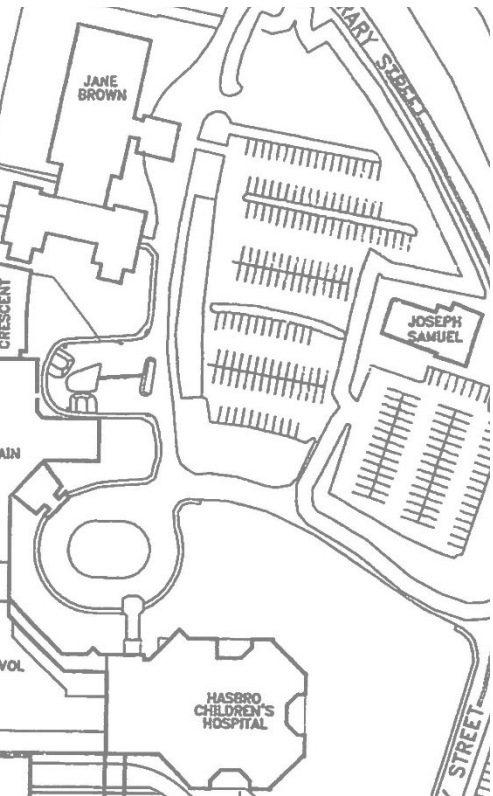
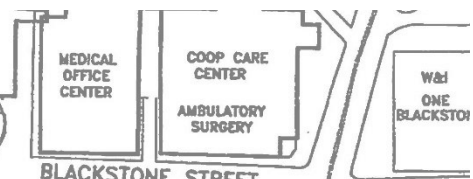


Rhode Island Hospital
Lifespan. Delivering health with care.™



Amendment to RIH

Institutional Master Plan



**Submitted To
 City Plan Commission**

October 2015



Rhode Island Hospital

Lifespan. Delivering health with care.

Margaret M. Van Bree, MHA, DrPH
President

Administration, Suite 162
593 Eddy Street
Providence, RI 02903

Tel 401-444-0054
Fax 401-444-4218
Email mvanbree@lifespan.org

October 26, 2015

Christine West, Chair
City Plan Commission
Department of Planning & Development
444 Westminster Street, Suite 3A
Providence, RI 02903-3215

RE: Amendment to Institutional Master Plan

Dear Ms. West:

Pursuant to Article 19, Section 1910, of the City of Providence Zoning Ordinance, enclosed for the Commission's consideration is an Amendment to the 2011 Rhode Island Hospital Institutional Master Plan (IMP).

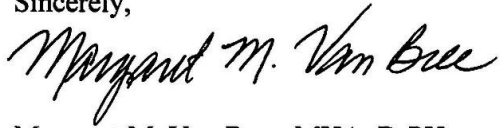
In our 2006 and 2011 Institutional Master Plans, we identified our South West Pavilion building as having effectively outlived its useful life as part of our campus. After extensive study, and after holding a neighborhood meeting to discuss it, we have concluded we need to raze the building. We are therefore seeking to amend our approved 2011 IMP to allow for the removal of the South West Pavilion.

Constructed as an addition to our original hospital, over the years the South West Pavilion served as a women's ward, a children's ward and playroom, and as laboratory space. The way healthcare is delivered changed over those years but the building could not keep up with them; most of the floors have been vacant for years and the remaining ones have been used predominantly for storage, some offices and as a passageway connecting other buildings. The available space on each floor, the layout of each floor, the location and number of support columns, its lack of accessibility for the physically handicapped, its location relative to our other buildings, and its other limitations make it unsuitable for our current and foreseeable needs.

We did not reach this decision easily. In 2009, we asked Durkee, Brown, Viveiros & Werenfels Architects, a firm nationally recognized for its work revitalizing older buildings, to study the building and possible ways to salvage it for medical or administrative uses. The firm concluded the South West Pavilion was unsuitable for restoration. Durkee Brown reached the same conclusion when it considered the issue again in 2015.

Thank you for considering this Amendment and we look forward to answering any questions you may have.

Sincerely,

A handwritten signature in black ink, reading "Margaret M. Van Bree". The signature is written in a cursive, flowing style.

Margaret M. Van Bree, MHA, DrPH

President

Rhode Island Hospital and Hasbro Children's Hospital

SECTION 1 MISSION STATEMENT

Zoning Ordinance Section 1910(3)(a)

1.1 Mission Statement

In 2015, Rhode Island Hospital's Mission Statement and Mission Principals are:

Rhode Island Hospital: Delivering Health with Care

As a founding hospital in the Lifespan health system, Rhode Island Hospital is committed to its mission: Delivering health with care.

Mission Principles

We are big.

We have the resources and partnerships to handle the nearly infinite range of health challenges that can occur in our community of more than one million people.

We are personal.

We are focused...on you. We provide highly personalized care to each patient, who benefits from the extensive knowledge and expertise of our collaborative teams of experts.

We are analytical.

We are evidence-based — assuring delivery of the most effective clinical care to our patients, supported by rigorous analysis of processes and outcomes.

We are caring.

We never forget that our patients may feel vulnerable, so we consistently provide care with kindness and empathy.

We are experts.

As an academically based health care system, our collective expertise is second to none, and we bring that expertise to our patients and into our communities in myriad ways.

We are seekers.

To remain at the forefront of medical care, we continually engage in research that will lead to the breakthroughs that will become tomorrow's cures.

