacity to the Power Plant by adding an adjoining building which will house an additional boiler, chillers, and other associated equipment.
6. Upgrade infrastructure systems.
7. Develop a plan to convert new parking for patients and visitors.

503.4.2b - Attachment — Site Plan for the 3 -5 year objectives

3 - 5 YEARS

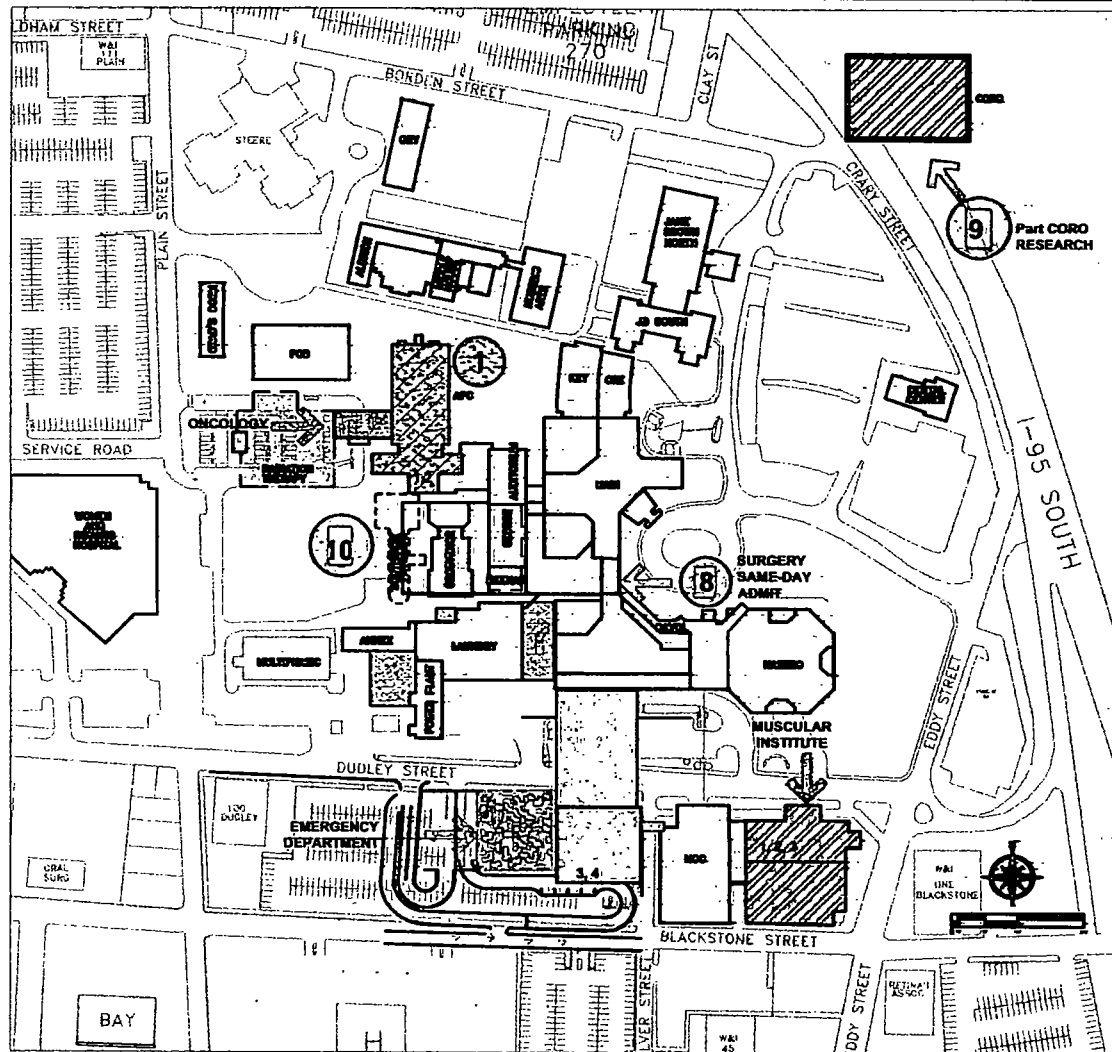
8 Surgery

Build out for OR's - Level 3
Fit out for OR Mechanical support - Level 4

30,000 SF
10,000 SF

9 Research (Phase 2)
Renovate part of CORO

10 Inpatient Care
Demolish Southwest Pavilion
Decant George
Decant Grovesnor



MARCH 2002

[illegible]

RHODE ISLAND HOSPITAL PHASING

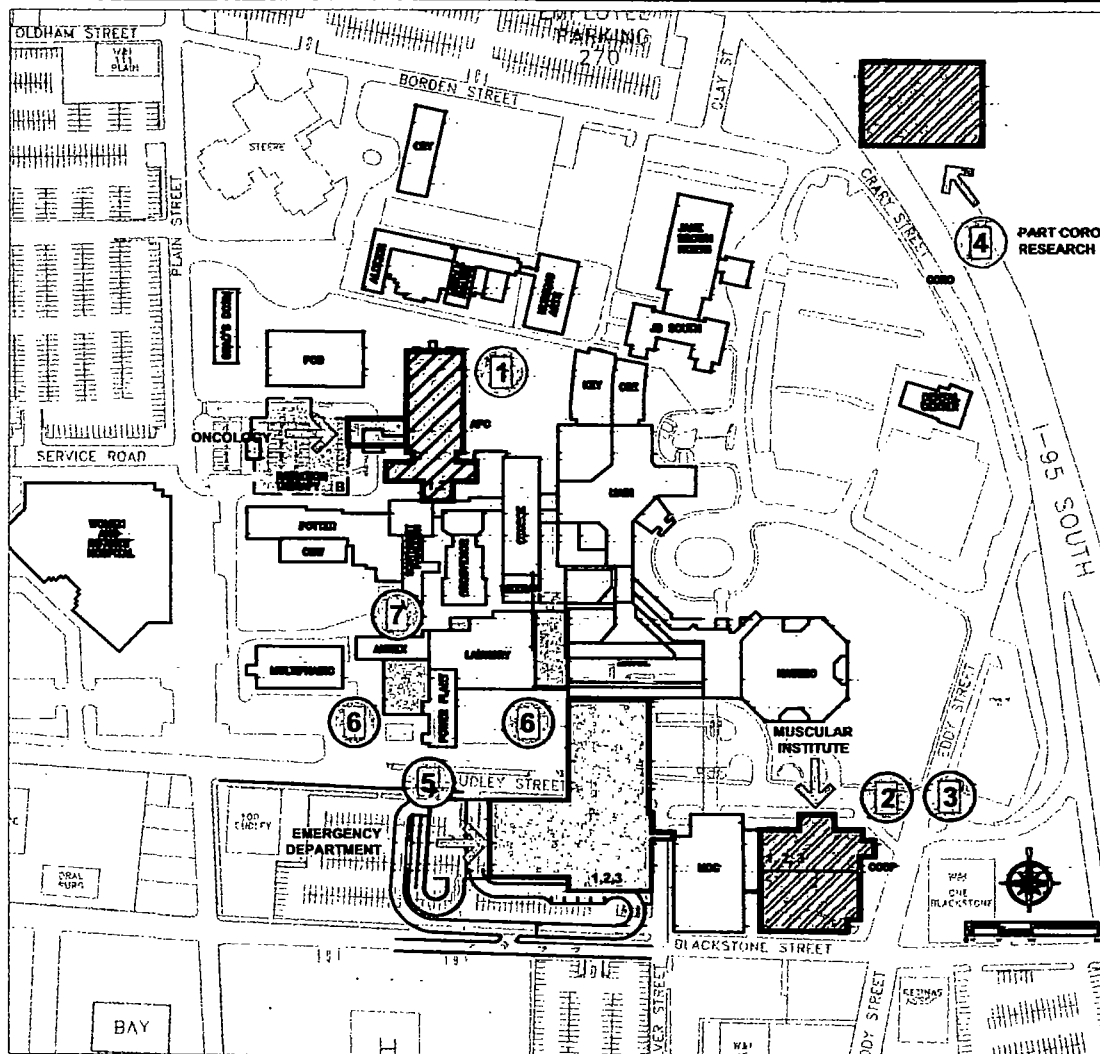
LIFESPAN HEALTHCARE SYSTEM

Rhode Island
Hospital
Providence, Rhode Island

503.4.2a - Attachment - Site Plan for the 1 - 2 year objectives

1 - 2 YEARS

1	Oncology- OP	
	Decant APC 1 and part APC 2	
	Renovate APC 1	12,000 SF
	APC 2	12,000 SF
	Oncology Entry	3,000 SF
	Renovate APC 7	6,000 SF
2	Muscular Institute	
	Renovate COOP 1:: Orthopaedic Services	14,000 SF
	Addition to COOP 1:: Orthopaedic Services	11,000 SF
3	Renovate COOP 2, 3: Med Surg Beds	22,000 SF
4	Research (Phase 1)	
	Renovate part of CORO	
	Relocations out of Southwest Pavilion	
5	Emergency Department	
	(3 stories : 1,2,3)	
	Build/ Fit-out Emergency Department - Level 1	51,000 SF
	(Shell) - Level 2	5,000 SF
	ED Mechanical - Level 3	5,000 SF
6	Power Plant	
7	Addition to Laundry	

[illegible]

RHODE ISLAND HOSPITAL PHASING

LIFESPAN HEALTHCARE SYSTEM

Rhode Island
Hospital
Providence, R.I.

Section 503.5

Changes in Land Holdings

503.5 Changes in Land Holdings

Proposed changes in land holdings of the institution including property to be sold, proposed street(s) to be abandoned, and new streets to be established including private rights-of-ways.

503.5 Changes in Land Holdings

Three changes in land ownership have taken place since the Rhode Island Master Plan was submitted in August of 1999.

The first two occurred in November of 2000, when Rhode Island Hospital purchased 4 parcels of land within the institutional zone to provide 61 additional spaces to the current parking complement. The details are as follows:

✓ **Dudley Street**

Two parcels of land situated at 181 – 183 and 185-187 Dudley street designated as Lots 418 and 538, on Assessor's Plat 23 were purchased in November of 2000. At the time of purchase, the property consisted of two three family houses and two garages. In December of 2001, the houses were demolished and these parcels of land were developed to add 26 additional surface parking space for the hospital.

✓ **Prairie Avenue**

Two parcels of land situated on the easterly side of Prairie Avenue, near Pearl Street, designated as lots 85 and 86, on Assessor's Plat 11 were purchased in November of 2000. In December of 2001, this land was developed to add 38 additional surface parking spaces for the hospital.

The third purchase occurred in March of 2001 when Rhode Island Hospital purchased the Coro Building situated at 167 Point Street, Providence, RI, designated as lots 30, 244, 254, 257, 392, 409 and 416 of Assessor's Plat 21. The title of lot 416 technically remains in the name of Coro Partners pending resolutions of certain title issues. Rhode Island Hospital anticipates these issues will be resolved shortly.

The purchase of this building has allowed the hospital to resolve immediate space and safety concerns at Rhode Island Hospital and will expedite the development of the facility Master Plan.

Overall, the facility provides for 273,000 square feet of net rentable office space and a six story, 920 – space parking garage that supports the facility. Of the usable square footage 94,972 sq. ft. located on the East Side of the building is used as administrative and training space. The remaining 178,028 usable sq. ft. on the West Side of the building will be used for research; additional administrative and training space; and for Hospital-based clinical services.

503.5a - Attachment - Rhode Island Hospital Zoning Map for changes in land holdings

1. Dudley Street - Plat 23, lots 418 and 528
2. Prairie Avenue - Plat 11, Lots 85 and 86
3. Coro Building - Plat 21, lots 254, 257, 392, 409 and 416
4. Land swap with Stanford Realty - Plat 45, lots 163 and 862 exchanged for Plat 46, lots 245 and 255

**Facilities
Management
Department**

PLAT 23

PLAT 22

PLAT 45

PLAT. 46.

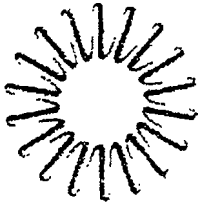
PLAT PLAN

RHODE ISLAND HOSPITAL ZONING PLAN

Drawing No.

A1-1

503.5b - Attachment - Rhode Island Master Plan - Addendum #1, letter dated October 6th, 2000 to form Rhode Island Hospital to the City Planning Commission



Lifespan

Rhode Island Hospital Master Plan Addendum # 1

October 6, 2000

Mr. Robert Azar
City Plan Commission
City of Providence

Dear Mr. Azar:

As you requested, I am submitting this information regarding the proposed land swap with Staniford Realty. Rhode Island Hospital was approached by the Physicians of University Gastroenterology who are constructing a new medical building at 33 Staniford Street. Their real estate project is named Staniford Realty LLC. Their building of approximately 23,000 square feet only has 23 parking spaces on site and five spaces on a small lot (Plat 45, Lot# 784) across the street. This is insufficient parking for a building of that size. They purchased four empty lots on Plain St. that they are currently developing for parking (plat 46, lot #'s 240, 242, 243 & 244) which is one block over from their building site.

Since Rhode Island Hospital owns a large Parking Lot (E - 9) that is between Staniford St. and Plain St. and directly across from their new medical building, the Physician owners of Staniford Realty approached us about Swapping equal size parking by subdividing a section our lot (Plat 45, Lots 163 & 862). This would greatly benefit their patients, many of whom are senior citizens by only having to cross the street to see their doctor rather Than having to walk one city block. This would be especially convenient during inclement weather. The swap would also benefit the employees of Rhode Island hospital, since the "to be acquired parking lots" on Plain St., directly abut the Capeway Building (Plat 46, Lots 245 & 255) where a number of Rhode Hospital employees work and also, this parking is closer to the Hospital than the parking area that we'd swap with Staniford Realty.

The above parking lots are within our institutional zone and are of similar proportions. We are asking to insert an addendum to our Master Plan to

accommodate the above land swap. We sincerely hope the City Plan Commission approves this mutually beneficial exchange. Staniford Realty's new medical building is scheduled for completion at the end of November. With the short time remaining, they hope you will look favorably upon this proposal so they can begin the subdivision before the weather is too cold to pour asphalt. Please note, Staniford Realty will be paying taxes on this proposed acquisition as well as their other properties. Thank you for your anticipated assistance with this important process. Drawings are attached for further illustration.

Also, we are including the Application for Minor Subdivision. Again with the short time frame, submitting this simultaneously is necessary for both parties to proceed. Your understanding is most appreciated.

Sincerely yours,

Joseph S. Piechocki
Vice President-Senior Operating Officer

Section 503.6

Proposed changes in land use

503.6 Proposed changes in land use

Rhode Island Hospital has no plans at present to change any of its land use

Proposed changes in land use within the institution's campus and grounds

Section 503.7

Proposed Capital Improvements

503.7 Proposed Capital Improvements

Proposed Capital improvements including new structures, additions to existing structures, parking garages, parking lots parks and malls. Major repairs that affect the building and/or campus grounds shall be included

503.7 Proposed Capital Improvements

An institutional strategic master plan for Rhode Island Hospital was developed during the years 1999 through 2001. The final version of the plan was presented to and was approved by the Board of Directors for Rhode Island Hospital in December of 2000. Rhode Island Hospital has retained the firm of Hellmuth Obata and Kassabaum (HOK) as architects for the preparation of a strategic master plan for the campus. The Board approved the strategic master plan in December of 2000, and granted its authorization to proceed with the implementation of the first phase of the plan.

The first phase of implementation include the following projects:

503.7.1 Expanded Emergency Department

The current Emergency Department, which is the major trauma center for the State of Rhode Island, is inadequate in size and amenities to accommodate present and future visits to Rhode Island Hospital's emergency service. The present access is off the south side of Dudley Street, and there is insufficient space for the necessary expansion (at the appropriate level) for emergency access without spanning over the street.

Rhode Island Hospital applied for a Certificate of Need for a 51,000 square foot expansion of the Emergency Department, 5,000 square feet of mechanical space. The State Department of Health has given its approval for this work to be done.

The plan calls for a new structure to bridge over Dudley Street. This new structure will parallel the existing bridge connection to the MOC building. The Emergency Department would occupy this new space as well as in a new raised structure that would be built in the existing parking lot, contiguous to the MOC Building. The lower level of this structure would remain in its current use as parking. A ramped access way, located within the existing parking lot, will access the new emergency and ambulance entrances. The new structures will be built with sufficient structural capacity to sustain the load of additional floors above. Currently final design and construction documents are being prepared. The Petition to be granted an easement from the City for air rights over Dudley Street is being submitted within the next two weeks.

RIH has reviewed this project with the City of Providence Planning, Fire and Police Departments, and made a number changes to the plan in response to concerns expressed by the City.

RIH also reviewed the project with the Narragansett Bay Commission for sewer and sanitary connection, and the Providence Water Supply Board for the water systems. Both organizations provided letters in support of the projects.

RIH is in the process of completing the contract documents and beging the permitting process. We anticipate to begin construction in early fall 2002.

503.7.2 Expanded Comprehensive Cancer Center

Concurrent with the emergency room project, Rhode Island Hospital is also planning to renovate space to accommodate an expanded Comprehensive Cancer Center in the Ambulatory Patient Care (APC) building, and to add a new lobby and elevator core

located in the courtyard in front of the building. A Certificate of Need was filed and approval granted by the State Health Department for the project to be built.

The project requires the relocation of the physical/occupational therapy and speech and hearing programs from the APC Building to the CORO Building, on Hopping Street. Plans for this relocation are underway.

The Cancer Center's Oncology Service is currently located in the George Clinic building; the Radiotherapy Service is located at basement level under the courtyard facing the APC Building. The Oncology service will move into newly renovated space on floors 1 & 2 after the relocation of the Physical/Occupational Therapy/Speech and Hearing and miscellaneous other administrative services. The existing connection between the Oncology and radiotherapy is through service tunnels and this underground connection is confusing and tortuous. The new elevator core will connect the several floors of Oncology Clinics directly to Radiotherapy. The new lobby will accommodate reception, admission and billing for the Cancer Center.

In addition the orthopedic clinic, brace shop and inpatient physical therapy will move to the first floor level of the Co-op building. This relocation will bring outpatient orthopedic services in close proximity to the inpatient orthopedic services that will be located on the 2nd and 3rd floor of the same building. In order to accommodate all the required services on this level an addition of approximately 5,125 sq.ft. will be built on top of the existing terrace.

This area of renovation is approximately 24, 000 square feet in APC, 25,000 sq. ft. in Coop, and new construction is approximately 3,000 square feet.

503.7.3 *Electrical substation and diesel generator project*

A 6,250 sq. ft. addition will be built adjacent to the existing power plant building. The ground floor will maintain its loading dock area. An autoclave unit will occupy the bay adjacent to the loading dock. The second floor will house two new transformers and the third floor will allow for the new switch gear equipment. Along with this there will be two emergency generators located on the south end of the building (where the obsolete transformers currently reside).

503.7.4 *Power Plan expansion*

The capacity of the power plant to adequately service the existing Hospital is marginal. The planned expansion delineated in the master plan would place an intolerable burden on the existing plant whose ability to cope would be severely compromised, indeed threatening the institution's operations. In addition, some of the equipment has outlived its useful life and is scheduled for replacement.

The Hospital intends to replace some of the existing equipment and controls with new high efficiency, operationally economical, and environmentally friendly units.

As a further caveat (because of the limited capacity of the existing plant) it will not be possible to remove existing equipment until replacement units are in place and operational. The new equipment and its configuration will require more space and thus a physical expansion of the plant will have to take place. In addition the chimney will have to be demolished and replaced with a higher, code complying stack.

The planning process for the power plant expansion is not complete. We anticipate that we will build two additional structures to accommodate the capacity required to support the new buildings as well as to satisfy unmet capacity on campus. One will accommodate a new boiler to be installed adjacent to the existing boilers. Second, we will build an addition to the existing power plant building that will house new chillers and associated equipment.

503.7.5 *Expansion of the laundry building*

The project is to renovate the existing 14,200 sq. ft. building and construct a 2,750 sq. ft. addition. This will enable the institution to consolidate the current laundry services (complete 12/1/00).

