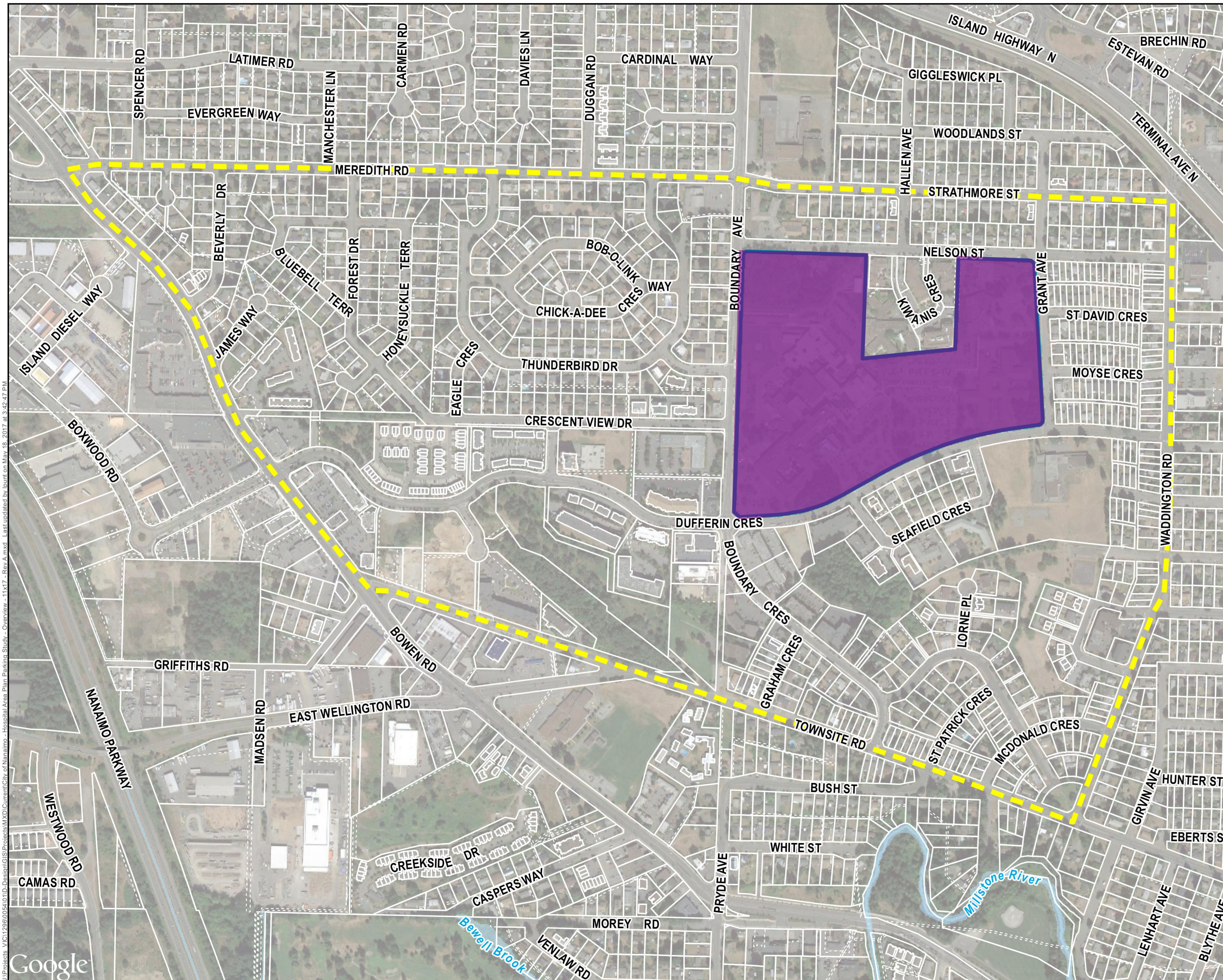


# Hospital Area Parking Plan

## Study Area



### Key Parking Issues

- High parking demand & occupancy
- A need to better manage on-street parking supply
- On-street parking is free
- Parking occupied > 85% common between 9 am – 3 pm
- High turnover in some areas, very little in others
- Many competing parking needs (e.g. residents, hospital staff, visitors).

# Hospital Area Parking Plan

## Guiding Principles



Five Guiding Principles are proposed as a framework for developing solutions for the parking issues within the hospital area.



**1. Maximize Benefits For All Users** - Increase the flexibility and availability of on-street parking for all users groups in the Hospital Area through the efficient use of existing excess road space, with a focus on meeting the short and long term parking needs of both hospital staff and the broader community.



**2. Fairness and Ongoing Customer Service** - Make parking more accessible and easier to find by implementing payment options (as required), improving signage, and providing up-to-date information while ensuring fair parking practices. As parking needs are dynamic and highly responsive to local conditions, the City will continually update the parking strategy over time, and seek new innovative ways to improve on the status quo, streamline enforcement and balance the parking needs of local institutions, businesses and neighbourhoods.



**3. Ongoing Partnerships** - Parking policies will coordinate residential, business and institutional sectors to ensure the diverse parking and transportation needs of these users are addressed in an efficient and economical way. In particular, the City should work with the Nanaimo Regional General Hospital to identify solutions that lead to positive outcomes for both organizations and ensure that future changes to the Hospital campus do not negatively impact other user groups in the area.



**4. A Balanced Transportation System** - Parking management is used to encourage alternative modes of transportation, such as walking, cycling and public transportation. Parking supply should be strategically managed to meet the overall objectives for the neighbourhood, as well as the goals and objectives of the Nanaimo Transportation Master Plan. Making transit cost competitive to driving by linking parking costs to transit costs is essential.



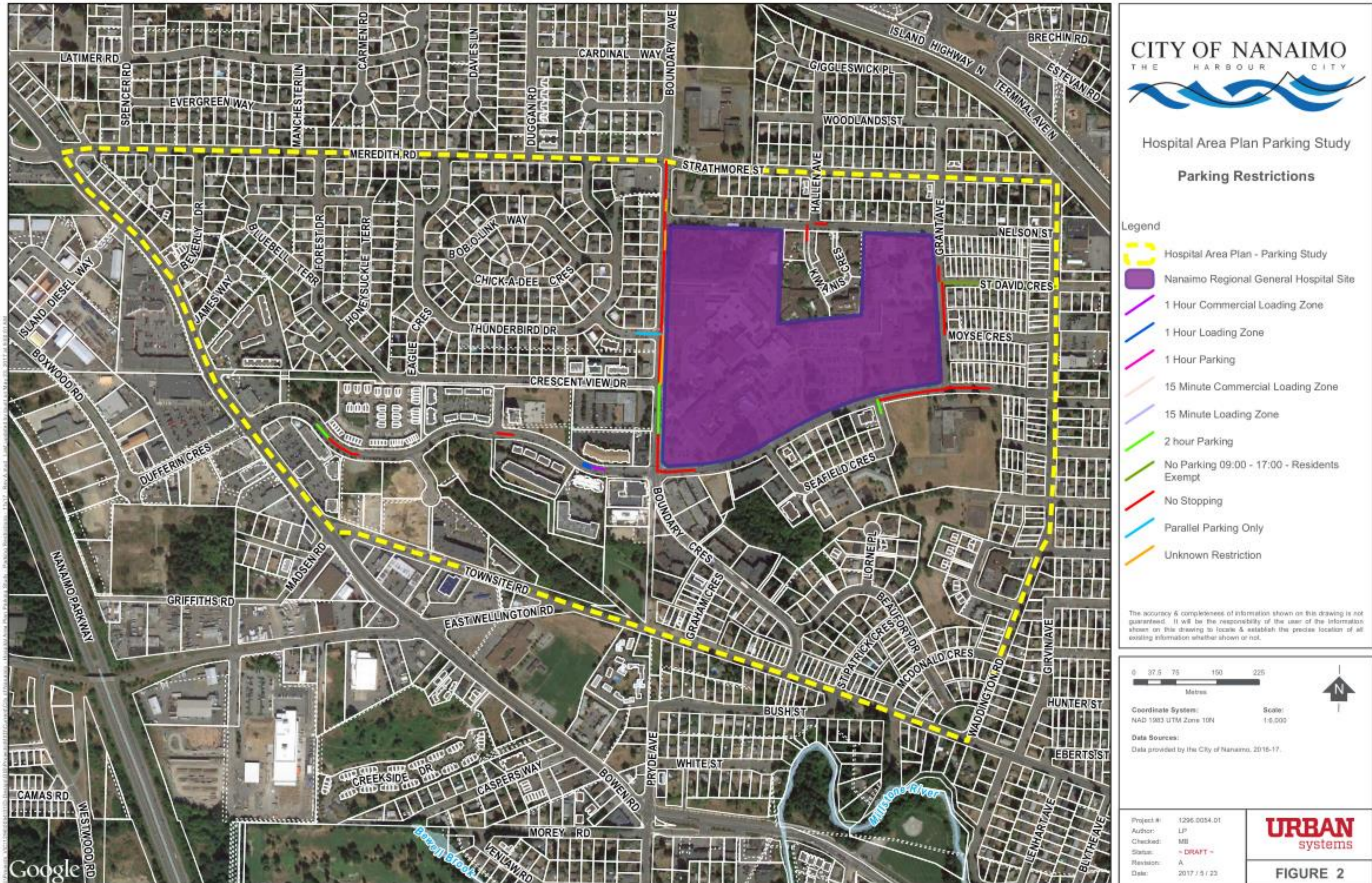
**5. A Self-funded Parking System** - Fees collected from parking will be used to pay for the parking system (infrastructure, maintenance, equipment, enforcement, upgrades, customer service, management and more). Pricing levels will reflect relative demand while ensuring that parking in the Hospital Area of the City is self-funded by including the cost of future upgrades, land acquisition, and asset management in the cost of parking. This user pay system will aim to balance the needs of parking customers with the costs of managing parking.