1.2 Our Mission in Relation to the Neighborhood

Since 2011, we have continued to develop our relationship with our neighbors, including those in the Upper South Providence area, and will explain it in greater detail in the Institutional Master Plan we submit in 2016.

SECTION 2 FACILITIES INVENTORY & CONDITION

Zoning Ordinance Section 1910(3)(b)

Not impacted by this Amendment. We will update this section of our IMP in our 2016 submission.

SECTION 3 HISTORIC PROPERTIES

Zoning Ordinance Section 1910(3)(c)

No Major Changes since Approved 2011 IMP. No facilities Rhode Island Hospital owns or leases have been designated as Historic Places and none are located within any Historic Districts.

SECTION 4 5-YEAR OBJECTIVES

Zoning Ordinance Section 1910(3)(d)

This Amendment is consistent with the 5-Year Objectives we included in our 2006 and 2011 IMP's in which we identified the South West Pavilion as having effectively outlived its useful life and we identified it as a candidate for demolition.

SECTION 5 10-YEAR GOALS

Zoning Ordinance Section 1910(3)(d)

This Amendment is consistent with the 10-Year Goals we included in our 2006 and 2011 IMP's in which we identified the South West Pavilion as having effectively outlived its useful life and we identified it as a candidate for demolition.

SECTION 6 PROPOSED CHANGES IN LAND HOLDINGS

Zoning Ordinance Section 1910(3)(e)

Not impacted by this Amendment. We will update this section of our IMP in our 2016 submission. The 2016 IMP will reflect that we recently acquired the approximately 5-acre Victory Place parcel of land on Eddy Street in Providence.

SECTION 7 PROPOSED STREET CHANGES

Zoning Ordinance Section 1910(3)(f)

Not impacted by this Amendment. We will update this section of our IMP in our 2016 submission.

SECTION 8 PROPOSED MAJOR REPAIRS/RENOVATIONS

Zoning Ordinance Section 1910(3)(g)

No major impacts by this Amendment. The removal of the South West Pavilion may trigger some renovations to other sections of our campus to accommodate the offices that will be moved out of the building. We do not anticipate they will be significant and will update this section of our IMP in our 2016 submission.

SECTION 9 NEW STRUCTURES/EXPANSIONS/PARKING CHANGES

Zoning Ordinance Section 1910(3)(h)

Not impacted by this Amendment. We will update this section of our IMP in our 2016 submission.

SECTION 10 PROPOSED DEMOLITIONS

Zoning Ordinance Section 1910(3)(i)

Rhode Island Hospital anticipates deconstructing and removing the South West Pavilion (SWP) as we have concluded it does not meet our current or foreseeable needs. We are submitting this Amendment to comply with Condition #8 in the City Plan Commission's approval of our 2006 Institutional Master Plan. (Exhibit A – Notice of Approval dated 1/8/07)

SWP Location

The 6-story South West Pavilion is located in the center of our campus. It is next to the Ambulatory Patient Center (APC Building) and does not front on any street.

