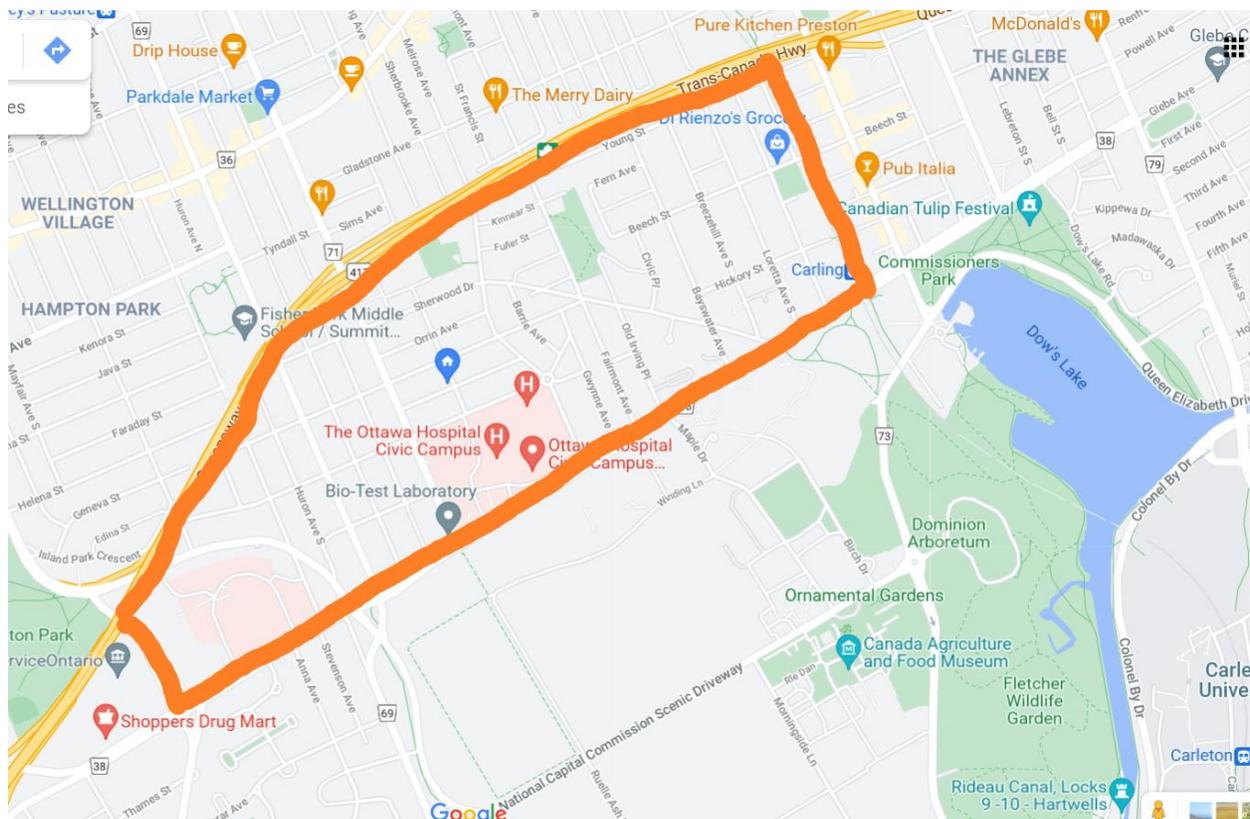


Civic Hospital Neighbourhood Association (CHNA)

Submission regarding File No: D07-12-21-0059 and D07-07-21-0007 Site Plan Control (Master) and Lifting of Holding Zone for Proposed Hospital Site

Civic Hospital Neighbourhood Association supports a well planned and thoughtful development of a New Civic Campus. Although the Transportation Impact Assessment and other application documents have been revised, we believe that the application still does not address numerous specific concerns. Therefore, we argue that the Holding Zone provision placed on the property should not be lifted until additional conditions are applied.

Map of Civic Hospital Neighbourhood adjacency to New Civic Development



The CHNA requests the following conditions for the lifting of the Holding ('h') provisions:

1. Provision of funds for the study, consultation, and implementation of local traffic mitigation.

CHNA requests a condition/commitment, that funding be provided by the City or the applicant, for a comprehensive study and implementation of potential local traffic mitigation strategies.

The most pressing issue is to find a way to condition, or otherwise introduce, funding for volume impact mitigations. In response to our inquiries, the City responded: "*Staff agree with the TIA in that there are no current expectations of significant local traffic implications.*" Notwithstanding this statement and that in the staff report (p. 30), '*Transportation Impact Assessment has satisfactorily addressed transportation matters....with conditions...*', critical volume impact considerations have been omitted from the TIA and need funding to address.

2. Conduct a neighbourhood traffic management study and implement strategies to mitigate infiltration of traffic.

CHNA requests a condition, that the TIA should include an evaluation of neighbourhood traffic management needs with the intent of minimizing or mitigating infiltration of traffic generated by the new campus into the Civic Hospital Neighbourhood and those strategies should be implemented before the new campus opens to ensure foreseeable issues are prevented.

