

# CITY OF KELOWNA

## BYLAW NO. 10541

### Text Amendment No. TA11-0002 – New Section 16 - Health District Zones to the City of Kelowna Zoning Bylaw No. 8000

A bylaw to amend the "City of Kelowna Zoning Bylaw No. 8000".

The Municipal Council of the City of Kelowna, in open meeting assembled, enacts that City of Kelowna Zoning Bylaw No. 8000 be amended as follows:

1. THAT the Table of Contents be amended by deleting the following:

**“Section 17: Comprehensive Development Zones**

17.1 CD Comprehensive Development 17-1

**Section 18: Effective Date 18-1**

Schedule A Zoning Maps  
Schedule B Comprehensive Development Zones”

And replacing it with the following:

**“Section 17: Health District Zones**  
17.1 HD1 Kelowna General Hospital 17-1

**Section 18: Comprehensive Development Zones**

18.1 CD Comprehensive Development 18-1

**Section 19: Effective Date 19-1**

Schedule A Zoning Maps  
Schedule B Comprehensive Development Zones”

2. AND THAT **Section 1 – General Administration** , **Section 1.3 Zoning Map**, Sub-Section 1.3.1 be amended by deleting the following:

<b>Section 17 – Comprehensive Development Zones</b>	
CD1	Comprehensive Development One
CD2	Kettle Valley Comprehensive Residential Development
CD3	Comprehensive Development Three

CD4	Comprehensive Small Lot Residential
CD5	Multi-Purpose Facility
CD5lp	Multi-Purpose Facility (Liquor Primary)
CD6	Comprehensive Residential Golf Resort
CD6lp	Comprehensive Residential Golf Resort (Liquor Primary)
CD8	Heritage Industrial
CD8/lp/rls	Heritage Industrial (Liquor Primary/Retail Liquor Sales)
CD9	Heritage Commercial
CD10	Heritage Cultural
CD12	Airport
CD12lp/rls	Airport (Liquor Primary/Retail Liquor Sales)
CD14	Comprehensive High Tech Business Campus
CD15	Airport Business Park
CD16	Bingo and Gaming
CD17	Mixed Use Commercial – High Density
CD18	Vintage Landing Comprehensive Resort Development
CD20	Comprehensive University Development

And replacing it with the following:

<b>Section 17 – Health District Zones</b>	
HD1	Kelowna General Hospital
<b>Section 18 – Comprehensive Development Zones</b>	
CD1	Comprehensive Development One
CD2	Kettle Valley Comprehensive Residential Development
CD3	Comprehensive Development Three
CD4	Comprehensive Small Lot Residential
CD5	Multi-Purpose Facility
CD5lp	Multi-Purpose Facility (Liquor Primary)
CD6	Comprehensive Residential Golf Resort
CD6lp	Comprehensive Residential Golf Resort (Liquor Primary)
CD8	Heritage Industrial
CD8/lp/rls	Heritage Industrial (Liquor Primary/Retail Liquor Sales)
CD9	Heritage Commercial
CD10	Heritage Cultural
CD12	Airport
CD12lp/rls	Airport (Liquor Primary/Retail Liquor Sales)
CD14	Comprehensive High Tech Business Campus
CD15	Airport Business Park
CD16	Bingo and Gaming
CD17	Mixed Use Commercial – High Density
CD18	Vintage Landing Comprehensive Resort Development
CD20	Comprehensive University Development

- AND THAT **Section 2 – Interpretation**, **Section 2.3 General Definitions** be amended by adding in its appropriate location the following definitions:

“**HOSPITAL** means a public institution providing health services for both in-patients and out-patients including room, board, emergency care, and the prevention and treatment of sickness, disease, or injury. This use is intended to include: standard administrative and

operational support functions; small offices for health-related fundraising charities and research advocacy organizations; areas for staff wellness such as gyms and non-residential sleep rooms; provision for compassionate religious services (not to include a regular congregation); a lawfully operated helipad; and institutional cafeteria services. The secondary operation of private medical practices which accommodate patients for specialized procedures or services are permitted only if it is necessary for that procedure or service to be delivered in a hospital setting.”

“**RETAIL STORES, HOSPITAL** means premises (maximum 465 m<sup>2</sup> overall and not more than 50 m<sup>2</sup> for any individual tenant space) used for the retail sale of goods required by hospital patients, visitors, staff, and employees on a day-to-day basis but which are not intended to act as destination retail for the broader community. Typical goods offered for sale include prescription and non-prescription medications, medical goods, books and other media, flowers, cards, gifts, personal care items, and a limited selection of snacks, convenience food, and groceries.”

- 4. AND THAT **Section 7 – Landscaping, Table 7.1 – Minimum Landscape Buffer Treatment Levels Schedule**, be amended by adding in the following new header “**Health District Zones**” under Industrial Zones as follows:

<b>Health District Zones</b>	
HD1	Abbott St, Pandosy St and Royal Ave – Level 2
	Christleton Laneway – Level 3

- 5. AND FURTHER THAT a new **Section 17 – Health District Zone, 17.1 HD1 – Kelowna General Hospital** be inserted as per Schedule “A” attached to and forming part of this bylaw and all other sub-sequent sections be renumbered.
- 6. This bylaw shall come into full force and effect and is binding on all persons as and from the date of adoption.

Read a first time by the Municipal Council this 16<sup>th</sup> day of May, 2011.