# Hospital Area Parking Plan Planning Process



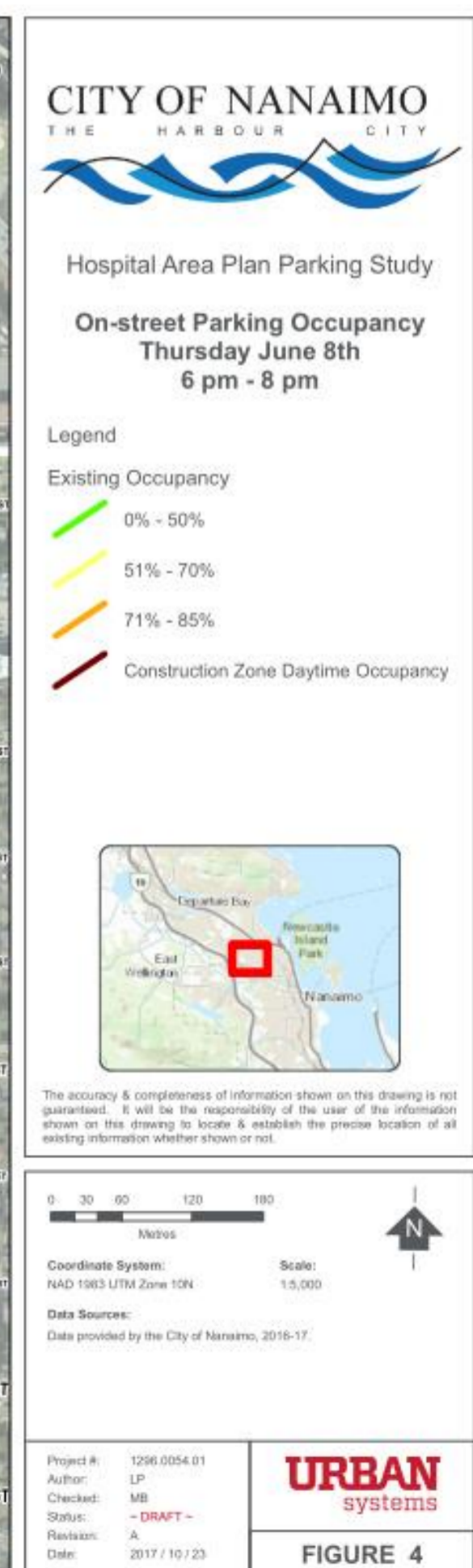
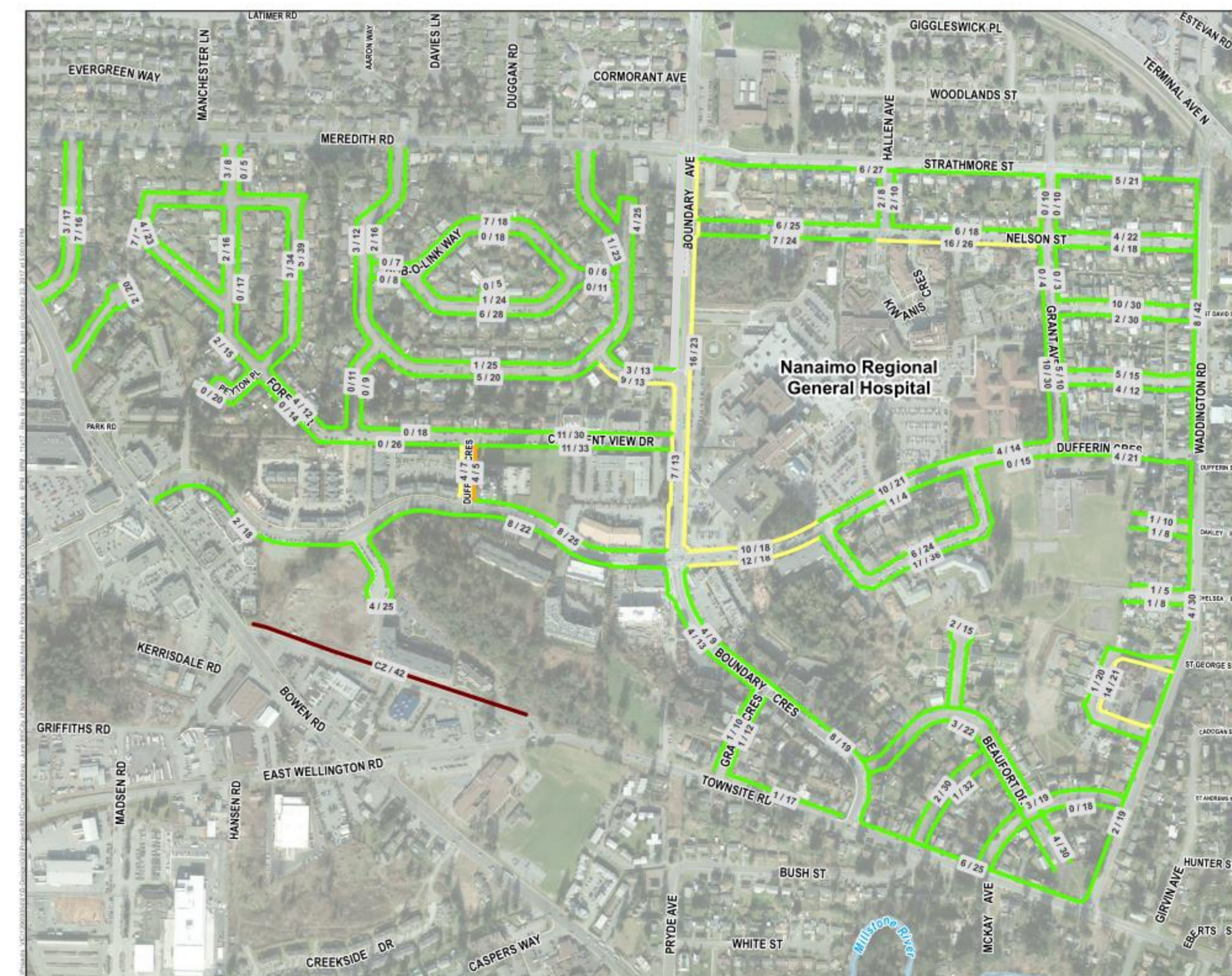
