

UHN-WIDE INTEGRATED FACILITIES MASTER PLAN SUMMARY DOCUMENT

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Table of Contents

Project Overview

About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Project Overview

About

Welcome to the UHN-Wide Integrated Facilities Master Plan Summary Report. This master plan is a strategic roadmap to inform development and capital planning across UHN-owned and leased sites in Toronto, Ontario, over the course of the next 25 years.

The master plan is intended as an overarching high-level planning vision for UHN. Individual with its own more detailed planning and approvals processes. The master plan ensures that individual projects are not stand-alone investments, but strategic steps towards a clear future.

This document is intended as a high-level summary of the many reports and studies that comprise the master plan. It serves as an executive summary, and explains the purpose of each report in the larger, overall project context.

large consultant team, including:

- | | |
|-------------------------------|---------------------------|
| BA Consulting Group | Service Delivery Modeling |
| Deloitte | Cost Estimating |
| Hanscomb | Accessibility Consulting |
| Human Space | Service Delivery Modeling |
| Preyra Solutions Group (PSG) | Facilities Programming |
| Resource Planning Group (RPG) | Elevator Consulting |
| Solucore | Master Planning |
| Stantec | Urban Planning |
| Urban Strategies Inc (USI) | |

Technical Note:

Please note that there are two versions of this document. One is a stand-alone summary PDF file, which serves as a high-level synopsis of the many reports and studies that comprise the UHN-Wide Integrated Facilities Master Plan.

The second version contains the same content, but all of the references to individual reports are live links to those documents. Please note that this version cannot be circulated without the supporting documents, without resulting in broken links. This version is best viewed using the Bluebeam Revu PDF viewer.

This particular version is the stand-alone UHN-Wide Integrated Facilities Master Plan Summary Report, without active links.



Table of Contents

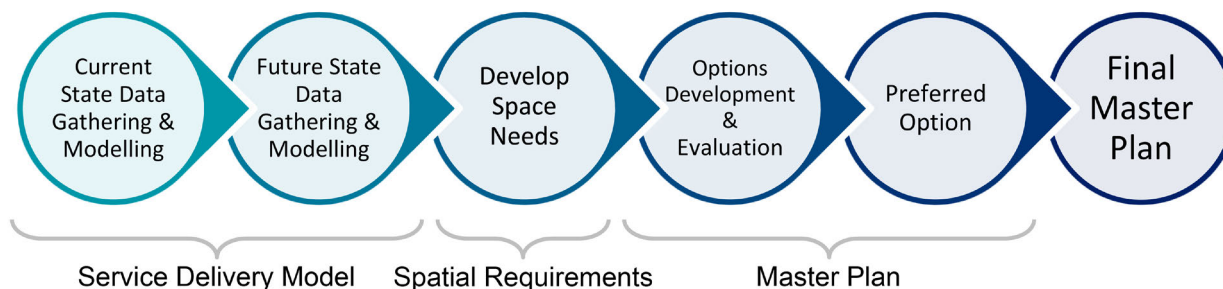
Project Overview

- About 1
- Project Structure & Outcomes 2
- Master Program 4**
 - Service Delivery Model
 - About 5
 - Executive Summary 6
 - Spatial Requirements
 - About 10
 - Executive Summary 11
- Master Plan 14**
 - Site Evaluation
 - About 15
 - Executive Summary 16
 - Site Massing Options
 - About 19
 - Executive Summary 20
 - Campus Distribution Options
 - About 23
 - Executive Summary 24
 - Options Evaluation
 - About 27
 - Executive Summary 28
- Next Steps 30**
- Files 31**

Project Overview

Project Structure

The three-part structure of the UHN-Wide Integrated Facilities Master Plan follows the overall planning process illustrated below:



meant to prepare the organization with an understanding of current programs, facilities, and services, as well as exploring the long-term view (25 years in the future) of programs and services and their implications on space use.

The Master Program Spatial Requirements describe how UHN’s clinical, diagnostic, education, research, support and administrative components should evolve spatially in order to support the future Service Delivery Model. Anticipated service delivery needs are

Delivery Model and to accommodate the anticipated future Spatial Requirements. This last and research, and for supporting UHN’s Strategic Vision into the future.

next →



Table of Contents

Project Overview

About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Project Overview

Project Structure

While the structure of the UHN-Wide Integrated Facilities Master Plan is quite similar to that of a Ministry of Health and Long-Term Care Stage 1 Proposal, the level of detail appropriate

The UHN-Wide Integrated Facilities Master Plan serves as an overarching, high-level vision future projects will proceed with its own individual approvals process; this master plan will ensure that they are all part of the same big picture.

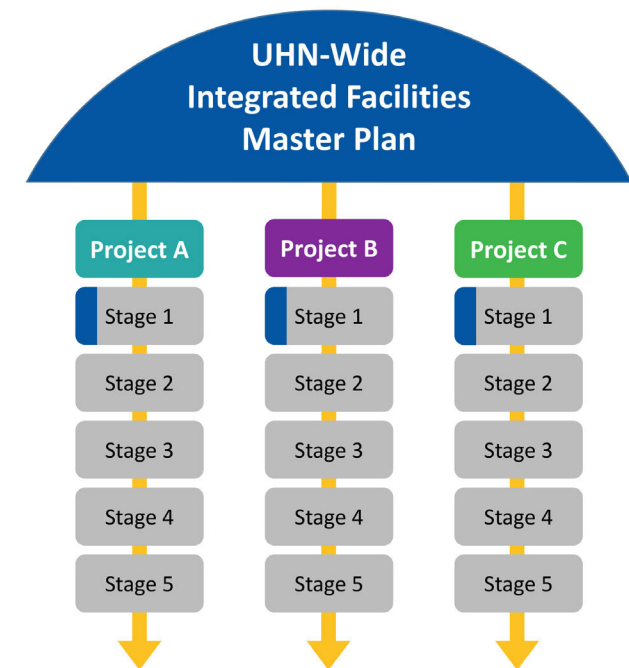
and level of detail for each stage of the work. This approach was informed by engagement is documented in the [Project Initiation Report & Workplan Update](#).

Outcomes

for redistributing services across the UHN-owned sites (refer to the [Campus Distribution Options](#)). These options were evaluated and ranked (refer to the [Options Evaluation](#)).

overarching context of the master plan. Some of these projects pre-date the UHN-Wide Integrated Facilities Master Planning exercise. Others are potential projects that have developed out of the endeavour, and address growth and service needs that have come to light. For more information on these priority projects, please refer to the [Next Steps](#) section of this summary report.

← previous



Individual Capital Development Projects, within the context of the UHN-Wide Integrated Facilities Master Plan



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Master Program

The Master Program assesses current service delivery and prescribes a future service delivery model. Current patient volumes are projected into the future, and this estimated growth is translated into anticipated built area need.

The Master Program consists of the:

- [Service Delivery Model Report](#) (including Volume Projections)
- [Spatial Requirements Report](#)

The Master Program provides the context for planning exercises, which are included in the Master Plan report phase.

The [Service Delivery Model Report](#) is generally analogous to the *Ministry of Health Stage 1, Part A, 1.0 Service Delivery Model Report* submission requirement.

The [Spatial Requirements Report](#) is generally analogous to the *Ministry of Health Stage 1, Part B, 2.2 Spatial Requirements* submission requirement.

As explained in the [Project Overview](#), while the structure of the UHN-Wide Integrated Facilities Master Plan is similar to that outlined in the Ministry of Health Capital Planning guidelines, the scope and detail of these sections is not equivalent to that required for a Stage 1 Proposal submission.



Table of Contents

Project Overview

About 1

Project Structure & Outcomes 2

Master Program 4

Service Delivery Model

About 5

Executive Summary 6

Spatial Requirements

About 10

Executive Summary 11

Master Plan 14

Site Evaluation

About 15

Executive Summary 16

Site Massing Options

About 19

Executive Summary 20

Campus Distribution Options

About 23

Executive Summary 24

Options Evaluation

About 27

Executive Summary 28

Next Steps 30

Files 31

Service Delivery Model

About

The Service Delivery Model was developed by Deloitte and Preyra Solutions Group. It is intended to prepare the organization with an understanding of current programs, facilities, and services, as well as exploring the long-term view (25 years in the future) of programs and services and their implications on space use.