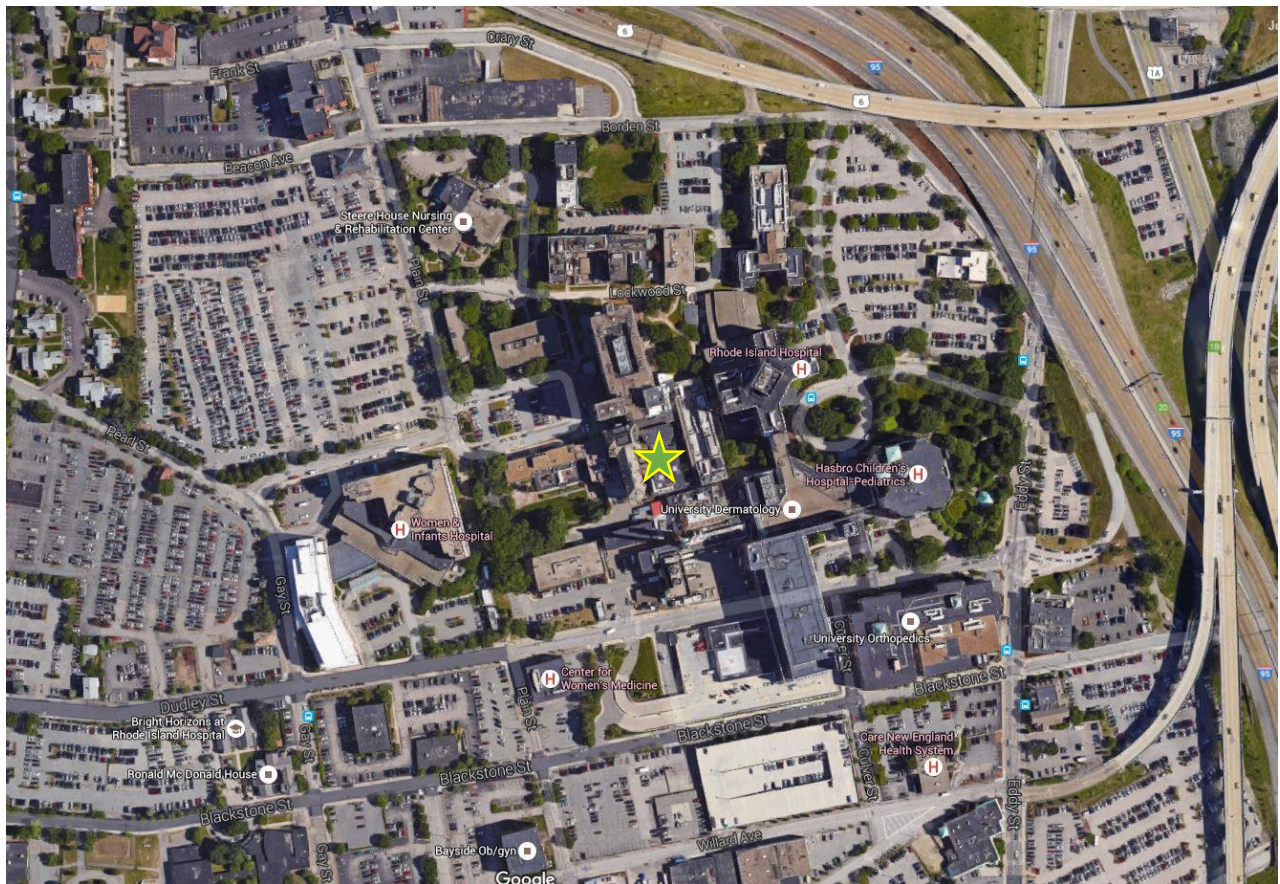


Figure 1 South West Pavilion in Relation To Overall Campus

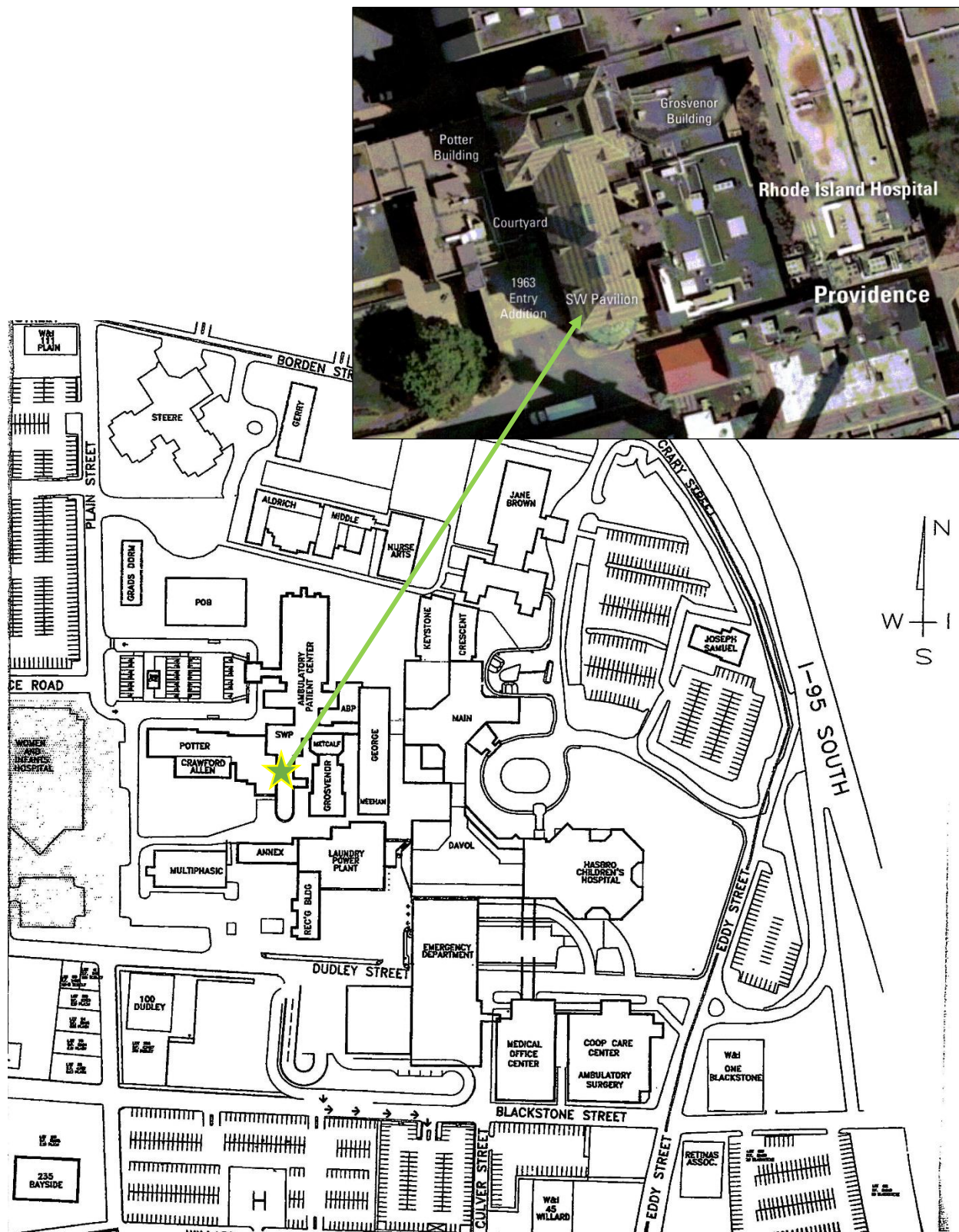


Figure 2 Southwest Pavilion on Campus Map

A portion of the building is visible from Plain Street. A glimpse of its uppermost roof is visible from Dudley Street. A partial view is also available from the restricted access alley next to our Annex Building.