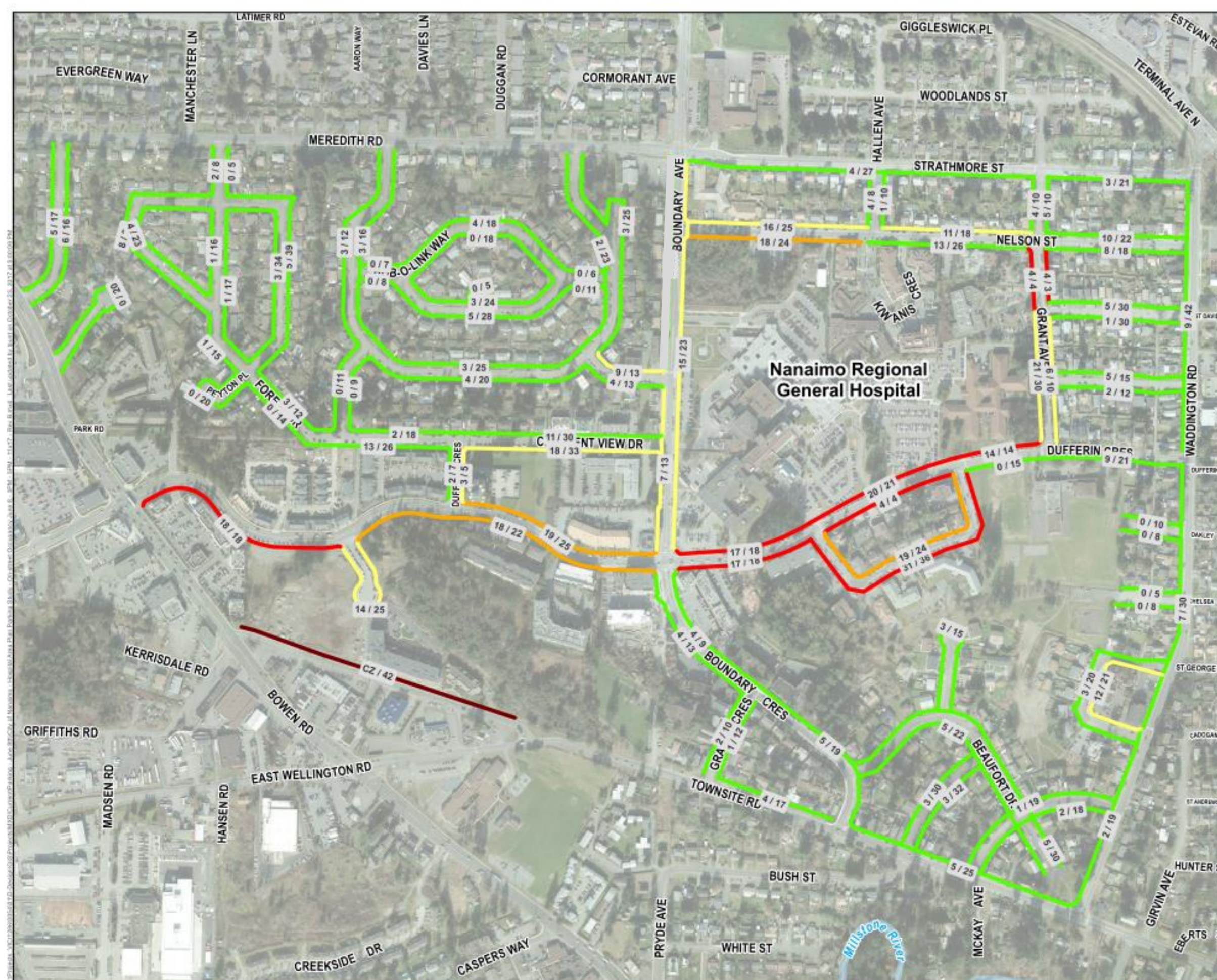
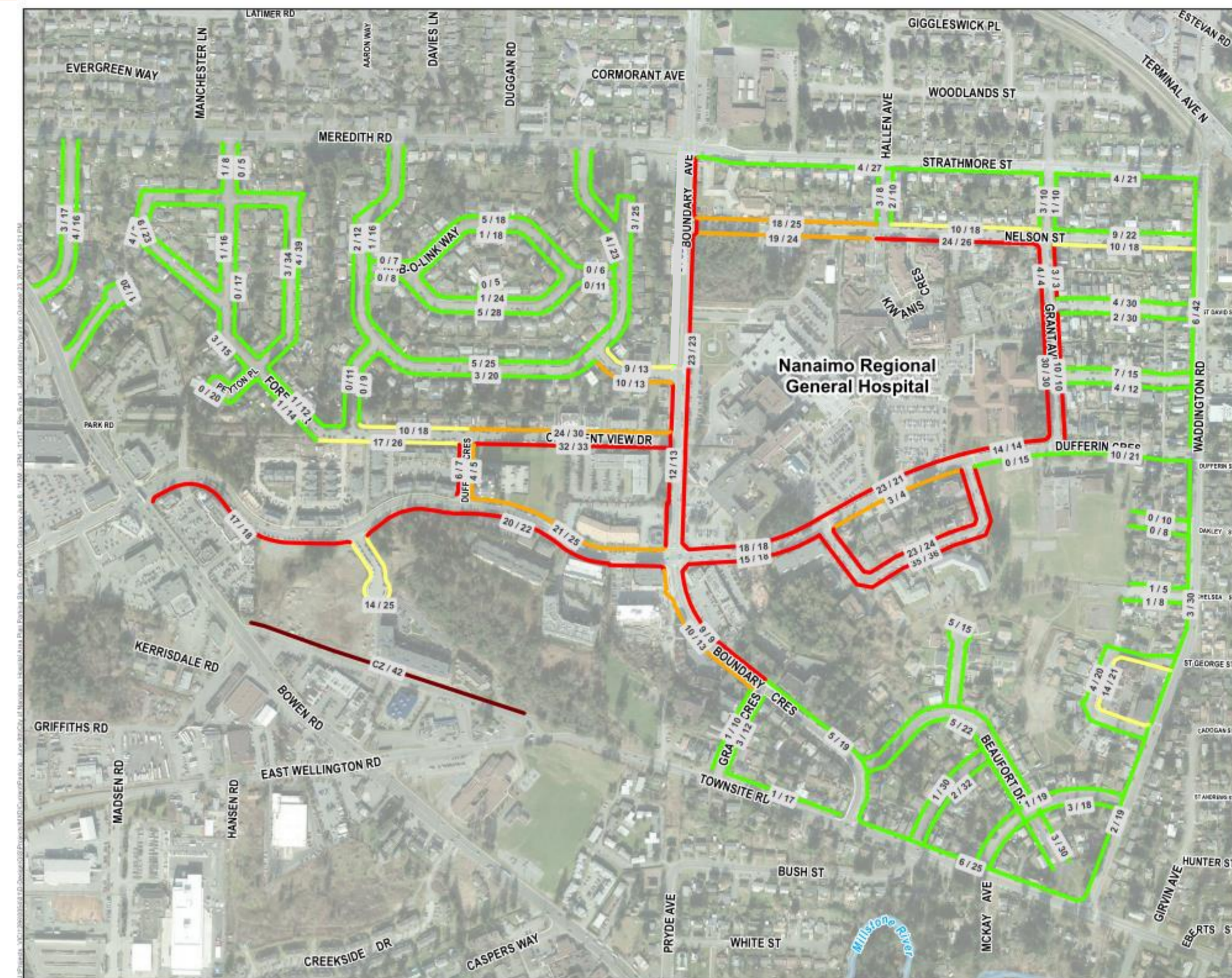
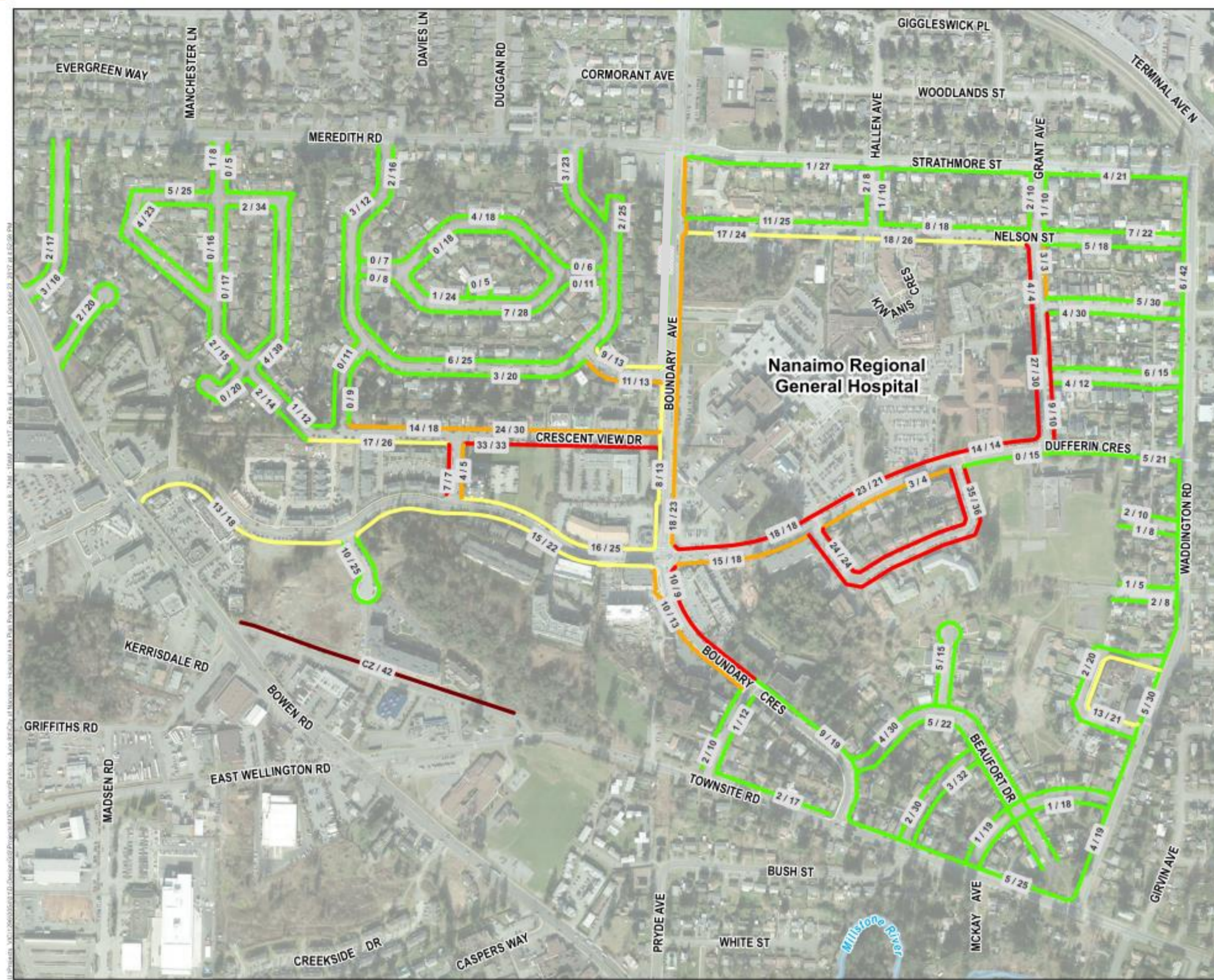
# Hospital Area Parking Plan