The Service Delivery planning approach was developed with input from the UHN Executive Leadership Forum, and was presented to

UHN and the MoHLTC were aligned with the future state planning approach and the use of thought leadership, environmental scanning, and conservative data projection to plan for its future.

The Future Service Delivery Model was developed based on a combination of information from stakeholder engagement and a jurisdictional scan of best practices from peer organizations.

The Future Model of Care is informed by:

Workshops

- Current model of care, scope of services and hours of operation
- Current initiatives planned or underway
- Opportunities for improvement related to current challenges

Thought Leadership Teleconference Calls

- Trends for future models of care, treatment modalities and technology as described by clinical program leaders

Jurisdictional Scan of Peer Organizations

- Leading practices in models of care, technologies and partnerships from

For the full analysis of current and future service delivery, please refer to the complete [Service Delivery Model Report](#).



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Service Delivery Model

Executive Summary

The *Service Delivery Model Report* examines current UHN service delivery and patient volumes, and recommends changes to this model in order to accommodate anticipated demographic growth, respond to healthcare delivery changes, and to improve future service delivery.

Future Service Delivery Model

The Future Service Delivery model proposes a shift in care delivery. To ensure that patients

UHN’s future model of care should incorporate the co-location of similar patients based on complexity and acuity. The future service delivery model proposes the following distinct settings for services across UHN:



next →



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Service Delivery Model

Executive Summary

Future Service Delivery Model

Across all care settings, clinical support services, administrative, and non-clinical functions

a full complement of services across both an acute care setting and an ambulatory care setting, providing necessary support functions in proximity to the appropriate care setting. This shift in service delivery supports:

Operational flexibility

- Inpatient units are grouped at an acute setting, and represent “UHN-beds”, rather than that can accommodate unforeseen changes in future care delivery.

Operational efficiency

- of programs across sites can be limited, especially clinical and non-clinical support services.

Growth at constrained sites

- Since some of the existing sites have limited development potential, this approach provides a strategy to unlock growth potential at these highly constrained locations. By realigning program distributions according to the care settings, some space is made available at the non-acute sites.

← previous

next →



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Service Delivery Model

Executive Summary

Current State Patient Volumes

Our consultant team worked in collaboration with UHN Decision Support and Finance

current patient volumes and demographic characteristics.

This data was further validated with clinical current state baseline volumes.

This current state volume data forms the foundation for future service projection calculations.

achieve the planning occupancy rates. This adjustment was made by calculating the beds

1. Medicine and Surgery: 90 percent
2. Critical Care: 85 percent
3. Complex Care and Rehabilitation: 95 percent
4. Inpatient Mental Health: 90 percent

1,207 total budgeted beds. Budgeted beds and occupancy adjusted beds are shown below

Inpatient Setting	Budgeted Beds 2017/2018	Occupancy Adjusted Bed Requirement 2017/2018
Acute Care	726	840
Critical Care	87	87
Inpatient Rehabilitation and Complex Care	394	384
Total	1,207	1,311

← previous

next →



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

Service Delivery Model

- About 5
- Executive Summary 6

Spatial Requirements

- About 10
- Executive Summary 11

Master Plan 14

Site Evaluation

- About 15
- Executive Summary 16

Site Massing Options

- About 19
- Executive Summary 20

Campus Distribution Options

- About 23
- Executive Summary 24

Options Evaluation

- About 27
- Executive Summary 28

Next Steps 30

Files 31

Service Delivery Model

Executive Summary

Future State Volume Projections

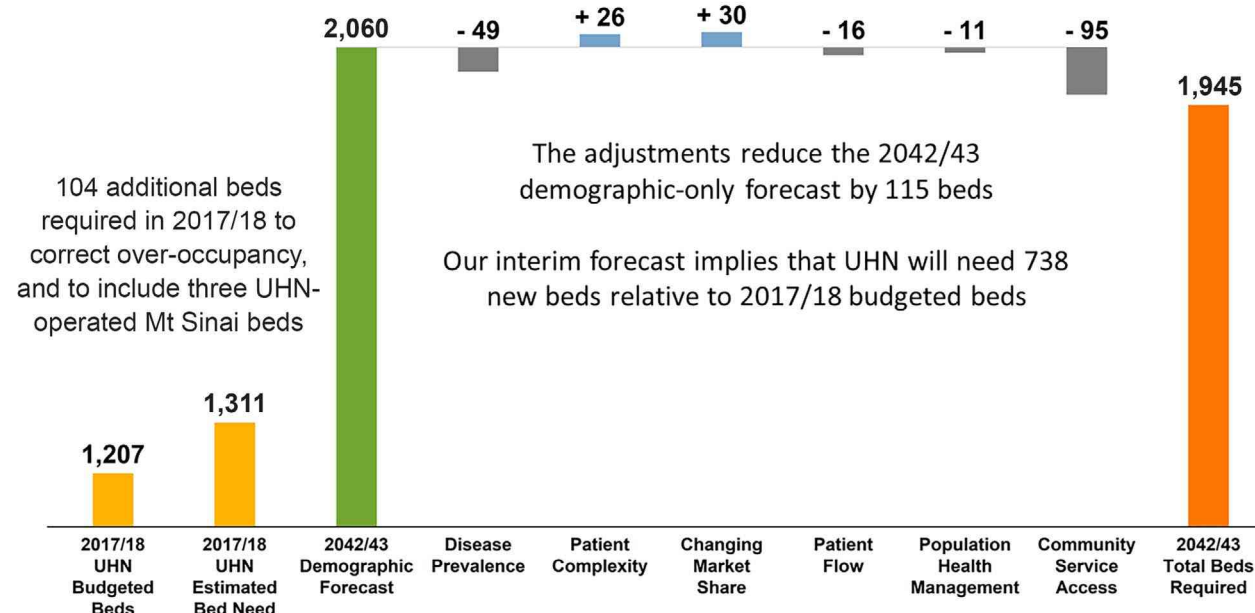
Future patient volumes were forecast based on current volumes, demographic projections, and prescribed changes in the Future Service Delivery Model. The following chart focuses on inpatient bed growth, and illustrates the process of demographic forecasting followed by volume adjustments related to changes in service delivery and industry-wide trends. While

for forecasting growth across planning categories follows this approach.

UHN-wide inpatient growth will see an increase in bed need from 1,311 beds to

While this example illustrates the process used for projections, it also highlights the

need to accommodate in the next 25 years.



UHN Total Bed Forecast 2042/43

← previous



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Spatial Requirements

About

Spatial requirement projections were prepared by Resource Planning Group. These estimates are based on the future services and volume projections described in the [Service Delivery Model Report](#), and translate these future service volumes into projected area needs.

The methodology chosen for this project, by the consultant team and UHN, involves a “top-down” approach to space projections. This method typically involves projecting

and then “translating” those projections to area requirements based on utilization and sizing benchmarks. This approach was used to project area needs for 10 high-level space categories (and 29 sub-categories), as agreed to by the consultant team and UHN.

These area needs are projected for all of UHN, and as such are both program and site agnostic. Since the Service Delivery Model prescribes a shift in the approach to care delivery, it has not been assumed that services will simply expand in place at their existing locations. The distribution of services (and their associated areas) across the UHN-owned sites is explored during the planning options sections of the UHN-Wide Integrated Facilities Master Plan report.

Please note that the following facilities were not included in the service delivery study, at the direction of UHN, and were excluded from the area projections:

- Lakeside Long-Term Care
- Hillcrest Reactivation Centre

For a full explanation of area requirements, please refer to the [Spatial Requirements Report](#).