Figure 3 South West Pavilion from Plain Street



Figure 4 South West Pavilion Roof from Dudley Street (Note: The red brick building is the RIH Annex Building)



Figure 5 South West Pavilion from Alley Next to Annex Building

SWP History

The South West Pavilion was constructed as an addition to the original hospital in 1900.¹ It was designed and built before modern fire and building codes, when less attention was paid to the needs of people with physical challenges and when caring for patients required much less space and equipment than it does in 2015. At various times it housed patient wards and laboratories. As the campus grew around it, utilities were run through its basement to serve other parts of our campus and its first and second floors provided passageways to other buildings.

Based in part on a facilities condition study conducted by the firm Space Diagnostics, Inc., in our 2006 IMP we identified the SWP's electrical and communications systems as fair. We identified its site access, functional design, structural systems, exterior envelope, mechanical and HVAC systems, vertical circulation, ADA compliance, and overall condition as poor.

¹ The report by Durkee Brown Viveiros & Werenfels Architects describes the history of the SWP in greater detail.

SWP Today

The way healthcare is delivered changed over the years but the building was not able to adapt to the changes.

Because of its physical limitations, there have not been patient rooms in the SWP for decades and we cannot use it for patient care now. It is marginally useable for a few offices and some storage but the top three floors are vacant. It functions largely as a passageway between other buildings and as a path for the utilities that run through its basement.



Figure 6 South West Pavilion from 1st Floor of Potter Building



Figure 7 South West Pavilion basement.

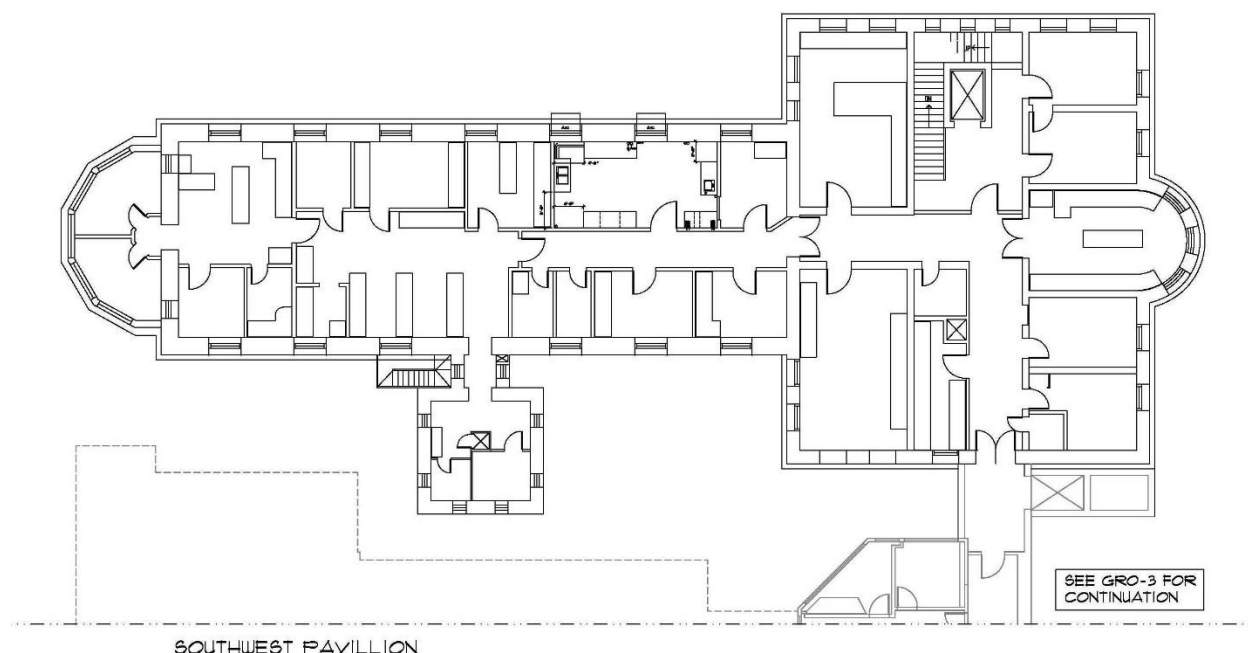


Figure 8 Basic Layout of South West Pavilion Floors

SWP Physical Limitations

The construction of the building makes it unsuitable for our current and foreseeable needs. Its location makes it difficult for patients to get to. Its relatively long and narrow floors make it incompatible with modern privacy, infection control and patient comfort standards. The location of many internal bearing elements makes the floors unsuitable for effective use as hospital space. It also lacks sufficient staircases and elevators to be fully occupied.

SWP Options

In 2009, we asked Durkee, Brown, Viveiros & Werenfels Architects, a firm nationally recognized for its work revitalizing older buildings, to study the SWP and possible ways to salvage it for medical or administrative uses. They in turn retained structural, mechanical and electrical consultants to study the building. Durkee Brown also engaged a construction estimating firm to provide estimates for what various options would cost. After that exhaustive process, Durkee Brown concluded the South West Pavilion was unsuitable for restoration. (Exhibits B & C – Introduction and Executive Summary of Durkee Brown Report Dated 7/30/10)

Durkee Brown reached the same conclusion when it considered the issue again in 2015. (Exhibit D – Durkee Brown Letter Dated 8/10/15)

Durkee Brown estimates that would cost about \$26.5 Million including, abatement of hazards such as lead and asbestos, to restore the SWP. We cannot justify spending that much money on the SWP.