## Current Restrictions



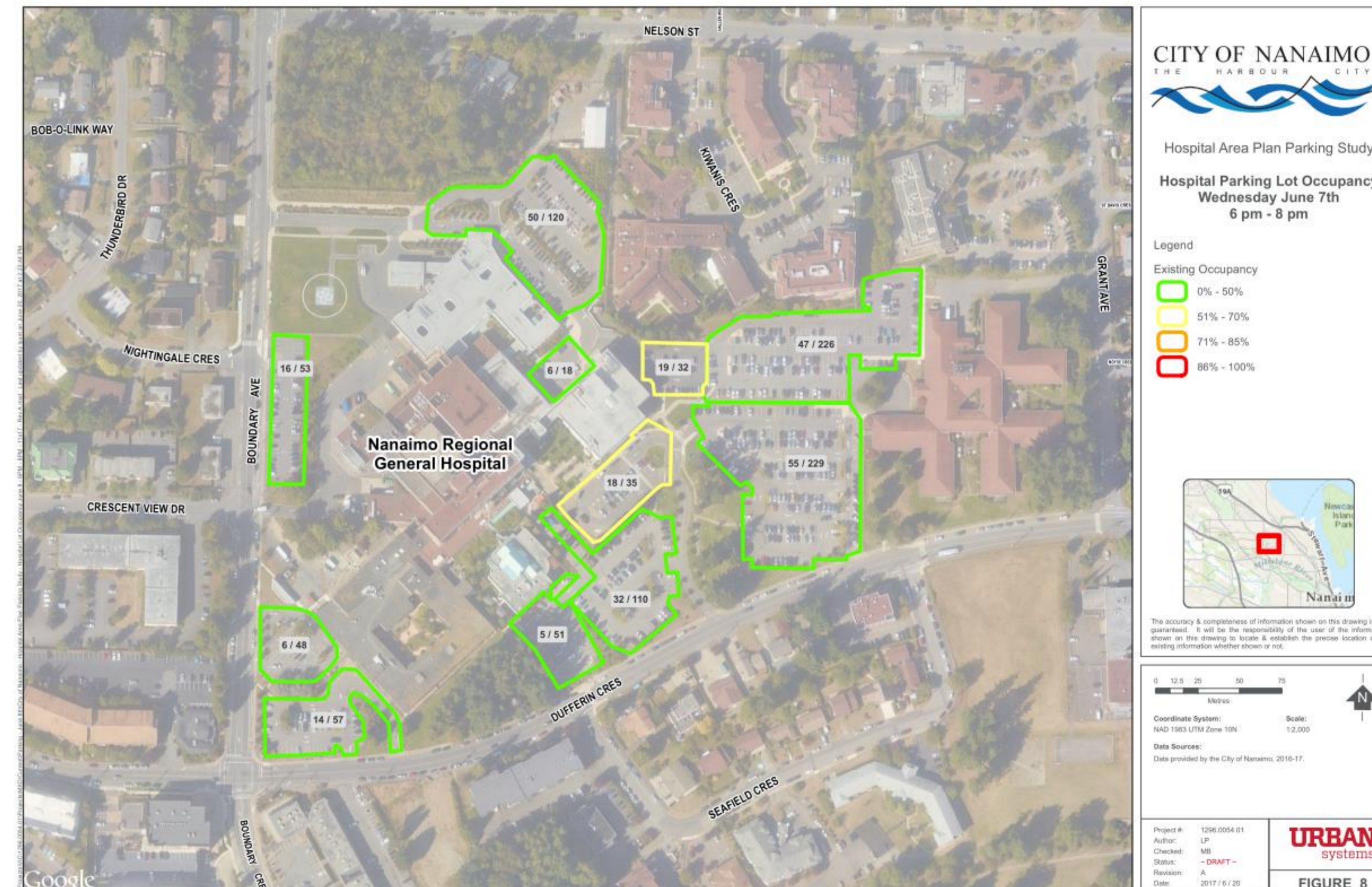
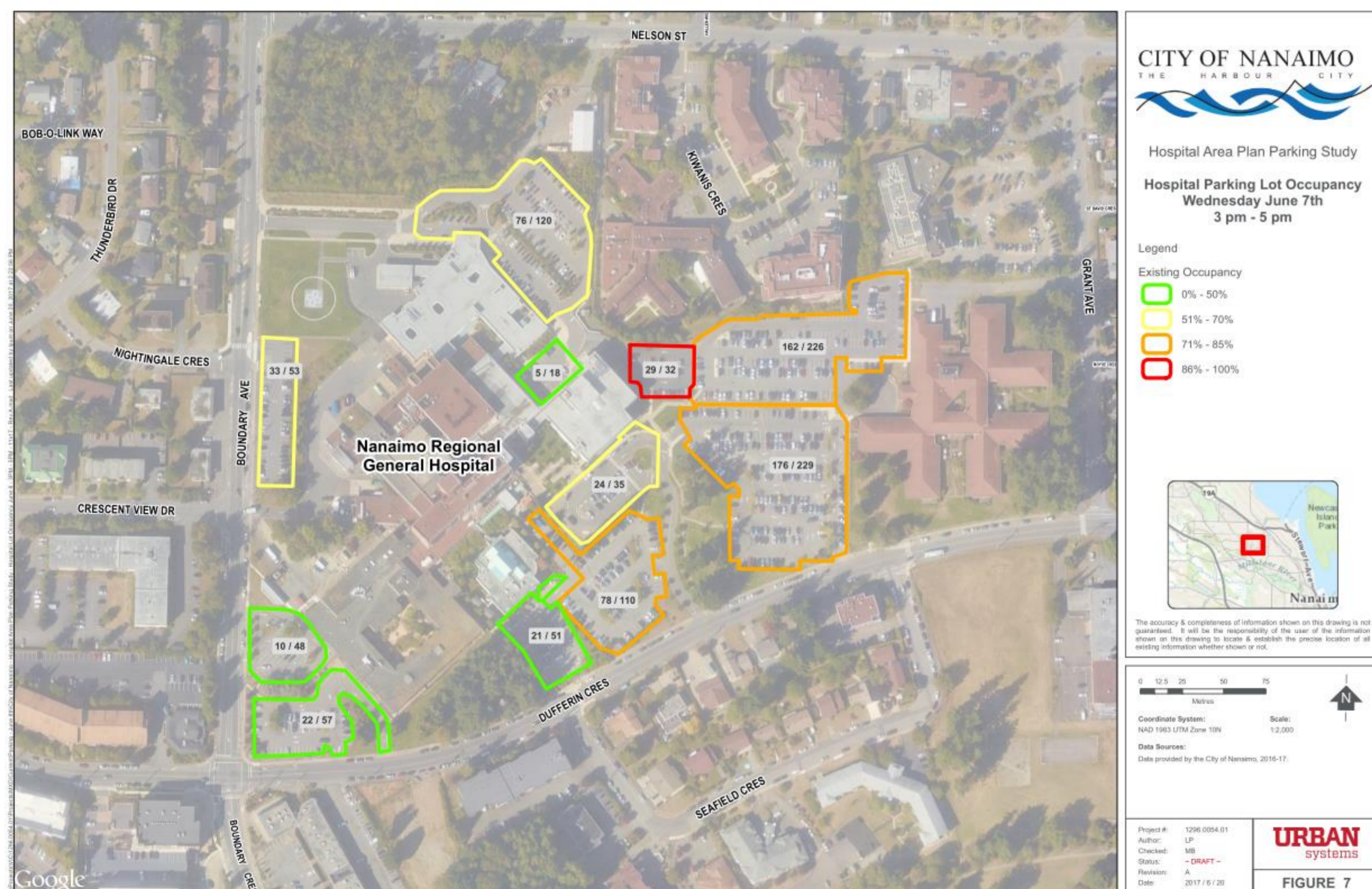
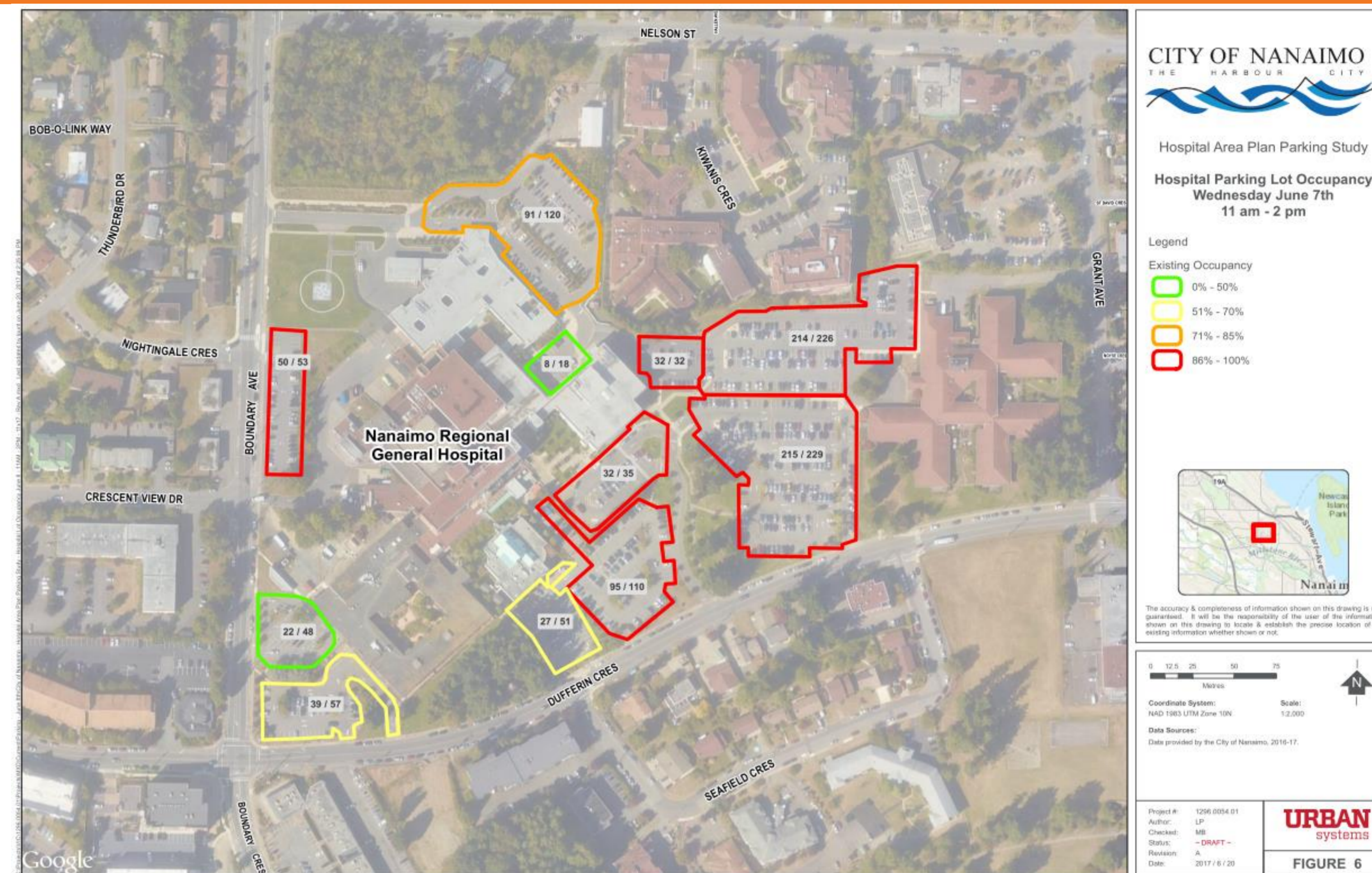
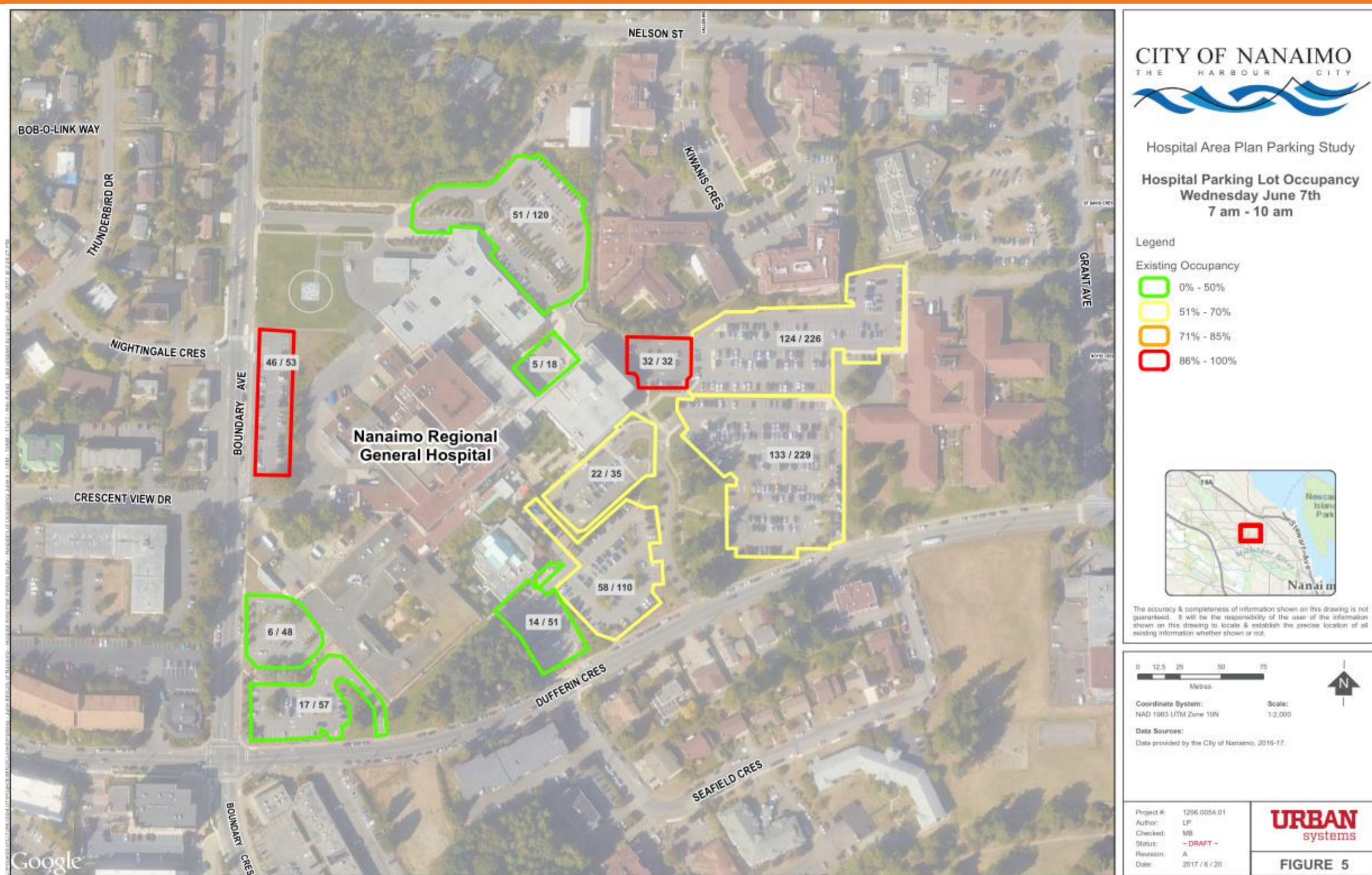
# Hospital Area Parking Plan