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

Spatial Requirements

- About 10
- Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

Site Massing Options

- About 19
- Executive Summary 20

Campus Distribution Options

- About 23
- Executive Summary 24

Options Evaluation

- About 27
- Executive Summary 28

Next Steps 30

Files 31

Spatial Requirements

Executive Summary

Master programming is intended to set the overall direction and framework for future facility development. Future space requirements are projected for -5, -10, and -25 year timeframes, in order to give the organization an understanding of anticipated physical growth pressures, and

this growth.

Anticipated Growth Needs

Substantial growth is expected across UHN over the next 25 years. Within this timeframe, the program area need across the UHN campus will increase by 50.7%.

To develop these area projections, key space drivers were developed for each established planning category, and volume projections were translated into areas based on utilization and sizing benchmarks.

Areas (ft²)

Items	2017/18	2022/23	2027/28	2042/43
Inpatient (CGSF)	669,111	1,062,450	1,165,705	1,489,450
Ambulatory (CGSF)	669,181	818,408	897,138	1,134,373
Diagnostic (CGSF)	175,980	216,330	234,650	302,120
Treatment (CGSF)	258,349	316,185	345,480	436,040
Education (CGSF)	279,570	366,056	395,198	476,655
Research (CGSF)	516,895	521,882	629,515	741,415
Administration (CGSF)	384,224	303,170	316,950	360,935
Clinical Support (CGSF)	177,316	212,605	234,700	301,710
Non-Clinical Support (CGSF)	272,628	287,865	319,575	391,745
Public (CGSF)	78,807	80,670	87,875	103,315
	163,430	0	0	0
Leased (BGSF)	1,097,594	1,176,200	1,242,330	1,408,845
Grand Total	4,743,085	5,361,821	5,869,116	7,146,603
Growth From Existing		+13.0%	+23.7%	+50.7%

Note: This table excludes area projections for the Lakeside Long-Term Care and Hillcrest Reactivation Centres, which were excluded from the service delivery study. Similarly, space for a Particle Therapy facility was not accounted for at this point in the project. Estimates for these facilities are included in the [Site Massing Options section \(refer to table on pg 21\)](#).

next →



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

Spatial Requirements 10

- About 10
- Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Spatial Requirements

Executive Summary

Space Categories

In order to make these area projections, sub-categories, as listed here.

were not projected or reported; this maintains consistency with the Service Delivery Model approach of grouping programs by acuity and complexity rather than by program type.

It is also consistent with the direction given by UHN Executive Leadership to approach space as an institutional resource, rather

Planning Categories

Space Category	Sub-Categories			
Inpatient	<i>Acute Care</i>	<i>Critical Care</i>	<i>Rehab/CCC</i>	
Ambulatory	<i>Ambulatory</i>	<i>Day Treatment</i>	<i>Altum Health</i>	<i>Family Health Teams</i>
Diagnostic	<i>Diagnostic Imaging</i>	<i>Non-invasive Tests/Exams</i>		
Treatment	<i>Emergency</i>	<i>Peri-operative & Interventional</i>	<i>Allied Health</i>	
Education	<i>Academic Education</i>	<i>Call Rooms</i>	<i>Michener Institute of Education</i>	
Research	<i>Research</i>			
Administration	<i>Admin and Support Services</i>	<i>Medical and Medical Staff Offices</i>	<i>Cancer Care Ontario</i>	<i>Spinal Care Injury Ontario</i>
Clinical Support	<i>Clinical Labs</i>	<i>Pharmacy</i>	<i>MDRD</i>	
Non-Clinical Support	<i>Facilities</i>	<i>Staff Facilities</i>	<i>Food Services</i>	<i>Logistics</i>
Public	<i>Public</i>	<i>Retail</i>		

← previous

next →



Table of Contents

Project Overview
 About 1
 Project Structure & Outcomes 2

Master Program 4
 Service Delivery Model
 About 5
 Executive Summary 6

Spatial Requirements
 About 10
 Executive Summary 11

Master Plan 14
 Site Evaluation
 About 15
 Executive Summary 16

Site Massing Options
 About 19
 Executive Summary 20

Campus Distribution Options
 About 23
 Executive Summary 24

Options Evaluation
 About 27
 Executive Summary 28

Next Steps 30

Files 31

Spatial Requirements

Executive Summary

Area Requirements and Care Settings

Area projections were further categorized according to the Care Setting model laid out in the [Service Delivery Model Report](#).

For each planning category, projected area was allocated to the prescribed Care Settings.

As an example, the overall projected Diagnostic Imaging space need was not calculated for each site, but rather for each of the Care Settings. The 302,120 ft² of total Diagnostic Imaging space is allocated as follows:

60,400 ft² is associated with Acute Care, 240,020 ft² with Ambulatory Care, and 1,700 ft² with Rehab Care.

Please refer to the [Spatial Requirements Report](#), for a more complete explanation of how the service delivery model and volume projections inform the area requirements.

← previous

Areas (CGSF) 2042/43, by Care Setting

Items	Acute Care Setting	Ambulatory Care Setting	Rehab Care Setting	Admin. Setting	Education Setting (Michener)	Leased Research	Totals
Inpatient	1,014,305	-	475,145	-	-		1,489,450
Ambulatory	17,690	927,113	189,570	-	-		1,134,373
Diagnostic	60,400	240,020	1,700	-	-		302,120
Treatment	280,530	152,925	2,585	-	-		436,040
Education	210,255	36,955	23,340		206,105		476,655
Research	422,100	231,530	87,785				741,415
Administration	-	-	-	360,935			360,935
Clinical Support	234,310	50,090	17,310				301,710
Non-Clinical Support	265,480	51,320	74,945				391,745
Public	58,590	33,500	9,525		1,700		103,315
Leased (BGSF)	47,920	124,915		526,285		709,725	1,408,845
Care Setting Area Totals	2,611,580	1,848,368	881,905	887,220	207,805	709,725	
Total 25 Year Area Projection			7,146,603				



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Master Plan

The Master Plan portion of the UHN-Wide Integrated Facilities Master Plan focuses on physical infrastructure and strategies for growth.

This portion of the report is broken into four primary sections:

- Site Evaluation
- Site Massing Options
- Program Distribution Options
- Option Evaluation

Each of these sections is explained here, with high-level summaries of methodology, assumptions, and conclusions.

For a more complete explanation of the Master Plan analyses and development option explorations, please refer to the following reports:

- [Site Evaluation Report](#)
- [Site Massing Options Report](#)
- [Campus Distribution Options Report](#)
- [Options Evaluation Report](#)



Table of Contents

Project Overview

About 1

Project Structure & Outcomes 2

Master Program 4

Service Delivery Model

About 5

Executive Summary 6

Spatial Requirements

About 10

Executive Summary 11

Master Plan 14

Site Evaluation

About 15

Executive Summary 16

Site Massing Options

About 19

Executive Summary 20

Campus Distribution Options

About 23

Executive Summary 24

Options Evaluation

About 27

Executive Summary 28

Next Steps 30

Files 31

Site Evaluation

About

The [Site Evaluation Report](#) collects a number of assessment studies and reports, and synthesizes them into an overarching evaluation of the existing sites and facilities.

The complete assessment exercise included the following individual studies:

- A Physical Feasibility Study comprising:
 - Building Condition Assessments - conducted by Stantec
 - Functional Evaluation of Current Use - conducted by RPG
 - Functional Evaluation of Potential Use - conducted by Stantec
- Elevator Assessments - conducted by Solucore
- Accessibility Assessments - conducted by Human Space
-
- Planning Framework Assessment - conducted by Urban Strategies Inc.

This Site Evaluation is intended to inform the development options explored in later phases of this project, as well as to serve as a resource for UHN for future development initiatives.

For the individual reports listed above, please reference the [Files](#) index pages at the end of this document.