503.7.6 *Expansion of the main building central core*

The 1,000 sq. ft./level 7 story addition will contain 2 – 2 story high mechanical spaces. The equipment in these spaces will provide the building with central air conditioning. (complete 2/1/00)

503.7.7 *The Coro Building renovations*

The Coro Building was acquired in March 2001 for the purpose of meeting the current and projected shortfall in space at Rhode Island Hospital and The Miriam Hospital. The hospital plans to renovate the entire building to accommodate the services that will be relocated from the main campus as described in section

503.7.8 *Infrastructure project list*

(see 503.7c - Attachment- list of on-going infrastructure projects)

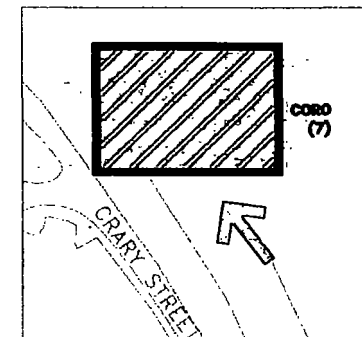
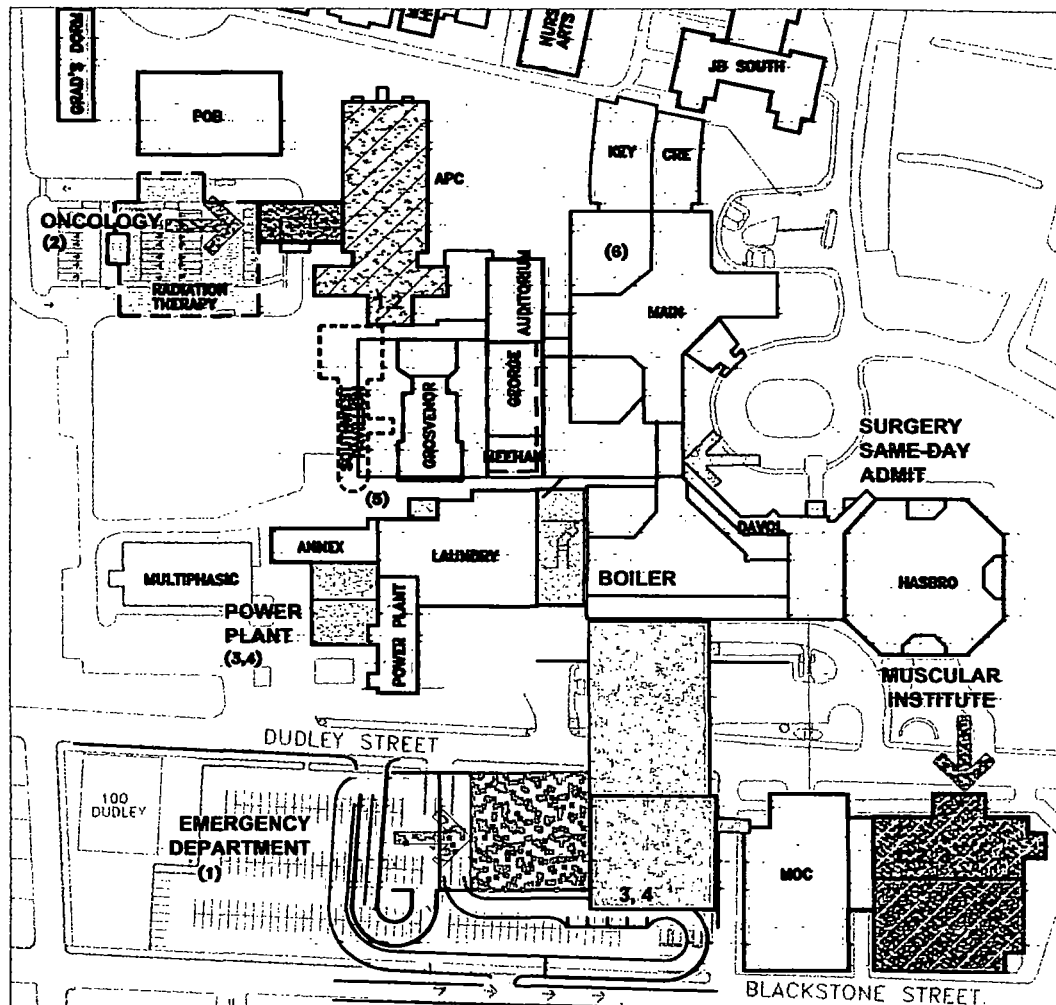
Rhode Island Hospital is continuously upgrading, repairing and renewing its infrastructure systems. These are typically electro-mechanical, fire safety, communications, building structure, interior finishes, hazardous materials abatement and way-finding systems.

503.7.9 *Parking Plan - interim and final*

Refer to Section 503.8 for a description of Rhode Island Hospital's parking facilities and development plans.

503.7a - Attachment - site plan showing

- 1) Emergency Department
- 2) Comprehensive Cancer Center
- 3,4) Power Plant/Electrical substation & Diesel generator
- 5) Laundry Building Expansion
- 6) Mechanical space expansion to air-condition the central core of the main building.
- 7) CORO Building



- 1) **EMERGENCY DEPARTMENT**
- 2) **COMPREHENSIVE CANCER CENTER**
- 3,4) **POWER PLANT/ ELECTRICAL
SUBSTATION & DIESEL GENERATOR**
- 5) **LAUNDRY BUILDING EXPANSION**
- 6) **MECHANICAL SPACE EXPANSION TO
AIR-CONDITION THE CENTRAL CORE
OF THE MAIN BUILDING**
- 7) **CORO**

MARCH 2002

IN PROCESS														
COMPLETED														
NEW ONCOLOGY	RENOVATION	NEW CARDIOLOGY	RENOVATION	NEW MUSCULAR	RENOVATION	NEW RESEARCH	RENOVATION	NEW SURGICAL SERVICES	RENOVATION	NEW INPATIENT	RENOVATION	NEW DIAGNOSTICS & TREATMENT	RENOVATION	

RHODE ISLAND HOSPITAL PHASING

LIFESPAN HEALTHCARE SYSTEM

HELLMUTH, OBATA + KASSABAUM, P.C.



503.7.7b - Attachment - Coro Building Occupancy list shows relocations to the Coro Building

			Occupancy Rate Entire Complex (273,000 40.06% 41.64% 61.61% 63.26%)						
			Occupancy Rate for Coro West Only (178,000 8.08% 10.51% 41.14% 43.66%)						
Department	Occupancy Date	Floor	Useable Sq. Ft.	Common area SF	Total Sq. Ft.	Mar-00	September-00	February-02	Mar-02
Emer.Med Rsh		1	800	192	992				
Info.Services	06/01/2000		3,494	839	4,333		4,333	4,333	4,333
Simulator	03/01/2002		3,629	871	4,500				4,500
Neurology/Adcare	03/01/2002		3,305	793	4,098	4,098	4,098	4,098	4,098
Animal Facility			7,000	1,680	8,680				
Research Admin.			4,162	999	5,161				
Optifast Storage	11/01/2001		2,250	540	2,790			2,790	2,790
PT / OT			10,300	2,472	12,772				
Total First Floor			34,940	8,386	43,326	4,098	8,431	11,221	15,721
Hallet Dia./Eye		2	16,643	2,829	19,472				
Child Psychiatry			15,000	2,550	17,550				
Radiology			1,148	195	1,343				
Generic			564	96	660				
Total Second Floor			33,355	5,670	39,025	0	0	0	0
Anchor Pedi.	03/01/2000	3	2,075	213	2,288	2,288	2,288	2,288	2,288
Anchor Med.	03/01/2000		6,441	661	7,101	7,101	7,101	7,101	7,101
Anchor / Expansion	08/01/2002		2,789	286	3,075				
RIH Lab	05/14/2002		815	84	899	899	899	899	899
Beh.Med.- Clinical	04/01/2001		3,008	309	3,317			3,317	3,317
Pedi Asthma/Card/Pul			9,050	929	9,979				
Expansion/ generic			1,000	103	1,103				
Weight Mgt TMH	09/01/2001		9,855	1,011	10,866			10,866	10,866
Total Third Floor			35,033	3,594	38,627	10,289	10,288	24,472	24,472
Ortho. Reseach		4	9,060	1,916	10,976				
Bio Med. Research			7,043	1,489	8,533				
Brown University	08/06/2001		7,524	1,591	9,115			9,115	9,115
Total Fouth Floor			23,628	4,996	28,624	0	0	9,115	9,115
Behav.Med.	04/01/2001	5	27,509	919	28,428			28,428	28,428
Total Fifth Floor			27,509	919	28,428	0	0	28,428	28,428
East Wing - 94,972 Rentable SF	94,972		154,465	23,565	178,030	14,387	18,720	73,236	77,736
Total Lower Level			12,235	2,319	14,554	14,554	14,554	14,554	14,554
Total First Floor			24,498	4,642	29,140	29,140	29,140	29,140	29,140
Total Second Floor			21,280	4,033	25,313	25,313	25,313	25,313	25,313
Total Third Floor			21,827	4,136	25,963	25,963	25,963	25,963	25,963
			79,840	15,130	94,970	94,970	94,970	94,970	94,970
					273,000	109,357	113,690	168,206	172,706

			Occupancy Rate Infire Complex (273,000) 40.06% 41.64% 61.61% 126%						
			Occupancy Rate for Core West Only (273,000) 8.08% 10.51% 41.14% 43.66%						
Department	Occupancy Date	Floor	Useable Sq. Ft.	Common area SF	Total Sq. Ft.	Mar-00	September-00	February-02	Mar-02
Emer.Med Rsh		1	800	192	992				
Info.Services	06/01/2000		3,494	839	4,333		4,333	4,333	4,333
Simulator	03/01/2002		3,629	871	4,500				4,500
Neurology/Adcare	03/01/2002		3,305	793	4,098	4,098	4,098	4,098	4,098
Animal Facility			7,000	1,680	8,680				
Research Admin.			4,162	999	5,161				
Optifast Storage	11/01/2001		2,250	540	2,790			2,790	2,790
PT / OT			10,300	2,472	12,772				
Total First Floor			34,940	8,386	43,326	4,098	8,431	11,221	15,721
Hallet Dia./Eye		2	16,643	2,829	19,472				
Child Psychiatry			15,000	2,550	17,550				
Radiology			1,148	195	1,343				
Generic			564	96	660				
Total Second Floor			33,355	5,670	39,025	0	0	0	0
Anchor Pedi.	03/01/2000	3	2,075	213	2,288	2,288	2,288	2,288	2,288
Anchor Med.	03/01/2000		6,441	661	7,101	7,101	7,101	7,101	7,101
Anchor / Expansion	08/01/2002		2,789	286	3,075				
RIH Lab	05/14/2002		815	84	899	899	899	899	899
Beh.Med.- Clinical	04/01/2001		3,008	309	3,317			3,317	3,317
Pedi Asthma/Card/Pul			9,050	929	9,979				
Expansion/ generic			1,000	103	1,103				
Weight Mgt TMH	09/01/2001		9,855	1,011	10,866			10,866	10,866
Total Third Floor			35,033	3,594	38,627	10,289	10,288	24,472	24,472
Ortho. Reseach		4	9,060	1,916	10,976				
Bio Med. Research			7,043	1,489	8,533				
Brown University	08/06/2001		7,524	1,591	9,115			9,115	9,115
Total Fouth Floor			23,628	4,996	28,624	0	0	9,115	9,115
Behav.Med.	04/01/2001	5	27,509	919	28,428			28,428	28,428
Total Fifth Floor			27,509	919	28,428	0	0	28,428	28,428
East Wing - 94,972 Rentable SF	94,972		154,465	23,565	178,030	14,387	18,720	73,236	77,736
Total Lower Level			12,235	2,319	14,554	14,554	14,554	14,554	14,554
Total First Floor			24,498	4,642	29,140	29,140	29,140	29,140	29,140
Total Second Floor			21,280	4,033	25,313	25,313	25,313	25,313	25,313
Total Third Floor			21,827	4,136	25,963	25,963	25,963	25,963	25,963
			79,840	15,130	94,970	94,970	94,970	94,970	94,970
					273,000	109,357	113,690	168,206	172,706

503.6.7c - Attachment - list of on-going infrastructure projects

503.8

DESCRIPTION	BUILDING
- Medical Waste Project	Power Plant Building
Replace 19 year old waste incinerator with new technology to comply with RIDEM Air Quality regulations.	
- 900# Boiler/Cogeneration Project	Power Plant Building
Increase capacity for system expansion and modernize equipment in existing power plant through installation of energy conservation measures including a replacement 900 lb. boiler and steam turbine generator. Provide necessary steam redundancy.	
- Electrical Upgrades	Multiple Buildings
Replacement of outdated RIH campus high voltage cabling and APC electrical switchgear.	
- Communications Systems	RIH Campus
Replacement and upgrade of RIH campus security panic alarms and surveillance systems.	
- Fire Alarm Systems	Davol Building
Replacement of outdated fire alarm system that serves Emergency Department and Operating Rooms.	
- Electrical Emergency Power Upgrades and Conservation Measures	RIH Campus
Emergency power upgrades for laboratory and pharmacy systems and energy efficient lighting upgrades with rebates.	
- Plumbing Systems	RIH Campus
Back-flow prevention upgrades and the installation of water conservation systems to reduce consumption.	
- HVAC Systems	Main Building
Replace 45 year old air handling unit with new system to provide adequate environment for patients.	
- HVAC Systems	Davol Building
Replace defective sections of heating and cooling distribution piping.	
- Fire Alarm Systems	Power Plant Building
Replacement of outdated fire alarm system for cogeneration power plant.	
- Medical Gas/Vacuum Systems	RIH Campus
Replace and centralize medical gas monitoring switches to comply with JCAHO regulations.	
- Roofing Systems	Jos. Samuel Dental Building
Replace 50 year old roof to prevent serious building damage.	
- HVAC Systems	Medical Office Ctr Building
Repair/Upgrade pressure regulator system.	
- Roofing Systems	Main Building
Replace damaged membrane surrounding the cooling tower area on the penthouse roof.	
- HVAC Systems	Hasbro Building
Repair fan housing on building cooling tower.	
- Building Exterior	Laundry Building
Extend steam pipe; replace and repair existing brick to avoid further damage to building's interior and exterior.	
- HVAC Systems	Jos. Samuel Dental Building
Correct flue gas venting issues.	
- HVAC Systems	Nursing Arts Building
Perform necessary first stage heating and cooling issues.	
- Roofing Systems	Jane Brown South Building
Replace 60 year old roof on two sunporches to avoid leaks into patient rooms located directly below.	
- Building Exterior	Main Building
Replace and repair existing brick to avoid further damage to building's interior and exterior.	
- Building Exterior	Medical Office Ctr Building
Replace and repair existing brick to avoid further damage to building's interior and exterior.	
	Total
FY 2002 funds requested for the 900# Boiler/Cogeneration project may have to be deferred to FY 2003 to make up for approximately \$1,263,052 of current year under funded capital projects.	

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Rhode Island Hospital
FY2003 Capital Infrastructure Request
01-Mar-02

Description	
- HVAC Systems	RIH Campus
Replace a number of air handling units and cooling towers in numerous buildings to provide adequate environment for patients.	
- Water Based Fire Suppression Systems	RIH Campus
Installation and upgrade of sprinkler systems in numerous buildings.	
- Electrical Systems	Jane Brown Sc
Replace electrical sub-station.	
- Building Exterior	RIH Campus
Replace and repair existing brick to avoid further damage to buildings' interior and exterior.	
- Power Plant Capacity Upgrade **	Power Plant
Continuation of project to increase capacity for system expansion and modernization of equipment in power plant.	
- Communications Systems	RIH Campus
Repair/replacement of outdated nurse call, paging, PA systems, etc. throughout campus.	
- Transport Systems	RIH Campus
Replace Elevonic controllers in APC and Laundry buildings, new door operator in Gerry House.	
- Plumbing Systems	RIH Campus
Continuation of backflow prevention upgrades and repair/replace window well drainage on campus.	
- Medical Gas/Vacuum Systems	RIH Campus
Repair/maintain medical gas/vacuum systems in APC, Jane Brown North & Main buildings.	
- Roofing Systems	RIH Campus
Replace lower library roof in Aldrich as well as various minor repairs throughout campus.	
Total Infrastructure Items	

****Note: Project partially funded in FY2002 - see copy of ROI Analysis submitted last year.**

Section 503.8

**Proposed demolition of
any Buildings**

Proposed demolition of any Buildings

Proposed demolition of any building structure, parking garage, parking lot, park, or any other campus facility. In the event of demolition, the master Plan shall contain a tenant relocation program which shall contain, as a minimum, provision relative to institutionally owned residential structures intended for demolition. The relocation shall contain alternative to demolition which will accommodate the interests of said tenants, the neighborhood and the institutions and which will provide for tenant relocation assistance.

503.8. Proposed demolition of any Building

Several buildings have been identified by the Facilities Condition report to be demolished. The plan is to begin demolition of The South West Pavilion (SWP) after the relocation of their occupants through moves to the Coro building and utilization of the Co-op Building and to spaces that have been vacated throughout the Rhode Island Hospital campus.

There are no alternatives the demolition of these buildings.

- The buildings floor plate configuration is inappropriate for the Hospital's programs and services.
- According to the assessment made on the buildings' condition, the buildings do not meet code and safety requirements.
- The investment that would be required to make the buildings compliant is prohibitive.

Power Plant Chimney

The planned changes to the Power Plant require that the chimney stack be demolished and replaced with a new and higher stack in order to meet the emission standards (EPA new standards).

Other Demolition

The only other demolition contemplated at present is minor, such as the gutting of interior spaces that are to be renovated and the partial removal of portions of buildings to facilitate the tie-in of new construction.

**503.8b - Attachment - letter dated 9/26/01 from Chace Ruttenberg & Freedman, LLP
addressing the proposed demolition of the Southwest pavilion, the George building on the
Rhode Island campus and the Koffler Building at The Miriam Hospital campus.**

Chace Ruttenberg & Freedman, LLP

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September 26, 2001

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Dr. Joseph F. Amaral
President
Rhode Island Hospital
593 Eddy Street
Providence, Rhode Island 02903

Dr. Kathleen C. Hittner
President
The Miriam Hospital
164 Summit Avenue
Providence, Rhode Island 02906

Re: Proposed Demolition by Rhode Island Hospital
of the Southwest Pavilion and the George Building
and the Proposed Demolition by The Miriam
Hospital of the Koffler Building

Dear Drs. Amaral and Hittner:

Rhode Island Hospital ("RIH") and The Miriam Hospital ("TMH") (collectively, the "Hospitals") have retained this firm as special counsel for the specific purpose of providing the opinions set forth herein.

We have been informed that RIH has submitted a certificate of need application to the Rhode Island Department of Health in connection with its plan to provide hospital-based clinical services in the Coro Building, so-called, located at 167 Point Street and 1 Hoppin Street, Providence, Rhode Island (the "CON"). As a part of its proposal, RIH has stated that certain hospital-based clinical services proposed for the Coro Building will be relocated from the Southwest Pavilion, a building owned by RIH and located on the RIH campus, which will be demolished as part of the implementation of the overall RIH Facility Master Plan.

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In addition, as a part of the CON, RIH proposes to relocate some of the clinical services presently provided in the George Building, a facility owned by and located on the campus of RIH, to the Coro Building, and also demolish the George Building as part of the implementation of its overall Facility Master Plan. Services presently provided in both the Southwest Pavilion and the George Building not being proposed for relocation to the Coro Building will be relocated elsewhere on the RIH campus.

We have also been informed that RIH has entered into a contractual relationship with TMH as a result of which, TMH will relocate certain clinical services to the Coro Building presently housed in the Koffler Building, a facility owned by and located on the campus of TMH. The relocation of these services will enable TMH to demolish the Koffler Building as part of the implementation of its overall TMH Facility Master Plan. Services presently provided in the Koffler Building not being proposed for relocation to the Coro Building will be relocated elsewhere on the TMH campus. (Collectively, the Southwest Pavilion, the George Building, and the Koffler Building are sometimes referred to herein as the "Buildings".)

In conjunction with its review of the pending CON, the Department of Health has propounded the following questions to RIH:

" 10. The applicant has stated that, as part of this proposal, the Southwest Pavilion would be demolished. Please identify the expected use of this area after demolition. Please confirm that there are no legal or other regulatory impediments (such as Historical or Preservation Society Trust or donor restricted issues) to the demolition of the Southwest Pavilion."