## On-Street Parking - Occupancy Study



# Hospital Area Parking Plan

## Off-Street Parking Occupancy Study (NRGH Lots)



# Hospital Area Parking Plan

## Parking Management Strategies



Public input and parking occupancy / turnover data was used to develop the following potential parking management strategies focused on balancing the short-term parking needs of visitors to the area and the long-term parking needs of residents and people traveling to the area for work.

Overall, the logic behind the proposed parking restrictions can be broken down into four broad actions:









1. Implement Transportation Demand Management strategies and policies to reduce or redistribute travel demand to the Hospital Area. Critical to supporting this initiative is providing people traveling to and from the hospital area with viable alternatives to single occupancy vehicle travel (e.g. increasing transit frequency, promoting ride sharing and carpooling and improving active transportation facilities).
2. Keeping areas of unrestricted parking in areas where residents are less likely to be impacted. This includes on collector streets near the hospital, sections of streets adjacent to vacant spaces (i.e. open space and parkland), and space adjacent to underutilized institutional lands.
3. Implementing pay parking and two hour parking zones on collector roads around the hospital, particularly on the side of the street abutting the hospital property, to encourage more turnover and create space for short-term parking customers.
4. Introducing two-hour resident exempt parking restrictions in residential areas close to the hospital, focusing on areas with high concentrations of single-family homes, particularly those areas with smaller single-family lots, to create more short-term parking for people visiting the hospital and to reduce parking conflicts between residents and long-term parking customers travelling to the area for work.

These four broad action have been translated into a series of specific parking management strategies broken into two phases.

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Hospital Area Plan Parking Study

**Proposed  
 Parking Restrictions  
 Phase 1.0**

-  Hospital Area Plan - Parking Study Area
-  2 hour parking (8AM to 5PM)
-  2 hour parking with Resident Permit Exempt (8AM to 5PM)
-  Pay Parking (Current Downtown Rates - 8AM to 5PM)
-  Maintain Existing Restrictions
-  Unrestricted
-  New Parkade – 150 spaces (\$5.00 per day) (est. 2019)
-  30 Number of Parking Stalls



The accuracy & completeness of information shown on this drawing is not guaranteed. It will be the responsibility of the user of the information shown on this drawing to locate & establish the precise location of all existing information whether shown or not.

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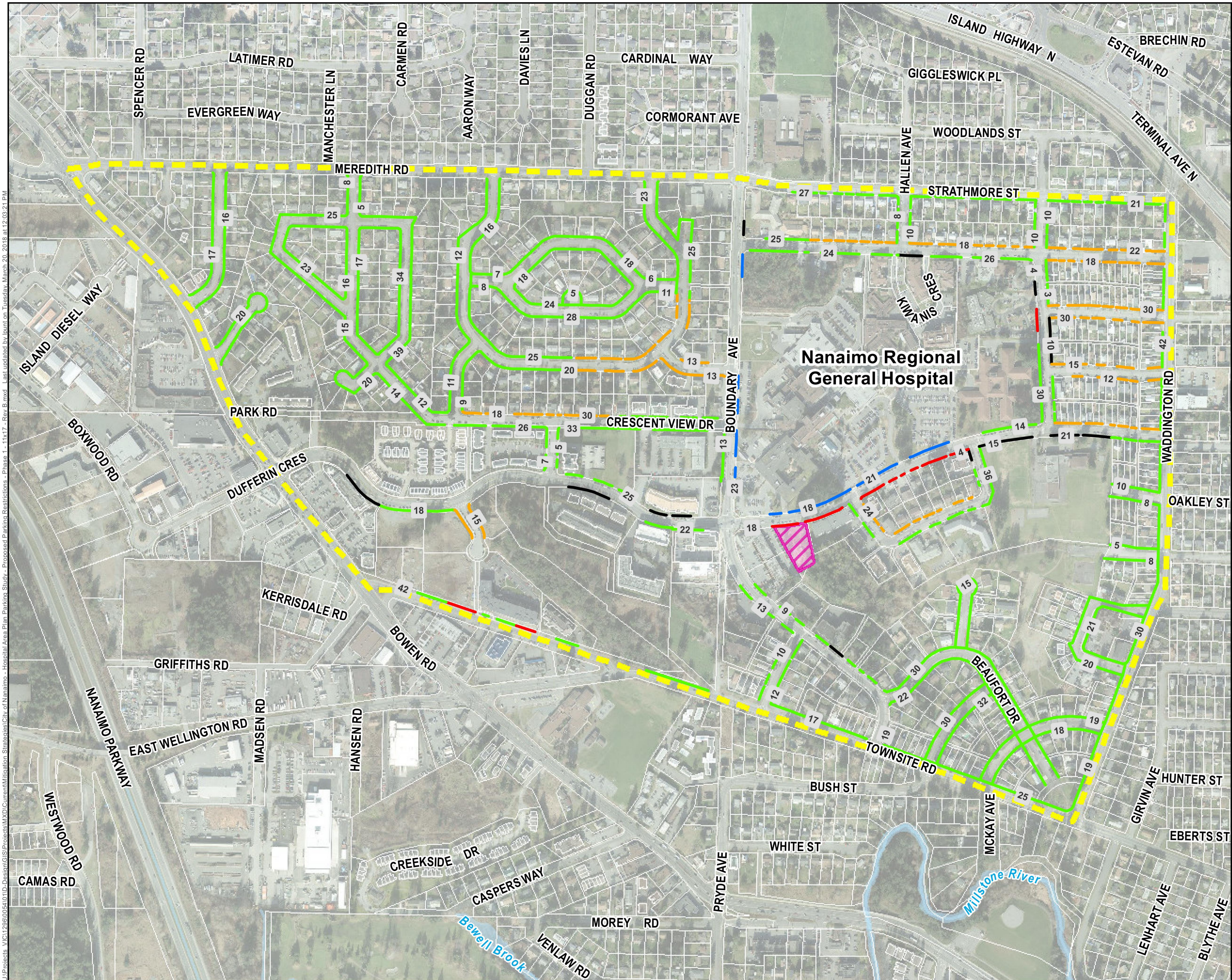
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Data Sources:  
 Data provided by the City of Nanaimo, 2016-17.

Project #: 1296.0054.01  
 Author: LP  
 Checked: SH  
 Status: ~ DRAFT ~  
 Revision: A  
 Date: 2018 / 3 / 20












**FIGURE 1**





Hospital Area Plan Parking Study

**Proposed  
Parking Restrictions  
Phase 2.0**

-  Hospital Area Plan - Parking Study Area
-  2 hour parking (8AM to 5PM)
-  2 hour parking with Resident Permit Exempt (8AM to 5PM)
-  Pay Parking (Current Downtown Rates - 8AM to 5PM)
-  Maintain Existing Restrictions
-  Unrestricted
-  Review Future Impact in Phase 2.0
-  New Parkade – 150 spaces (\$5.00 per day) (est. 2019)
-  30 Number of Parking Stalls

The accuracy & completeness of information shown on this drawing is not guaranteed. It will be the responsibility of the user of the information shown on this drawing to locate & establish the precise location of all existing information whether shown or not.