Considered at a Public Hearing on the

Read a second and third time by the Municipal Council this

Approved under the Transportation Act this

\_\_\_\_\_  
(Approving Officer-Ministry of Transportation)

Adopted by the Municipal Council of City of Kelowna on the

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
City Clerk

## Schedule "A"

**Section 17 – Health District Zones****17.1 HD1 – Kelowna General Hospital****17.1.1 Purpose**

To provide a zone for the comprehensive development of buildings that provide health services associated with the Kelowna General Hospital, Interior Health Authority, and the University of British Columbia Clinical Academic Campus. This zone will provide for a range of institutional uses, as well as a limited amount of hospital-related supportive commercial uses.

**17.1.2 Principal Uses**

The **principal uses** in this **zone** are:

- a) **hospital**

**17.1.3 Secondary Uses**

The **secondary uses** in this **zone** are:

- a) **agriculture, urban**
- b) **care centre, major**
- c) **emergency and protective services**
- d) **food primary establishment**
- e) **public education services**
- f) **public parks**
- g) **retail store, hospital**
- h) **utility services, minor impact**

**17.1.4 Subdivision Regulations**

- a) The minimum **lot width** is 30.0 m.
- b) The minimum **lot depth** is 30.0 m.
- c) The minimum **lot area** is 7500 m<sup>2</sup>.

**17.1.5 Development Regulations**

- a) The maximum **floor area ratio** is 2.2.
- b) The maximum **site coverage** is 75%.
- c) The maximum **height** is 25.0 m, except as otherwise noted in the attached height reference schedule in the annexed HD-1 Zone Design Guidelines.

- d) A minimum of 10% of the site area must be allocated for usable open space. This does not include area within the required setbacks.
- e) The minimum east/west **yard** setbacks facing Pandosy Street is 6.0 m.
- f) The minimum north **yard** setback facing Royal Avenue is 6.0 m for portions of **structures** up to 10.0 m in **height**, 9.0 m for portions of **structures** up to 18.0 m in **height**, and 12.0 m for portions of **structures** up to 25.0 m in **height**.
- g) The minimum west **yard** setback (Abbott Street) is 12.0 m for portions of **structures** up to 10.0 m in **height**, 15.0 m for portions of **structures** up to 15.0 m in **height** and 18.0 m for portions of **structures** up to 25.0 m in **height**.
- h) The minimum south **yard** setback (Christleton Laneway) is 4.5 m.
- i) Existing setbacks and yards which do not comply with the above setback provisions shall be considered to be legally non-conforming until such time as the respective structure is demolished. Additions or alterations which would serve to reduce the dimension of existing, legally non-conforming yards and setbacks are not permitted.
- j) Development form and character shall be in compliance with the *HD1 – Kelowna General Hospital – Design Guidelines* document that is attached to and forms part of this Bylaw. Development Permits and Official Community Plan design guidelines may also apply.

#### 17.1.6 Other Regulations

- a) In addition to the regulations listed above, other regulations may apply. These include the general development regulations of Section 6 (accessory development, yards, projections into yards, accessory development, lighting, stream protection, etc.), the landscaping and fencing provisions of Section 7, the parking and loading regulations of Section 8, and the specific use regulations of Section 9.
- b) Vehicle-oriented or drive through commercial services are not permitted in this zone.
- c) **Care centre, major** shall be limited to a **gross floor area** not greater than 150 m<sup>2</sup>.
- d) **Food primary establishment** shall be limited to a **gross floor area** not greater than 465 m<sup>2</sup>.
- e) **Retail Store, hospital** shall be limited to a **gross floor area** not greater than 465 m<sup>2</sup> overall and not more than 50 m<sup>2</sup> for any individual tenant space.
- f) Acoustics/Sound Control: Daytime sound levels at the property line shall not exceed 60 dBa. Night (after 22:00) sound levels shall not exceed 50 dBa. Helipad operations are excluded from this standard.

g) The following uses shall be exempt from parking requirements:

- i) **Care centres, major**
- ii) **Food primary establishment**
- iii) **Emergency and protective services**
- iv) **Public parks**
- v) **Retail store, hospital**

# Kelowna General Hospital DESIGN GUIDELINES

Hospital District 1 Development Permit Area Design Guidelines  
February 2011



Cannon Design Architecture Inc. | CTQ Consultants Ltd.



**HD1 KELOWNA GENERAL HOSPITAL DESIGN GUIDELINES**

<b>TABLE OF CONTENTS</b>		<b>PAGE</b>
1.0	APPLICATION AND INTENT	4
2.0	GOALS AND PRINCIPLES	5
3.0	GENERAL GUIDELINES	6 - 18
3.1	BUILDING SITING	6
3.2	BUILDING ORIENTATION	7
3.3	VIEWS	7
3.4	MASSING CONTROLS	8
	3.4.1 HEIGHT, BULK AND SCALE	
	3.4.2 SETBACKS	
	3.4.3 BUILDING ARTICULATION & CHARACTER	
3.5	BUILDING ENTRANCES	10
3.6	FORM, MATERIAL, COLOUR	11
3.7	ROOFTOPS AND BALCONIES	11
3.8	SOFFITS AND BUILDING OVERHANGS	12
3.9	VENTS AND ROOF FLASHING	12
3.10	HUMAN SCALE	12
3.11	PUBLIC ENTRANCES AND ACCESS POINTS	13
3.12	PUBLIC OPEN SPACE	14
3.13	DISABLED ACCESS	15
3.14	LANDSCAPE	15
3.15	SIGNAGE	15
3.16	LIGHTING	16
3.17	PUBLIC ART	16
3.18	SCREENING	16
3.19	GARBAGE AND RECYCLING	16
3.20	SAFETY AND SECURITY	17
3.21	PARKING, LOADING AND VEHICULAR ACCESS	17
3.22	SOUND CONTROL	18
3.23	SUSTAINABILITY PRINCIPLES	18
4.0	REFERENCE DOCUMENTS	18