Table of Contents

Project Overview

About 1

Project Structure & Outcomes 2

Master Program 4

Service Delivery Model

About 5

Executive Summary 6

Spatial Requirements

About 10

Executive Summary 11

Master Plan 14

Site Evaluation

About 15

Executive Summary 16

Site Massing Options

About 19

Executive Summary 20

Campus Distribution Options

About 23

Executive Summary 24

Options Evaluation

About 27

Executive Summary 28

Next Steps 30

Files 31

Site Evaluation

Executive Summary

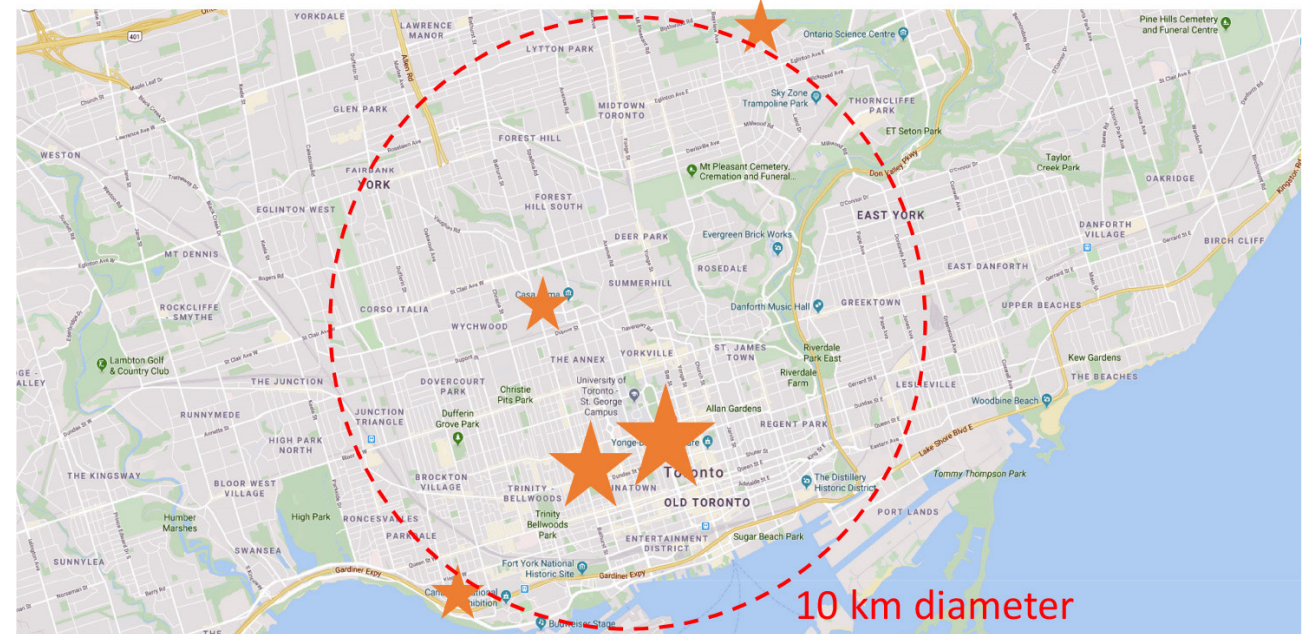
The University Health Network is an integrated healthcare, research, and education network of hospitals and institutes, distributed across eight primary sites.

- These include:
- Toronto General Hospital
 - Toronto Western Hospital
 - Princess Margaret
 - The Toronto Rehabilitation Institute (4 sites)
 - University Centre
 - Bickle Centre & Lakeside Long-term Care
 - Rumsey Centre and Lyndhurst Centre
 - Hillcrest Reactivation Centre

The Michener Institute of Education at UHN

The University Health Network comprises a number of institutions which were historically independent facilities located on separate sites across the city.

The change from individual hospitals to an integrated campus model represents a service delivery and operationally.



Plan of UHN-owned sites, from Google Maps, with 10km diameter circle overlay

In approaching the existing sites as a campus network (especially the four sites located within the downtown Health Sciences District), development potential can be considered in a more holistic manner.

This model can also inform the ways in which the UHN campus relates to the surrounding urban context and its neighbouring healthcare partner institutions.

next →



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Site Evaluation

Executive Summary

Building Condition Assessments and Functional Evaluations

Many of the UHN facilities include aging building infrastructure, designed and built at a time when healthcare and accessibility standards were less stringent than today's best practices. Even though some of these buildings are in reasonably well-maintained condition, they are generally not suitable to serve their current functions, or to adequately support UHN programs.

Furthermore, the larger facilities have evolved and grown over many years, in multiple phases. While each expansion has intended to keep up with growing changes and demands, the resulting building

oldest building wings are located within the heart of a site, as additional wings have been added over the years, making replacement of aging infrastructure a challenge.

While individual circumstances and details vary at each site, the overall redevelopment aims are similar for each of the existing facilities:

- Expand to accommodate substantial growth
- Facilitate replacement of aging infrastructure
- Develop a clear site plan that can accommodate ongoing future building renewal

Please refer to the individual *Building Condition Assessment* reports for an assessment of the physical state of the current facility infrastructure.

Please refer to the complete *Functional Evaluation Report* (included as an Appendix to the Master Program Spatial Requirements Report) for an assessment of each facility's suitability to accommodate its current programs.

Please refer to the *Physical Feasibility Study* for an assessment of each facility's suitability to be repurposed to house new programs.

← previous

next →



Table of Contents

Project Overview

About	1
Project Structure & Outcomes	2

Master Program 4

Service Delivery Model

About	5
Executive Summary	6

Spatial Requirements

About	10
Executive Summary	11

Master Plan 14

Site Evaluation

About	15
Executive Summary	16

Site Massing Options

About	19
Executive Summary	20

Campus Distribution Options

About	23
Executive Summary	24

Options Evaluation

About	27
Executive Summary	28

Next Steps 30

Files 31

Site Evaluation

Executive Summary

Planning Framework

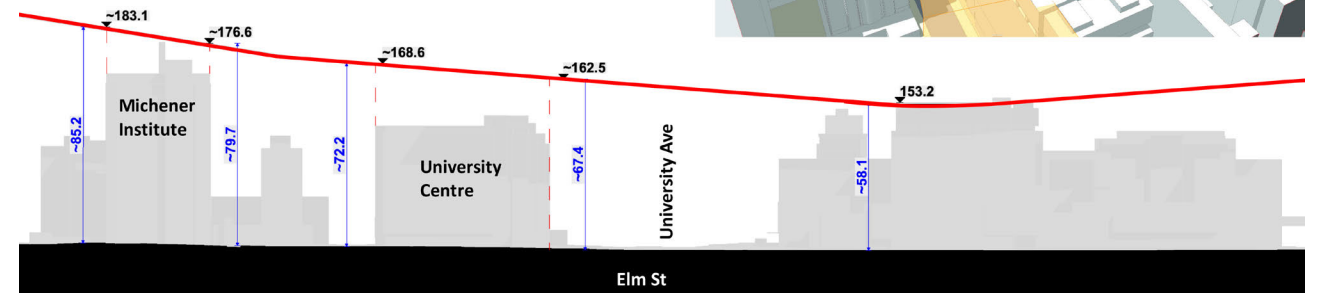
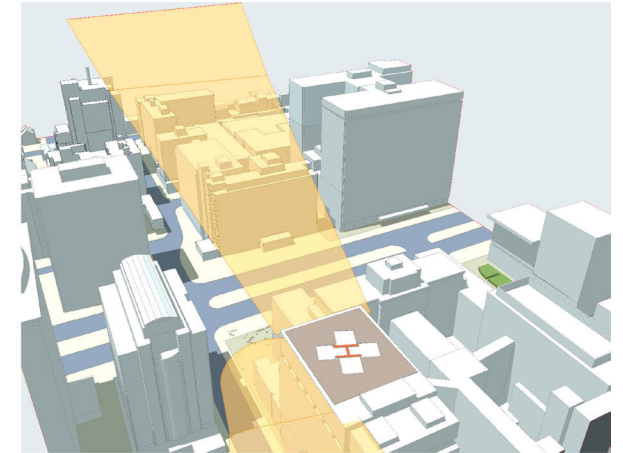
For each property, Urban Strategies have compiled relevant planning information

for that site. They have considered urban and municipal planning requirements and guidelines, as well a restrictions related to

At each site they have recommended reasonable development heights, based on their analysis of planning requirements and on recent neighbouring development approvals.