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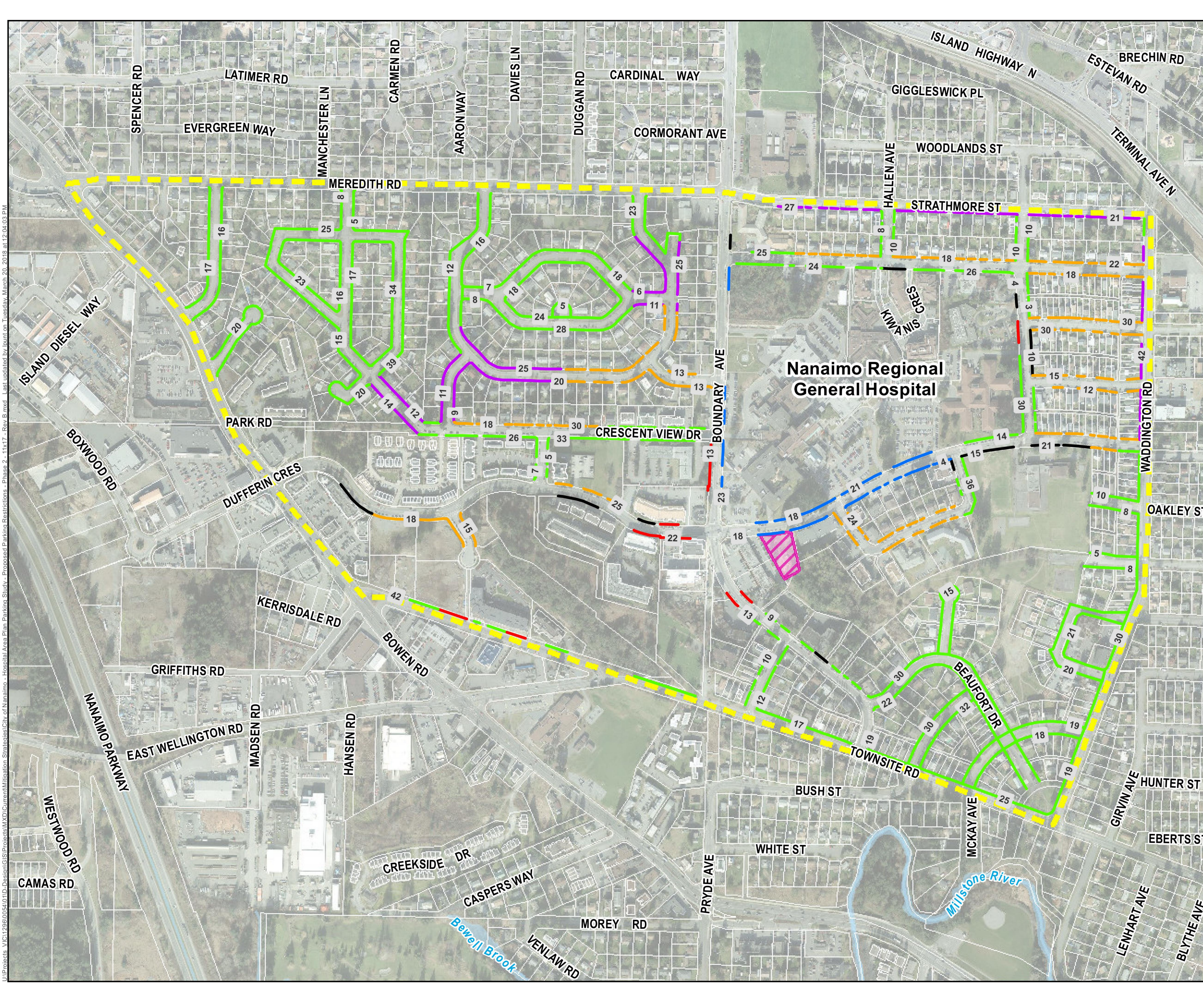
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Data Sources: Data provided by the City of Nanaimo, 2016-17.

Project #: 1296.0054.01  
Author: LP  
Checked: SH  
Status: **- DRAFT -**  
Revision: A  
Date: 2018 / 3 / 20



**FIGURE 2**



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# Hospital Area Parking Plan

## Preliminary Public Feedback Phase 1



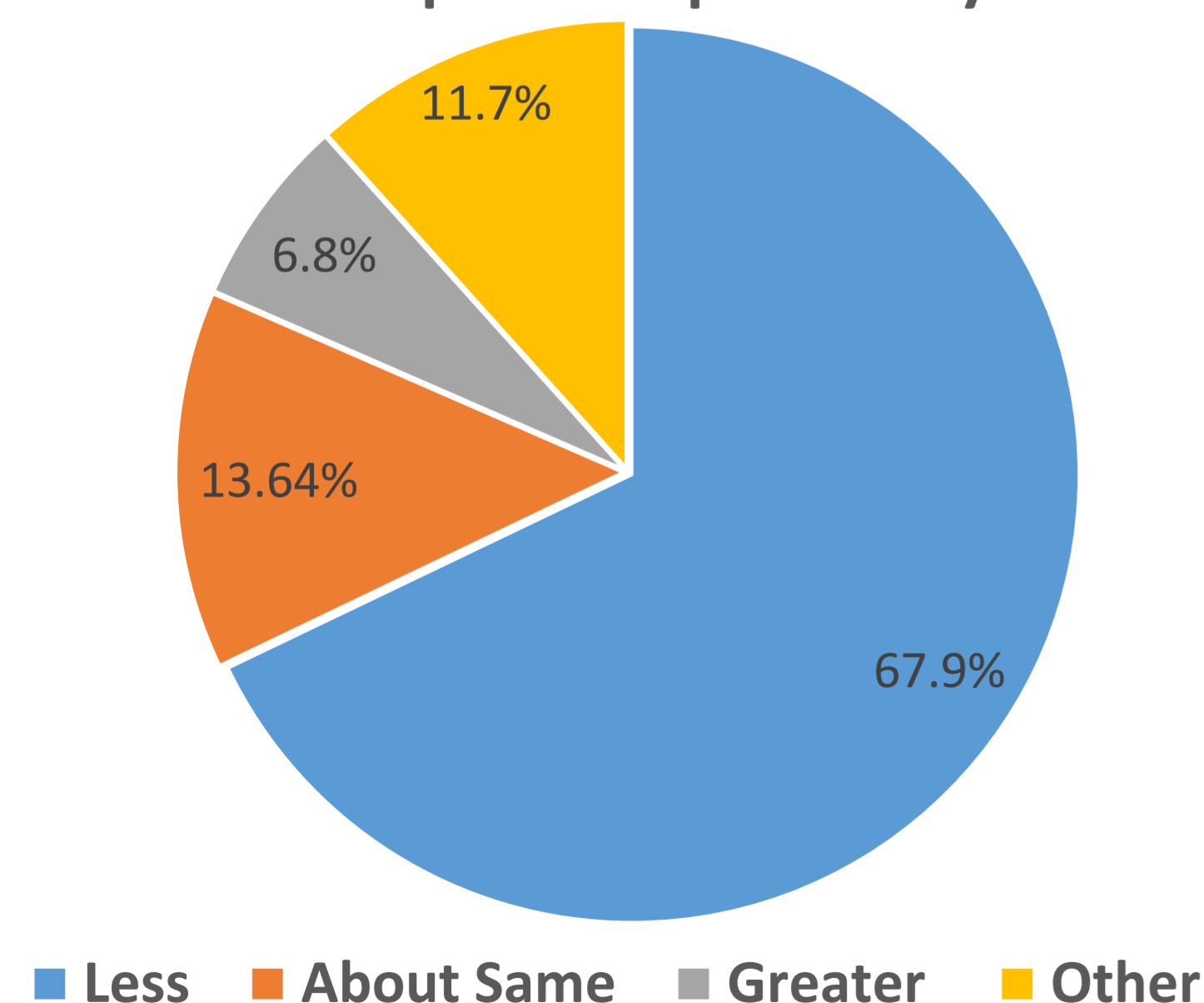
An online survey was conducted June - August 2017 to collect comments on the Hospital Area Plan from the public. The survey had a total of 23 questions about Issues and Opportunities in the Hospital Area, out of which, 6 questions were directly related to parking. Key findings are summarized in this panel.

### Key Findings:

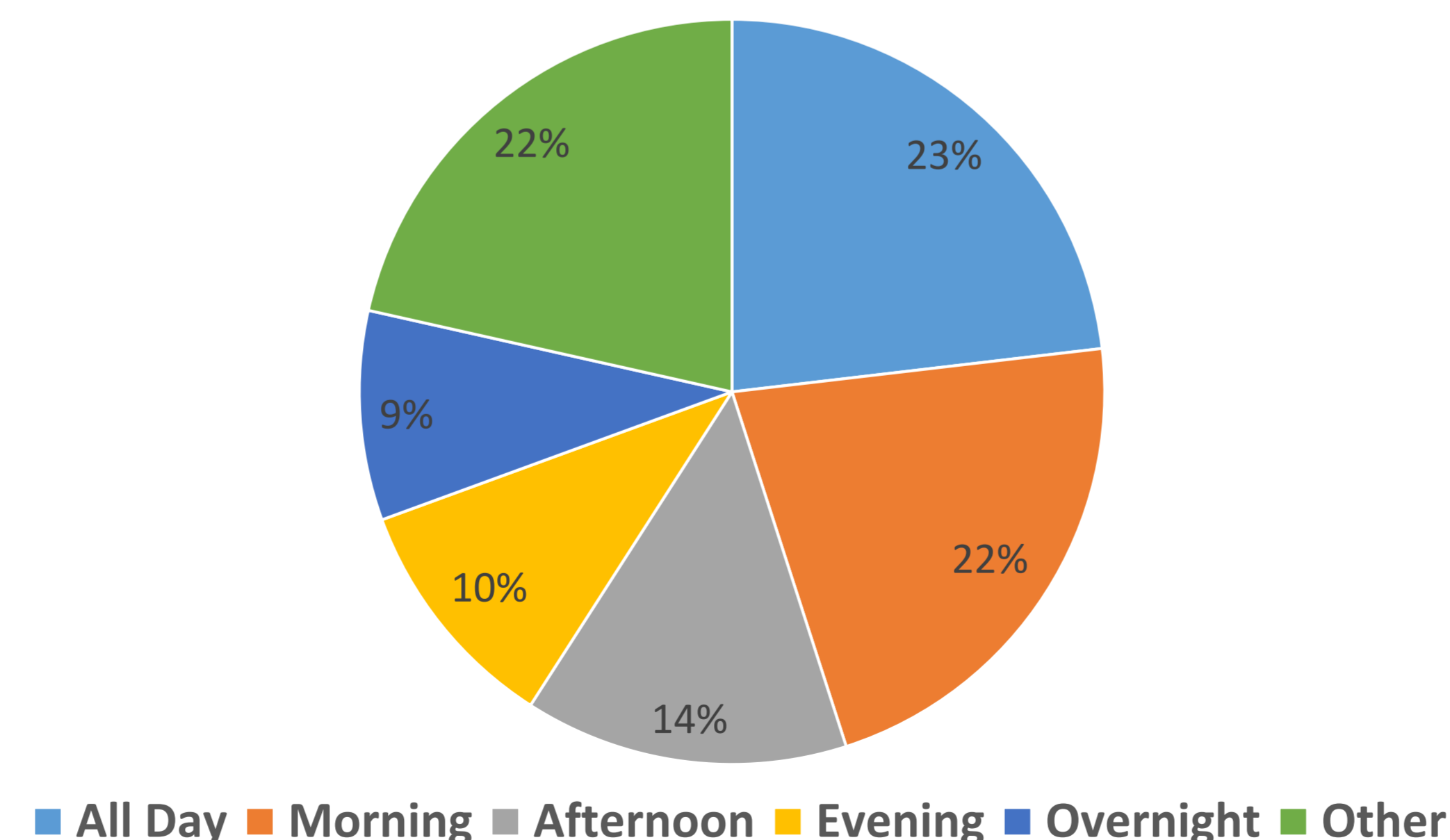
- 200 of the respondents (51%) stated they park their vehicle on the street while 189 (49%) did not.
- For the question “What are the three things that you would like to improve in the Hospital Area?”, parking was mentioned 292 times in the participants’ responses; this was the most common response.
- For the question “Do you have any specific concerns about on-street parking in the Hospital Area?”, the top three phrases with the highest number of mentions were “insufficient on-street parking” at 70 times, “reduced visibility” at 33 times and “insufficient hospital parking” at 29 times.