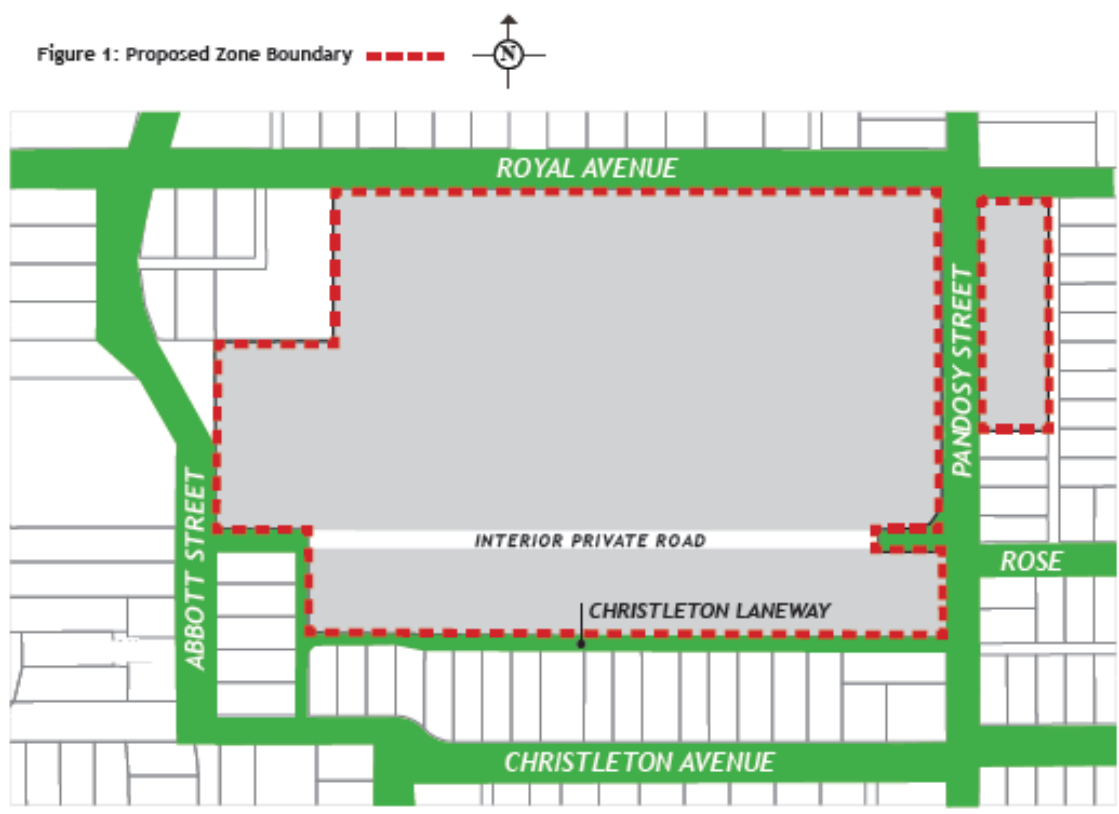


**1.0 APPLICATION AND INTENT**

These guidelines are to be used in conjunction with HD1 - Kelowna General Hospital Zone to guide future development of the hospital campus (see Figure 1).

As well as assisting the Development Permit applicant, the guidelines will be used by City staff in the evaluation of proposed developments. The guidelines will ensure that the design of individual developments on the Kelowna General Hospital (KGH) campus are compatible with the overall urban planning goals for the HD1 Zone, and the broader Health District as defined in the current Official Community Plan (OCP).

The site is bound by Royal to the north, Christleton (laneway) to the south, Abbott to the west and Pandosy to the east. One part of the site exists on the east side of Pandosy and is hooked to the main parcel.



## 2.0 KELOWNA GENERAL HOSPITAL GOALS AND PRINCIPLES

Excerpt from the Kelowna General Hospital Master Plan Report, July 2008.

### A Clear and Compelling Way Forward

The philosophy that drives the master plan assumes that KGH will not consider itself an island, isolated from its immediate community and instead it embraces its role as an integrated and vital civic resource offering both patient healing and community-based services at all levels – civic, social and spiritual.

### Combining Imagination and Foresight

Imagine a hospital where you go to meet friends; a place you visit to hear lectures, or hold a reception; a place in which the elderly or aboriginal community gathers to discuss issues that will affect them. Imagine a place that blends with, and enhances its surrounding neighbourhood.

And imagine buildings designed in a responsive way to welcome natural light and the spectacular panoramic views to nature at every opportunity. Imagine a system of wayfinding that acts as an invisible hand that guides patients and visitors effortlessly from every entry to every destination. These are the important elements in a holistic healing community and must be considered at all stages if KGH is to have the spatial richness, cadence and delight of the best community-based environments.