For the complete assessment of each of the UHN-owned sites, including the planning frameworks, please refer to the [Site Evaluation Report](#).

← previous



Section showing the impact of the SickKids helicopter flight path on potential development



Table of Contents

Project Overview

About 1

Project Structure & Outcomes 2

Master Program 4

Service Delivery Model

About 5

Executive Summary 6

Spatial Requirements

About 10

Executive Summary 11

Master Plan 14

Site Evaluation

About 15

Executive Summary 16

Site Massing Options 19

About 19

Executive Summary 20

Campus Distribution Options

About 23

Executive Summary 24

Options Evaluation

About 27

Executive Summary 28

Next Steps 30

Files 31

Site Massing Options

About

The *Site Massing Options Report* was prepared to explore the development capacity of each of the UHN-owned sites, in order to ascertain the overall growth which can be accommodated.

It should be noted that the mandate of this Integrated Facilities Master Plan has been to explore growth options on UHN-owned sites only, and that expansion options on new sites (beyond those currently owned by UHN) has not been part of the project scope.

In order to expedite the overall project schedule, the exploration of site massing options was undertaken in parallel with RPG’s development of Spatial Requirements projections. As such, the massing options represent generic expansion scenarios that are not tied to

planned for each site. Once program distribution is considered (in the next phase of the based on functional use.

Please note that the following facilities were not included in the service delivery study, at the direction of UHN, and were excluded from the area projections:

- Lakeside Long-Term-Care
- Hillcrest Reactivation Centre

That being said, we have considered development scenarios for these sites. For planning purposes, we have also made some high-level assumptions regarding the projected growth needs for these facilities.

Additionally, a Particle Therapy facility was not included in the initial service delivery study. Additional area assumptions have been made based on UHN’s request to include this facility.



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Site Massing Options

Executive Summary

With aggressive development across their portfolio of sites, UHN should be able to accommodate projected growth in order to deliver services for the next 25 years. The total estimated site capacity is approximately 10,600,000 ft². Based on the projected

the projected 25-year building gross area need will be approximately 10,400,000 ft².

That being said, not all services can continue

locations, since some sites have very little growth capacity. As such, services will need to be redistributed and shifted from site to site in order to leverage the potential growth capacity where it is available; status quo growth-in-place will not be a viable approach.

For the description of the massing options explored for each of the UHN-owned sites, including a high-level appraisal of the pros and cons associated with each option, please refer to the [Site Massing Options Report](#).

next →



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Site Massing Options

Executive Summary

Anticipated Growth Needs

Spatial projections in the Master Program document estimate area needs for each of the planning categories, for the UHN-owned sites included in the service delivery study.

These component gross square footage (CGSF) areas have been converted to building gross square footage (BGSF) needs; these include shared service spaces (including penthouse space, shafts, and service rooms), inter-departmental circulation areas (including stairs and elevators), and exterior building walls. Additionally, high-level area estimates have been made for the Lakeside Long-Term Care Centre and Hillcrest Centre facilities, as well as for a Particle Therapy facility.

For the purposes of this UHN-Wide Integrated Facilities Master Plan, it has been assumed that program currently located in leased space (within downtown Toronto) would be relocated into UHN-owned sites.

← previous

next →

Areas (CGSF)				
Items	2017/18	2022/23	2027/28	2042/43
Inpatient	669,111	1,062,450	1,165,705	1,489,450
Ambulatory	669,181	818,408	897,138	1,134,373
Diagnostic	175,980	216,330	234,650	302,120
Treatment	258,349	316,185	345,480	436,040
Education	279,570	366,056	395,198	476,655
Research	516,895	521,882	629,515	741,415
Administration	384,224	303,170	316,950	360,935
Clinical Support	177,316	212,605	234,700	301,710
Non-Clinical Support	272,628	287,865	319,575	391,745
Public	78,807	80,670	87,875	103,315
	163,430	0	0	0
Leased (BGSF)	1,097,594	1,176,200	1,242,330	1,408,845
CGSF Total	4,743,085	5,361,821	5,869,116	7,146,603
BGSF Total	6,716,416	7,454,632	8,182,509	10,015,482
Estimated Lakeside (BGSF)	80,629	80,629	206,629	206,629
Estimated Hillcrest (BGSF)	54,288	54,288	93,621	93,621
Particle Therapy (BGSF)	0	90,000	90,000	90,000
Grand Total (BGSF including leased)	6,851,333	7,679,549	8,572,759	10,405,732

Spatial Requirements areas (refer to table on pg 11)

Additional Factors



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Site Massing Options

Executive Summary

Site Capacity

Three development approaches were explored for each of the UHN-owned sites,

context of each location. At this stage of consideration, the site massing options

for program, and are intended to illustrate the achievable growth which might be accommodated at each facility

These site capacities are ambitious, and do not represent as-of-right development. All of the development scenarios would require further consultation with the City of Toronto planning department, and each would involve separate approvals processes. Most of these scenarios also represent multiple

projected growth. The following chart summarizes current and estimated potential

sites, for the next 25+ years.

← previous

Estimated Site Capacities

Site	BGSF (ft ²)	
	Existing Facility (excluding parking structures)	Estimated 25 year Capacity
Toronto General Hospital (TGH)	2,004,685	4,500,000
Princess Margaret (PM)	1,032,186	1,000,000
University Centre (TR-UC)	479,126	600,000
Michener Institute (MI)	236,473	300,000
Toronto Western Hospital (TWH)	1,431,512	2,500,000
Bickle & Lakeside Centres (TR-BC/LS)	300,854	850,000
Rumsey & Lyndhurst Centres (TR-RC/LC)	214,615	750,000
Hillcrest Centre (TR-HC)	54,288	100,000
Total	5,753,739	10,600,000



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options**

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Campus Distribution Options

About

sites as they continue to grow over the next 25 years.. These are described in the [Campus Distribution Options Report](#).

The overall strategic direction for each of the options was developed collaboratively in a

These three strategic directions were presented to the Executive Leadership Forum, and

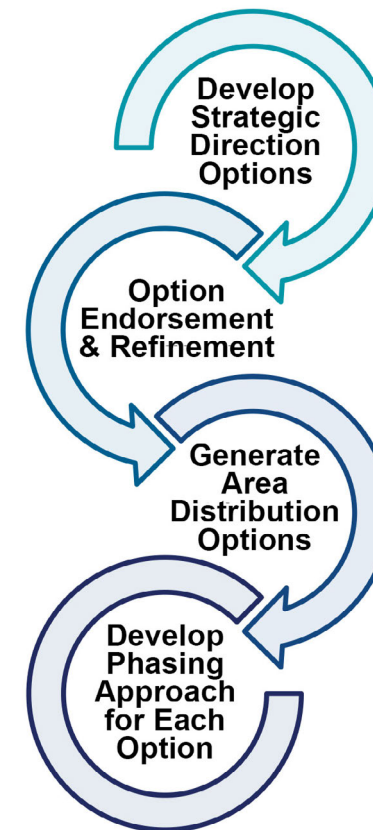
Care Setting functions.

These options were then translated into 25 year area distribution tables, based on the allocation of the Care Settings across the sites. This exercise validated the viability of each

Once the 25 year area targets were established for each option, a phasing strategy was developed for each site that would facilitate growth, facility renewal, and the redistribution of programs. These phasing strategies serve to further validate the viability of the area distribution options.

In addition to the three distribution options documented in this report, a dynamic Digital

distribution approaches against the capacity of each site established in the Site Massing Options exercise.