The charts below provide visual summaries for the remaining questions.

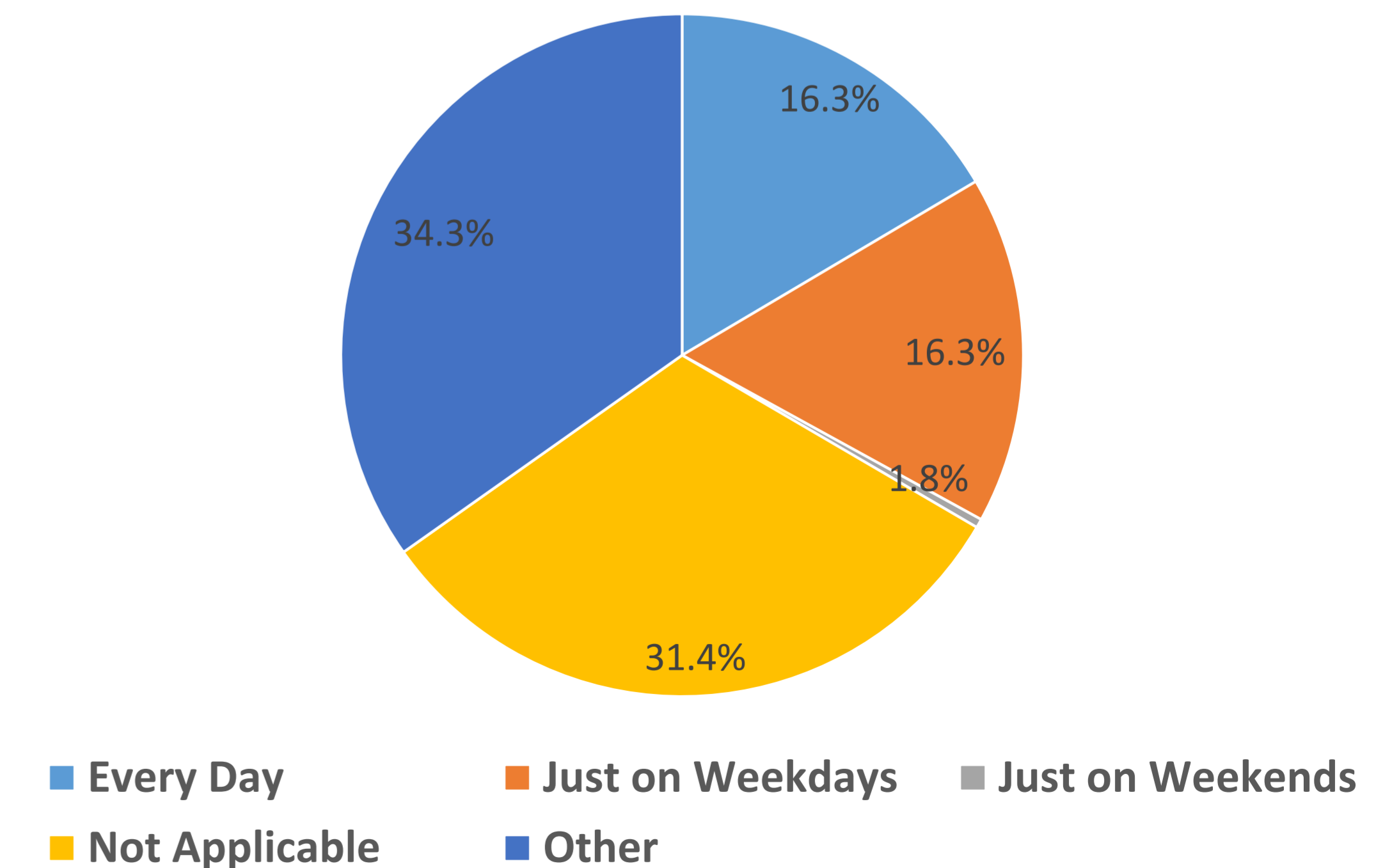
What is the availability of on-street parking in the Hospital Area compared to previous years?



What time of day do you park your car on the street?



How often do you park your vehicle on the street?



# Hospital Area Parking Plan

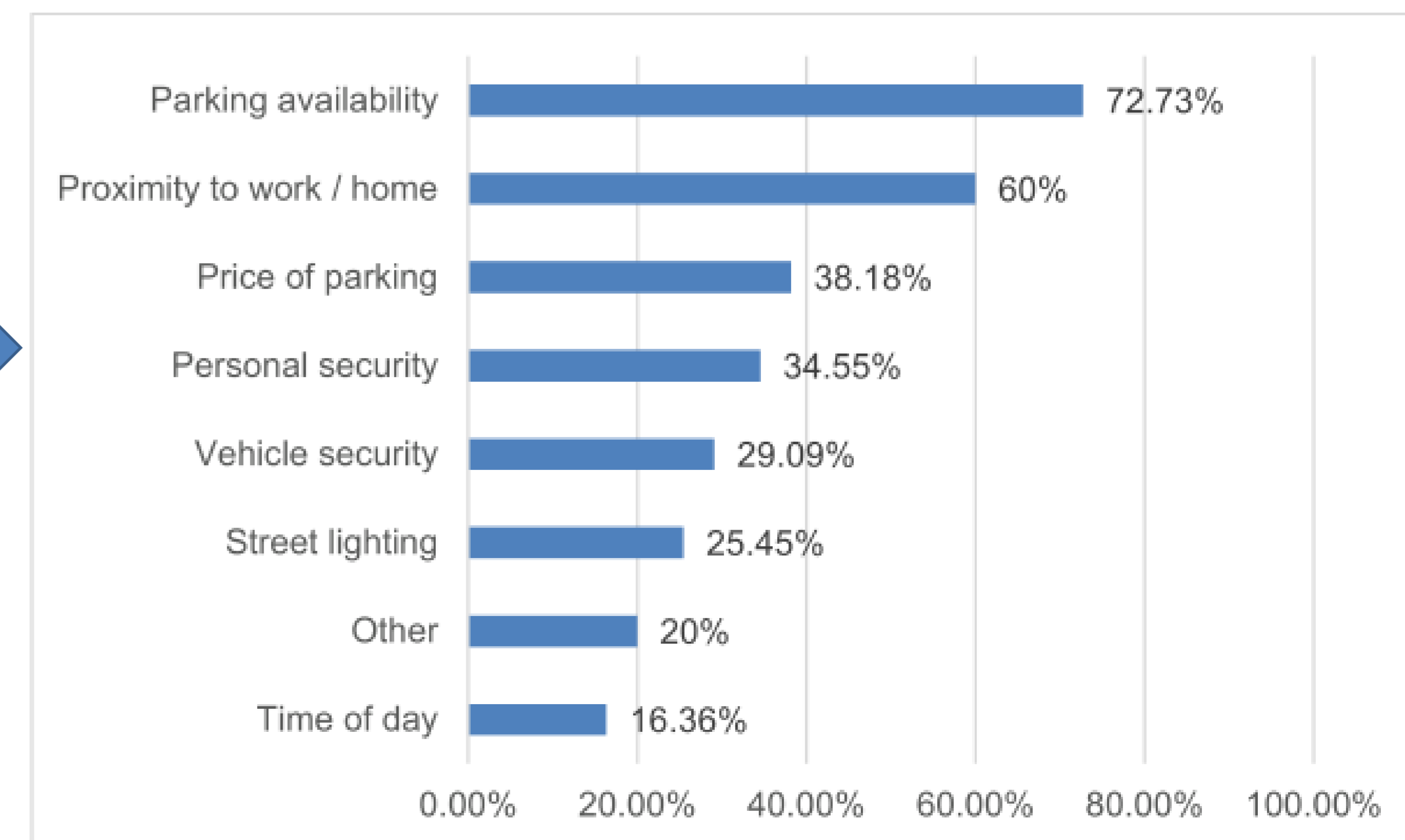
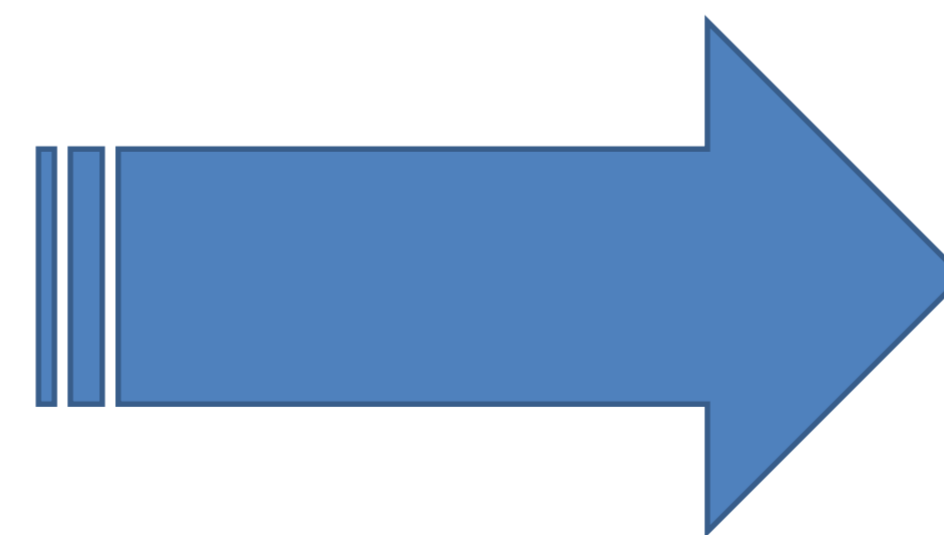
## Public Feedback On Draft Parking Strategy



An online survey was conducted in December 2017 to collect feedback on the preliminary direction of Hospital Area Plan and Draft Parking Strategy from the public. The survey had a total of 29 questions, of which 9 addressed parking in the Hospital Area. The following section provides summaries of the 108 responses. It should be noted, that not all participants answered the questions, so the total number of respondents is outlined in the summary of the corresponding questions.