We also considered partially restoring the SWP by removing the most compromised and unsuitable space which would be the 5th and 6th floors. Durkee Brown estimates that would cost about \$19.3 Million including removing the lead and asbestos. We cannot justify spending that much money on the SWP given it would remove the most character defining elements of the building and better located, and more suitable, space could be procured for a fraction of the cost.

We also considered letting the building remain standing. That is not a viable option given it needs costly structural repairs. We cannot justify spending that money given the building is not suitable for our current or foreseeable needs.

We have decided to pursue the complete demolition of the SWP. We have not developed final plans for its removal but some lower parts of the SWP may remain because we will still need pedestrian and utility passageways between the remaining buildings.

SECTION 11 PARKING PLAN

Zoning Ordinance Section 1910(3)(j)

Not impacted by this Amendment. The removal of the South West Pavilion will not have a major impact on parking. We will update this section of our IMP in our 2016 submission.

SECTION 12 ZONING OR COUNCIL ACTIONS

Zoning Ordinance Section 1910(3)(k)

Not impacted by this Amendment. We do not anticipate the removal of the South West Pavilion will require action by the Zoning Board of Review or the City Council. We will update this section of our IMP in our 2016 submission.

SECTION 13 CERTIFICATES OF NEED

Zoning Ordinance Section 1910(3)(l)

Not impacted by this Amendment. We do not anticipate the removal of the South West Pavilion will require a certificate of need. We will update this section of our IMP in our 2016 submission.

SECTION 14 TRAFFIC STUDY

Zoning Ordinance Section 1910(3)(m)

Not impacted by this Amendment. The removal of the South West Pavilion will not have a major impact on traffic around the hospital except for some temporary detours or delays that may accompany the deconstruction. We will update this section of our IMP in our 2016 submission.

SECTION 15 IMPLEMENTATION ELEMENTS

Zoning Ordinance Section 1910(3)(n)

Rhode Island Hospital will use community sensitive construction techniques when we remove the South West Pavilion. That means we will:

- Encourage bids from qualified contractors including those in our neighborhood.

- Address Construction Worker Parking in our agreements with builders.
- Develop Site Controls that make sense for our campus (i.e. fencing, site access, pedestrian covered walkways, limited storage on site).
- Require Builders to Limit Dust and Minimize Noise
- Keep Traffic Disruptions and Street Closings to a Minimum

SECTION 16 PUBLIC PROCESS

Zoning Ordinance Section 1910(3)(o)

To foster the public's participation in the development of this Amendment, Rhode Island Hospital met with elected officials representing the area around our campus and explained the situation with the South West Pavilion as well as our tentative conclusion we could not save it. We shared that same information with our neighbors in a newsletter we distributed to 1,250 households and presented our tentative plans for discussion at a public meeting on October 22nd.



SECTION 17 TREE/LANDSCAPING INVENTORY

Zoning Ordinance Section 1910(3)(p)

Not impacted by this Amendment. We do not anticipate the removal of the South West Pavilion will significantly impact our campus' landscaping or tree canopy coverage. We will update this section of our IMP in our 2016 submission.

SECTION 18 PUBLIC ACCESS

Zoning Ordinance Section 1910(3)(q)

Not impacted by this Amendment. We do not anticipate the removal of the South West Pavilion will impact the public's access to our campus. We will update this section of our IMP in our 2016 submission.



Providence City Plan Commission

DAVID N. CICILLINE
Mayor

January 8, 2007

Anna M. Stetson
Office of the City Clerk
Providence City Hall
25 Dorrance Street
Providence, RI 02903

Re: Notice of Approval, Rhode Island Hospital Institutional Master Plan

Dear Ms. Stetson:

At a regular meeting of the City Plan Commission on Tuesday, December 19, 2006, and pursuant to Section 503 of the City of Providence Zoning Ordinance Chapter 1994-24, No. 365, as amended, the Commission reviewed the Institutional Master Plan for Rhode Island Hospital. The Commission voted unanimously as described below to make certain findings of fact and to approve the master plan subject several conditions.

Findings of Fact

The Commission made the following findings of fact:

1. The Rhode Island Hospital Master Plan is consistent with the applicable regulations contained in the Zoning Ordinance
2. The proposed Master Plan is consistent with the applicable goals and policies contained in Section 4.1, U4, Institutional Use, of the City's Comprehensive Plan.

Conditions of Approval

The Institutional Master Plan was approved subject to the following conditions:

1. The Traffic Study submitted with the Master Plan shall be approved by the Traffic Engineer.
2. Petitions for one-way streets shall be submitted to the Traffic Engineer as part of the Institutional Master Plan, with the understanding that changes will be enacted when the I-195 relocation project is complete (specific tasks, responsibilities, costs, etc. shall be determined in conjunction with Rhode Island Hospital).