Development of Campus Distribution Options



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

Spatial Requirements

- About 10
- Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

Site Massing Options

- About 19
- Executive Summary 20

Campus Distribution Options 23

- About 23
- Executive Summary 24

Options Evaluation

- About 27
- Executive Summary 28

Next Steps 30

Files 31

Campus Distribution Options

Executive Summary

The three program distribution options are based on various priorities and assumptions:

- Program distribution should support the Service Delivery Model of co-locating patients based on complexity and acuity.
- Program redistribution is essential to enabling program growth on the sites with limited physical growth capacity. By shifting program away from these constrained sites, the remaining programs are given room to expand.
-

These considerations informed the development of the three distribution options below:

Option A	Option B	Option C
Acute Care is focused at Toronto General	Acute Care is focused at Toronto General	Acute Care is focused at Toronto General
Ambulatory Care is focused at Toronto Western	Ambulatory Care is focused at Toronto Western	Ambulatory Care is focused at Toronto Western
Ambulatory Cancer Care remains focused at Princess Margaret	Ambulatory Cancer Care is focused at Toronto Western	Ambulatory Cancer Care remains focused at Princess Margaret
Rehab Care is focused at the Bickle & Lakeside and Rumsey & Lyndhurst sites	Rehab Care is focused at the Bickle & Lakeside and Rumsey & Lyndhurst sites	Rehab Care is focused at Toronto Western and the Bickle & Lakeside site
Admin Services are focused at University Centre	Admin Services are focused at University Centre	Admin Services are focused at the Rumsey & Lyndhurst site
Research is integrated across the care settings	Research is integrated across the care settings with a focus at Princess Margaret	Research is integrated across the care settings with a focus at University Centre
Education is integrated across the care settings with a focus at Michener Institute site	Education is integrated across the care settings with a focus at the Michener Institute site	Education is integrated across the care settings with a focus at the Michener Institute site

next →



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

Service Delivery Model

- About 5
- Executive Summary 6

Spatial Requirements

- About 10
- Executive Summary 11

Master Plan 14

Site Evaluation

- About 15
- Executive Summary 16

Site Massing Options

- About 19
- Executive Summary 20

Campus Distribution Options

- About 23
- Executive Summary 24

Options Evaluation

- About 27
- Executive Summary 28

Next Steps 30

Files 31

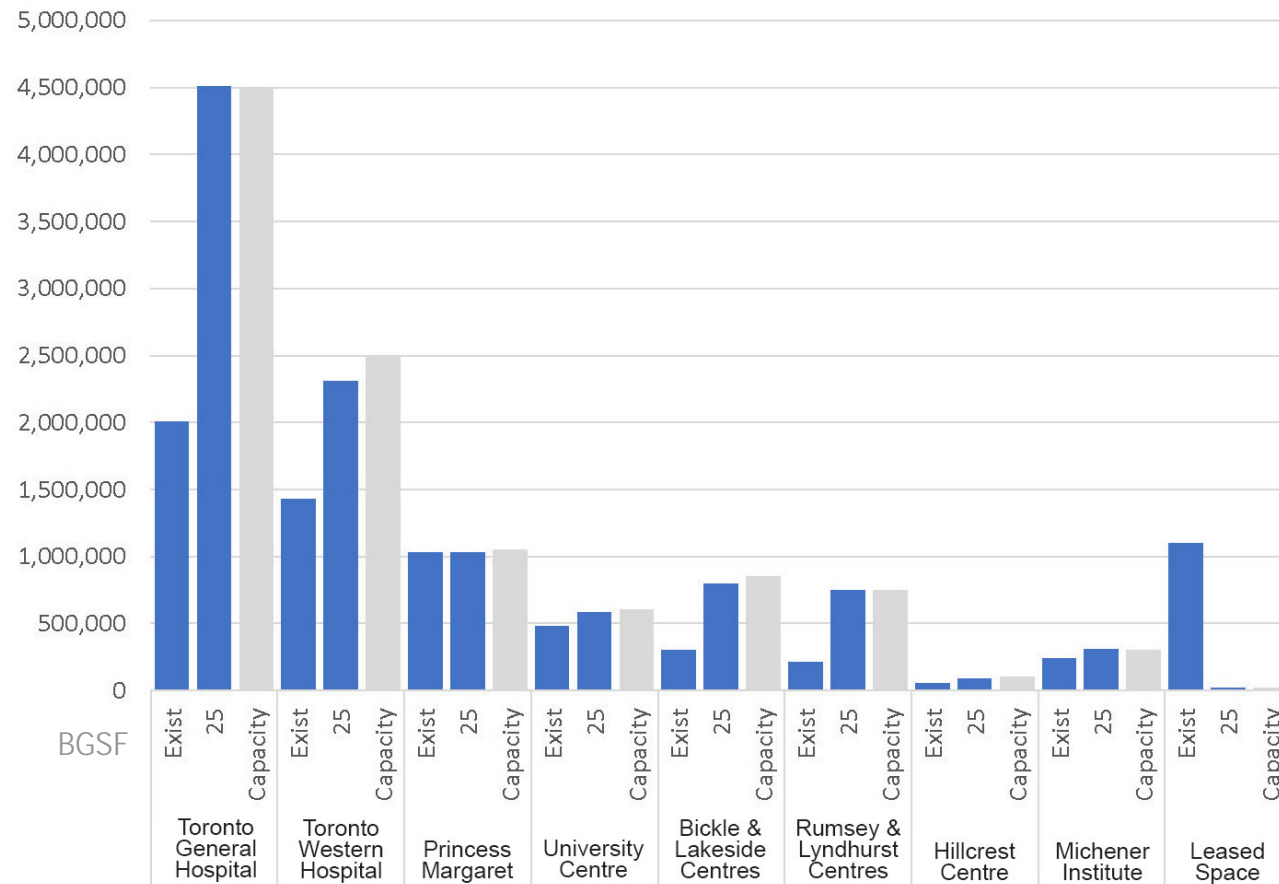
Campus Distribution Options

Executive Summary

Program Distribution Option Area Tables

The three program distribution options were translated into 25 year area tables, based on the allocation of the Care Settings across the sites

These area tables were compared against the site capacities, in order to validate the viability of each approach.



Program Distribution Area Table for Option A, comparing 25 year program distribution against estimated site capacities.