Like the community that supports it, the role of KGH is changing in that community. Demographics are shifting such that almost one fifth of the population is considered elderly. There is also a large aboriginal population whose unique needs must be considered. Both are important aspects in the planning process. Additionally, moving from a Secondary to an increased Tertiary, program-based model of care, organizational survival can be enhanced through strategic partnerships with organizations that share similar values and aspirations (UBC, UBCO etc). Therefore, the need to establish strong organizational, programmatic and community infrastructure linkages is more important than ever before. These linkages, together with a comprehensive master plan of intelligent development options, will ultimately be the driving force that pushes KGH to a new role in the community. This new position assumes an increased responsibility for a broader definition of “community stewardship”.

### Creating an Integrated Community Asset

If Kelowna General Hospital is to become further integrated with its community, it must also incorporate rational urban design principles that extend their influence beyond the limits of the site. The strategy must include options that offer both internal and external open spaces and various circulation routes that strengthen the relationship of the hospital with other neighbourhood services such as schools, parks, or transit nodes. Buildings as well must be capable of handling multiple programs that respond to site conditions and also to the people who occupy their spaces on a daily basis.

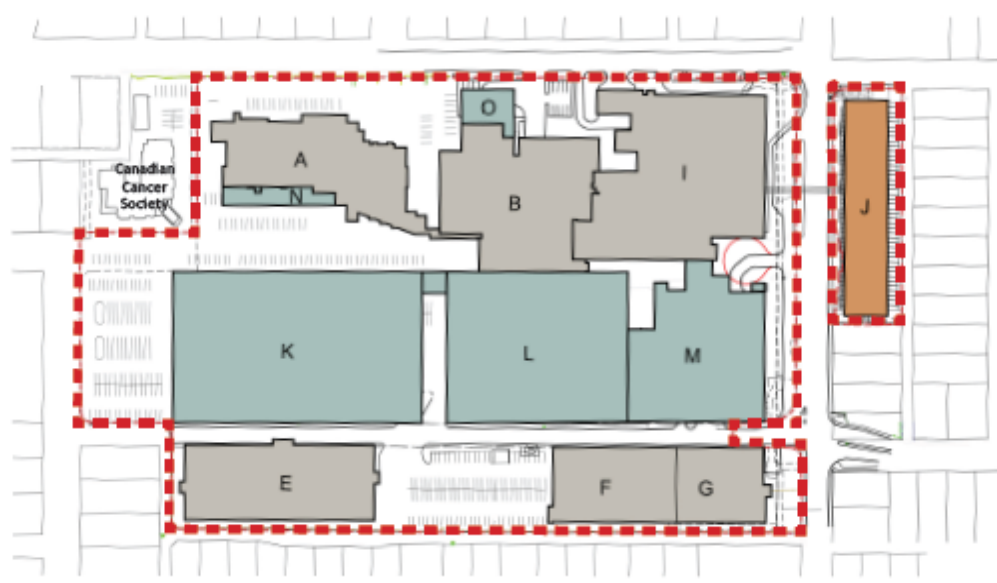
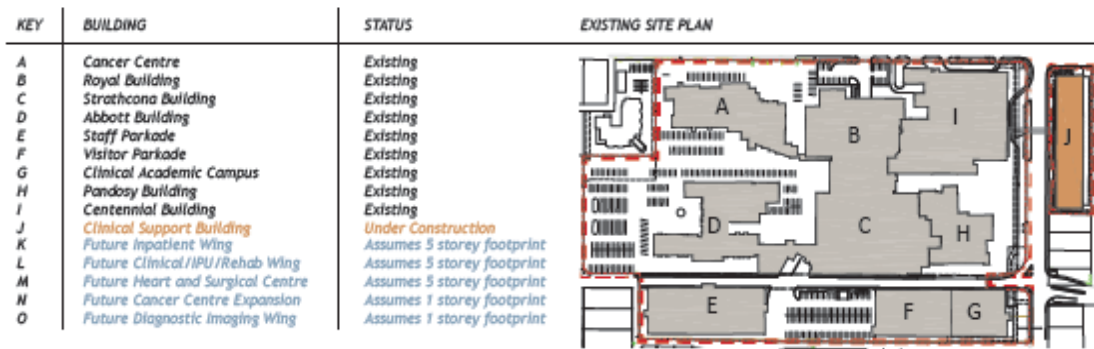
We believe, however, that this project is much more than a simple facility expansion plan. It is also about community building. This project has a huge symbolic implication for this community and its aspirations for the future. Ultimately, it is the culmination of a comprehensive collaborative effort by a large cross-section of committed stakeholders who have come together to ensure that the best possible health care is available for the community for years to come.

### 3.0 GENERAL GUIDELINES

#### 3.1 BUILDING SITING

The location of interior streets, open spaces, and buildings should generally be as illustrated in the Preliminary KGH Expansion Plan included below and should be designed to respect existing and future development as well as adjacent outdoor space.