"13. Please identify the status and immediate plans for the use of the Koffler Building and the George Building as a result of the implementation of the project. If either or both of these buildings are proposed for demolition, please confirm that there are no legal or other regulatory impediments (such as Historical or Preservation Society, trust or other donor restricted issues)."

RIH responded to both questions by stating, in part, that it was not aware of any regulatory or legal impediments to the demolition of the Southwest Pavilion, the Koffler Building, or the George Building. The Department of Health has asked RIH to submit a legal opinion in support of its response. This opinion is furnished in response to the request of the Department of Health.

In providing this opinion, we have examined the Zoning Ordinance of the City of Providence (the "Zoning Ordinance"), the Strategic Facility Plan (Draft dated June 1997) prepared for Lifespan Corporation by Shepley Bulfinch Richardson and Abbott and Space Diagnostics, Inc., and the Providence Overlay Zoning District Maps of the Official Zoning Map

of the City of Providence identifying the historic districts within the City. In addition, we have consulted with the Director of Master Planning-Academic Medical Center, the Planning Manager-Lifespan Corporate Strategic Planning, the Director of Inspections and Standards of the City of Providence, and the Associate Director of Planning of the City of Providence.

We have also examined such other documents, papers, statutes and authorities as we deem necessary as a basis for the opinions hereinafter set forth. In all such examinations made by us in connection with this opinion, we have assumed the completeness and authenticity of all records and all documents submitted to or examined by us as copies thereof. As to various matters of fact relevant to the opinions hereinafter expressed, we have relied upon the statements of representatives of the Hospitals.

Based upon and subject to the foregoing, we are of the following opinions:

1. Because none of the Buildings is located in an historic district overlay zone as defined in the Zoning Ordinance, there is no requirement that the Hospitals obtain a certificate of appropriateness or other approval from the Historic District Commission of the City of Providence prior to applying for a demolition permit from the City.
2. None of the Buildings is listed on the National Register of Historic Places.
3. The Hospitals are required under Section 503.3 of the Zoning Ordinance to file institutional master plans with the City Plan Commission. An institutional master plan is a statement in text, maps, illustrations, and the like, designed to provide a basis for rational decision making regarding the long term physical development of an institution over a time horizon of five (5) years. In accordance with Section 503.4(C) of the Zoning Ordinance, the Hospitals' master plans must contain, inter alia, information concerning any proposed demolition of any building located within their institutional zones. Management of the Hospitals has informed us that, upon approval of the CON by the Department of Health and prior to the demolition of the Buildings, it will submit amendments to the Hospitals' master plans for approval by the City Plan Commission which describe the demolition of the Buildings and provide whatever additional information may be requested by the City Plan Commission to demonstrate that the Hospitals' amended master plans continue to comply with the Comprehensive Plan of the City of Providence.
4. Prior to demolishing the Buildings, the Hospitals must apply for and receive a demolition permit from the City of Providence. The requirements which must be satisfied in order to obtain a demolition permit relate to insurance coverage, performance and other bonding requirements, notification of utilities, hazardous

Dr. Joseph F. Amaral
Dr. Kathleen C. Hittner

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September 26, 2001

materials containment and disposal, and other matters relating to the demolition process.

5. There are no statutory or administrative requirements imposed by the State of Rhode Island or the United States which must be satisfied prior to the demolition of the Buildings by the Hospitals.

We express no opinion concerning the effect, if any, which any restrictions or other limitations imposed on all or any of the Buildings by donors, benefactors, and others may have on the proposed demolition of the Buildings.

This opinion is solely for the benefit of the Hospitals and the Rhode Island Department of Health in connection with its consideration of the CON and may not be relied upon in any manner by any other person or entity. This opinion is rendered and speaks as of the date hereof. We disclaim any obligation to supplement or update this opinion to reflect any changes in fact or law following the date hereof which may affect the opinions expressed herein.

Very truly yours



Chace, Ruttenberg & Freedman, LLP

Section 503.9

Parking Plan

503.9 Parking Plan

A parking plan that shows the location of all parking on and off the campus. The plan shall identify: the number of parking spaces that existed and the number that were required on July 11, 1986; the location of new spaces required as a result of any proposed development; any proposed shuttle system between lots and campus facilities; and, other information deemed appropriate

9. Parking Plan

The parking plan for Rhode Island Hospital (RIH) focuses on meeting the parking and circulation needs associated with the construction of the new Emergency Department (ED) and Cancer Center (CC). The ED project will be built on the site of an existing parking lot, affecting the parking supply both during and following construction. The CC project is not expected to have any impact on the RIH parking supply, either during or after construction. In addition to addressing these impacts on parking supply, the parking plan considers the impact of the changes in parking supply on traffic circulation on and adjacent to the hospital campus.

Access to the Hospital is complicated by its proximity to the off-ramp for Exit 19 from I-95 southbound, which discharges into Eddy Street directly in front of the Hospital. There is a high volume of automobile and truck traffic using the ramp, which includes traffic exiting into the area from I-195 westbound as well as from I-95 southbound. A substantial number of the automobiles carry patients, families, and friends coming to the Hospital. Many are arriving for the first time, attempting to orient themselves and looking for directional signs that lead to parking lots and the building entrances. The development of the master plan has to consider and address these factors. The plan seeks to simplify the flow of traffic around and into the Hospital campus, prioritizing access for ambulances and emergency vehicles, and providing for the easy discharge of infirm patients from vehicles directly at the building entrances.

A further consideration is the plans of the Rhode Island Department of Transportation (RIDOT) for a major change in the configuration of the I-95 and I-195 interchange, which will alter the location of the highway off-ramp in front of the Hospital and will have a profound effect on the flow of traffic to the Hospital from both highways. Rhode Island Hospital is directly affected by these plans and it is its intention to work in close collaboration with the City and RIDOT in planning and implementing the changes. Rhode Island Hospital retained the consulting firm of Vanasse Hangen Brustlin, Inc. to evaluate the existing traffic and parking conditions, and prepare a viable traffic and parking plan that complements the master plan and the highway changes.

Parking

There are several parking lots surrounding the Hospital as shown in Figure 9-1. Each lot's capacity and whether it is designated for public (patient/visitor) or employee parking is presented in Table 9-1. There are a total of 3,920 spaces with 1,114 spaces available for use by patients and visitors and 2,806 spaces designated for employee parking. Five other lots, designated W-1 through W-5 on the figure, are located in the area and provide parking for Women and Infants Hospital but are not part of the parking inventory available to RIH. Table 2 presents the RIH Parking Worksheet for 2002. It shows that the zoning requirement for the Hospital is for 2,689 spaces, or 1,231 spaces less than the 3,920 spaces currently provided by the Hospital. The number of parking spaces that existed on July 11, 1986 was 2,913 or 721 spaces more than the 2,192 spaces required at that time.

Rhode Island Hospital operates a shuttle bus service between the Hospital and its parking lots for patients, visitors, and employees. The service operates Monday through Friday from 6:30 AM to 1:00 AM with special transports to vehicles offered through the security office for all hours of Hospital operation. Six vehicles are operated during the day with reduced service provided in the early morning and evening. Service is also provided to the Coro Building every fifteen minutes between 7:00 AM and 5:00 PM.

TABLE 9-1
RHODE ISLAND HOSPITAL PARKING SUPPLY
 March 2002

<u>Category</u>	<u>Lot</u>	<u>Location</u>	<u>Number of Parking Spaces</u>
Public	A	593 Eddy Street	356
	B	129 Plain Street	333
	C	72 Dudley Street	287
	C-1	110 Blackstone Street	<u>138</u>
	Total		1,114
RIH Employee	E-1	185 Rhodes Street	345
	E-2	30 Blackstone Street	183
	E-3		44
	E-5	70 Willard Avenue	22
	E-6	30 Borinquen Street	68
	E-7	65 Pearl Street	665
	E-9	144 Willard Street	222
	E-10	212 Dudley Street	285
	E-11	199 Dudley Street	126
		Dudley Street	22
		Prairie Street	25
	D-1	142 Blackstone Street	266
	D-2	127 Plain Street	177
	D-3	40 Borden Street	92
	D-4	28 Culver Street	51
	P-1	Plain Street	47
	P-2	Dudley Street	51
	P-3	Dudley Street	25
	P-4	Dudley Street	5
	P-5	Plain Street	6
	P-6	Eddy Street	12
	P-7	Eddy Street	<u>67</u>
	Total		2,806
Grand Total			3,920

The parking plan addresses three conditions: (1) existing, (2) during construction of the ED, and (3) following construction of the ED. Immediate action recommendations are designed to address existing problems. During the construction of the ED, 237 of the 287 spaces currently provided in Lot C will not be available for parking and replacement parking will be needed. Following construction of the ED, an additional 110 spaces will be restored to the site, providing a total of 160 spaces. This is a reduction of 127 spaces from the 287 currently provided in Lot C. Spaces lost temporarily during construction or permanently will be replaced and spaces will be provided to meet the increased demand of the ED and CC projects.

Immediate Action Recommendations

The following are actions that can be undertaken immediately to address existing overcapacity problems (see Figure 9-2):

- Expand Lot B to provide an additional 75 spaces and improve internal circulation. Displaces 75 employee spaces.
- Expand Lot C-1 to provide an additional 32 spaces. Has no net impact on employee parking..

Short-term (During Emergency Department Construction) Action Recommendations

See also attached letter from The Department of Transportation dated 3/1/2002

During ED construction it is estimated that 240 patient/visitor off-street and on-streets spaces will be temporarily eliminated. These spaces will be replaced by:

- Reconfiguring Lot D-1 to provide 200 patient/visitor spaces (resulting in the loss of 270 employee spaces)
- Providing attended parking for patients and visitors in the MOC area.

A total of 430 employee spaces will be needed as a result of the improvement to Lot B described above (75 spaces), displacement of employees from Lot D-1 (270 spaces), loss of on-street parking used by employees (45 spaces), and demand for 40 spaces for construction worker parking. These spaces will be replaced through the following (see Figure 9-3):

- Move several on-campus operations and the associated parking demand for 250 spaces to the Coro Building.
- Lease Centerfolds site on Eddy Street and adjacent properties from RIDOT for employee parking (estimated 176 spaces). Provide shuttle bus to campus. Employees can also walk to campus along west side of Eddy Street.
- Activate 45 spaces in two new lots on Pearl and Dudley Streets for employee parking.
- Require ED contractor to provide off-campus parking for construction workers.
- If permitting and construction can be completed before Lot C is closed for ED construction, add a deck over Lot D-1 to provide 200 additional spaces (can later be expanded to cover Lot C-1 for an additional 200 spaces). Requires relocation of existing hospital helipad.

Long-Term (After Construction is Complete) Action Recommendations

After construction of the ED is complete, no additional spaces will be needed if a deck was constructed over Lot D-1. If the Centerfolds site was used for temporary parking during ED construction, 176 employee spaces will be needed to replace spaces lost when the Centerfolds site is returned to RIDOT for construction of I-195. Additional demand for 40 employee parking spaces generated by the ED and CC projects will be offset by the elimination of the need for construction worker parking (estimated at 40 spaces). There will be a demand for 20 additional patient/visitor spaces for the new ED.

The following will provide parking to replace the Centerfolds site and provide for increased demand from the ED (see Figure 9-4):

- The new ED will include 160 parking spaces, 125 of which will be available for patient/visitor parking.
- Parking can be provided on the sites of demolished buildings.

Additional parking can be provided by the following:

- If no deck was built for short-term needs, build a deck on Lots C-1 and D-1 for a net gain of 400 spaces, or
- If a deck was built on D-1, expand it to cover Lot C-1 for a net gain of 200 spaces

The number of parking spaces provided on campus will be increased by about 315 spaces to accommodate:

- Expanded patient/visitor parking in Lot B (Ambulatory Patient Center and Cancer Center)
- Expanded patient/visitor parking in the area of the Emergency Department and Medical Office Center
- Improved patient/visitor parking
- Elimination of on-street parking on Culver and Blackstone Streets
- Expanded employee parking for the new Emergency Department and Cancer Center
- Improved employee parking
- Growth in demand

Circulation

In the time period following completion of the ED, the circulation plan recognizes a shift in the emphasis on parking access from Dudley Street to Blackstone Street that will occur with the completion of the ED project. In the longer term, the plan recognizes the impact of the change in traffic patterns that will result from the relocation of I-195.

There will be several changes in access to the Hospital and the area around the Hospital as a result of the I-195 project. The existing highway off-ramp terminating at Eddy Street opposite Dudley Street will be relocated two blocks south, intersecting Eddy Street opposite Willard Street. The existing ramp serves traffic entering the area from both I-95 southbound and I-195 westbound but the relocated ramp will carry traffic only from I-195 westbound. Traffic entering the area from I-95 southbound will exit farther north and enter the area via Crary Street to Dudley Street or via Borden Street to Plain Street. Traffic approaching the area from I-95 northbound which currently uses Eddy Street will also be able to use Allens Avenue to Blackstone Street which will be changed to two-way operation where it passes under I-95.

In response to these factors, the master plan proposes the following circulation plan:

- Maintain two-way operation on Blackstone and Dudley Streets west of Eddy Street and eliminate on-street parking on Blackstone Street.

Although these streets are not included in RIDOT's plans for the relocation of I-195, there was some discussion of possibly making Dudley Street one-way westbound and Blackstone Street one-way eastbound at the time that plans for I-195 were finalized. Because access to the emergency departments for both Hasbro Children's Hospital and RIH will continue to be off Dudley Street, two-way access should be maintained on Dudley Street. Two-way access should also be maintained on Blackstone Street because it will be the focus of access to patient and visitor parking. Eliminating on-street parking on Blackstone Street will allow for smoother traffic flows.

- Convert Culver Street to one-way northbound between Blackstone Street and Dudley Street and eliminate on-street parking.

Culver is a narrow roadway with parking on one side and frequently becomes congested, particularly at the intersection with Dudley Street. The proposed change will reduce congestion on the street by reducing volume and conflicting flows. Operations at the Dudley Street will improve with the elimination of vehicles turning left from Dudley Street. With traffic shifting to Blackstone Street to access RIH parking, Dudley Street will carry less traffic. One-way northbound operation of Culver Street will provide access to the MOC drop-off/pick-up area for arriving vehicles as well as for vehicles leaving the parking areas along Blackstone Street to pick up someone. Arriving vehicles will need to approach from Blackstone Street rather than Dudley Street. All necessary access will be maintained via a clockwise flow of traffic around the MOC and Coop buildings.

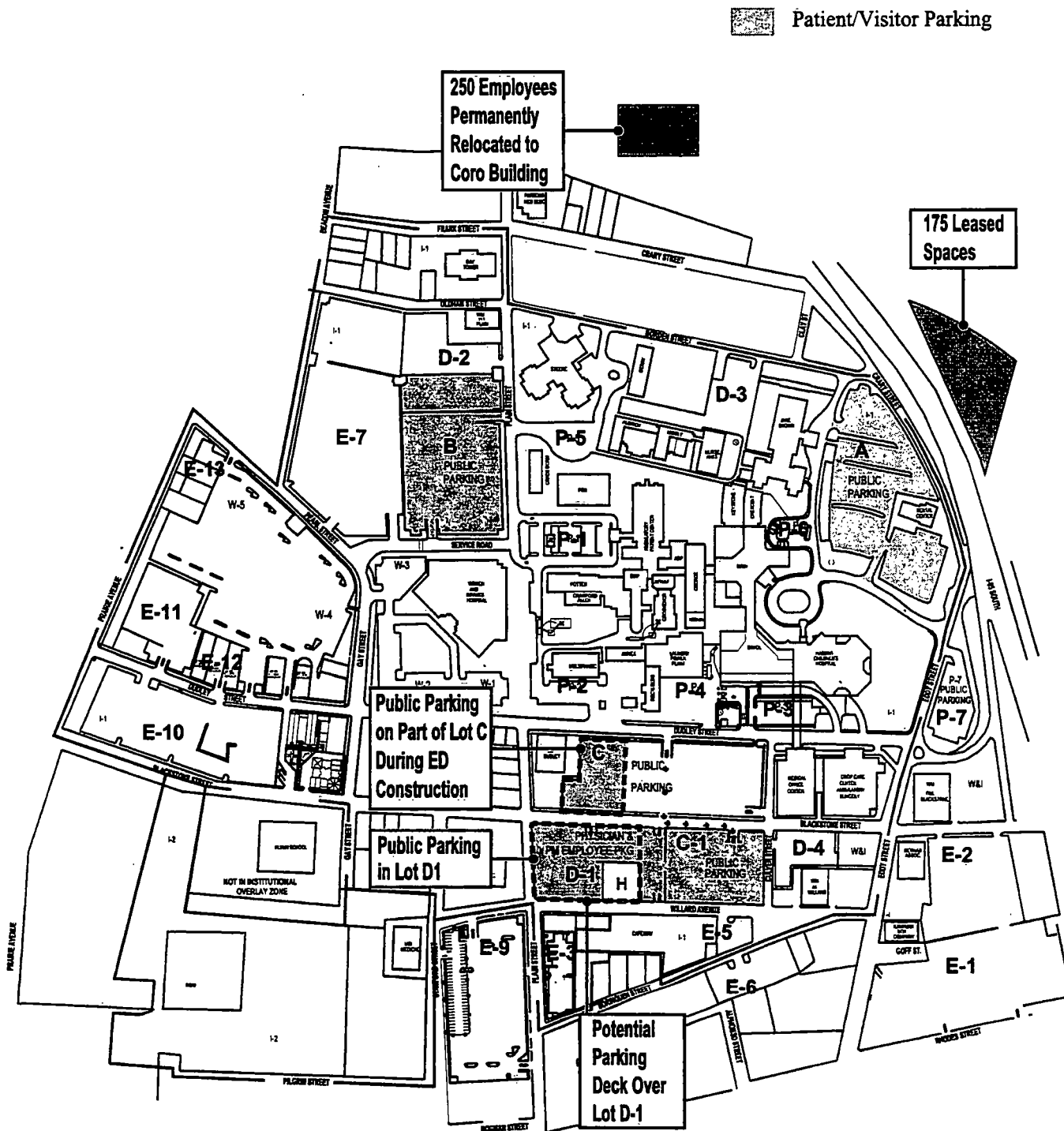
- Consider widening Blackstone Street

The configuration of hospital parking on the south side of Blackstone Street will leave space for the possible widening of Blackstone Street if needed. The need for widening Blackstone Street can be better determined once access to parking on the ED site is determined. Since the building is still under design, the location of access and egress drives has not been determined.

- Consider possible one-way westbound operation on Willard Street

When RIDOT designs the intersection of Willard Street, Eddy Street and the I-195 westbound off-ramp, it might prove useful for intersection operations to have Willard Street operate as one-way away from the intersection (westbound). The current plans for parking and circulation around RIH would be fully compatible with operating Willard Street as one-way westbound.

The principal considerations in developing these recommendations have been to streamline traffic flow, provide good access to hospital patient/visitor parking and the MOC, and incorporate the impact of RIDOT plans on traffic flow in the area.