3. Final design for the proposed street widening for a right turn lane on Prairie Avenue north approaching Point Street shall be contingent on an agreement being reached with the Providence Housing Authority and Omni Development Corporation to make such widening possible while maintaining the sidewalks at their current widths.
4. The section of Borinquen Street east of the triangular island, approaching Eddy Street shall be converted to a one-way street westbound from Eddy Street.
5. All widening, striping, signalization and other proposed changes shall be approved by the Traffic Engineer.
6. The Landscape Plan shall be approved by the City Forester.
7. Rhode Island Hospital, Women & Infants Hospital and the Department of Planning and Development shall establish a schedule of meetings to be held on at least a quarterly basis to discuss issues including neighborhood relations, job creation and streetscape improvements, and to establish the framework for a community relations plan. Each of the institutions shall designate a contact person as a liaison to the staff of the Department of Planning and Development.
8. Before any demolition is proposed for the Southwest Pavilion Building, Rhode Island Hospital shall appear before the Commission to detail efforts to preserve some or all of the building.
9. Rhode Island Hospital shall develop a plan to increase transit use and alternative modes of transportation by employees and visitors. Such plan should include provision of pickup and drop-off places; increased incentives for transit use; provision of sheltered bicycle racks; preferred parking for car pool participants; and support for the use of the new highway interchange as a transit hub. Such plan shall be submitted to the Department of Planning and Development by December 31, 2007.
10. Further information shall be provided for all proposed construction including descriptions and images of height, massing and other details, as well as approvals received, approvals necessary including zoning relief, and conformance with the I- zone. No building permits shall be issued until this condition is fulfilled to the satisfaction of staff of the Department of Planning and Development. This condition does not apply to the Bridge Building addition, which has received necessary approval from the Commission.
11. The approved master plan shall be in effect until December 31, 2011. Rhode Island Hospital shall file an update to the plan for approval by the City Plan Commission prior to that date. Such update and any prior or subsequent amendments to the IMP shall be filed as a joint plan with Women & Infants Hospital.

The approval of the City Plan Commission shall be bound into the Institutional Master Plan by the applicant. Five (5) copies of the document are to be filed with the Department of Planning and Development.

The applicant shall place a public notice of this decision in a newspaper of general circulation in Providence.

Copies of the plan are available for public review at the office of the City Plan Commission, Department of Planning and Development, 400 Westminster Street, 5th floor, during normal business hours.

Please post this notice for 20 days.

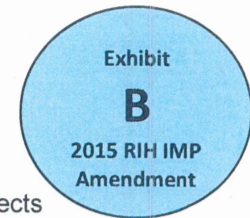
Note that this action does not require any action by the City Council.

Sincerely,

A handwritten signature in black ink, appearing to read "Chris Ise", written in a cursive style.

Christopher J. Ise
Administrative Officer

cc: Frederick J. Macri, Rhode Island Hospital
William Bombard, Acting Director, Department of Inspection and Standards



INTRODUCTION

In October of 2009, a team comprising Durkee, Brown, Viveiros & Werenfels Architects (DBVW); Odeh Engineers, Inc., structural engineers; AHA Consulting Engineers, mechanical, electrical, plumbing and fire protection engineers was hired by Rhode Island Hospital for an existing conditions assessment and feasibility study for the Southwest Pavilion. The team conducted walk-through observations and meetings with various Rhode Island Hospital staff and also reviewed the available drawings.

Potential new uses for the building were proposed by RIH Facilities, schematic plans were created and relative costs were estimated by Daedalus Projects Incorporated for 3 options. The first option is to restore and re-use the existing building to accommodate offices and medical exam rooms with a dialysis unit at the first floor. A second option is to demolish the existing building and construct a connector at the 1st and 2nd floors. A third option to remove the ornate roof and top floor in order to construct a simpler roof and restore the remainder of the building was also investigated. Plans, elevations and estimates are included as part of this report.

The Southwest Pavilion Building (SWP) is located within the Rhode Island Hospital Campus, just off Plain and Dudley Streets in Providence, RI. The original building was designed by Stone, Carpenter and Wilson Architects of Providence, RI in 1898 and constructed in 1900 as a hospital building. It was an addition to the older, High Victorian main hospital building designed by Alpheus Morse in 1865 and demolished in the late 1960's.

The SWP has been used as a hospital facility since its opening. Originally, the building had multiple wards for patient beds, surgical wards, dining rooms and a south facing sun room. The building was designed utilizing a Late Victorian Gothic vocabulary. Brick masonry is interrupted with horizontal brownstone bands. Bold, polychrome stone arches are employed over the windows. There is a strong hipped main roof form with a large cupola. A large distinctive tower element rises up the building mass and culminates with an open belfry and a steep sloped, slate shingled roof with a copper finial. The sloped roof areas are covered with multiple color slate shingles laid in a horizontal band pattern. Overall, the building has a polychromatic effect.

The building has six floors located above grade and includes a basement. There is a partial attic space above the top floor. The structure primarily consists of cast in place concrete floors supported on steel floor framing, load-bearing exterior masonry walls and a steel framed roof with a concrete roof deck. The total area of the building is approximately 48,338 square feet.

The building is connected to the adjacent Grosvenor Building, Potter, Crawford-Allen buildings, and the Ambulatory Patient Center. The first and second floors of the building have been significantly renovated over the years. The upper floors retain more of the original interior features. Many utilities feeding the surrounding campus are routed through the basement from the plant next door.

Please refer to the following sections of this report for assessment of existing architectural, structural, mechanical, electrical, plumbing, fire protection and electrical conditions. Preliminary code plans and exterior elevations assessments are included under Tab B.

An assessment of hazardous materials was not conducted by this team. Since the building was originally constructed in 1900 and extensively remodeled thereafter; a complete review, by a qualified firm should be pursued prior to any future construction work.

EXECUTIVE SUMMARY

A comprehensive review of existing conditions was undertaken to help define a future scope of work at the Southwest Pavilion. This report identifies the required building, accessibility and life safety code upgrades. Based upon our assessment, extensive renovations will be required for any intended use by Rhode Island Hospital.