Figure 2: Preliminary KGH Expansion Plans - Lower Image 



**3.2 BUILDING ORIENTATION**

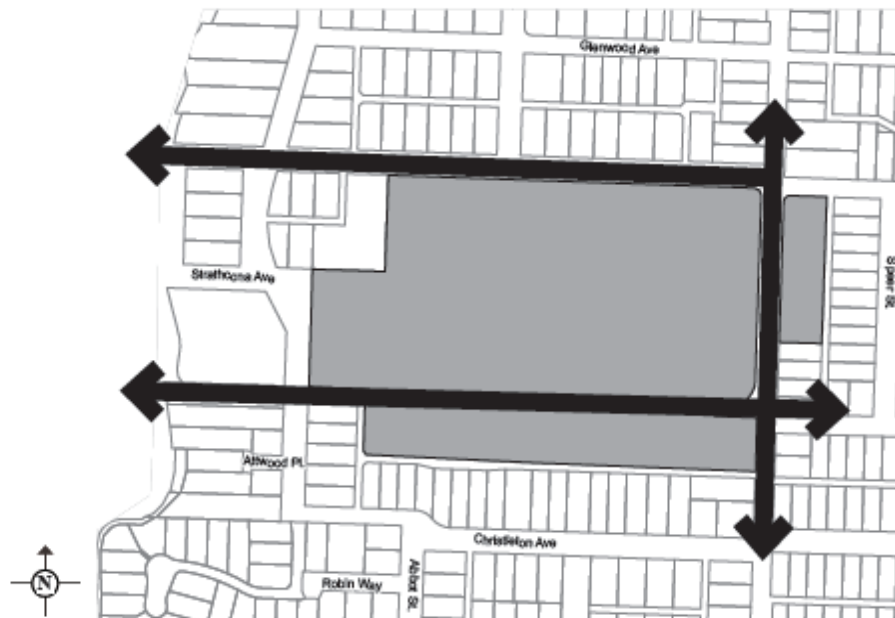
- a. Buildings should generally be oriented to the adjacent orthogonal street grid.
- b. The foregoing notwithstanding, the building should be designed in relation to its orientation on the site. In particular it should be designed to capture sunlight appropriately. It should shelter people approaching it from the prevailing winds and poor weather. The way the building is orientated may also contribute to the potential for views out of the building.

**3.3 VIEWS**

Built form has been generally located to respect various public, semi-public and private views. Principal public views to be respected are shown on Figure 3 below and include:

- a. Views north/south on Pandosy Street.
- b. Views along the internal roadway.
- c. Views along Royal Avenue to the lake.

Figure 3: View Corridors



3.4 MASSING CONTROLS

3.4.1 HEIGHT, BULK AND SCALE



Building height and bulk should be designed with materials that help visually reduce the scale and form of the buildings into smaller scaled elements and that complement neighbouring structures within the same visual field. This can also be accomplished with landscaping to reduce the visible building area, and by changing finish materials to reduce large fields of like materials on building surfaces. Allowed building heights are 25m on the perimeter of the site and 30m on the interior of the site in accordance with the Figure 4 below.

Consider use of:



- a. A palette of compatible materials to divide areas of large forms into smaller shapes that are in scale with surrounding structures; including but not limited to windows, curtain walls, metal panels, retail frontages, glass and brick.
- b. Trellises, climbing vines or wall mounted planters to soften vertical walls.
- c. Building heights should be terraced to maximize sun penetration at the equinox particularly to pedestrian areas during the noon lunch time period.



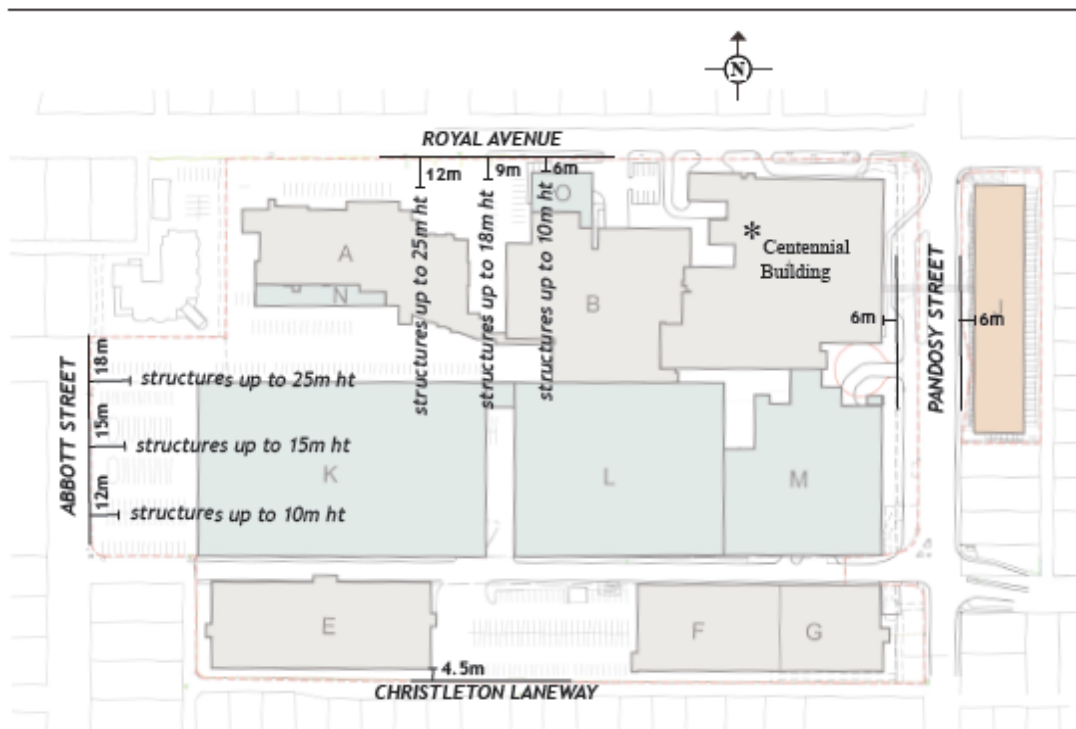
3.4.2 SETBACKS

The height, volume and skyline of the building relate to the surrounding environment. The following building setbacks are required to establish the desired public realm, public openspace, street enclosure continuity and pedestrian amenity objectives within the KGH campus. Individual building separation will be determined by the BC Building Code.