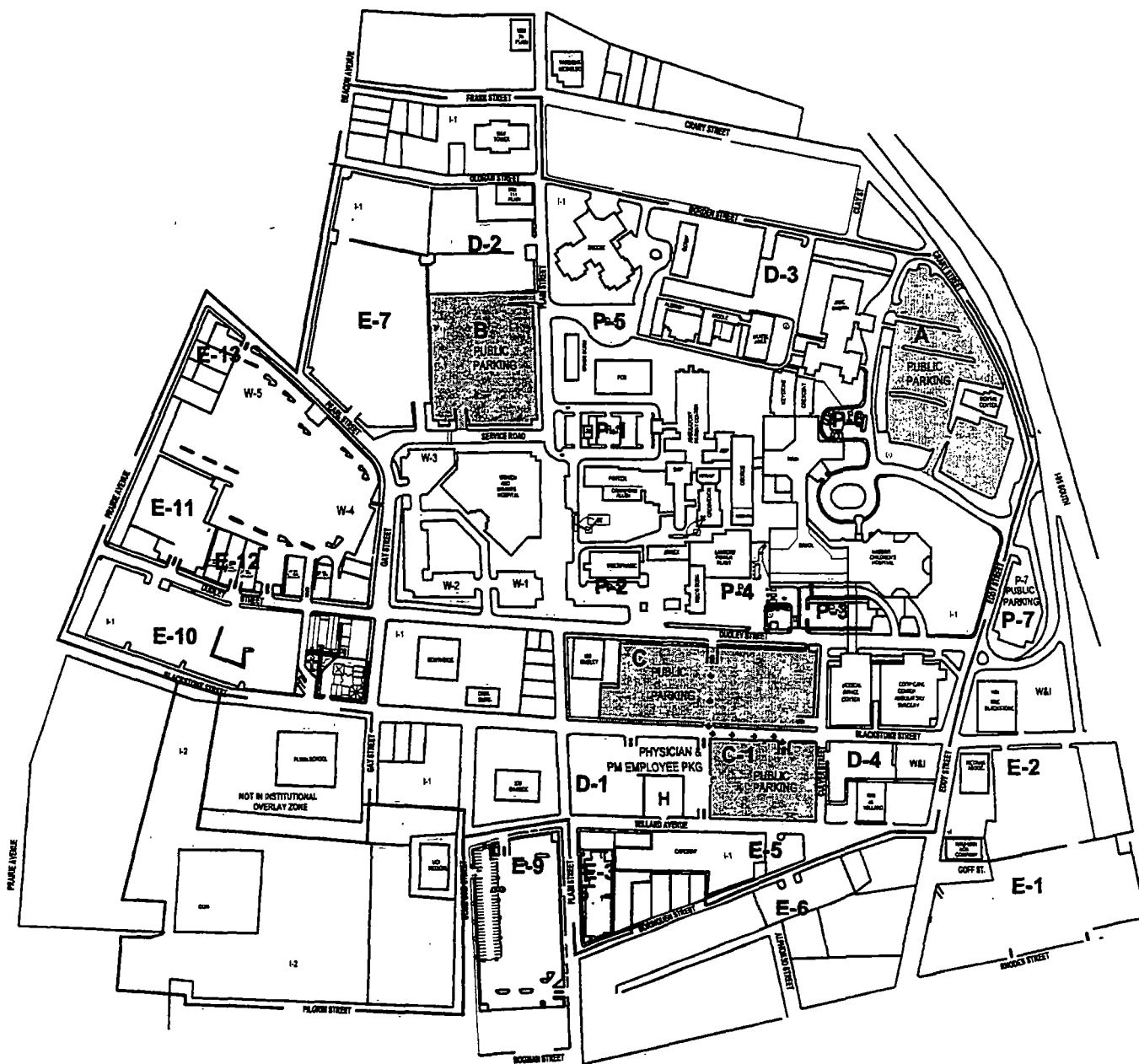
Not to Scale

Vanasse Hangen Brustlin, Inc.

Rhode Island Hospital
Parking - Short Term Actions

Figure 9-3

 Patient/Visitor Parking




Not to Scale

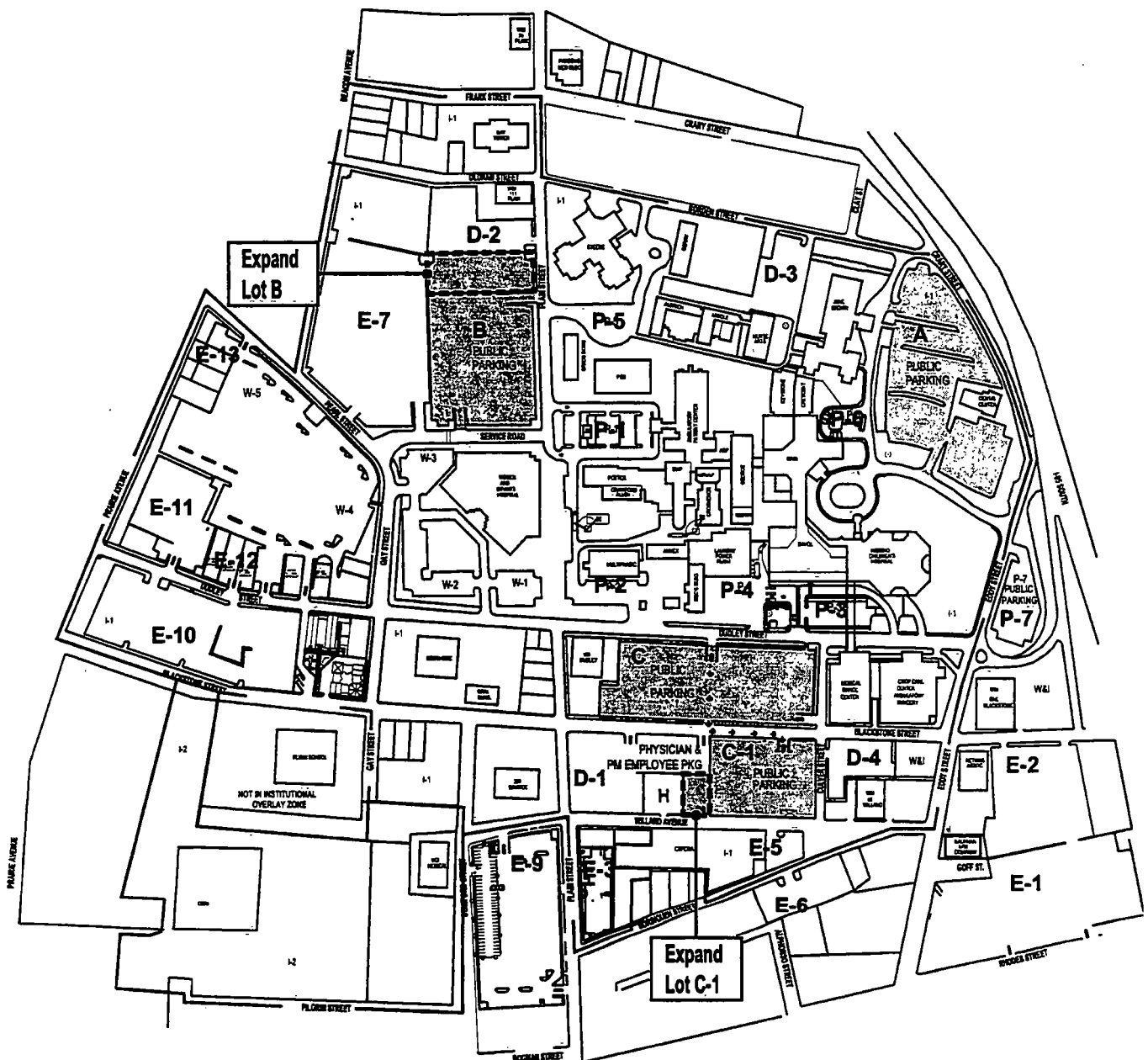
Vanasse Hangen Brustlin, Inc.

Rhode Island Hospital
Existing Parking

Figure 9-1



Patient/Visitor Parking




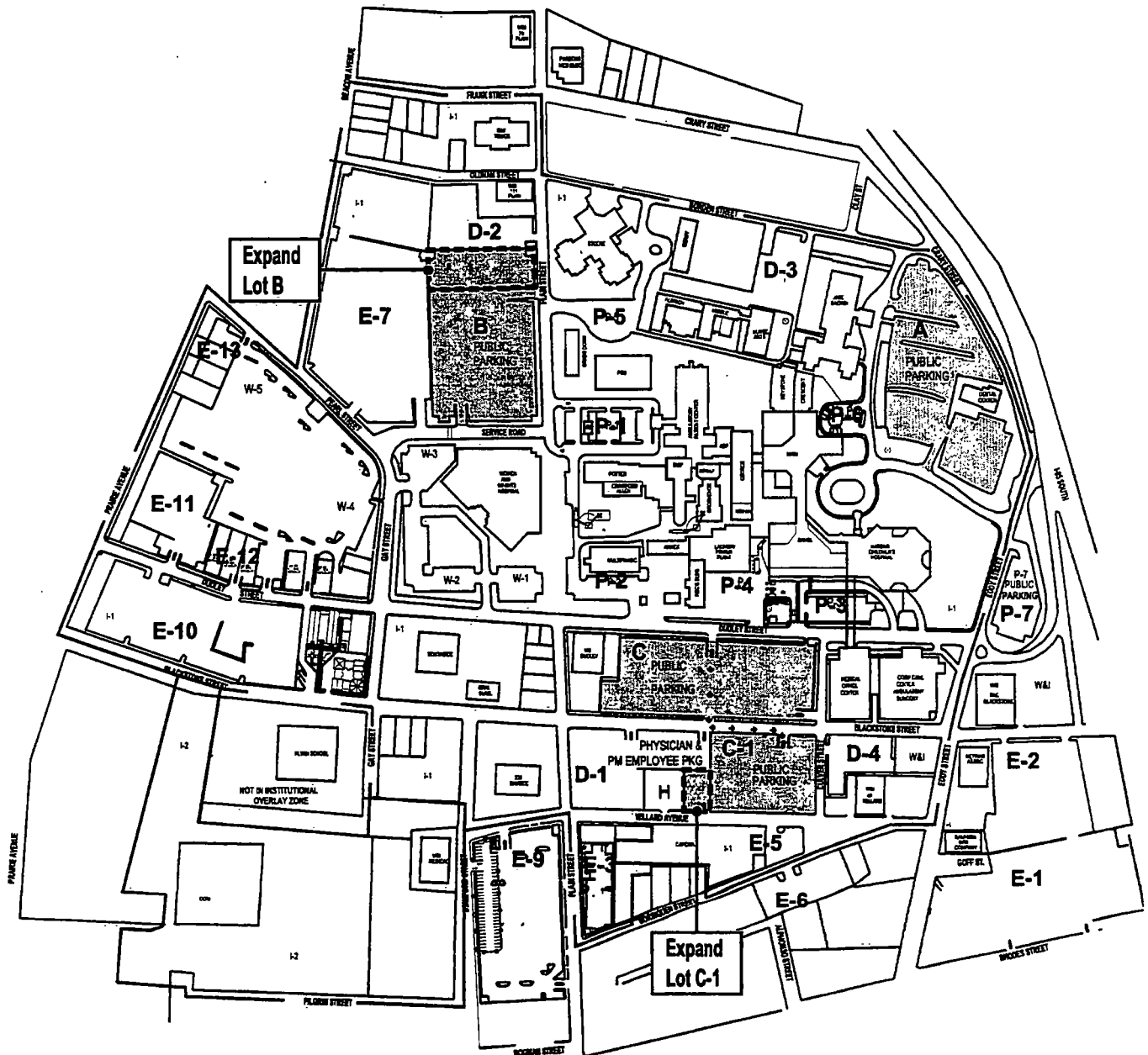
Not to Scale

Vanasse Hangen Brustlin, Inc.

Rhode Island Hospital Parking - Immediate Actions

Figure 9-2

 Patient/Visitor Parking



Not to Scale

Vanasse Hangen Brustlin, Inc.

Rhode Island Hospital
Parking - Immediate Actions

Figure 9-2



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Transportation
Real Estate
Two Capitol Hill, Room 317
Providence, RI 02903-1124

OFFICE (401) 222-2411
FAX (401) 222-1212
TDD (401) 222-4971

March 1, 2002

Ms. Jody Bishop
Rhode Island Hospital
Office of Administration-MOC160
593 Eddy Street
Providence, RI 02903

Dear Ms. Bishop:

Re: Request to License State Owned Property
AP 22/Lots 50, 162 to 166, and 176 to 177
Eddy, Globe and Crary Streets, Providence

In am writing in response to your request to utilize the above-referenced lots to create temporary parking areas during the construction of the proposed improvements to the hospital.

Attached please find a preliminary drawing prepared by our design consultant showing approximately 176 parking spaces that could potentially be created at this location. A review of our current project schedule indicates this area will be available from the period discussed (August 2002 to March 2004); however this will need to be reconfirmed as part of a formal request to license the property.

If you wish to pursue obtaining a license to utilize these lots, a written request should be submitted to my attention at your earliest convenience. Upon receipt we will begin the process of obtaining formal State approvals, including approval from the State Properties Committee. The Department of Transportation concurrently will determine the rate to be paid based on an appraisal of the property. We are assuming that any improvements necessary to make the property suitable for parking will be performed by the hospital at its expense.

Should you require any further information, please contact me at Extension 4500.

Sincerely,

Ann M. Hollands, MAI
Administrator

AMH/rk

Attachment

cc: Harris Weiner, Esq., James Capaldi, William McCarthy, Richard Kalunian, File

Date: Mar-02

RHODE ISLAND HOSPITAL PARKING WORK SHEET

I - 1 ZONE

- A. Full time employees and approved vacancies including nurses. = 4,623 Divided by 3 per space = 1,541
(Largest in attendance at any work shift)
- B. Number of patient beds. = 719 Divided by 4 per space = 180
- C. Number of staff or visiting doctors. = 260 Divided by 1 per space = 260
(Largest in attendance at any work shift)
- D. Number of hospital & ambulances & similar vehicles. = 15 Divided by 1 per space = 15
- E. Number of doctors offices. (where staff doctors see patients on an out-patient basis) 120 Multiplied by 2 per space = 240
- F. Square footage of hospital space used for ambulatory care. 217,967 Divided by 500 sf gross floor area per space = 436
- G. Number of seats in auditorium or similar used for lectures, etc. 170 Divided by 10 per space = 17

Total number of spaces required. 2,689

Total number of spaces provided in the I - 1 Zone or in other zones owned by the institution that are zoned for parking (Include non-conforming parking lots) 3,920

Number of non-conforming parking spaces at time of passage of Institutional Zone. 1,231

Based upon the above calculation, the present parking total conforms to the institutional requirement.

Signature: 

Section 503.10

Activity requiring action
by the board or council
to implement

503.1 Activity requiring action by the board or council to implement.

Any proposed activity that would require an action by the board or council to implement

503-10. Activity requiring action by the board or council to implement.

The master plan implementation plans will be submitted for review and approval by the authority. All of the proposed construction is as-of-right in terms of height, area and lot coverage. Action required by the Board will be the review and approval of the elements in the Hospital's Master Plan.

Section 503.11

Annotated Maps

503.11 Annotated Maps

The Master Plan shall contain text and maps to facilitate the review process.

ANNOTATED MAPS

The following is a list of annotated maps that form part of this report, and which describe the existing status and the planned future development of the Rhode Island Hospital.

(Refer to Appendix A to chapter 7 for the list of codes used in conjunction with Section 303)

Section 503.12

Certificate of Need

503.12 Certificate of Need

In addition to the above, any hospital subject to regulation by the department of health pursuant to the Rhode Island General Laws Section 23-15, as amended, and to the rules and regulations promulgated by the director of health for the State of Rhode Island pursuant thereto, which are required thereby to obtain a certificate of need as a precondition to licensure of any new or additional premises, shall file said certificate of need as an appendix to its master plan.

12. CERTIFICATE OF NEED

The Hospital filed a Certificate of Need application for the Emergency Service, Comprehensive Cancer Center and CORO projects and has been granted approval by the Board of Health in November 2001 to proceed with their construction. In addition, the hospital filed in November 2001, an application for the conversion of the 2nd and 3rd floor in the Co-op Building into medical/surgical inpatient beds. This application was approved by DOH in February 2002. The construction will begin in April 2003. An application for the installation of a PET scanner is presently under review by DOH.

Rhode Island Hospital is preparing a CoN application for the expansion of the Operating Suite for submittal to the Board of Health on June 2002.

The Board of Health is aware that Rhode Island Hospital will be filing applications in the future for further projects that form part of the overall master plan.

Appendix

APPENDIX

1. Copy of Lifespan's institutional master plan approved by the Board, December 2001.
2. Copy of Certificate of Need approved by the Department of Health

REPORT OF THE COMMITTEE
OF THE
HEALTH SERVICES COUNCIL
ON THE APPLICATION OF
RHODE ISLAND HOSPITAL
TO REPLACE THE DAVOL EMERGENCY DEPARTMENT

Project Review Committee-I

Robert L. Bernstein
Frances P. Driscoll
Wallace Gernt (Ex-Officio)
Marvin Greenberg
Robert S. L. Kinder, MD
Daniel F. McKinnon (Ex-Officio)
Max Powell
Robert J. Quigley, DC
Robert Ricci
Robert Whiteside
John Young
William B. Zuccarelli

Submitted to the
Health Services Council
30 October 2001

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I. SYNOPSIS

Project Review Committee-I of the Health Services Council recommends that the proposal of Rhode Island Hospital to construct a replacement emergency department be approved.

In accordance with section 2.0 of the Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services (R23-15-CON), the instant proposal is subject to review by the Health Services Council and approval by the Director of Health prior to implementation.

The committee has reviewed this application in accordance with the required review criteria in section 9.11 and the requirements of section 13.0 of the Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services and recommends that this application be determined to be both needed and affordable.

II. PROJECT DESCRIPTION

Rhode Island Hospital is a licensed non-profit acute-care hospital located in Providence. Rhode Island Hospital is legally affiliated with the Lifespan Corporation. Lifespan Corporation is the sole corporate member of Rhode Island Hospital as well as The Miriam Hospital and Newport Hospital.

The applicant proposes to construct a new building for a replacement of its emergency department. The new building will be constructed adjacent to the existing Davol Building and over Dudley Street to and over the area adjacent to the Medical Office Building that is presently a patient parking lot. The proposed addition is 51,000 square feet with an additional 10,000 square feet of shell space to structurally support and house new mechanical space. The present size of the emergency department is 21,710 square feet. The proposed size will be 51,000 square feet. The number of treatment spaces will be increased from 34 spaces to 72 spaces, plus 3 additional specialty spaces. (Presently, because of the need for more treatment spaces, 13 of the 34 spaces are divided in two for a total of 47 treatment spaces.) The applicant stated that the 72 proposed treatment spaces will be as follows: emergency care (27 cubicles, 4 procedure rooms, 2 exam rooms), 6 critical care rooms, 9 cardiac cubicles, 14 urgent care exam rooms, 10 critical decision unit cubicles. The 3 specialty spaces are for 2 specialty exam rooms and 1 specialty procedure room. The applicant stated that the new design will meet or exceed the guidelines for construction and equipment of hospitals and medical facilities developed by the American Institute of Architects. The applicant stated that the new design will provide a separate defined entrance for urgent care; increase the size of the trauma center (including designated beds for chest pain patients); and provide adequate space for needed radiology equipment. The applicant noted that the size of the triage area will be more appropriately sized and redesigned to provide more privacy and to improve patient confidentiality.

Total proposed capital costs are \$41,073,178. The applicant projects the increase in incremental operating expenses to be \$16,159,000 in FY 2006. The applicant proposes to finance the \$41,073,178 capital cost with 20% equity (\$8,214,636) and 80% (\$32,858,542) debt, which will be in the form of tax exempt bonds. The applicant proposes to provide emergency department services

(visits) to the following patient payor mix in FY 2006: 17% Medicare; 10% Medicaid; 47% Blue Cross/HMO/Commercial; 26% self-pay/other/charity care.

The applicant received a certificate of need in 1999 to expand and renovate the Davol emergency department at a total capital cost of approximately \$20.2 million. The applicant did not implement this 1999 approval and stated that it chose to redesign the plan and resubmit it in its present form in 2001.

III. INTRODUCTION

Rhode Island Hospital submitted its application to the state agency on 8 June 2001. The application was initially reviewed by staff and, after the correction of application deficiencies, the application was deemed to be acceptable in form. Subsequently, the Division of Health Systems Development notified the applicant and approximately 250 affected persons by direct mail, and members of the public by notification in the Providence Journal, that the review would commence on 10 July 2001.

The notice also afforded all parties the opportunity to provide written comments by 30 August 2001, when practicable, and to request a public hearing. A cost impact statement was received from Blue Cross and Blue Shield of Rhode Island (attached). The Division of Facilities Regulation provided an advisory (attached). The Office of Performance Measurement and Reporting provided a financial analysis (attached). No comments or requests for a public hearing were received.

The committee reviewed the instant proposal at meetings held on 24 July, 14 August, and 2, 9 and 16 October 2001 with the applicant in attendance at each meeting. (The meeting of 14 August 2001 was at Rhode Island Hospital for the purposes of a site visit.) At the 16 October 2001 meeting, the committee voted eight in favor and none opposed (8-0) with the Chairman voting to recommend approval of the proposal as being both needed and affordable, subject to the conditions of approval set forth in section VIII of this Report.

IV. FINDINGS

In accordance with section 16.3 of the Rules and Regulations for Determination of Need for New Health Care Equipment and New Institutional Health Services (R23-15-CON), the Health Services Council is required to include commentary where applicable on specific elements (13.3(a)-(j)) of a proposal derivable from information provided during the course of the review. Based on its deliberations, the project review committee provides the following commentaries on specific elements of the proposal.