Structural:

The existing building, designed in 1898, is a six story structure with a basement. There are three separate attic spaces above the sixth floor. The typical structural system for each of the floors is a one-way, cast-in-place concrete slab, approximately 4" thick, supported on interior steel beams. Steel beams typically appear to be encased in concrete.

Interior partition walls are primarily non-bearing, except for walls in line with the main stair enclosure. These walls appear to be 12" thick, load-bearing masonry. Exterior load bearing walls are multi-wythe, composite construction with brick veneer, brownstone and granite elements and terracotta back-up units. The perimeter foundation consists of rubble stone with a cut granite base above grade. The roof consists of a structural concrete deck spanning between steel rafters and purlins; where purlins are supported by open web steel trusses that span between the exterior walls. Eaves are framed with wood decking spanning between copper clad, wood rafter tails. Please refer to the structural section of this report for further detailed information.

Only one area of the building was considered significantly deteriorated to warrant demolition. This is a 2-story bump out that was constructed as an addition to the SWP where it abuts the Grosvenor wing. Odeh's office has determined that the usefulness of such a small area does not warrant restoration.

There are areas where water infiltration has caused damage to the building's floor slab structure. Of particular concern is an area at the northern end of the SWP at a depressed roof section of the mansard roof. This area has seen significant water infiltration, if not flooding, over time and appears still to be taking on water as evidenced by garbage cans filled with water and waterlogged flooring at the 6th floor (top level). The underside of roof slab at this area is failing and the floor area below it is also in very poor condition which adds a hazard level to the 5th floor below.

The most hazardous areas at upper floors are already closed off to personnel by locked doors and require staff escort to unlock, but the building is occupied on lower levels. At this time, we are not recommending complete evacuation of all building occupants nor is it immediately necessary to eliminate passage through it at the lower levels that connect adjacent buildings. We do recommend that some urgent measure is taken to seal the roof from leaks and stabilize the slab at these areas of concern. Evacuation of the building should be reconsidered in no less than quarterly increments if intervention is not planned in a timely manner.

Exterior:

The exterior masonry is generally in good condition and requires mainly cleaning and re-pointing. Exterior sealant joints, where present, have failed and should be removed and replaced. The roof consists of steep sloped areas covered by the original slate shingles, copper flashings and copings. Flat roof areas consist of built-up tar and gravel. All roof areas are in need of replacement. Exterior windows primarily consist of original, single pane wood double-hung sash in wood frames. A few windows were replaced with aluminum in the early

1990's. The windows are generally in fair to poor condition. Window replacement is recommended if the building is reused.

Interior:

Interior walls consist of both original plaster on masonry and newer gypsum wall board over metal studs. In general, walls are in good condition but it will probably be desirable to reconfigure locations as part of any future renovation. Significant damage has occurred on the 5th and 6th floors due to water infiltration from the roof.

The ceilings throughout the original building consist of suspended acoustical ceiling systems below original plaster surfaces. The suspended ceiling systems and lights are in poor condition and should be replaced.

Interior doors are predominantly solid core flush style wood or hollow metal doors. The doors are generally in fair condition; however the hardware is non-ADA compliant. At a minimum, new hardware will be required throughout.

Mechanical/Electrical/Plumbing/Fire Protection:

Please refer to the following sections of this report for all mechanical, electrical, plumbing, and fire protection assessments.

Re-use and Demolition Options

Evaluation of the SWP was performed with consideration of three options. The three options are summarized below. Greater detail can be found under Tab C.

Option 1 - Restoration: The existing building can be restored to conform to the current Rhode Island State Building Code standards and provide useful program space but would probably be limited to office use and possibly exam rooms at upper floors depending on the opinion of fire safety and building officials. A higher use such as a dialysis treatment center was explored at the first floor level. Odeh Engineers suggests that relief will need to be sought from requirements to improve the building to meet current code for lateral resistance per seismic code requirements. The expense of structural alterations to meet these regulations is unknown but will be substantial and is not included in the cost estimate. This should be reviewed with code officials prior to moving forward with any decision. Restoration of the building has the potential to provide the project with significant development dollars in the form of Federal Historic Tax Credits. The building is not listed as a historic property but would likely be eligible as a significant and contributing building to the community. Additionally, the utilization of New Market Tax credits may also be possible and could also contribute significant value to the project. Factors such as ownership, prior use, and financing methods can affect utilization of either tax credit opportunity but are not ruled out by any of the proposed uses and scope of work proposed for Option 1. It will be important to evaluate the feasibility of tax credit utilization prior to advancing with any plan.

Option 2 -Demolition: It would be possible to demolish the building, however demolition would pose significant challenges in order to protect existing services and utilities routed through the basement. If this option is to be considered, Odeh Engineers recommends the following approach in order to minimize damage and/or interruption of existing services:

- a. Remove all secondary low structures which surround the existing building.
- b. Maintain the existing first floor concrete slab in place; provide shoring and protection for this slab throughout the demolition process.

- c. Construct new foundation wall system outside of the existing foundations where possible.
- d. Protect adjacent occupancies from demolition impact
- e. Demolish the existing building down to the first floor concrete slab.

The SWP connects the Potter building to the APC Building at the basement, first and second floors. A new connector would be required to reestablish that connection post demolition.

Since it is impossible to demolish the basement level, the first floor slab will remain as a roof structure to the basement to be covered with insulation and a roofing membrane. A garden area or green roof is proposed here on top of the membrane roof in order to turn a detriment into an amenity. Refer to schematic plans under Tab C.