- (a) East/West yard - Pandosy Street - 6.0m
- (b) North yard - Royal Avenue - 6.0m for structures up to 10.0m in height. 9.0m for portions of the structure up to 18.0m in height and 12.0m for structures up to 25.0m in height.
- (c) West yard - Abbott Street - 12.0m for structures up to 10.0m in height. 15.0m for portions of the structure up to 15.0m in height and 18.0m for structures up to 25.0m in height.
- (d) South yard - Christleton Laneway - 4.5m

Figure 5: Setbacks

\* Centennial Building setbacks are existing and legally non-conforming with bylaw.



**3.4.3 BUILDING ARTICULATION AND CHARACTER**



- a. Buildings should be highly articulated and transparent to break down their scale, utilizing such components as glazing, canopy and shading systems, as well as exposed structural elements.
- b. Articulate building volume by setting wall planes back or forward to create shadows or break up long expanses of building walls.
- c. Highly visible circulation, “breakout/gathering areas”, and building systems are encouraged.
- d. Vertical circulation elements, such as stairs and elevators, that are located to the perimeter of the building, should be emphasized and transparent to assist in articulation, as well as express their function.
- e. Large areas of exposed blank walls are not acceptable on prominent and visible facades.
- f. Views from the adjacent streets should not give the impression that the hospital has turned its back on the neighbourhood. Instead, one should encounter functional and pleasant spaces that provides privacy and peace for residents. It is particularly important that there be no disruption to adjoining houses. Use of vegetation to achieve these goals is highly encouraged.
- g. The design should have sufficient variety to create interest both in terms of the overall form and massing externally and the spaces internally. This should be achieved developing a design that embodies a clear and coherent idea or vision.
- h. A healthcare building should be about the people who work in it and are served by it. The design of the building overall should lift the spirits of those who work in it and are being treated in it as well as those who visit. It should communicate a strong positive image of KGH.
- i. The building should use and express current best practices in terms of form and technology. The building should clearly reflect new and appropriate models of healthcare provision. It should be a building that clients, developers and designers would wish to visit to learn from when working on future projects.

**3.5 BUILDING ENTRANCES**



- a. Main building entries should be logically located in relation to likely points of arrival on site, clearly identifiable, visible, transparent and accessible from the street.
- b. The location of entries is especially important where there are more than one entrance or where there may be several routes onto the site. The form of the building should invite approach and entry and make the places where the public enter apparent, even if there were no signs. The design should respond to the major expected points of arrival. The entrances should be obvious from these angles.
- c. Main building entries should incorporate weather protection.
- d. Landscape elements such as seating and bike racks should be considered.

### 3.6 FORM, MATERIALS, COLOUR

New buildings should be designed and built with high-quality, attractive, durable materials aesthetically appropriate to the hospital and the neighbourhood.



Consider use of:

- a. The building should appear welcoming to staff, patients and visitors regardless of it's size. The scale should be appropriate to a caring image. Scale is the result not just of the size of the building but of the way certain features are expressed. Windows, floor to floor heights and, in particular, doors and entrances all contribute significantly to our sense of the scale of a building.
- b. Materials should be chosen to enhance the building as a whole. The form and materials should be well detailed. The building should be one that will age gracefully rather than show unsightly staining or weathering.
- c. Colours and textures should articulate and enrich the building's form and enhance its enjoyment. What feels appropriate will to some extent depend on the type of building. However in the case of the exterior, colours and textures should also be chosen to relate positively to adjacent buildings and other aspects of the setting.
- d. Low reflective or glare-reducing materials to minimize visual impact on adjacent properties.
- e. Exterior building design should de-emphasize the institutional character of the precinct but should utilize appropriate, durable materials. Dominant materials should be architectural concrete, clear glass, brick masonry and stone or metal cladding. Generally, stucco should not be a principal building material. While a sense of connection between the buildings is desirable, there is no requirement to 'match' the material palette of the existing campus.
- f. Facade transparency and views into building activities should be provided, especially at grade levels; accordingly, use of mirrored or highly reflective glass is discouraged.

### 3.7 ROOFTOPS AND BALCONIES



Where rooftops may be viewed from locations within the KGH site, rooftops should be seen as a design element. Public views of rooftops from the adjacent neighborhoods should also be considered.

Consider use of:

- a. Landscaping and other "green" treatments of roof areas are encouraged. These should provide usable outdoor open spaces wherever possible.
- b. Rooftop mechanical systems, elevator penthouses and other appurtenances should be integrated into the form and architecture of the building.
- c. Avoid large areas of undifferentiated gravels.



**3.8 SOFFITS AND BUILDING OVERHANGS**



- a. Any soffits, or the underside of any portion of a building, including the undersides of balconies, within 16m of grade and exposed to public view, should be treated to provide visual interest and show attention to detail.
- b. The use of wood in this application is encouraged.

**3.9 VENTS AND ROOF FLASHING**



- a. All roof flashing and vents exposed to public view should be painted to match adjacent surfaces or disguised in a manner consistent with the visual characteristics of the building.

**3.10 HUMAN SCALE**

Provide a streetscape that is inviting, safe, and accessible.



Consider use of:

- a. Building elevations to emphasize the ground floor and street façade of buildings with principal entries, windows, balconies and key internal uses at street level.
- b. Materials and details that provide additional visual interest through texture, shadowing and contrast.
- c. Landscape (hard and soft) the front yard to blend with surrounding front yards' landscaping patterns. The landscape treatment should complement and enhance the continuity of uses along the street and create a significant green presence.
- d. Pedestrian amenities in prominent, active areas that are complementary to the adjacent building use or programmed open space, such as benches, drinking fountains, kiosks, lighting and bicycle racks.