- A. The relationship of the proposal to such state health plans as may be formulated by the state agency (13.3a).

The Rhode Island Health Plan expired in 1996. The Department of Health has not extended or otherwise renewed the Health Plan.

Finding: The Rhode Island Health Plan has expired and there exists no other such state health plan related specifically to the instant proposal.

- B. The applicant's demonstration of public need for the specific proposal and scope thereof (13.3(b)).

The applicant has identified the entire state of Rhode Island and portions of southeastern Massachusetts as comprising its service area. The applicant noted that the population of this service area is approximately 1.5 million persons. The applicant noted that it is the sole Level 1 Trauma Center in Rhode Island and the sole provider of treatment for trauma (motor vehicle accidents, gun shot wounds and penetrating wounds), neurosurgical cases (falls and cranial bleeds), burns and high acuity complex cases..

The applicant noted that the present emergency department is 16 years old and is outdated, inefficient, undersized and not in compliance with the upcoming HIPPA regulations regarding patient/family privacy and confidentiality. The applicant noted that the present emergency department served treated 3.39 visits per square foot in FY 2000 and the industry standard average for new emergency departments is 2.28 visits per square foot. The applicant noted that it projects that the proposed emergency department will serve 2.29 visits per square foot in FY 2010. The applicant noted that the new design for the proposed emergency department would meet or exceed the guidelines for construction and equipment of hospitals and medical facilities developed by the American Institute of Architects. The applicant stated that the new design would provide a separate defined entrance for urgent care; increase the size of the trauma center (including designated beds for chest pain patients); and provide adequate space for needed radiology equipment. The applicant noted that the size of the triage area would be more appropriately sized and redesigned to provide more privacy and to improve patient confidentiality. The design includes 72 treatment spaces as follows: emergency care (27 cubicles, 4 procedure rooms, 2 exam rooms), 6 critical care rooms, 9 cardiac cubicles, 14 urgent care exam rooms, 10 critical decision unit cubicles. There are also 3 specialty areas proposed: 2 specialty exam rooms and 1 specialty procedure room.

COMMITTEE REVIEW OF KEY ISSUES

During the course of review, the committee focussed on the following issues: scope of project; volume projections; timing and permits; parking and other impacts. Each of these issues is addressed below.

Scope of Project

The applicant proposes a capital cost of \$41,073,178 to construct a new building adjacent to the existing Davol Building and over Dudley Street to and over the area adjacent to the Medical Office Building that is presently a patient parking lot to house a new emergency department. The applicant proposes to increase the size of the emergency department from 21,710 square feet to 51,000 square feet. The applicant has indicated that it plans to file additional certificate of need applications to add two more floors to the proposed building at

additional capital cost. The committee noted that the existing emergency department was undersized but it did not address or otherwise recognize any need for other services that may be proposed for any additional floors above the proposed emergency department. The applicant stated that it would construct the emergency department regardless of whether any subsequent certificate of need applications were approved for additional floors above the proposed emergency department.

Volume Projections

The applicant provided data on the historic and projected utilization of the emergency department. The applicant stated that the number of visits to the Davol emergency department increased from 66,013 in FY 1997 to 73,525 in FY 2000. The applicant projected that the number of visits would be 87,325 in FY 2005 and 103,714 by FY 2010. During the review, the applicant updated its projection for FY 2001 to 75,588 visits. Using these data and linear regression, staff projected future growth of visits to be 85,951 visits for FY 2005 and 98,789 visits for FY 2010. The committee noted that these were projections and that there was not a substantial difference between the applicant's and staff's projections and that both resulted in significant increased utilization of the emergency room.

Another issue related to volume and utilization was the types of visits to the Davol emergency department. Patients are generally classified as urgent, emergency and trauma. The applicant provided data that showed that the 'urgent' visits represented a range from 32% to 48% of total visits - depending on the source of the data. The committee was concerned about the high proportion of patients visiting the emergency department that were not actual emergencies. The applicant noted that it is often only after the patient is examined that it is clear to the patient that a visit was not an emergency. The applicant noted that the new design included a separate entrance for urgent care patients with a dedicated triage area to speed up the referral of patients to the appropriate services within the emergency department.

Timing and Permits

The applicant proposes constructing a substantial building over Dudley Street to house a new emergency department. The applicant expects to open the new emergency department during FY 2005. The applicant noted that the implementation of this proposal requires a number of city permits and approvals including a revised master plan for Rhode Island Hospital and an easement for air rights over Dudley Street. The applicant noted that the proposed emergency department would be constructed in recognition of the new US Route 195 that will provide direct access from the interstate to the hospital campus. The applicant noted that this will affect traffic circulation in and around the hospital and will require additional permits and approvals. The applicant estimated that it would have the final architectural plans, financing and a bid process for construction initiated by August 2002. The applicant estimated that it would have a guaranteed maximum price contract signed and construction initiated by September 2002. The applicant stated that it anticipated filing additional certificate of need applications to construct up to two additional floors above the proposed emergency department.

The committee was concerned about the unresolved issues related to a timely implementation of the project. The committee noted that a previous project to renovate the Davol emergency department that was approved in 1999 at a capital cost of approximately \$20 million was not implemented by the applicant. The committee was concerned that the applicant has indicated adding floors above the emergency department for other as yet specified services and how this may affect the timely implementation of the proposed replacement of the emergency department. In order to address these timeliness and permitting issues, the committee recommends that the proposal be subject to the following condition of approval: that prior to filing any additional certificate of need applications for additional services or programs to be housed in or above the new building or any additional new construction to the building, the applicant provide documents to the state agency verifying that the financing and construction contracts are in place and that it has received any and all necessary city and state permits and approvals.

Parking

Adequate and sufficient parking was a major issue related to the proposed construction of a building of this scope and magnitude and the projected significant increases in emergency department utilization. The applicant stated that the construction would eliminate a number of existing parking spaces. In an analysis of parking supply and demand which the applicant commissioned, the parking consultant estimated that there would be a net loss of 134 parking spaces along with a net need for 40 parking spaces with an overall impact of 174 parking spaces. The consultant also noted that construction itself would temporally displace 100 spaces and there will be needs for parking for construction workers.

The applicant noted that it is reviewing the recommendations of its consultant and, although a final decision has not been made, it anticipates the solution to be a combination of additional surface parking on newly acquired parcels, relocation of some employee and patient parking to the CORO Building garage and access to additional parking lots through negotiation with the state.

The committee noted that the advisory from the Division of Facilities Regulation addressed parking concerns. The committee noted that a formal plan for parking must accompany the submission of final architectural drawings to the licensing agency for approval.

Other Impacts

The applicant represented that 31% of all Davol emergency department visits results in a hospital admission and that 66% of all hospital adult admissions come from the emergency department. The committee was aware that studies have demonstrated that increased emergency department utilization has a direct impact on the demand for inpatient beds and intensive care unit utilization and affect staffing requirements for these inpatient units. The applicant estimated that the 2006 the new emergency department will generate about 24 additional inpatients per day. The applicant's plan for accommodating these additional admissions is as follows: long term – replace or open more bed capacity in new space,

possibly in floors to be constructed above the proposed emergency department or in a new cardiology building to be constructed in place of the present Southwest Pavilion Building; moderate term - open two inpatient units on the 2nd and 3rd floors of the Cooperative Care Building; short term- to improve the efficiency of its inpatient services by adding 11 case managers to assist with discharge planning and reduce length of stay and to board patients in vacant ICU beds until a regular bed is available – a practice is not presently in use. The applicant noted that some of these options may require a certificate of need.

Summary

The committee noted that the present emergency department is outdated, undersized, overcrowded and inefficient and needed replacing. The committee noted that Rhode Island Hospital is the state's sole Level 1 Trauma Center and thus treats patients that cannot be served in other hospital emergency departments. The committee noted that based on the information provided it finds a public need for the proposal to replace the Davol emergency department.

Finding: The committee finds that the applicant has adequately demonstrated the need for the proposal at the time, place and circumstances as proposed.

C. A detailed analysis of elements (capital and operating) of the total project cost including prospective sources of payment for associated operating costs (section 13.3(c)).

- **Capital Costs:** The applicant estimates that the capital costs of this project are \$41,073,178 comprising of \$150,000 for survey and studies; \$75,000 for fees and permits; \$2,434,000 for architect; \$4,487,615 for site preparation; \$62,500 for demolition; \$18,482,677 in new construction; \$3,600,000 for contingency; \$1,315,415 for furnishings; \$2,036,523 for moveable equipment; \$2,925,675 for fixed equipment; \$1,880,977 for capitalized interest; \$878,966 for bond costs and insurance; and \$2,743,810 for debt service reserve.

The committee questioned the basis for estimating the costs for architect fees. The applicant agreed to review those costs and make modifications, as applicable.

- **Operating Costs:** The applicant estimates that if the project is implemented, the incremental increase in facility operating costs will be \$16,159,000 in FY 2006 as follows: \$4,709,000 for payroll/fringes; \$1,246,000 for bad debt; \$2,394,000 for interest; \$1,544,000 for depreciation; \$2,611,000 for supplies; and \$3,655,000 for other expenses.

The committee questioned the appropriateness of the applicant depreciating the debt service reserve fund. The applicant agreed to review this and make modifications, as appropriate.

- **Sources of Payment:** The applicant proposes to provide emergency department visits to the following patient payor mix in FY 2006: 17% Medicare; 10%

Medicaid; 47% Blue Cross/HMO/Commercial; 265% self-pay/other/charity care.

Finding: The committee finds that the capital cost and the operating costs for health care services proposed are generally reasonable and necessary, with the exception of the architect fees and the depreciation of debt service reserve – both of which may be subsequently modified.

D. The incremental cost to the health care system of provision of the additional services and the consequent impact of the proposal upon the overall costs of the institution, upon patient charges, and upon the reimbursement system (section 13.3(d)).

1. The incremental cost to the health care system. The applicant estimates that if the project is implemented, facility net patient revenues will increase by \$21,131,000 in FY 2006.
2. Impact on the overall cost to the institution. The applicant estimates that if the project is implemented, the incremental increase in facility operating costs will be \$16,159,000 in FY 2006.
3. Impact on the reimbursement system. The applicant estimates that the impact on the reimbursement system would be \$21,131,000 in FY 2006.

Blue Cross and Blue Shield of Rhode Island provided a cost impact analysis of the proposal (attached). The analysis was based on capital and FY 2006 operating expenses that were contained in the application as filed and accepted for review. The statement notes that if the application is approved and the projected volumes are achieved, the Hospital's expense level will increase by 3.36%, however, if the hospital does not achieve the volumes identified in the CON the incremental increases will be lower. The statement notes that the expenses of this proposal would increase statewide spending by 0.73%. The statement notes that the impact to BC/BS of RI of the rest of the proposal will be dependent upon BC/BS of RI volume and future payment rate increases negotiated with the Hospital. The statement notes that the impact of a 3.36% increase on BC/BS of RI would be approximately \$2,600,000. The statement notes that premium rates for Direct Pay and Small Group subscribers would increase by approximately \$8.50 for an individual contract and \$15.75 for a family contract. The statement notes that, per the application, Medicare reimbursement will increase by \$12,200,000 if the proposal is implemented with \$1 million of this amount related to additional ER visits and CT scans and the remaining associated with a projected increase in inpatient admissions. The statement notes that the net cost to the federal Medicare program cannot be determined.

Finding: The committee finds that the applicant satisfies this criterion.

E. The feasibility of the proposal including the mix of financing and the reasons therefor as they relate to the overall financial structure of the applicant and such factors as may impinge upon the feasibility of the proposal (section 13.3(e)).

The applicant proposes a total capital cost of \$41,073,178 and a first full year (FY 2006) operating gain associated with the implementation of the proposal of \$4,972,000 in FY 2006. The applicant proposed financing the \$13,530,000 in capital costs with \$8,214,636 (20%) in equity and \$32,858,542 (80%) in debt. The applicant has indicated that it plans on conducting a community fund drive to raise funds for the project. The applicant proposes to finance the debt with RIHEBC tax-exempt bonds. The Office of Performance Measurement and Reporting provided a financial analysis (attached) that concluded that, on balance, the financing for this proposal appears reasonable.

The committee questioned the applicant's plan to count the \$2,743,810 for the debt service reserve fund as satisfying a portion of the equity contribution. The committee noted that, in doing so, the applicant was in essence reducing its equity contribution substantially below the 20% minimum that has been the Health Services Council's policy for capital expenditures for facility improvements. The committee recommended as a condition of approval that the applicant contribute 20% equity towards the total project cost not including the debt service reserve fund, providing that Department staff is satisfied that this is consistent with what the Health Services Council has required of other capital applications in the past.

Finding: The committee finds that this proposed financing plan is feasible with the exception of the issue with use of the debt service reserve fund counting towards the equity contribution.

- F. The derivable operating efficiencies (i.e., economies of scale or substitution of capital for personnel), which may result in lower total or unit costs (section 13.3(f)).

The applicant does not propose operating efficiencies.

Finding: The committee does not find that approval of this project will result in operating efficiencies.

- G. The efficiency and appropriateness of the use of existing inpatient facilities providing inpatient services similar to those proposed (if applicable) (section 13.3(g)).

The committee noted that all acute care hospitals in Rhode Island are required to have emergency departments. The committee noted that the emergency department at Rhode Island Hospital is the sole hospital in Rhode Island that is Level 1 Trauma Center.

Finding: The committee finds that existing inpatient services similar to those proposed are efficiently and appropriately utilized.

- H. The efficiency and appropriateness of the proposed new institutional health service (13.3(h)).

The applicant noted that the present emergency department is outdated, inefficient,

undersized and not in compliance with the upcoming HIPPA regulations regarding patient/family privacy and confidentiality. The applicant noted that the new design for the proposed emergency department would meet or exceed the guidelines for construction and equipment of hospitals and medical facilities developed by the American Institute of Architects. The applicant stated that the new design would provide a separate defined entrance for urgent care; increase the size of the trauma center (including designated beds for chest pain patients); and provide adequate space for needed radiology equipment. The applicant noted that the size of the triage area would be more appropriately sized and redesigned to provide more privacy and to improve patient confidentiality. The committee noted these factors and found the proposal to be an appropriate response to improve the efficiency of the delivery of emergency department services at Rhode Island Hospital.

Finding: The committee finds the proposal to be both efficient and appropriate.

I. The affordability of the proposal (13.3(i)).

The comments presented below are in the outline format provided by the definition of "affordability" in section 3.26 of the aforementioned Rules and Regulations.

a) consideration of the state's economy;

The following comments are taken from the FY 2002 Budget - Executive Summary

- predict economic growth in Rhode Island to continue through FY 2002 at a moderate pace
- forecasted growth in personal income of between 4.9% and 5.4% in FY 2002
- forecasted growth in employment of between 0.7% and 1.0% in FY 2002
- a structural deficit of \$191 million is projected for FY 2003

Comment: The committee noted these comments.

b) consideration of statements of authorities and/or parties affected by such proposals:

The committee noted the cost impact analysis provided by Blue Cross/Blue Shield of Rhode Island (attached).

Comment: The committee noted that all comments received related to this proposal.

c) economic, financial, and/or budgetary constraints of parties affected by such proposals;

See (c) above.

Comment: The committee noted all comments received related to this proposal.

d) other factors deemed relevant by the Health Services Council or the Director

Comment: The committee noted no other relevant factors.

Finding: The committee finds the proposal to be affordable.

- J. The relative priority of the proposal compared to all other proposals under review (section 13.3(j)).

Comment: This proposal is not subject to this criterion.

V. FINDINGS RELATING TO ADDITIONAL INPATIENT SERVICES

In accordance with section 13.5 of the certificate of need regulations, the Health Services Council is required to make findings relating to proposals involving additional inpatient services if it proposes to recommend approval of those services. With respect to the instant proposal, the following findings are made:

- A. That superior alternatives to such inpatient services in terms of cost, efficiency and appropriateness do not exist and that the development of such alternatives is not practicable (section 13.5(a)).

The application is for approval to replace an outdated and undersized Level 1 Trauma Center emergency department and improve the efficiency of the delivery of those services. The applicant did not propose and the committee did not recognize that there were superior alternatives to the proposal in terms of cost, efficiency and appropriateness.

Finding: The committee finds that superior alternatives to the proposed services do not exist.

- B. That in the case of new construction, alternatives to new construction such as modernization or sharing arrangements have been considered and have been implemented to the maximum extent practicable (section 13.5(b)).

The applicant proposes to construct a new 51,000 square foot building to house the new emergency department.

Finding: The committee finds that the applicant satisfies this criterion and that sharing arrangements are not applicable to this application.

- C. That patients will experience serious problems in terms of cost, availability, or accessibility in obtaining inpatient care of the type proposed in the absence of the proposed new services (section 13.5(c)).

The committee notes that improvements in efficiency should result in improved access and

availability of timely services.

Finding: The committee finds that the implementation of the proposal will improve access and availability of the types of services proposed.

- D. That, in the case of a proposal for addition of beds for the provision of skilled nursing or intermediate care, the relationship of the addition to the plans of the agencies of the state responsible for providing and financing long term care has been considered (section 13.5(d)).

The committee notes that the proposal does not involve the provision of nursing facility care.

Finding: The committee notes that this criterion is not applicable.

VI. SPECIAL FINDINGS RELATING TO ACCESS

In accordance with section 13.6 of the Rules and Regulations the state agency shall make written findings (taking into account the accessibility of the health care facility as a whole) on the extent to which the proposal will meet the following accessibility criteria:

- A. The extent to which low-income persons, racial and ethnic minorities, women, handicapped persons, and the elderly are likely to have access to this service (Section 13.6(a) of the CON Rules and Regulations).

The applicant proposes to provide emergency department services (visits) to the following patient payor mix in FY 2006: 17% Medicare; 10% Medicaid; 47% Blue Cross/HMO/Commercial; 26% self-pay/other/charity care.

Finding: The above named groups are likely to have access to the services proposed.

- B. In the case of a reduction, elimination or relocation of a service, the need that the population presently served has for the service, the extent to which that need will be adequately met by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination or relocation of the service on the ability of the groups noted in section (A) above to obtain needed health care (section 13.6(b)).

The committee noted that the applicant does not propose a reduction, elimination or relocation of a service.

Finding: The committee finds that this criterion is not applicable.

- C. The performance of the applicant in meeting its obligation, if any, under any applicable Federal regulations requiring provision of uncompensated care, community services or access by minorities and handicapped persons to programs receiving Federal financial

assistance, including the existence of any civil rights access complaints against the applicant (section 13.6(c)).

There are no known complaints against the applicant for violations of civil rights. The facility is not subject to the requirements of the Hill-Burton uncompensated services or community services regulations.

Finding: The committee finds that the applicant satisfies the concerns of this criterion.

- D. The extent to which Title XVIII (Medicare), Title XIX (Medicaid) and medically indigent patients are served by the applicant (section 13.6(d)).

This criterion is addressed in (A), above.

Finding: The committee finds that the applicant satisfies the concerns of this criterion.

- E. The extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician) (section 13.6(e)).

Patients receive services as a result of physician referrals and any patient who may benefit from the proposed services will be treated.

Finding: The committee finds the means of access satisfactory.

- F. The extent to which the applicant grants medical staff privileges to physicians who serve the indigent (section 13.6(f)).

Physicians at community health centers have admitting privileges at the applicant's hospital.

Finding: The committee finds that this criterion is satisfied.

- G. The extent to which the applicant takes action necessary to remove barriers that limit access to the health services of the applicant (e.g., transportation, language, facility design, and financial barriers) (section 13.6(g)).

The hospital will provide the means for language interpretation when necessary, patient transportation and is expected to be in compliance with applicable regulations concerning impediments to freedom of movement of handicapped persons. The hospital will provide services to all persons in need of medical care regardless of ability to pay.

Finding: The committee finds that this criterion is satisfied.

VII. RECOMMENDATION

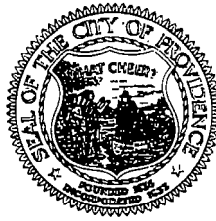
Based on the preceding findings and review considerations, the committee recommends that the Health Services Council find that the applicant has adequately demonstrated the need for and the affordability of the proposal and that the Health Services Council recommend to the Director of Health that the proposal be approved subject to the conditions enumerated in Section VIII, below.