### Key Findings:

- 70.3% of respondents stated that on-street parking is the most important element of the street.
- 66.1% of respondents supported the guiding principles for parking. With “Maximize Benefits for All Users” being the most important with 73.3% support.
- For the question “Should boulevard street trees, cycling infrastructure, and pedestrian spaces expand at the expense of on-street parking on one side of Dufferin Crescent?” 43.7% agreed it should and 56.3% said it should not.
- For the question “As a strategy to manage parking and increase the turnover of parked vehicles, do you support pricing on-street parking in the Hospital Area?” 36.7% supported this and 63.3% did not.
- For the question “As a strategy to manage parking and increase the turnover of parked vehicles, do you support additional 2 hour parking restrictions in the Hospital Area?” 39.4% supported this and 60.6% did not.
- For the question “If you use on-street parking in the Hospital Area, what factors influence where you choose to park? This question was answered by 55 respondents. 40 respondents (72.7%) indicated that parking availability most influences where they choose to park, while another 33 (60%) respondents indicated that proximity to work/home is an influencing factor.



# Hospital Area Parking Plan

## Phasing and Pay Parking

### Phasing

In the short-term it is recommended that Phase 1.0 restriction are implemented in 2019 after the adoption of this strategy. The impacts of Phase restrictions should be reviewed after approximately 6 - 8 months to determine their level of effectiveness and impacts on parking conditions.

- Phase 1 – 2019
- Interim Review (6 – 8 months) - 2020
- Phase 2 – 2021 (if required)
- Post Implementation Review (2 Years) - 2022

In the long term (> 5 years) it is suggested that the parking strategy be revisited and reviewed to incorporate changes in land use and development in the Hospital Area.

### Pay Parking

Some key recommendations for implementing Pay Parking include:

- A sustainable parking reserve fund should be maintained to allow for new investments in technology or infrastructure.
- Parking fees in pay parking zones must account for the cost of appropriate enforcement to ensure fairness for all users.
- Efficient revenue collection will help to support the transportation system, save for future needs and reduce tax impacts.
- Adjust public parking rates to maximize the utilization of pay parking in the Hospital Area using an 85% occupancy target.
- Ensure that the annual fee for on-street residential parking permits accounts for the administration costs to operate the program.
- Make parking rates more flexible so the City can respond to changing demand for parking and to keep up with changing operation costs.
- Increase enforcement and fine structure to be more assertive toward repeat or frequent offenders. Monies collected through fines should go into the aforementioned parking reserve fund.



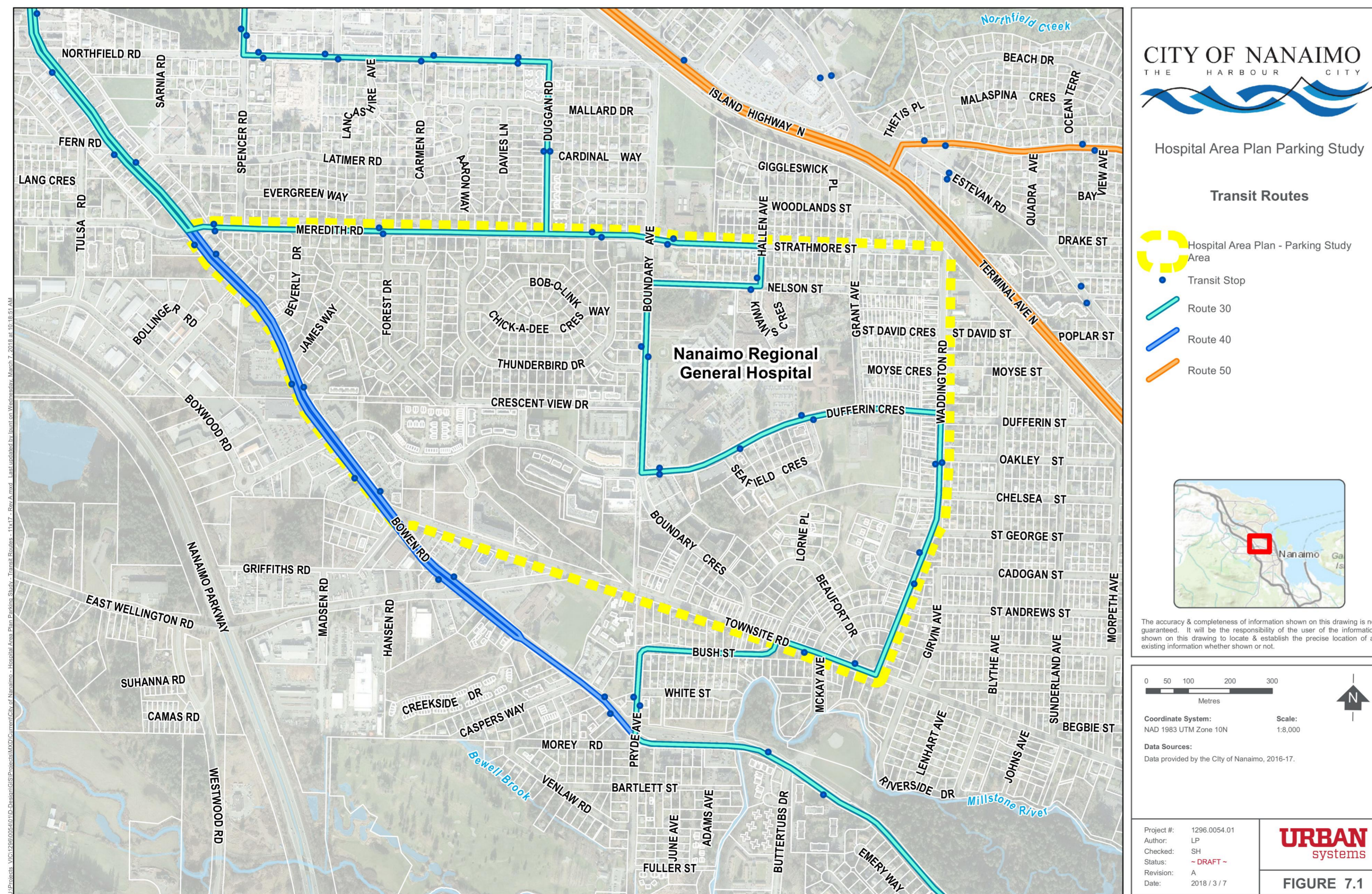
# Hospital Area Parking Plan

## Transit Improvements

Increasing transit services to the Hospital Area will play an important role in reducing the demand for parking, both on and off street, as well as supporting future growth and development in this area of Nanaimo. There are currently three bus routes that operate within the study area (see map below):

- Route 30 -NRGH local route,
- Route 40 -VIU Express, and
- Route 50 - Downtown /Woodgrove.

The Hospital Area Transportation Plan provides several key recommendation for improving transit in the Hospital Area, including



**Bus Schedule and Routing** - Explore opportunities to provide more frequent and direct transit service to the Hospital and examine potential changes to the transit schedule that would better serve hospital staff.

- Increase frequency of Bus 30 to 15 minute intervals for peak hours (i.e. 7 am – 9 am, 12 pm – 1 pm, and 3 pm – 5 pm) and adjust the schedule so this bus starts earlier from downtown at 6 am (currently starts at 7 am).
- Bus 50 on Island Highway is scheduled to become a rapid bus route. The existing bus stop close to Oakley Street should be relocated closer to Nelson Street so it is closer to walk to NRGH.

**Bus Stops** - Provide clean, safe and lit bus shelters at key stops such as those adjacent to the hospital.

- Add bus shelters to the Bus 30 stops both northbound and southbound at Boundary and Nightingale Crescent.

**On-Site Bus Stop at Hospital** – In the long-term examine the feasibility of locating a bus stop on the hospital site to encourage staff/patients to take transit for trips to/ from hospital. This would likely have to be undertaken during a renewal or redevelopment of the hospital drop-off loop off Dufferin Crescent as the current configuration has limited additional space to add a transit stop.

# Hospital Area Parking Plan

## Cycling and Walking Improvements

Improving cycling and walking infrastructure will also be an important step in managing parking demand in the Hospital Area. Moving forward, the City has expedited the plan to upgrade pedestrian facilities and add a sidewalk along Dufferin Crescent west of the intersection of Bowen Road and Dufferin Crescent, as well as plans to add a bike lane on Dufferin Crescent east of the intersection of Bowen Road and Dufferin Crescent. The City will also be reducing speeds to 40 km /h and adding a bike sharrow to Dufferin Crescent to the west of the intersection of Bowen Road and Dufferin Crescent (see figure below).

The following suggestions have been made to address safety issues with active transportation:

- Provide secure and convenient bicycle storage, showers, etc. in new hospital area developments to incentivize cycling and cycle-commuting in the Hospital Area.
- Evaluate the function of the Boundary Avenue cycling lane and in the long-term modify the design to make the cross section more uniform and enhance the perception of safety by making the route more consistent.
- Evaluate the existing infrastructure in the Hospital Area and develop and implement a plan to replace infrastructure as curbs and sidewalks are currently not constructed to accommodate walkers / disabled people.
- A plan should be developed to implement sidewalks and cycling facilities on neighborhood collectors streets and higher.
- Improve pedestrian safety at the intersection of Dufferin Crescent and Boundary Road. Two options were suggested:
  - Traffic lights should be programmed with longer walk-times, or
  - Traffic lights should be programmed with all-way vehicle stop to allow more pedestrian movements.
- Install lighted crosswalks to encourage pedestrian movements in the Hospital Area, especially along Dufferin Crescent.