### 3.11 PUBLIC ENTRANCES AND ACCESS POINTS

Primary entrances and access points can be defined through landscaping, artwork and detailing to create a sense of arrival and place. Primary access points are transition locations that identify entry or departure points to a neighborhood for pedestrians and vehicles. They may also identify public building entrances or the beginning of public pathways that cross the KGH site. Legible and visually permeable public entrances to the campus should provide intuitive destinations that are supported by, rather than reliant on, clear signage..



Consider use of:

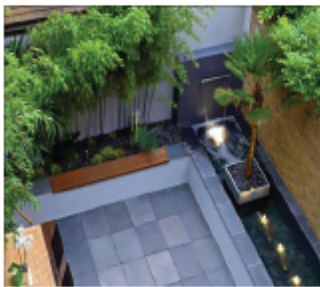
- a) Distinctive architectural elements, landscaping and signage at primary public entrances and access points to provide visual emphasis and ease of identification.
- b) Wayfinding that clearly identifies building entries, parking, pathways, and public greenspace.
- c) Hierarchy of public entrances and access points to emphasize design appearance at building frontage locations where visible from single family residences.
- d) Identifiable KGH site access points to connect neighbourhood areas to hospital buildings and green spaces throughout hospital site and beyond.

Specific access points:

- a) Pandosy Street - People who approach the site from the north or south along Pandosy Street should feel a sense of arrival at the hospital precinct. In addition to the pedestrian bridge link reaching across the road, other elements on the building façades and in the public realm should help create a sense of a gateway to the campus and contribute to a precinct identity.
- b) Rose Avenue – The majority of on-site parking is accessed from Rose Avenue. Consideration for designs which ensure the safe coexistence of vehicles and pedestrians with varying degrees of mobility is essential.
- c) Royal Avenue - The primary challenge on the Royal Avenue edge of the campus is the organization of traffic flows into and out of the Emergency Department and Cancer Centre. New buildings should clearly indicate the location of the vehicle entrance, minimizing the amount of traffic searching for access from adjacent residential streets.
- d) Abbott Street – Abbott Street provides secondary access to the campus and the rehabilitation departments. It is an important gateway for pedestrians to the Strathcona Park and the lake itself beyond. Any campus development must enhance access for patients, staff and visitors to this natural, healing amenity.
- e) Cristleton Laneway – This lane is not an access point to the campus.

3.12 PUBLIC OPEN SPACE

The legibility, quality and consistency of the overall treatment of the public realm will be a major factor in achieving the urban design objective for a unified, attractive and less institutional built environment for the KGH site. While it is recognized that this will be a gradual process occurring over many years, it is important that there be a coherent vision established to guide the incremental development process.



The KGH campus should be an amenable environment for pedestrians, through the use of;

- a. Coordinated methods of wayfinding to inform people of routes through the site to specific buildings or to Strathcona Park.
- b. A coordinated design for street furniture, including benches provided at regular intervals.
- c. Continuity of treed walkways for consistent sun/shade protection when desired.
- d. Pedestrian scale and comfort in landscape and built form.
- e. Visually connected pathways and integrated plazas, steps and usable landscape features for the enjoyment of hospital workers, visitors and neighbouring residents.

Figure 6: Open Space and Pedestrian Circulation



**3.13 DISABLED ACCESS**



- a. Generally, the primary pedestrian systems, public open spaces, primary private walkways and principal entrances to all buildings should be accessible to the physically challenged.
- b. Access routes should be easily identifiable and integrated into the building/landscape design.
- c. Appropriate signage, markers, or other levels of wayfinding should be used along access routes to indicate to the physically challenged the route terminus points or any required route changes to ensure convenient universal access throughout the KGH site.

**3.14 LANDSCAPE**

The landscape should contribute to the creation of a livable, healthy and environmentally responsive community. The landscape should extend the color, texture and pattern of the surrounding residential areas. Within the KGH site, the landscape program should be designed to provide access to restorative and therapeutic gardens with seasonal sun and shade to provide outdoor comfort for families, patients, caregivers and neighbours.



Consider use of:

- a. Large caliper trees - coniferous and deciduous.
- b. Use of indigenous flora should be considered a priority, both in terms of lowering maintenance needs and also in promoting natural habitat.
- c. A variety of plant material should be used to reflect seasonal change.
- d. On sites to be developed for open space, retention of existing trees should be maximized. On sites for development, opportunities for retention of significant trees should be considered.
- e. Open space should be fashioned to minimize water, chemical and fossil fuel use for routine maintenance and should promote a healthy local ecosystem.
- f. Permeable surface materials should be incorporated into open space development proposals, and opportunities for retention of surface storm water on site should be considered.
- g. Senses of sight, smell and touch should be stimulated by providing elements of healing gardens.

**3.15 SIGNAGE**

Develop a comprehensive and cohesive sign hierarchy for wayfinding.



- a. Hierarchy should include arrival signage, directional signage, and instructional signage.
- b. To limit the number of signs, vehicular and pedestrian signage should be integrated where possible.