VIII. CONDITIONS OF APPROVAL

The committee recommends that approval of the instant application shall be subject to the following conditions:

1. that total capital costs associated with the implementation of this proposal not exceed \$41,073,178;
2. that the capital costs be financed with not more than \$32,858,542 in debt;
3. that the applicant contribute 20% equity towards the total project cost not including the debt service reserve fund, providing that Department staff is satisfied that this is consistent with what the Health Services Council has required of other capital applications in the past.
4. that the incremental increase in operating costs associated with the implementation of this proposal not exceed \$16,159,000 in FY 2006;
5. that the basis for determining architect fees be limited to new construction, renovation, equipment and furnishings;
6. that the debt service reserve fund not be depreciated or amortized;
7. that data, including but not limited to, finances, utilization, clinical outcomes and demographic patient information, be furnished to the state agency upon request;
8. that, the applicant provide these services to all patients without discrimination including ability to pay;
9. that the applicant submit architectural plans and specifications to the Division of Facilities Regulation and to the Division of Fire Safety of the Executive Department for approval prior to initiation of construction and renovation and that these submissions be accompanied with a formal plan for parking;
10. that upon completion of the renovations, the areas be in compliance with the Rules and Regulations for the Licensing of Hospitals (R23-17-HOSP); and

11. that prior to filing any additional certificate of need applications for additional services or programs to be housed in or above the new building or any additional new construction to the building, the applicant provide documents to the state agency verifying that the financing and construction contracts are in place and that it has received any and all necessary city and state permits and approvals.



DEPARTMENT OF PLANNING AND DEVELOPMENT

"Building Pride in Providence"

February 21, 2002

Mr. Michael Clement
City Clerk
Providence City Hall
25 Dorrance Street
Providence, RI 02903

Dear Mr. Clement:

Re: Rhode Island School of Design Master Plan

At a regular meeting of the City Plan Commission on February 19, 2002, and pursuant to Section 503 of the City of Providence Zoning Ordinance Chapter 1994-24, No. 365, as amended, the Commission reviewed the master plan for the Rhode Island School of Design, dated February 2002. The Commission voted unanimously as described below to make certain findings of fact and to conditionally approve the master plan.

Findings of Fact

The Commission made the following findings relating to compliance with Section 503.4 C) of the Providence Zoning Ordinance are offered:

1. *Mission Statement:* The master plan contains a mission statement of the institution (page 1).
2. *Existing Conditions:* The plan contains a description of existing conditions (page 4).
3. *Historic Properties:* The list of properties states whether each building is on the National Register of Historic Places, a local historic district or the Downcity District Overlay Zone. A map indicates where its properties are with respect to the College Hill Historic District and the Downcity District.
4. *Goals and Objectives:* The plan includes ten-year goals and five-year objectives (pages 8-14).
5. *Changes in Land Holdings:* RISD recently purchased the Thompson House at 63 Angell St., several properties on South Main Street and a building at 296 Benefit St. It is now leasing the Fletcher and Mason buildings and the first floor of 10 Westminster

St. in the DOWNCITY area. It was given the first two floors and a portion of the basement of 15 Westminister St. RISD is looking into leasing office space nearby when construction will displace some uses. It is also pursuing the abandonment of a portion of Fones Alley west of Prospect Street.

6. *Changes in Land Use:* The plan describes proposed changes in land use within the institution's campus and grounds. The changes are listed on page 17.
7. *Capital Improvements:* The institution's proposed capital improvements are listed on page 18. The most significant are as follows:
 - **Expansion of student housing-** RISD plans to construct a dormitory on a site bounded by Waterman, Prospect and Angell Streets, within the Institutional Zone. This would involve the demolition or relocation of four structures.
 - **RISD Center-** A new building, the RISD Center, is proposed for the location of the Metcalf lot on North Main Street, within the Institutional Zone. It will provide a variety of institutional uses as well as a new entrance to the RISD Museum. As part of the overall RISD Center plan, renovations are planned for the Radeke, or main Museum Building and the adjacent Memorial Hall. An addition is also planned for the Farago Wing of the Museum. RISD will relocate its library to 15 Westminister Street (the old Hospital Trust Building). This building will require interior and exterior renovation.
 - **Building renovations-** The institution plans renovations to the Bank Building on North Main Street, the Fletcher and Mason Buildings on Weybosset Street and Carr House at the corner of Benefit and Waterman Streets.
8. *Demolition:* The plan states that the institution is considering the demolition of Farnum Hall at 14-20 Congdon Street. This building is within the College Hill Historic District. Demolition and new construction on this lot is subject to review by the Historic District Commission. RISD is also considering demolition of Fones Cottage, at Fones Alley, to make way for the new student housing.
9. The figures presented indicate that the parking plan is in conformance with the Zoning Ordinance. RISD exceeds the required number of parking spaces both prior to and following the proposed capital improvements.
10. The plan lists all proposed activities that would require an action by the Zoning Board of Review and City Council to implement.
11. The master plan contains sufficient maps and text.

Determination

The Rhode Island School of Design, dated February 2002, is complete and consistent with the provisions of the Zoning Ordinance and with *Providence 2000: The Comprehensive Plan*. It is hereby approved subject to the following conditions:

1. Demolition of Farnum Hall, in the College Hill Historic District, shall be subject to review by the Historic District Commission.
2. The design of exterior renovations to the Mason and Fletcher Buildings and to 15 Westminister Street, within the DOWNCITY District, shall be subject to review by the DOWNCITY Design Review Committee.

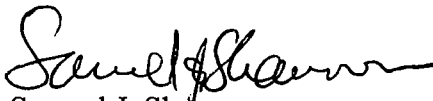
3. The institution shall return to the Commission, no earlier than six months from approval of its master plan, with an amendment to its plan that contains more details for the student housing proposal. The amendment shall include details on which structures are to be relocated and where they are to be placed. The institution shall attempt to find alternatives to demolition of historic structures. Where the institution determines that certain buildings must be demolished, the plan shall explain what efforts the institution made to find alternatives to demolition.
4. The relocation of the institutional use of the library to 15 Westminster St. shall be subject to a change in the zoning to allow for institutional uses.
5. Approval of this plan shall not indicate an endorsement by the Commission of the zone change request. This matter will be considered further when the petition is referred to the Commission by the City Council.

A public notice of this decision shall be placed in a newspaper of general circulation in Providence.

A copy of the approved master plan, including a copy of this letter, is attached to be made available in your office for review by the public. Additional copies of the plan are available for public review at the office of the City Plan Commission, Planning Division, Department of Planning and Development, 400 Westminster Street, 5th floor, Providence, Rhode Island during normal business hours.

Please note that this action does not require any action by the City Council.

Sincerely,



Samuel J. Shamoon
Associate Director

Attachment

cc: Edgar Paxson, Department of Inspection and Standards
Fran Gast, Rhode Island School of Design

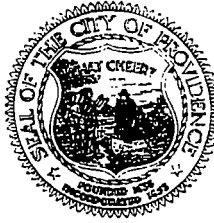


INSTITUTIONAL MASTER PLAN

FEBRUARY, 2002

Revised MARCH, 2002

Prepared for the Providence City Plan Commission as required by Chapter 503
of the Zoning Ordinance of the City of Providence



DEPARTMENT OF PLANNING AND DEVELOPMENT

"Building Pride in Providence"

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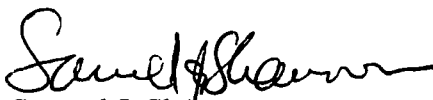
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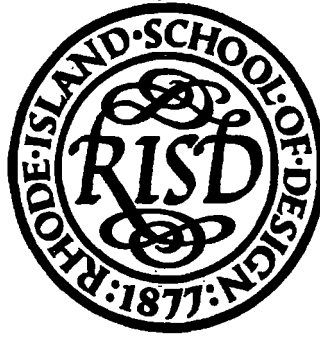
Sincerely, .



Samuel J. Shamoon
Associate Director

Attachment

cc: Edgar Paxson, Department of Inspection and Standards
Fran Gast, Rhode Island School of Design



INSTITUTIONAL MASTER PLAN

MISSION

Rhode Island School of Design's (RISD) historic mission, dating from its founding in 1877, has been:

TO INSTRUCT artisans in drawing, painting, modeling, designing so that they may apply the principles of Art to the requirements of trade and manufacture;
TO TRAIN students in the practice of Art that they may give instruction to others, or become artists themselves;
TO SUPPORT the general advancement of public Art Education, by the exhibition of works of Art and Art school studies, and by lectures on Art.

A more contemporary statement of RISD's mission can be found in our most recent report to the New England Association of Schools and Colleges:

RISD's mission is to provide the highest quality education in the visual arts, design, architecture and art education in order to prepare its students and the broader community to be creative and responsive to the needs of a global society.

From the beginning, RISD has offered Continuing Education courses to the citizens of Providence, of Rhode Island, and the region. In 1878 RISD had 61 day students and 79 evening students. Now our 17 degree programs serve students from 45 countries, and in the 2000–2001 academic year we enrolled 2086 degree program students (257 of them in graduate programs) and 5800 Continuing Education students.

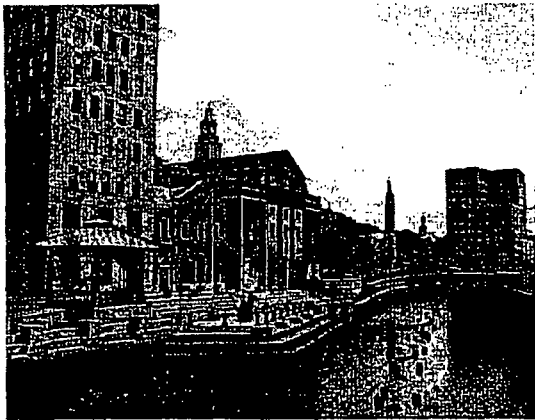


Fig. 1: Riverwalk from the North



Fig. 2: Riverwalk from the South

The Riverwalk (Figures 1 and 2), and its new extension at South Water Street, have emphasized RISD's growth along the river's edge over the last 25 years, beginning with the renovation of the Bayard Ewing Building (321 South Main Street) in 1975, continuing with the Design Center (30 N. Main) in 1987, 20 Washington Place (formerly Providence Washington Insurance Company) in 1999, and 161 South Main (the former Roitman's Furniture) in 1996.

With the completion of the Riverwalk, the boundary between RISD and the community of Providence has been transformed. No longer does "suicide circle" separate the campus from downtown. The Convergence Festival, Waterfire Providence, and numerous other arts, entertainment and charitable events occur at the Riverwalk, Market Square Park, the RISD Auditorium. From the point of view of residents and visitors alike, there is hardly a demarcation between what is RISD and what is public park space.

More important, RISD students, faculty and staff take part in these events and more, helping to make Providence a city where the arts are at the center. RISD faculty and students support, guide, participate in and collaborate with public and private arts groups - Convergence, AS220, First Night, the Providence Preservation Society. RISD's architecture faculty and students have been advocates of good planning and preservation; the recent Eagle Square project is a good example. But these activities are longstanding; *Interface: Providence* was a project in the 1970's, guided by Professor Gerald Howes, which envisioned the remaking of Providence's urban landscape, including the opening of the rivers.

We work closely with the Parks Department and the City, keeping the area clean, planting and caring for the trees, shrubs and plants, providing rest rooms at public events (our most visible and perhaps most welcome contribution to Waterfire!), coordinating activities. RISD's grounds maintenance staff recently "adopted" the plantings around the new "Meeting Street Steps" as well, weeding and tending that recently renewed space between Benefit and Congdon Streets.

As an active, founding member of Health & Education Leadership (HELP), Rhode Island School of Design has combined its resources, energy and expertise with other HELP members to more effectively serve the City's people. In six years, HELP and its members institutions have generated more than \$16 million in new investments that address some of Providence's most pressing unmet needs.

All of these needs have focused on improving the health and education of the City's children. Specific initiatives have included the founding of the HELP Lead Safe Center, and mobilizing the resources of member colleges and universities to provide a continuing program of professional development for teachers. Also, RISD – with partial funding from HELP – has improved the quality of art education in 37 Providence public schools through "Project New Directions."



Fig. 3: Museum of Art, RISD
(Radeke Building entrance)

With an annual attendance of over 90,000 visitors our Museum of Art (Figure 3) is, of course, a regional treasure as well. In addition to an extraordinary collection of nearly 80,000 works of art the Museum offers public exhibitions and programs of regional interest throughout the year. For instance, *From Paris to Providence: Fashion, Art, and The Tirocchi Dressmakers Shop* explored how two Italian immigrant sisters on Federal Hill in Providence evidenced the change in international style and fashion. A

web site developed for teachers is still on line so that this unique archive of material may still be studied by scholars and school children alike.

School systems throughout the state benefit from the services of the Education Department. This past year over 14,000 young people visited the museum on a school

tour. Additionally, another 7,000 people visited with their families on the Museum's popular monthly Free-For-All Saturday programs. The Museum's Studio in the Museum program invites students from six different middle schools to come for eight-part gallery visits as part of their art education.

Finally, In the past few years the Museum has committed significant resources to extending our resources out into different communities throughout Rhode Island. Art ConText, a strategic partnership with the Providence Public Library places artists in library branches where they work with a local community to create a new work of art which is then exhibited in the Museum. Wheels of Wonder, a transformed library Book Mobile takes art and reading programs to festivals, libraries and schools throughout the state. The Museum has created additional partnerships with New Urban Arts, John Hope Settlement House, The International Gallery and City Arts. Through these programs the Museum is an active participant in the cultural life of the state.

As some of plans described in this report will show, RISD's intention is to strengthen the Museum's and the College's integration with its urban community. The new RISD Center will face the river and DOWNCITY, a realization of the aims expressed in the 1996 Master Plan.

EXISTING CONDITIONS

RISD currently occupies 43 buildings comprising about 1.133 million gross square feet. A map of RISD's property, owned and leased, may be found in the map section of this report. Virtually all of our property is historic, requiring careful and sensitive care. We continue to spend a significant amount annually on basic maintenance and infrastructure improvements. The plans discussed later in this report will address the rehabilitation of several of our most visible and important buildings.



Fig. 4: Residence Qua

About a quarter of the overall space at RISD is used for residence halls (Figure 4); RISD houses about 800 students, of a total enrollment of 2100, in college owned and operated residence halls. These are primarily located in what the 1996 Master Plan described as "Residential Hill", northeast of RISD's central campus and west of Brown University, bounded by Benefit, Meeting, Prospect and Waterman Streets.

The central portion of the campus, Benefit Street, and west along the river, is home to academic, administrative and museum functions. There have been a few major changes in this area since the 1996 plan. Twenty Washington Place has become more important as an administrative and academic center. The Continuing Education offices and a comprehensive “student services center” on the first floor provide easy access for both the public and students; moving senior administrative offices to the fourth floor, including the Office of the President, has emphasized that RISD’s is indeed a riverfront campus, in the heart of the city.

Further down South Main Street, the former Roitman Furniture building, known as 161 South Main (Figure 5), has benefited from a complete renovation and soon after the 1996 plan was approved opened as the home base of RISD’s Industrial Design Department, with first-class shops, studios and computer laboratories. Along with its partner to the south, the Bayard Ewing Building (Figure 6), this portion of the campus

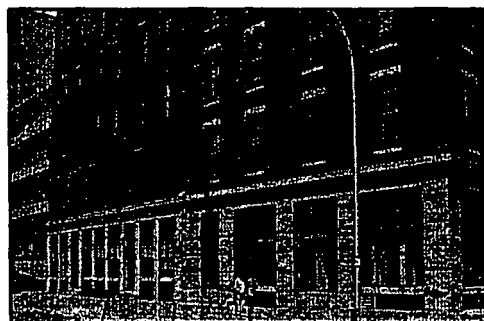


Fig. 5: 161 S. Main St. (from S. Water St.)



Fig. 6: Bayard Ewing Bldg.

forms the academic center for over 500 of RISD’s students in Industrial Design, Architecture, Interior Architecture, and Landscape Architecture. One-Sixty-One South Main Street has recently been listed in the proposed Commercial and Industrial Buildings District.

In 1997, RISD purchased a building and



Fig. 7: 296 Benefit St.

parking lot at 296 Benefit Street (Figure 7). Long used as a small apartment building with mostly student tenants, RISD continues to operate the building as a commercial one, under contract with a professional property manager. The parking lot behind and north of the building, almost invisible from Benefit Street, has provided RISD with additional parking for 32 employee vehicles in addition to nine tenant spaces. RISD has also improved and maintained the pedestrian stairway which leads to South Main St. (behind the Attorney General’s building) for public use.



Fig. 8: Thompson House

In 1999, the institution purchased the Thompson House (Figure 8) at 63 Angell Street from the Cicma family, which is located just east of RISD's largest residence hall complex. This house, which is in the institutional zone, was the only property on the block bounded by Angell, Waterman, Benefit, and Prospect Streets that did not belong to RISD.

In 2000, RISD purchased eight buildings and three parking lots along South Main Street from the De Normandie Companies of Boston (Figures 9 and 10). These commercial properties have remained so, an



Fig. 10: 301-305 S. Main St.

attractive and lively collection of retail stores, restaurants, and offices. These properties are also



Fig. 9: 247-255 S. Main St.

professionally managed, and RISD has already made significant improvements to the buildings. New businesses – the Village Health Company, Bambini, the Riverwalk Café, and Rhode Runner, for example –

have opened. Tenants use the parking lots at Well Street and the Plantations Barn Building, while the large lot on South Water Street, leased to Metropark, continues to be public parking. We will discuss these properties further under “Five Year Objectives”.

Since the 1996 Plan, and in accordance with it, RISD has established an academic presence in DOWNCITY. The upper floors of the Fletcher building, at 212 Union Street, newly renovated, are leased by RISD and have served as studios for graduate students since 1999. In September of 2001 RISD signed a lease for the Mason Building (Figure 11) at 169 Weybosset Street. Adjacent to Fletcher, floors two through six of Mason will be completely rehabilitated, and with Fletcher, will serve as a true Graduate Center for RISD. The program and plans for the complex will be discussed later in this report.

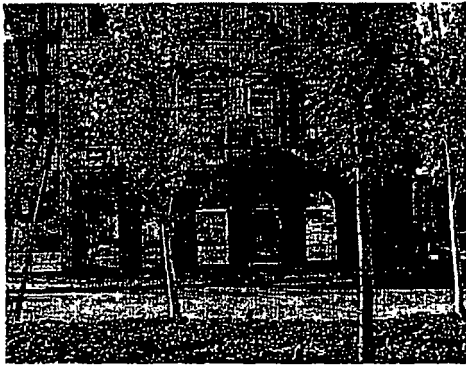


Fig. 12: risd|works

Fig. 11: Mason & Fletcher Bldg.



Finally, risd|works, a retail store and gallery featuring the work of RISD faculty and alumni, has recently opened in leased space at 10 Westminster Street. The first operation of its kind for an American art and design college, risd|works appeals both to the local and regional communities as an opportunity to purchase the best in art and design, and to prospective students, parents and faculty as a demonstration of RISD's excellence. The store has already received a lot of interest in the press with articles in *The Providence Journal*, *The Boston Globe*, and *Metropolis* magazine.

The condition of RISD's landscape is perhaps as important as its buildings. From the trees and daffodils of College Hill to the new perennial gardens along the river, RISD plants and maintains a surprising array of garden material. RISD "hardscape" is distinctive as well; we have tried to develop economical and easy to maintain approaches to sidewalks and other walkways. The properties list on the following pages shows the plat, lot and lot size, uses and condition of all the properties which RISD owns and leases.

HISTORIC PROPERTIES

Though much of RISD's property does not lie within the College Hill Historic District, almost all of our buildings are on the National Register of Historic Properties. RISD has for many years worked closely with preservation groups, including the Providence Preservation Society and the Rhode Island Historic Preservation and Heritage Commission; RISD has received awards from both of these organizations over the last 6 years. The maps in the map section at the end of the report show the campus with an overlay of the College Hill Historic District and the DOWNCITY Design Review District. Planned improvements to several historic properties are addressed later in the report.

TEN YEAR GOALS

RISD each year reviews and updates *The Plan for Rhode Island School of Design*, its strategic plan. The result of community-wide effort and involvement, The Board of Trustees uses the plan as a tool to measure attainment of long range goals related to the academic program, the museum of art, college and museum collaboration, community, technology, institutional advancement and financial resources.