Construction of a new building at the site of the SWP is feasible, but to preserve continuity of the existing utilities, a new building must be constructed on top of the existing foundation. Construction of a larger building on this site seems infeasible and would negatively impact adjacent windowed spaces.

Option 3 - Partial Demolition: A hybrid option to demolition and restoration was evaluated to weigh the contributing value of office space versus the cost of restoring areas that would be highest expense and greatest unknown exposure per square foot. This option proposes demolishing the roof and top floor and constructing a new roof in its place. Doing this would eliminate the potential to utilize historic tax credits, so that value must be considered in the overall proforma.

August 10, 2015

Charles Olmstead
Director Shared Services
Lifespan
17 Virginia Avenue
Providence, RI. 02905



Dear Charles,

On July 7th, I returned to tour the Southwest Pavilion accompanied by you and Ricardo Quiterio in order to re-evaluate its current condition relative to our Existing Conditions Report and Feasibility Study dated July 30, 2010. At the time of our original study performed from 2009-2010, the building was closed to access or occupancy on the 4th, 5th and 6th floors with temporary storage at the 2nd and 3rd floors. The building essentially performed as a pedestrian connector to adjacent buildings at the 1st floor with minimal office occupancy and has a major utility connector at the Basement. Based on my observations earlier this month, the status of the building has not changed.

The building's gross footprint totals about 48,000gsf (usable 34,000sf), which is composed of 6 floors, each around 8,000sf in size. The existing building does not have the necessary egress elements (stairs or elevator) that would allow for the hospital to use any of the floors above the third level. The building's floor plates are long and linear and are composed of many internal bearing elements that do not lend themselves to effective hospital space plan design. Even if it were possible to minimally restore the building (disregarding significant structural deficiencies at the upper floors), its current configuration presents limited options for the type of spaces the Hospital would find useful. Additionally, the absence of a second means of egress or functioning elevator would prevent any simple renovation.

As part of the 2009-2010 study, our office worked with your Facilities Department to investigate three potential scenarios for the building: Restoration, Partial Demolition, and Complete Demolition. For each of these possibilities, a conceptual cost estimate was procured by, Daedalus, an independent cost estimator.

Restoration would have been the most expensive option at nearly \$20 million (about \$24 million in 2015 dollars). Due to the existing footprint of the building's floor plates including structural and spatial limitations of the building, there were limited re-use options. For the purposes of our study we proposed a clinical, in-patient, dialysis unit at the 1st floor with a combination of exam rooms and offices at the 2nd, 3rd and 4th floors and administrative offices only at the 5th and 6th floors. These uses were considered to be less than ideal relative to the cost to restore the building. At the time, certain financial models were available utilizing the State and Federal Historic Tax Credit program. These approaches did not make the project any more financially reasonable. Since that time, the State Historic Tax Credit program was eliminated and we understand that, as an institutional user, there are no feasible financial models to incorporate use of the Federal program or even the State program, if that were to be reinstated.

Partial Demolition would be a less expensive cost option at nearly \$14 million (about \$16.8 million in 2015 dollars). It proposed to remove and replace the 5th and 6th floors and roof where most structural damage due to water infiltration has occurred. This option would also remove most of

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the character defining elements of the building still leaving a minimally useful footprint at four floor levels. This would have resulted in about a 33,000gsf (usable 23,000sf) building footprint.

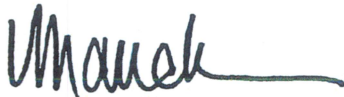
Complete Demolition option would be the most cost effective option at nearly \$2 million (about \$2.4 mil in 2015 dollars), yet this was not a simple quest due to the existence of, and vital need to actively maintain, utilities connecting to adjacent buildings at the basement level and a programmatic requirement for a pedestrian connector at the 1st floor level. For this option, we proposed maintaining and reinforcing the 1st floor structure converting it to be a green roof above the basement level working around existing utilities to remain in place. The thought at that time was to allow a portion of the exterior masonry wall at the first floor to remain as a partial height wall to the proposed green roof. This new green space would complement the adjacent one that currently serves the pediatric day hospital program. This scheme also included construction of a new pedestrian connector for the 1st and second floors.

Please note that any reference to costs is based on 2010 dollars. For comparison, these estimates are still valuable, but budgeting in today's construction climate would require the addition of compounded inflation (5 years of inflation at 4%/yr= 20%). It is also important to note that all estimates excluded hazardous material abatement costs which is estimated to be an additional \$2.5 million.

The existing building is land locked in the interior of the campus. Even if the building were physically suited for clinical patient services, because of its location, it would present challenges for patients to easily access the service. The current trend in healthcare is to locate ambulatory patient services in centers closer to the patient. This trend results in two important outcomes: firstly, greater convenience for patient access to these functions when located off campus and secondly, it is more cost effective with build out cost at \$70/sf verses the over \$400 to \$550/sf renovations costs being considered in this study.

The Southwest Pavilion, once part of the original hospital (now gone), exists buried within the hospital complex and principally obscured from public view by more recent construction. Our firm is noted for preserving and adaptively reusing some of the hardest cases in the region, but we are also responsible to our clients' budgetary constraints and programmatic needs. With these considerations, our recommendation is to demolish the Southwest Pavilion and focus the Hospital's limited funds on buildings that have a higher potential use for serving the community within an increasingly challenging financial environment.

Sincerely,



Virginia Branch
Associate Principal