**3.16 LIGHTING**



- a. All exterior lighting should follow the International Dark Sky Model code in order to limit light pollution and to conserve energy.
- b. Particular attention should be given to the lighting of public outdoor spaces and the adjacent private property to create an unobtrusive, human scale lighting concept, with a hierarchy of fixture types designed according to functional and security needs, and reflecting the hierarchy of pedestrian corridors.
- c. Light fixtures within the reach of pedestrians should be vandal proof.
- d. Lighting on pedestrian paths should illuminate not just the path but the surrounding area adjacent to the path, particularly en route to transit connections.
- e. Shielded lighting to limit light effects on adjacent properties along driveways, surface parking and garage areas.
- f. Reduce the amount of light exiting through glazing between 11:00 PM and 5:00 AM. The lighting must either be dimmed or shut off automatically during these hours, or automatic shades or blinds must be used to block light leaving the building.



**3.17 PUBLIC ART**

Opportunities for public art should be considered for major public open spaces, public lobbies, waiting areas within medical facilities, and strategic focal points within the site.

**3.18 SCREENING**

Landscaping, fencing and walls can serve as screens to block views of the hospital campus buildings, of loading and utility areas, lighting, parking and functional hospital components. Walls can be used to control sound. The appearance of walls should be softened with plantings.



- Consider use of:
- a. Planted visual screens.
  - b. Barrier walls to reduce noise impacts on adjacent residential neighbours.
  - c. Plantings to screen areas of greater noise activity.
  - d. Semi-transparent wall systems to minimize screen wall mass, in combination with plantings.

**3.19 GARBAGE AND RECYCLING**



- a. Underground recycling and garbage containers should be provided for each development.
- b. Where underground storage is not possible, it should be screened and secured. The design of the enclosure should reflect the design aesthetic of the building.



**3.20 SAFETY AND SECURITY**

The principles of Crime Prevention Through Environmental Design (CPTED) should be followed for all aspects of design and planning. The design of the KGH site shall place high importance on public safety and security. The location of entrances and exits, fencing, lighting and landscape can be used to limit or encourage access or control use. The design of the landscape can help define public, semi-public and private spaces that can be visually monitored effectively by users.

Consider use of:



- a. Publicly accessible spaces designed with clear sight lines and visible from the street or primary bike or pedestrian pathways.
- b. Low shrubs and pruned trees for high visibility in landscaped areas. Design structures to eliminate hiding places for predators by locating building windows or security cameras overlooking pathways, plazas and parking.
- c. Evenly distributed, glare-free lighting to increase security and reduce impacts on adjacent property.
- d. Lighting placed along pathways and other pedestrian-use areas at proper heights for lighting the faces of the people in the space for ease of identification.
- e. Landscape designs that promote surveillance needs, especially in proximity to designated and opportunistic points of entry.

**3.21 PARKING, LOADING AND VEHICULAR ACCESS**

Design of vehicular access and parking facilities provide opportunities to optimize operational functionality and contribute to desired hospital character. Street frontage edges would be designed to direct vehicle movements, mark access points to the KGH site, and promote safety for bike, pedestrian and transit users. Vehicle movement and storage should be minimized and facilities should be designed to complement the envisioned character of the campus.



- a. Parking and loading entrances should be integrated into the buildings or landscape, and exposed walls and soffits should be architecturally treated. Good visibility of signage for vehicles at access points should be provided.
- b. Drop-off areas should be provided on site, and may be located within the confines of a building, as long as it does not reduce usable, landscaped outdoor open space.
- c. Parking garages for staff should be fully secured during non-business hours. Doors leading from perimeter exit stairs should be integrated into the building face, preferably close to a main building entrance rather than isolated from the building. Visitor parking should be secure and separate from staff parking.
- d. For public parking, the number of pedestrian entry points should be reduced to a minimum and where possible, should be located at the vehicular entry points to maximize surveillance.
- e. Vines, hanging plants and other plantings on vertical surfaces of elevated parking structures to conceal parking.
- f. Garage interiors should be as visibly open as possible without circuitous paths to elevators and stairs.
- g. Where possible, loading areas should be securable with an overhead gate, with electronic communication to personnel that can open and close gates.

HD1 - Kelowna General Hospital Zone - Design Guidelines

**3.22 SOUND CONTROL**

New buildings must employ all design criteria necessary to ensure the noise transfer from the building is kept and maintained at a minimum, while meeting the BC Building code. Exterior elements should not only break down the building mass but where possible, shield neighbours from sound spilling from the building and its mechanical equipment.

- a. Design mechanical systems located at or near the Building exterior to minimize sound transmission to the neighbouring residential community. Daytime sound levels at the property line shall not exceed 60 dBA. Nighttime (after 22:00) sound levels shall not exceed 50 dBA.
- b. Operations of heli-pad are excluded from this guideline.

**3.23 SUSTAINABILITY PRINCIPLES**



- a. Buildings will be designed and constructed following procedures and principles embodied in LEED, Green Guide for Healthcare (GGHC) and other relevant sustainability guidelines in order to create high performance healing environments.
- b. Utilize reusable and sustainable building materials where feasible, incorporated into the design and acquired from regional producers and manufacturers.
- c. Employ low impact and responsible construction management practices to minimize waste and prevent long-term adverse health impacts.

**4.0 REFERENCE DOCUMENTS**

- City of Kelowna Zoning Bylaw
- KGH Visual Impact Assessment
- KGH Transportation Impact Assessment Report 2020
- KGH Master Plan 2008
- Canada Green Building Council (CaGBC) LEED New Construction Credit Checklist
- Crime Prevention Through Environmental Design Guidelines (CPTED)