



Town of South Kingstown, Rhode Island

PLANNING DEPARTMENT
180 High Street
Wakefield, RI 02879
Tel (401) 789-9331 x1244
Fax (401) 789-9792

April 22, 2021

South County Health/South County Hospital
c/o Gary Kusnierz, VP Performance Excellence
100 Kenyon Avenue
Wakefield, RI 02879

RE: **South County Hospital – Strategic Facility Master Plan**

Dear Mr. Kusnierz:

The Town of South Kingstown Planning Department received the Strategic Facility Master Plan (SFMP) submission for South County Hospital. Upon review of the SFMP the Planning Department finds the submission to be incomplete. The following items need to be addressed before the application can move forward in the approval process:

- 1) Section 603.2 (Government and Institutional [GI] Zone: Health Care Institution) of the Zoning Ordinance defines the Health Care Institution uses (and affiliated uses accessory thereto) within Section 603.2(A) and outlines applicable regulatory standards, as well as requisite general design criteria for such institutions within Section 603.2(B). Section 603.2(C) outlines the standards for the requisite Master Plan for such institutions and requires that said plan “...**shall be in compliance with the use and dimensional requirements of this ordinance...**” The submitted plan does not provide analysis on existing conditions as they relate to the regulatory standards and design criteria provided within Section 603.2(B). This analysis should identify those portions of Section 603.2(B) in which the Hospital is in compliance and in which the Hospital is not in compliance. Given that such health care institutions are required to comply with these standards, the Master Plan should identify how the Hospital intends to achieve compliance with any and all deficiencies identified.
- 2) Section 603.2(C).1 also requires that “...**The plan shall include an implementation element which defines and schedules for a period of five (5) years or more, the specific public actions to be undertaken in order to achieve the goals and objectives of the plan.**” While aspects of certain improvements anticipated within 5- and 10-year time frame have been generally identified, a defined timeline of proposed improvements was not provided. Staff suggests incorporating a Project Management Timeline (such as a Gantt Chart) into the Plan to outline the timing, duration, and completion of anticipated improvements over the 5-year and 10-year timeframes. This is of particular importance as the Master Plan identifies multiple proposed improvements that are dependent on the completion of another.

Additionally, in regard to 5- and 10-year improvements, while the Plan identifies suggestions on parking, lighting, and vehicular circulation improvements, these are not identified within the 5-year or 10-year projections and it is unclear or otherwise unknown when these suggested improvements would occur.

- 3) Section 603.2(D).1 requires that a master plan contain a mission statement of the hospital, ***including its relationship with the neighborhood and community in which it is physically situated.*** The mission statement provided within the Plan references the Hospital's commitments and values but does not explain its relationship with the neighborhood and the community in which it is physically located.
- 4) The Plan includes considerable analysis on current and projected parking availability and demand, mostly analyzed from observed conditions. However, the Plan does not mention or compare the parking required by the Town of South Kingstown as outlined within Section 603.2(B), particularly as it applies to the number of staff, employees, outpatient areas or hospital-owned vehicles.

Additionally, in regard to parking the following items were noted:

- a. Pages 5, 6, 7, 8 and 9 discusses patient flow/through put – however, there is no relationship to parking implications for new/re-structured facilities. The through put for patients and visitors need to be correlated to parking needs.
 - b. Parking supply needs to clearly state location/counts on a map.
 - c. There was a one day count (August 5, 2020) – this count needs to be correlated to employment conditions, visitor and patient through put for that day, otherwise it is difficult to determine if the count reflects a typical day in the hospital.
 - d. There are a number of mitigating measures that are discussed on the top of page twelve, but there is no clear recommendation or path to institute the proper measures to control parking on site. Example, the hospital recognizes a problem associated with am parking therefore they will initiate the following protocols involving managing parking:
 - Valet service on xx days, xx hours
 - Shuttle buses for employees
 - e. The proposed new parking does not comply with the Town's existing regulations. Consequently, the total proposed parking yield has been overestimated. It may be possible to reorient this proposed parking to match expected yield/spaces. Basically, which ones are you planning to utilize, how often, where and when.
 - f. On page 21, there is a stated goal to grow orthopedic services, does this have any implications on parking. How, when, effect?
 - g. With regards to Covid-19 verses pre-Covid-19 please provide supporting documentations on asserted 90% factor. Does it apply to the Town of South Kingstown as a whole or only the area in the vicinity of the hospital? Traffic counts could be down but what was the hospital through put. This also corresponds to August parking lot counts.
- 5) The Plan identifies the displacement of existing hospital operations (several instances) due to additions, improvements or efficiencies being proposed without a valid explanation of where these operations are being relocated to.
 - 6) The Plan identifies several improvements that are presented as 'Options' (i.e. new Operating Rooms) for which it is explained that *"No direction has been selected from any of these options and all remain as an opportunity until the need arises for the Hospital to make a decision and complete further due diligence."* These options need to be more clearly identified as to how and when these opportunities may be pursued and where they fall in the Hospital's 5- and 10-year projections.

Further, on page 58 the Plan states “*This Strategic Facilities Master Plan is considered conceptual and is a hypothetical solution should the hospital experience surgical growth to this scale and community need. Should this project progress, project drawings will be developed and submitted to the Town Planning Board for approval.*” Please be advised that the consideration of the Master Plan in this manner does not meet the intent of the purpose of the Master Plan in promoting “the orderly growth and development of institutions while preserving neighborhood character.” Also be advised that deviations from the Master Plan require Planning Board approval and the Plan can only be amended by the institution no more than two (2) times within any five-year term and such amendment shall be submitted no less than six (6) months prior to any planned construction of a new building, any addition to an existing building which will increase the size of such existing building by five hundred (500) square feet GFLA, or the demolition of any existing building. This same concern applies to the ‘orthosphere’ discussed on page 62 which indicates that a parking study would need to be conducted in the future if this improvement is proposed and that a parking garage would be needed (which is not accounted for within the capital improvements and/or parking analysis).

- 7) Page 70 indicates that there are no specific landscape designs being provided within the Plan. Be advised that landscape improvements are integral to exterior improvements, particularly as it applies to parking. At the very least, general landscaping considerations should be provided to confirm these landscaped areas do not encumber portions of the property anticipated to be used for parking.
- 8) We were concerned to hear that the hospital is undertaken modifications to their lighting plan with review and approval by Town. Section 1.9.2 identifies a problem, however, there is no clear path to correcting any of these identified deficiencies the regulatory process to accomplish this.
- 9) Page 15 has a section titled Recommendations: There are two categories, short term and long term. These time periods need to be defined. In addition a clear permitting path should be mentioned and/or acknowledged.

As a general note there are numerous references to acronyms throughout the plan that are not defined or explained. This leaves readers (particularly those unfamiliar with the Hospital, its operations and/or campus) confused as to what those acronyms refer to. A glossary or definitions section (or a simple explanation of the acronym when first referenced within the text) would be beneficial in understanding what is being referred to.

Also, despite being referenced at the bottom of page 41, there are no conceptual images of the potential picnic shelter and fitness/children’s play equipment provided.

Should you have any questions regarding this correspondence please don’t hesitate to contact me via email or phone at (401) 789-9331 ext. 1246.

Respectfully,

James D. Rabbitt

James D. Rabbitt, AICP Administrative Officer
South Kingstown Planning Board