← previous

next →



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Campus Distribution Options

Executive Summary

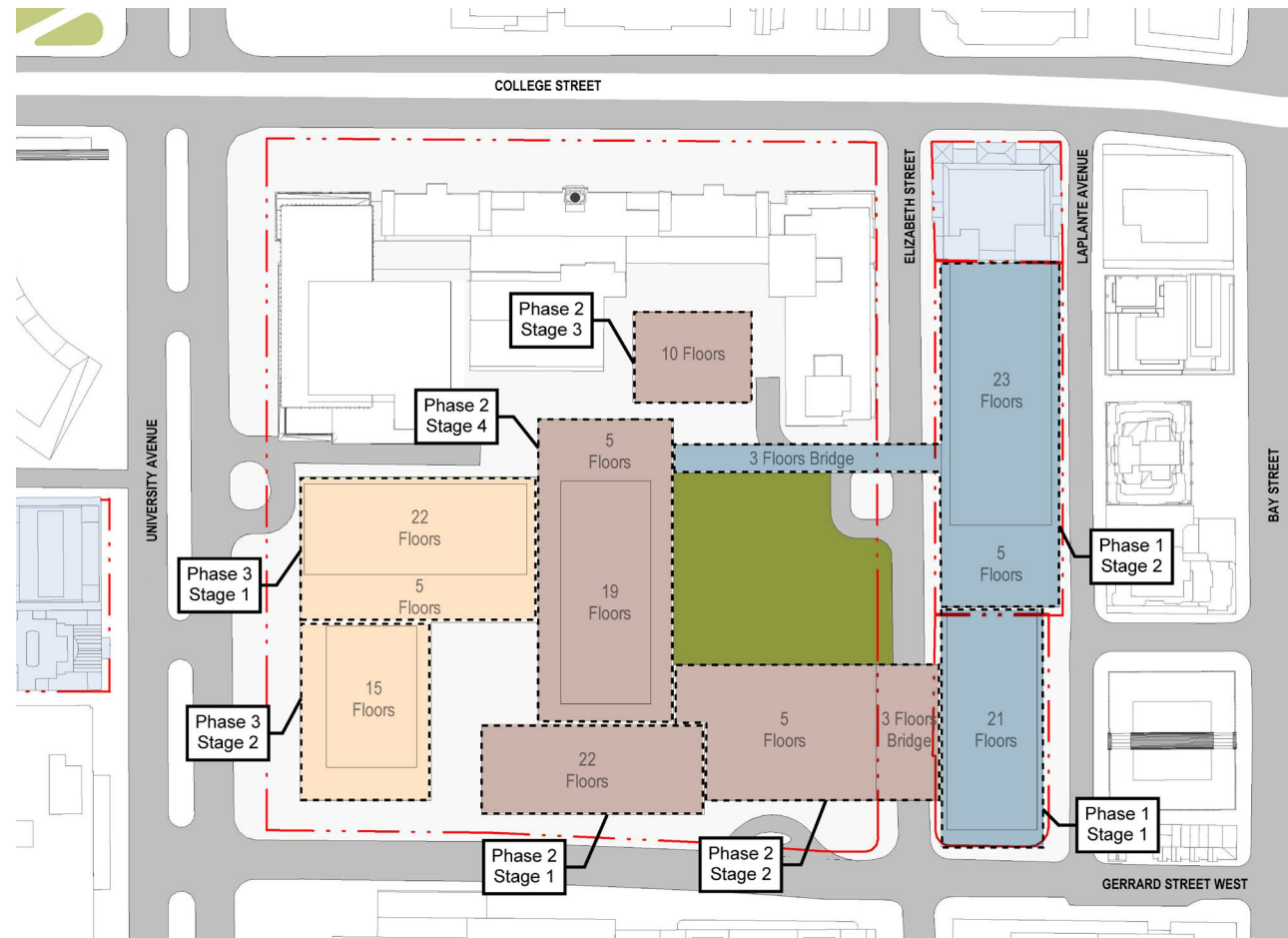
Program Distribution Option Phasing

Once we established that each of the distribution options could be accommodated, from a site capacity standpoint, a phasing strategy was developed for each of the approaches.

Generally speaking, the initial development phases at each site focus on enabling the realignment of services across the campus to align with the Care Settings. Subsequent phases further this process, and also increase capacity to keep up with growth needs.

These phasing strategies serve to further validate the viability of the area distribution options.

Please refer to the [Campus Distribution Options Report](#) for further detail on the three options developed for program distribution across the UHN-owned sites.



Example phasing diagram, showing proposed development at Toronto General Hospital (Option A)

← previous



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Options Evaluation

About

In the [Options Evaluation Report](#), an evaluation approach was developed to assess and compare each of the three options for distributing program across the portfolio of UHN-owned sites.

At the direction of UHN FM-PRO, the evaluation criteria focus primarily on technical and architectural components related to massing, planning, and phasing complexity.

In addition to this technical evaluation, cost estimates were prepared for the two top-scoring options. UHN Executive Leadership directed the team not to consider further the strategy of shifting Ambulatory Cancer Treatment away from the University West 610 location. As such, Campus Distribution Option B was excluded from the cost estimate exercise.

In January 2020, the UHN project team requested a change to the Toronto Western Hospital site. This revision was made to the preferred Campus Distribution Option A, and impacts the massing and phasing strategy for the site. The intent of this revision is to allow for an initial development phase that provides new program area at the northwest corner of the site, and which might house new Surgical Services programs and Inpatient units.

In addition to this change, some additional bed mapping and program stacking diagrams were prepared for the preferred Campus Distribution Option A.



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Options Evaluation

Executive Summary

Evaluation Process

An evaluation process was developed to facilitate assessment and comparison of the three Campus Distribution Options.

considerations:

- Design Excellence with Patient Health and Wellness Focus
- Planning Framework
- Phasing Complexity
- Site Access and Parking

Each site was assessed, for each of the three Campus Distribution Options, and a score was assigned for each of the evaluation criteria. Finally, site scores were weighted based on the size of each facility.

Based on this comparative assessment process, Campus Distribution Option A received the highest overall score.

next →



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

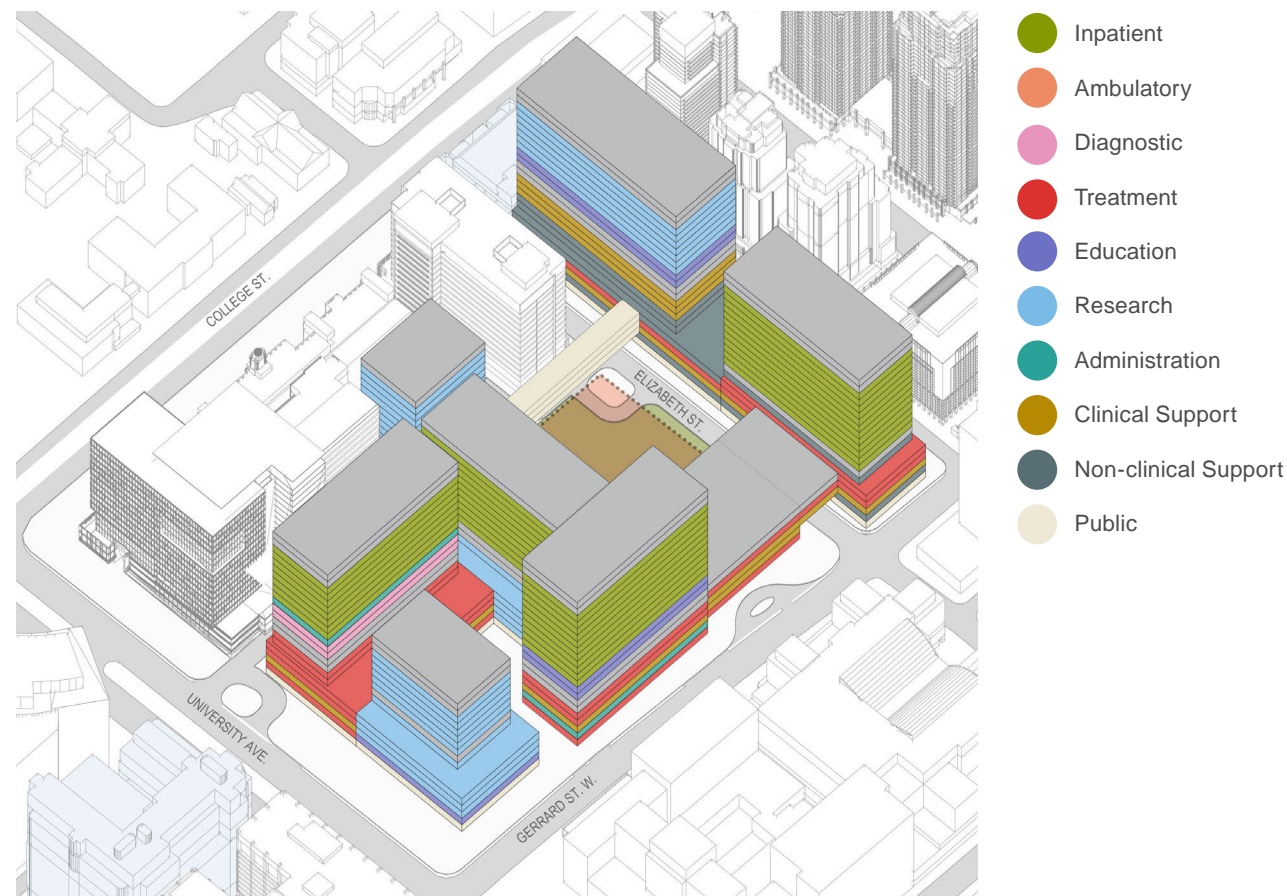
Options Evaluation

Executive Summary

Development of the Preferred Option

The preferred Campus Distribution Option A was developed further, in order to provide some additional detail for this approach.