Broadly stated, the primary goal of the institution is to build on the strengths of the college and the museum by implementing actions defined in RISD's strategic plan.

The recently approved Academic Plan set as its objectives the following:

- **COMMUNITY:** A greater sense of community for RISD's students, faculty and staff and a greater identity and visibility for RISD within the local and regional community.
- **DIVERSITY:** Greater ethnic, socio-economic and gender diversity among RISD's students and faculty.
- **INTERDISCIPLINARY TEACHING AND LEARNING:** Greater opportunities for students and faculty to interact and study across departmental and divisional lines.
- **NEW TECHNOLOGY:** Advancement of RISD's capability as a leader in the use of digital and information technology in the fields of art and design.
- **PROFESSIONAL LEARNING ENVIRONMENT:** Improving RISD's physical facilities by improving their safety, access, design and comfort.

From the point of view of academic facilities, these priorities have yielded a number of specific projects to be described in the next section, addressing studios, technology, student housing, and community space.

The RISD Museum of Art is this region's most important visual arts resource. The Museum's goals are based on the fundamental belief that art can make a significant difference in the human experience. The Museum strives to be a vital cultural resource

for local and regional audiences, educating and inspiring artists, designers and the general public. The Museum's priorities are to:

- Devote resources in collections and programs to the maximum benefit of the College and the region, through providing and increasing access to diverse audiences.
- Ensure the relevance of its resources to diverse audiences and expand those audiences.
- Provide an environment which fosters respect for individuals – visitors and staff – and for their perspectives and accomplishments.

The RISD Center project, described in the next section, will help the Museum to accomplish these goals through increased visibility and access to its collection and its programs.

For both the academic program and the museum, quality facilities and program excellence go hand in hand. Now, the museum can show only a small percentage of its collection to the public. Now, our students are sometimes limited in their access to the broad spectrum of art and design programs that is RISD's great strength. The objectives described below are directly related to the program goals of excellence and responsibility.

FIVE YEAR OBJECTIVES

1. THE RISD CENTER

In order to fulfill the goals of the College and the Museum – toward excellence in art and design education, better service to the city, state and region, fostering our own sense of community and place – RISD plans bold steps to transform the central part of its campus. The new construction and extensive renovations of the RISD Center will be a new gateway for RISD. Its designer is the *Pritzker Prize* winning architect Jose Rafael Moneo of Madrid, who has crafted a complex urban plan welcoming to both the public and the RISD community. Pathways through the central block of the campus, well-loved but difficult to navigate and understand, will be enhanced, not abandoned. The project is in its schematic design phase at this time.

In the central block of the campus, a new building will take up a portion of the current “Metcalf Parking Lot”, facing downtown Providence and on axis with Westminster Street. It will bring the Museum of Art to Main Street, creating a new public entrance to the Museum, as well as an auditorium, a café and a shop on the first floor. Upper floors will provide exhibition space for the Museum and for student work, Museum curatorial and study-storage space, and classrooms for Foundation Studies and Liberal Arts programs in the College.

Renovations to the Radeke Building of the Museum, built in 1926, will expand the exhibition space of the Museum further, as administrative functions move to the new building and to a renovated Carr House. At Waterman Street, a small addition, also designed by Mr. Moneo, will complete the 1991 plan of the Farago Wing, extending that building to the street. A lecture hall, amenities for group events, and additional exhibition space will further the Museum’s mission in public education and exhibitions.

As part of the overall RISD Center plan, Memorial Hall (226 Benefit St.), will undergo a complete rehabilitation, significantly improving both safety and functionality. Its primary use will be for studios for the Painting Department; newly constructed stairways north and south of the building will eliminate exterior fire escapes and provide safe pathways through the block from North Main to Benefit Street.

Finally, RISD will renovate two floors of a major building across the river, 15 Westminster Street, to create a visual arts library capable of meeting its needs in the 21st century. The centerpiece of the renovation is one of the great interior spaces of downtown Providence, the former banking hall of the Rhode Island Hospital Trust Bank, a National Register interior. Under the terms of this unique gift from Fleet Bank, RISD will own the ground floor and second floor of the building, plus a portion of the basement. The remainder of the building will remain commercial office property. Not only will the banking hall provide for an elegant and historic reading room, but we will be able to open the original door on the river (east) side of the building as the main entrance to the new library. The digital image below (Figure 13) -- created by Advanced Media Design of Providence -- shows what the building might look like in the evening.

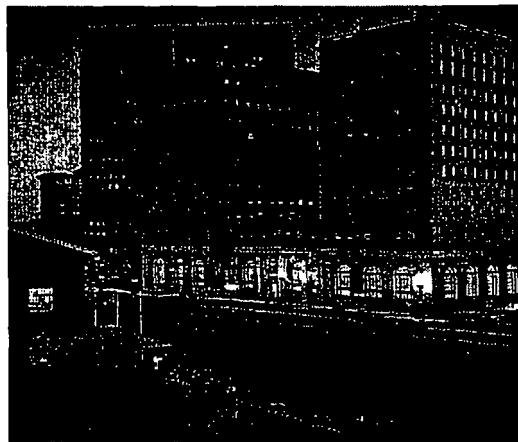


Fig. 13: 15 Westminster St.

2. CREATE A GRADUATE CENTER IN DOWNCITY

The Mason Building is a 6 story building at 169 Weybosset Street, across the street from the main quadrangle of Johnson & Wales University, and adjacent to the Fletcher Building, which RISD already leases for graduate studios. The upper floors of both buildings, Fletcher and Mason, are under long term lease. The building is within the I-2 zone; since it is leased the landlord will pay property taxes. Together, the two buildings, which share a fire egress stairway, will be a significant contribution to the Downcity academic community that includes Johnson & Wales, the University of Rhode Island, and Roger Williams University.

The landlord has gutted the interior of the building and will make the necessary infrastructure improvements. RISD's interior improvements to the Mason building will rehabilitate the interior of the building for a Graduate Education Center, Interior

Architecture undergraduate studios, Continuing Education classrooms, and the Center for Design and Business offices and “incubator” for design-based business start-ups. On the ground floor there will be a gallery for graduate student art, and several classrooms for both college classes and public events. The building will be an important contributor not only to the Arts and Entertainment District of Providence, but also to the economy of the state and the city. RISD has commissioned Kennedy and Violich Architecture to design the interior renovation, and the facility will open in September 2002.

3. BUILD ADDITIONAL STUDENT HOUSING

As noted in a recent report by Rhode Island Housing, colleges need to act to reduce the impact of students on market housing, and parking, in the surrounding neighborhoods. College housing enables us to improve safety for students as well as provide them with programs and facilities that enhance their collegiate experience.

When the original RISD residence hall project above Benefit Street was designed in the mid- 1950s, it was envisioned that the second phase of the project would be a quadrangle extending east along Angell and Waterman Streets to Prospect Street. Until recently, however, RISD did not own all of the property on the block. RISD has explored the feasibility of developing housing in DOWNCITY for many years, without success, finding barriers in both cost and program. And while we are continuing to look at possible DOWNCITY housing, with the purchase of the Thompson House at 63 Angell St. in 1999, we have begun planning studies relative to the Prospect/Waterman/Angell site.

RISD is looking at building about 300 beds of new housing for upper level (non-freshmen) students, east of our present Nickerson Hall. From the point of view of student life, the site is ideal: it is close to the dining hall (which was purposefully designed in the late 1950s to accommodate the students who would live on the site); it is within the “precinct” identified in the 1996 plan for student housing, thus strengthening the community of students. It is also important that the site is contained within the institutional zone, outside of the College Hill Historic District.

The site is bounded mostly by RISD and Brown University properties, with two private residences on Angell Street across the street. There are four buildings on the site: Fones Cottage, a former garage; Barstow House at 62 Waterman Street; Larned House

at 71 Angell Street; and the recently purchased Thompson House at 63 Angell Street. In a study commissioned by RISD and completed by Haynes/deBoer Architects, Cornelis deBoer analyzed the site, evaluating its capacity and the options for reusing and/or moving and reusing the existing buildings.

RISD has chosen Office dA of Boston and Stegman Associates, also of Boston, to develop design concepts for buildings on the site. Office dA will be the primary design firm; the principals of the firm are Monica Ponce de Leon and Nader Tehrani. Both have taught at RISD as well as Harvard, and Mr. Tehrani is an alumnus of RISD. Janet Stegman, principal of Stegman Associates, is also a RISD alumna and an expert in student housing planning .

This team was chosen because of their exceptional design talent and skill, their commitment to the city and the institution, and their understanding of the needs of RISD students. Will the building “fit in”? Many new college residences seek to copy a collegiate gothic style that meets the expectations of “college campus”. But RISD is unique, it is a visual arts college within an historic neighborhood and city, a college with one of the most respected architecture schools in the nation. This new building will, we hope, serve the needs of students for many more than the fifty years it takes for a building to be officially deemed “historic”. The buildings that surround the site represent many architectural styles: Victorian, Greek Revival, Modern. Our intention and expectation is that this new building will be a significant contribution to the neighborhood, a new generation in the genealogy of College Hill.

4. REHABILITATE SEVERAL HISTORIC BUILDINGS

Several of our buildings on and around our central block are to be rehabilitated as part of our major academic and museum initiatives.

The Bank Building (Figure 14), built in 1913 as Peoples' Savings Bank, has served for many years as studios for the Painting and Furniture Design departments. One of the most inefficient buildings on campus, it was targeted for renovation in the 1996 plan. Located adjacent to the RISD Center site, the building will be affected by the construction and thus it is an ideal time to address the problems of the building. We plan to renovate it for the Furniture Design Department;

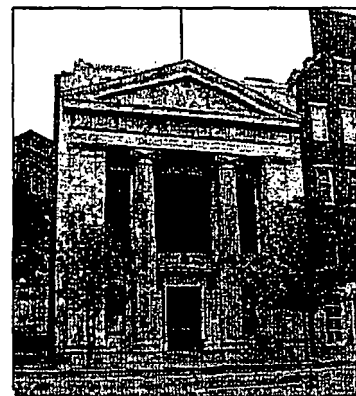


Fig. 14: The Bank Bldg.

basic building systems, circulation and the building exterior will all undergo major rehabilitation. An architect has not yet been chosen for this project.



Fig. 15: Carr House

Carr House (Figure 15), the wonderful Queen Anne house at the corner of Benefit and Waterman Streets, underwent an exterior renovation in the late 1970's, but has never received the full interior rehabilitation it has needed. It is currently used as offices for the Student Life Office and for faculty offices. As discussed earlier, as part of the RISD Center project we plan to use the building as the administrative office center for the Museum.

RISD will therefore proceed with a complete renovation of the interior as soon as the existing users of the building can be provided with suitable temporary (and in some cases permanent) facilities.

We will also be accomplishing some partial renovations and adaptive re-use projects in connection with these moves. The RISD Store, which currently occupies the southern "half" of the Design Center at 30 North Main and Canal Walk, will undergo renovation and move out of the area which directly fronts the Riverwalk (the former "Worker's Comp" building). Its book department will move to the storefront at 30 North Main that currently houses the Koffler Gallery for Graduate Student Art. The Student Life Office, with its student-oriented functions such as a lounge and area for exhibitions and performances, will occupy the emptied riverfront space, taking advantage of that area as a natural one for student activities. All this will require significant renovation, which we hope to accomplish in time for the start of the academic year in 2002.

Finally, the College Building at 2 College Street, and the Waterman Building at 13 Waterman Street will undergo selective renovation following the move of the existing RISD Library to 15 Westminster Street. The Library's move will open up significant space for academic use in the College Building. The timing for the Library project is not yet clear, however, and therefore the timing of the changes in Waterman and College is similarly uncertain.

The fundamental goals and objectives of this plan are the same as the 1996 plan: housing and academic precincts; commitment to excellent urban design and historic preservation. The design ideas presented in 1996 have developed and matured over time.

DIVERGENCE FROM THE 1996 PLAN

In the last five years RISD has laid the groundwork – organizationally and financially – to embark on the ambitious plans presented here. But the needs themselves, and the approach to solving them, are not markedly different.

The Chan, Krieger & Associates plan of 1996 remains a long term template for RISD, with construction on the ISB lot (at the corner of Washington Place and North Main Street) and renovation of the ISB Building (Washington Place and Canal Walk) anticipated beyond the five year horizon of this plan.

CHANGES IN LAND HOLDINGS, PROPOSED AND SINCE THE LAST PLAN

- RISD purchased the Thompson House at 63 Angell Street from the Cicma family in 1999. RISD owns all of the other property on the block, and a purchase of the property as soon as it came onto the market was foreseen in the 1996 plan, and indeed for many years.
- The purchase of the De Normandie Company's properties on South Main Street in 2000. This is clearly the major acquisition that RISD has made, with eight buildings and three parking lots involved. As noted earlier, these properties remain commercial, and are managed by a professional property management firm. The retail area of South Main Street is a charming and vibrant one, with a mix of small shops and restaurants. RISD has invested significant resources in improving the buildings already. New businesses are moving in: a florist, an interior design shop, and a fitness center in the space formerly used by Baer's River Workshop facing the river. RISD at this time has no long term plans for using any of the property for its own purposes. We do wish to make clear three intentions:
 1. The large Metropark parking lot behind the "Plantations" buildings is a large, flat, potentially buildable parcel of land, adjacent to RISD's Bayard Ewing Building, the home of the Architecture departments. We hope to build on that site at some time in the future, beyond the time frame of this master plan. We understand that there will be concerns of parking, of ensuring the vibrancy of the riverfront, of fulfilling the Old Harbor Plan, and we are eager to work cooperatively with the City Plan Commission and with the Planning Department to define and fulfill our mutual needs.

2. RISD plans to maintain the first floor spaces along South Main Street as commercial ones.
 3. RISD will respect and maintain these historic properties which we have purchased.
- The purchase of 296 Benefit Street in 1997. As noted earlier, this property continues to be used as commercial apartments, inhabited mostly (but not entirely) by students, as before our purchase. We have made important improvements to the building, including a new fire alarm and detection system. Our primary interest in the property has been in the 32 parking spaces for employees available on the site, which is located conveniently close to our buildings on both Main and Benefit Streets, and has allowed us to significantly increase the available spaces on campus.
 - The lease of the Fletcher Building and the Mason Building for graduate student studios and other functions. This has been discussed earlier.
 - The lease of first floor space at 10 Westminster Street, risd | works. This also has been discussed earlier in this report.
 - The gift of the first two floors, and a portion of the basement, of 15 Westminster Street for the RISD Library, as discussed above.
 - The construction of the RISD Center will displace some instructional and office spaces; RISD will need to lease space for these purposes for one to two years. We do not know yet where these leased spaces will but will be searching for office space near the campus for faculty offices. We expect that instructional spaces will be located further away from our central campus, with a shuttle bus system available to link the satellite spaces.

Also, a short, dead end portion of Fones Alley has existed as a right-of-way to the Thompson House at 63 Angell Street, which until 1999 was a private residence. Now that RISD owns the property and intends to build a residence hall in the area, the alley as a right-of-way is no longer needed, and abandonment action is in process.

CHANGES IN THE USE OF PRESENT FACILITIES

Several changes have already been discussed:

- Carr House, 210 Benefit Street: Student Life and faculty offices to Museum administrative offices.
- Graduate Gallery and offices on the first floor of the Design Center, 30 North Main Street, to the RISD Store.
- RISD Store space in the Design Center, 31 Canal Walk, to Student Center.

With the construction of the RISD Center, the move of the library, the renovation of the Mason Building, and the renovation of Bank Building, there will be “domino effects” for academic space, but no essential change in the nature of the use.

PROPOSED DEMOLITIONS

As discussed above, the plans for the new residence hall have not been formed, and therefore we have not developed plans for the four buildings on the site. RISD is reasonably certain that it will request the demolition of Fones Cottage, a former garage of about 1500 square feet on two floors. It will be offered to the public for removal prior to any request for a demolition permit.

It is possible that once the new housing is completed, RISD will seek to demolish Farnum Hall, at 14–20 Congdon Street. In September, 2001, this residence hall was thoroughly studied by Cutler Associates, the same design/build firm which accomplished the award-winning renovation of Colonial Apartments on Benefit Street. They have concluded that “[w]hat separates Farnum from other buildings on campus is the fact that the building has experienced (and still does) considerable subsurface movement over the years.” This may be due to the soils and debris on which it was built in 1935, or to the railroad tunnel underneath the site. Cutler goes on to say that Farnum “should be considered either for total renovation (with major subsurface and foundation wall repairs) or demolition. While no formal decision has been made, demolition may be the best course of action. Certainly the building itself, which is of wood frame construction, contributes little aesthetically to the neighborhood. If we do decide that demolition is the best course of action, we will present a plan for the re-use of the site.

PROPOSED CAPITAL IMPROVEMENTS

All major projects have been discussed. The chart which follows lists all major construction, renovation, landscape and infrastructure improvements anticipated in the next five years.

RHODE ISLAND SCHOOL OF DESIGN PLANNED CONSTRUCTION AND RENOVATION PROJECTS 2002-2006

PROJECT	DESCRIPTION	DESIGN & CONSTR SCHEDULE
Blue Light Emergency Communication System	High quality emergency telephone system at 17 locations around the campus.	2002
Card Access	Electronic access to buildings and certain interior spaces using the RISD ID card.	2002-2006 (phased)
Mason Building Renovations	Improvements to leased building at 169 Weybosset St. for use as Graduate Center.	2002
Steam & Chiller Plant Upgrades	Improvements required for the RISD Center and to extend chilled water service within central block area.	2002-2004
Student Housing	Additional 300 beds. Prospect/Angell/Waterman site east of Nickerson Hall a primary option.	2002-2004
RISD Store & Student Center	Renovations within Design Center (30 North Main) to reconfigure the RISD Store and create a student center on the river.	2002-2003
Bank Building Renovations	Complete interior renovations to former "Peoples' Savings Bank" at Market Square.	2002-2004
RISD Center	New construction and renovation to expand the Museum and academic space, including a signature building in the current parking lot on North Main St.	2002-2005
Classroom Renovations	Renovations within the College Building, Waterman Building, Metcalf Building, and What Cheer Building as Mason and RISD Center Projects create space for expansion of existing programs.	2003-2006
Student Housing	Additional 300 beds. Prospect/Angell/Waterman site east of Nickerson Hall a primary option.	2003-2004

PARKING PLAN

RISD currently has 302 parking spaces on campus that are used for faculty and staff parking, which represents a 44% increase in spaces over the 209 spaces reported in the 1996 plan. In addition to a significant increase in the number of spaces, RISD has developed a relationship with Metropark which allows vehicles with valid RISD “stickers” to park in the Capital Center “Parcel 6” lot if RISD lots are full. Metropark bills RISD for the use of the lot. Though this “overflow insurance” arrangement is used only periodically, it provides reassurance to our staff and faculty that there will always be space for them.

RISD also controls 146 spaces that are used for commercial or tenant parking at 296 Benefit Street, at the South Main Street Properties, and behind 20 Washington Place.

RISD does not provide any parking for student cars, and students who have cars must arrange for parking elsewhere in private lots or garages. RISD’s Student Handbook makes that fact clear, and specifically discourages students who live in RISD residence halls that RISD provides no parking for students.

A map of parking areas on RISD property and the required “Educational Facilities Parking Worksheet” may be found in the maps section of this report.

When construction begins on the RISD Center, the 45 spaces in the “Metcalf Lot”, on North Main Street behind the Museum of Art, will be lost to parking. RISD has arranged to replace these spaces either in the South Water Street lot that it leases to Metropark, or in the Parcel 6 lot. Because Metropark manages both lots, the relative number available in each lot can be determined based on need.

The shift of RISD’s center of gravity toward the Riverfront and downtown reduces the impact of vehicles on the residential areas on and east of Benefit Street. Evenings and weekends tend to be times of greatest Museum attendance and lowest downtown parking usage. When the RISD Center is completed, with its new Museum entrance at North Main Street, patrons will have convenient parking in downtown lots and garages. The same is true for the many Continuing Education students who come for evening and weekend programs.

PROPOSED CHANGES TO THE INSTITUTIONAL ZONE

RISD requests three changes to the institutional zone:

- 20 Washington Place, Plat 12, Lot 1: There has, indeed, been some confusion about whether this lot is or is not in the I-2 zone; we have in the past received information that it is and that it is not. In order to avoid confusion in the future, we are formally requesting that it be placed in the institutional zone. Most of the building is currently used for academic and administrative purposes.
- 15 Westminster Street, Plat 20, Lot 1: This historic building, on the river across from RISD, is to become the home of RISD's library. Rather than apply for a special exception to the zoning code, RISD is requesting that the building be placed in the I-2 Zone.
- The South Main Street Properties, Plat 16, Lots 66, 67, 69, 217, 509, 616, and 618: RISD's plans call for continued commercial use of the properties for the next five years. In the long term, however, a mix of commercial and institutional uses would be ideal, enriching South Main Street and the Old Harbor as the presence of RISD has done at the Bayard Ewing Building and 161 South Main Street have done. RISD requests that these lots also be placed in the I-2 zone.

[illegible]

		RISD Property Data					
Rental (Income) Properties							
Buildings	Address	Plat#	Lot#	Lot Size (sq')	Primary Use(s)	Condition	District
Cable Car	204 So. Main	16	509	2602	Rental	Fair	NR
Mason House	296 Benefit St.	12	126	15,346	Rental	Good	NR HD
Mason House Parking	292 Benefit St.	12	136	12,600	P	Good	HD
Page Bldg.	200-202 So Main	16	66	2033	Rental	Fair	NR
Parking lot	326 So. Water St.	16	616	13691	Rental	Good	HD
Plantations Barn Building	345-355 So. Main St.	16	618	1051	Rental	Fair	HD
Plantations 1	247-255 South Main St.	16	217	49,017	Rental	Fair	NR HD
Plantations 2	261-276 South Main St.	*	*		*	Fair	NR HD
Plantations 3	283-295 South Main St.	*	*		*	Fair	NR HD
Fire House	301-305 South Main St.	*	*		*	Good	NR HD
Tanner Bld	262-266 So Water St	*	*		*	Good	NR HD
Tenant Parking	66 Well St	16	69	4571	Rental	Good	HD
Tenant Parking	74 Well St.	16	67	4162	Rental	Fair	HD
Legend							
C = Classrooms	O = Office		P = Parking				
S = Studios	G = Garden/Lawn/Undeveloped		HD = Historic District				
R = Residence	CPC = Computer Center		DD = Down City District				
* = Leased Property			NR = National Register				

RISD Now

Date: August 8, 2001

EDUCATIONAL FACILITIES PARKING WORKSHEET

- A. Faculty and Staff:
(Largest number in attendance for any
work shift during an average day) 523 /3 = 175
- B. Number of non-commuting students: 790 /8 = 99
- C. Number of commuting students on campus:
(largest number in attendance for any
work shift during an average day) 1310 /2 = 655
- D. Number of seats in auditoriums, skating rinks,
stadiums, or other buildings with provision for
exhibitions or athletic events: (Parking spaces provided
for other purposes which are available at the time of the
exhibition or athletic event may be counted towards the
parking required herein) 530 /10 = 53
- E. Sum of lines A, B, C and D: 982
- F. Number of insufficient parking spaces on July 10, 1986: 806
- G. Subtract line F from line E. This is the total number of spaces
required: 176
- H. Total number of spaces provided on campus: 302

8/17/01

RISD with completion of new housing, RISD Center.

Date: August 8, 2001

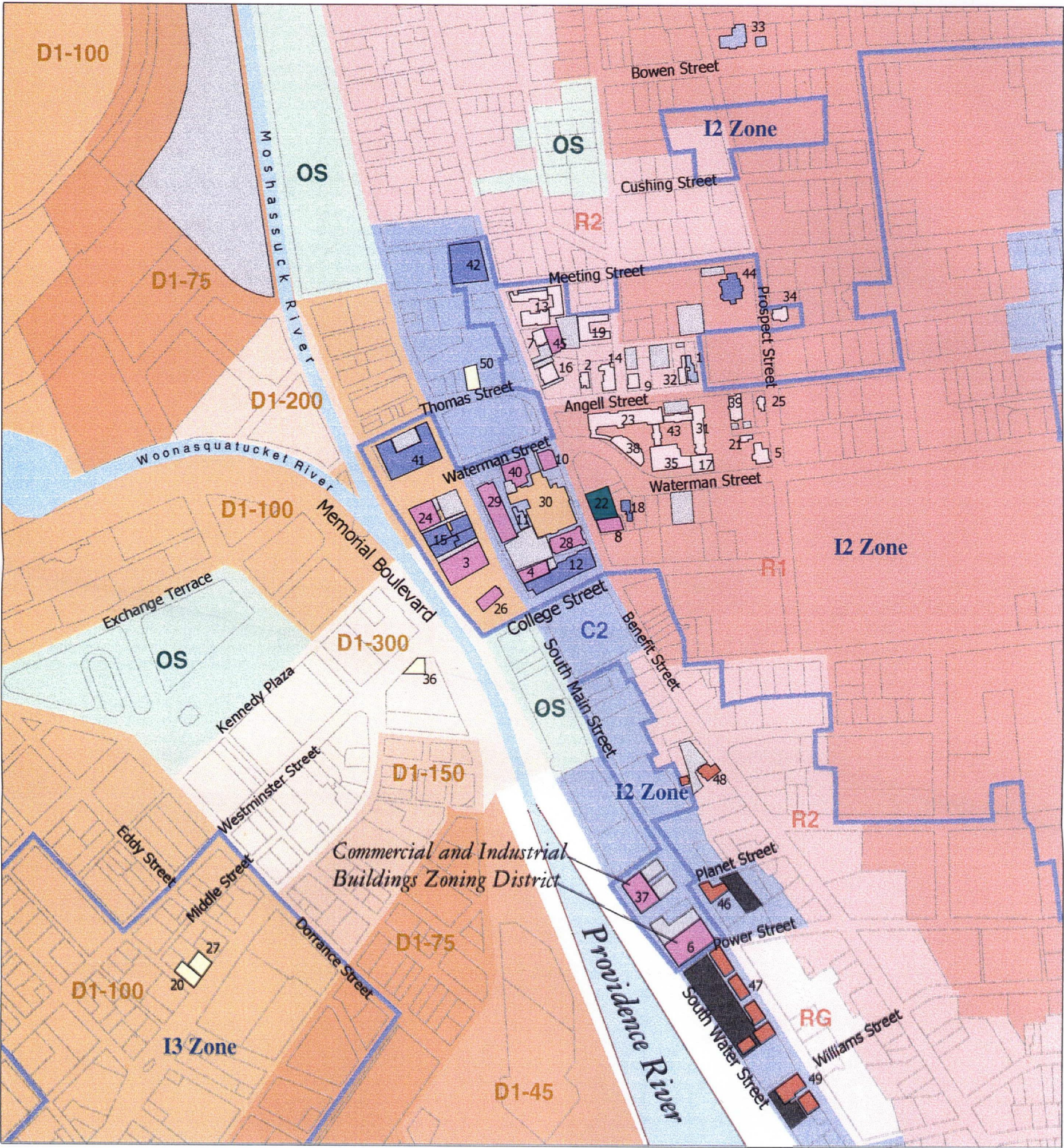
EDUCATIONAL FACILITIES PARKING WORKSHEET

- A. Faculty and Staff:
(Largest number in attendance for any
work shift during an average day) $\frac{523}{3} = 175$
- B. Number of non-commuting students: $\frac{1040}{8} = 130$
- C. Number of commuting students on campus:
(largest number in attendance for any
work shift during an average day) $\frac{1060}{2} = 530$
- D. Number of seats in auditoriums, skating rinks,
stadiums, or other buildings with provision for
exhibitions or athletic events: (Parking spaces provided
for other purposes which are available at the time of the
exhibition or athletic event may be counted towards the
parking required herein) $\frac{705}{10} = 71$
- E. Sum of lines A, B, C and D: 906
- F. Number of insufficient parking spaces on July 10, 1986: 806
- G. Subtract line F from line E. This is the total number of spaces
required: 100
- H. Total number of spaces provided on campus: 302

Note: Adding student housing reduces required # of parking spaces.

8/17/01

Rhode Island School of Design



Legend

- Providence City Boundary
- Providence Parcels
- Rivers
- Providence Zoning Codes**
- C2
- D1-100
- D1-150
- D1-200
- D1-300
- D1-45
- D1-75
- OS
- R1
- R2
- R3
- RG
- Parking Type**
- Commercial Parking
- Parking
- RISD Building Use**
- Academic
- Academic/Administration
- Administration
- Commercial
- Commercial Parking
- Leased Academic
- Museum
- Open Space
- Parking
- Residence Hall

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Miles

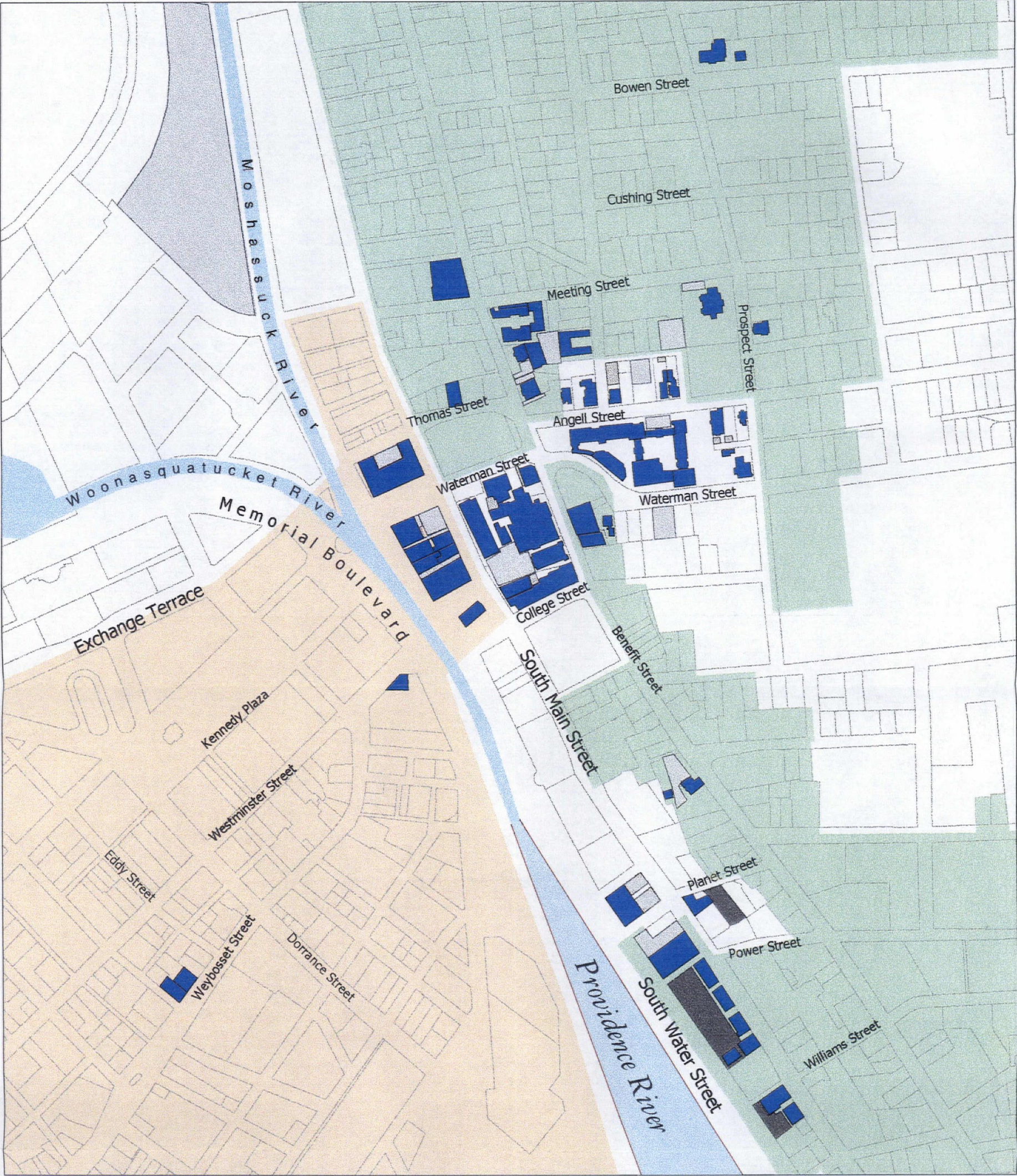
Building Key

- | | |
|--|--|
| 1. Alumni House - 52 Angell Street | 26. Market House - 4 South Main Street |
| 2. Angell House - 16 Angell Street | 27. Mason Building - 169 Weybosset Street |
| 3. Auditorium - 17 Canal Street | 28. Memorial Hall - 226 Benefit Street |
| 4. Bank Building - 27 Market Square | 29. Metcalf Building - 7-14 North Main Street |
| 5. Barstow House - 62 Waterman Street | 30. Museum - 224 Benefit Street |
| 6. B. E. B. - 231 South Main Street | 31. Nickerson Hall - 55 Angell Street |
| 7. Benefit House - 187 Benefit Street | 32. Pardon Miller House - 48 Angell Street |
| 8. Benson Hall - 235 Benefit Street | 33. President's House - 132 Bowen Street |
| 9. Carpenter House - 1 Congdon Street | 34. Prospect House - 59 Prospect Street |
| 10. Carr House - 210 Benefit Street | 35. Refectory - 55 Angell Street |
| 11. Central Power Plant - 9 North Main Street | 36. risdworks - 20 Westminster Street |
| 12. College Building - 2 College Street | 37. Roitman Building - 161 South Main Street |
| 13. Colonial Apartments - 175-185 Benefit Street | 38. South Hall - 30 Waterman Street |
| 14. Congdon House - 2 Congdon Street | 39. Thompson House - 63 Angell Street |
| 15. Design Center - 30 North Main Street | 40. Waterman Building - 13 Waterman Street |
| 16. Dwight House - 191-197 Benefit Street | 41. 20 Washington Place - 20 Washington Street |
| 17. East Hall - 48 Waterman Street | 42. What Cheer Garage - 28 Meeting Street |
| 18. Ewing Center - 41 Waterman Street | 43. Winston Clock Tower - 55 Angell Street |
| 19. Farnum Hall - 14-20 Congdon Street | 44. Woods Gerry Mansion - 62 Prospect Street |
| 20. Fletcher Building - 212 Union Street | 45. 187 Garage - 187 Benefit Street |
| 21. Fones Cottage - Fones Alley | 46. 200-204 South Main Street |
| 22. Frazier Terrace | 47. 245-305 South Main Street |
| 23. Homer Hall - 55 Angell Street | 48. 296 Benefit Street |
| 24. I. S. B. - 55 Canal Street | 49. 341-385 South Main Street |
| 25. Larned House - 71 Angell Street | 50. 9 Thomas Street |

prepared by UDM Land Sciences

Rhode Island School of Design

Historic Districts



Legend

Providence City Boundary:1

Providence Parcels

RISD Buildings

Rivers

Historic Districts

College Hill Historic District

Duncity District

RISD Parking

Commercial Parking

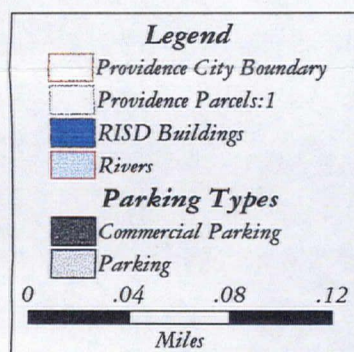
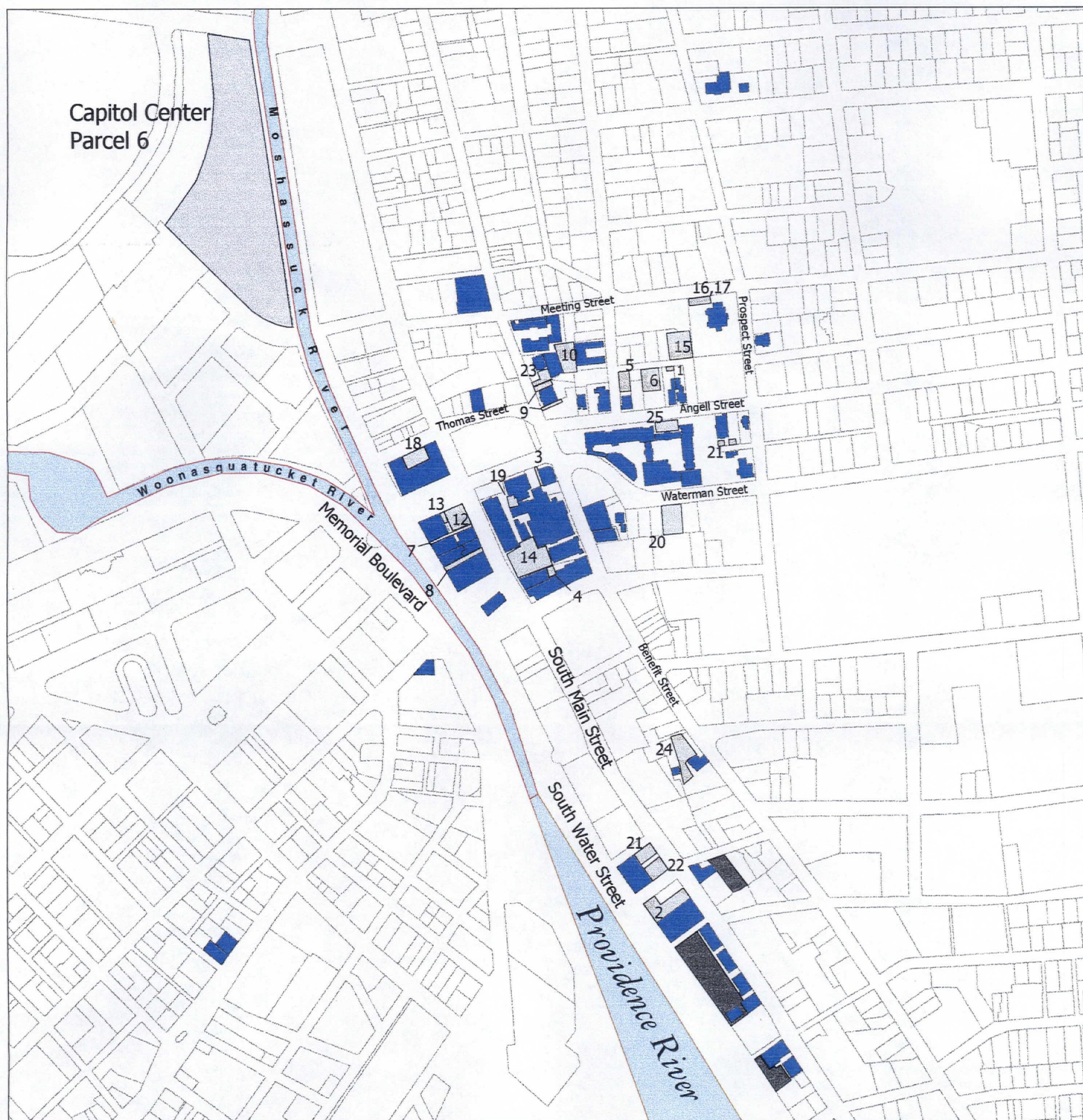
Parking

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Miles

Rhode Island School of Design

Parking Map



Parking Key

1. Alumni lot - 4
2. B. E. B. - 22 & 1 HP - 23
3. Carr House Alley - Approx. 3
4. College Building - 5 reserved
5. Congdon St. - 6
6. DeFoe lot - 13 & 1 HP - 14
7. Design Center - South Alley - 6
8. Design Center - North Alley - 6
9. Dwight Driveways - 6
10. Farnum 23 & 1 trash dumpster - 24
11. Fones Alley - 3 Residential Life - 3
12. I. S. B. - 18 & 3 HP - 21
13. I. S. B. Alley - Approx. 3
14. Metcalf - 43 & 2 HP
15. Woods-Gerry - 26
16. Woods-Gerry Visitors - 2 & 1 HP - 3
17. Woods-Gerry Misc. - 1
18. Washington Place - 12
19. Waterman Building - 3 & 1 HP
20. Waterman Lot - 27
21. 161 South Main St. (N) 11 & 1 HP - 12
22. 161 South Main St. (S) 10
23. 187 Driveway - 6
24. 296 Benefit St. - 32 & 9 tenants - 41
25. 55 Angell - 3 Health Services & 1 HP - 4



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PROVIDENCE, RHODE ISLAND
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