- Revisions to the Toronto Western Hospital massing and phasing, as requested by UHN, in order to allow for an initial development phase that provides new program area at the northwest corner of the site, and which might house new Surgical Services programs and Inpatient units.
- Bed Mapping diagrams for the preferred option, illustrating the growth and shifting of beds at each of the treatment sites, in accordance with the program projections and program distribution strategy.
- Stacking diagrams for each site, showing the 25 year program distribution at each facility.



*Proposed 25-year program stacking for the Toronto General Hospital site
Refer to the [Options Evaluation Report](#) for the complete Stacking and Bed Mapping diagrams.*

← previous



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Next Steps

Next Steps

growth and service change over the next 25+ years.

The Campus Distribution Options developed and presented in this report, including the in physically accommodating anticipated growth and change.

The physical implementation strategy is intended to adapt over time as individual projects are executed, service delivery continues to change, and UHN's own strategic priorities shift approach that can accommodate this ongoing change.

The UHN-Wide Integrated Facilities Master Plan will serve as the wider context for ongoing individual projects, and will inform these more focused planning exercises. It is anticipated that these projects will in turn have an impact on the long-term overall plan, and will create a new existing context to inform future revisions to the master plan.

← previous



Table of Contents

Project Overview	
About	1
Project Structure & Outcomes	2
Master Program	4
Service Delivery Model	
About	5
Executive Summary	6
Spatial Requirements	
About	10
Executive Summary	11
Master Plan	14
Site Evaluation	
About	15
Executive Summary	16
Site Massing Options	
About	19
Executive Summary	20
Campus Distribution Options	
About	23
Executive Summary	24
Options Evaluation	
About	27
Executive Summary	28
Next Steps	30
Files	31

Files

This summary document is intended as a high-level synopsis of the many reports and studies that comprise the master plan.

It serves as an executive summary, and positions each of the individual reports in the overall context of the entire project.

These individual reports are referenced throughout this summary document.

Project Initiation

[Project Initiation Report and Workplan Update](#)

Master Program

[Service Delivery Current State Workbooks](#) (see separate list)

[Service Delivery Model Report](#)

[Spatial Requirements Report](#) (includes Spatial Requirements and Functional Assessments)

Master Plan

[Site Evaluation Report](#) (includes Planning Framework)

[Technical Building Assessments](#) (includes Elevator Assessments, see separate list)

[Accessibility Audits](#) (see separate list)

[Traffic Studies](#) (see separate list)

[Functional Assessments](#) (included as an appendix in the [Spatial Requirements Report](#))

[Physical Feasibility Study](#)

[Digital Infrastructure Planning Principles Report](#)

[Site Massing Options Report](#)

[Patient Engagement Survey Results](#)

[Campus Distribution Options Report](#)

[Option Evaluation Report](#)

[Cost Estimate Report](#)

next →



Table of Contents

Project Overview

About 1

Project Structure & Outcomes 2

Master Program 4

Service Delivery Model

About 5

Executive Summary 6

Spatial Requirements

About 10

Executive Summary 11

Master Plan 14

Site Evaluation

About 15

Executive Summary 16

Site Massing Options

About 19

Executive Summary 20

Campus Distribution Options

About 23

Executive Summary 24

Options Evaluation

About 27

Executive Summary 28

Next Steps 30

Files 31

Files

Over the course of the project, numerous meetings were held with the UHN Executive Leadership Forum (or occasionally, with smaller representative groups from the Executive Leadership Forum).

These meetings allowed UHN executives to remain up-to-date as the project progressed, and gave them the opportunity to direct the project team over the course of the endeavour.

Presentations from these meetings are collected here, for reference.

UHN Executive Leadership Forum Meetings

- [2018-06-26 Meeting with Executive Management Team & Executive Leadership Forum](#)
- [2018-10-04 Meeting with Executive Leadership Forum](#)
- [2018-11-02 Meeting with Executive Leadership Forum](#)
- [2018-11-15 Meeting with Executive Leadership Forum](#)
- [2019-01-10 Meeting with Executive Leadership Forum](#)
- [2019-01-25 Meeting with CEO \(Kevin Smith\)](#)
- [2019-05-15 Meeting with Executive Leadership Forum Representative Group](#)
- [2019-06-13 Meeting with Executive Leadership Forum Representative Group](#)
- [2019-09-04 Meeting with Executive Leadership](#)
- [2019-12-03 Meeting with EVP, Clinical Support and Planning \(Rebecca Repa\)](#)
- [2019-12-19 Meeting with Executive Leadership Forum Representative Group](#)
- [2020-01-31 Meeting with EVP, Clinical Support and Planning \(Rebecca Repa\)](#)

← previous

next →



Table of Contents

Project Overview

- About 1
- Project Structure & Outcomes 2

Master Program 4

- Service Delivery Model

 - About 5
 - Executive Summary 6

- Spatial Requirements

 - About 10
 - Executive Summary 11

Master Plan 14

- Site Evaluation

 - About 15
 - Executive Summary 16

- Site Massing Options

 - About 19
 - Executive Summary 20

- Campus Distribution Options

 - About 23
 - Executive Summary 24

- Options Evaluation

 - About 27
 - Executive Summary 28

Next Steps 30

Files 31

Files

Service Delivery Current State Workbooks

- Allied Health
- Altum Health
- Arthritis
- Brain Rehab
- Communications and Public Relations,
- Complex Continuing Care
- Critical Care
- Digital
- Education
- Emergency
- Finance, Registration, Procurement
- FM PRO
- Foundations
- Genetics
- Geriatric Rehab
- Health Records and Transcription Services
- Hillcrest
- IPAC, MDRD, ASP, Patient Safety & Experience, BioEthics
- JDMI
- Krembil Neuroscience
- Laboratory Medicine
-
- Medicine
- Mental Health
- MSK Rehab
-
- Nursing Admin
- Ophthalmology
- Peter Munk Cardiac Centre
- Pharmacy
- Princess Margaret Cancer Centre
- Research
- Spinal Cord Rehab
- Surgery Program
- Transplant

← previous

next →



Table of Contents

- Project Overview**
- About 1
- Project Structure & Outcomes 2
- Master Program 4**
- Service Delivery Model
- About 5
- Executive Summary 6
- Spatial Requirements
- About 10
- Executive Summary 11
- Master Plan 14**
- Site Evaluation
- About 15
- Executive Summary 16
- Site Massing Options
- About 19
- Executive Summary 20
- Campus Distribution Options
- About 23
- Executive Summary 24
- Options Evaluation
- About 27
- Executive Summary 28
- Cost Estimates 30
- Next Steps 31**
- Files 33**

Files

Individual Site Assessment Reports

Sites	Technical Building Assessment (including Elevator Assessments)	Accessibility Audits			Traffic Studies
		Executive Summary Report	Checklist	Graphical	
Toronto General Hospital	✓	✓	✓	✓	
Princess Margaret	✓	✓	✓	✓	✓
Toronto Rehab - University Centre	✓	✓	✓	✓	
Toronto Western Hospital	✓	✓	✓	✓	✓
Michener Institute	✓	✓	✓	✓	✓
Toronto Rehab - Bickle Centre	✓	✓	✓	✓	✓
Toronto Rehab - Lakeside LTC Centre	✓	✓	✓	✓	
Toronto Rehab - 345 Rumsey Centre	✓	✓	✓	✓	
347 Rumsey Centre	✓	✓	✓	✓	✓
Toronto Rehab - Lyndhurst Centre	✓	✓	✓	✓	
Toronto Rehab - Hillcrest Centre	✓	✓	✓	✓	✓

In addition to the above UHN-owned sites, Accessibility Audits were conducted for the [Canadian Blood Services](#) building, as well as for a number of [leased sites](#) used by UHN.

← previous