This view is supported by an independent peer review conducted for CHNA by Garrett Donaher, P. Eng. Transportation Engineer, Englobe Corp.

To assist you with identifying some of the streets impacted by the New Campus Development, [Figure 5](#) of the TIA illustrates 25 Study Area Intersections, 12 of which are found within the CHN.

Figure 5: Study Area Intersections

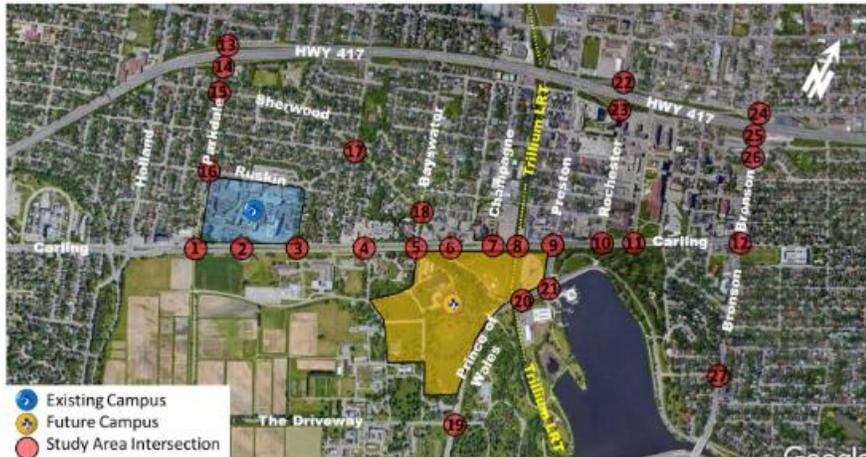


Table 4: Existing Study Area Intersections

#	Intersection Name	Road Classification	# of Legs	Control Type	Additional Notes
1	Carling/Parkdale	Arterial to arterial	3	Signalized	
2	Carling/Civic Hospital	Arterial to local	3	Signalized	
3	Carling/Melrose	Arterial to local	3	Signalized	
4	Carling/Irving-Maple	Arterial to local	4	Signalized	
5	Carling/Sherwood	Arterial to collector	3	Signalized	Sherwood intersects Carling Ave. at a high angle
6	Carling/Champagne	Arterial to local	3	Signalized	
7	Carling/130m W of Preston	Arterial to pedestrian only	2	Signalized	Trillium Pathway crossing
8	Carling/Preston	Arterial to arterial	4	Signalized	
9	Carling/Rochester	Arterial to major collector	3	Stop on minor	Only provides access to and from WB Carling Ave.
10	Carling/Booth	Arterial to major collector	3	Signalized	
11	Carling/Bronson	Arterial to arterial	4	Signalized	The east leg is out-flow only (one-way)
12	Parkdale/H417 WB	Arterial to provincial highway	4	Signalized	EB-WB legs are one-way only (WB flow only)
13	Parkdale/H417 EB	Arterial to provincial highway	4	Signalized	EB-WB legs are one-way only (EB flow only)
14	Parkdale/Sherwood	Arterial to collector	4	Signalized on major, stop on minor	Pedestrian actuated signals for NB-SB travel. EB-WB operates as stop-controlled
15	Parkdale/Ruskin	Arterial to local	4	Signalized	
16	Sherwood/Bayswater	Collector to local	4	4-way stop control	Angled intersection with a channelized SBR lane
17	Prince of Wales/The Driveway	Arterial to federally owned roadway	4	Roundabout	4-legged roundabout interchange
18	Prince of Wales/Navy	Arterial to local	4	Stop on minor	Navy Private provides access to 2 parking lots

It must be emphasized that Neighbourhood Traffic Calming Studies, a tool repeatedly referred to in the TIA as a means to address **traffic infiltration**, are not the means to mitigate **additional traffic volume** on Sherwood, Parkdale, or any of the streets in the Civic Hospital Neighbourhood (CHN).

There is no accounting for traffic impact due to the continued operations of the existing Civic and the Heart Institute. The TIA makes no reference to a reduction of local

volumes to account for any reduced demand from the existing Civic Campus and Heart Institute.

Future traffic loads from known and expected developments in the Preston-Carling Secondary Plan have been omitted from the TIA. A 600m radius from all corners of the future site represents the catchment area in which developments of significance are highlighted (TIA Fig. 19).

3. Improve Auto-driver Share Analysis

CHNA requests a condition, that the future auto-driver share be accurately forecasted by means of a survey of commuting modes conducted with hospital staff at the existing Civic Campus.

Assumptions for the projected reduction of auto-driver share from the existing 85% to 50% and then 35% appear to be based on a flawed argument and should be restated with accurate data. Data contained in Table 9 of the revised TIA showing derived revised modal shares for the existing Civic are highly influential in determining what models of traffic flows will be forecasted. Additionally modal share assumptions impact the provision of adequate on-site parking and therefore any need for an off-site parking strategy as well. However, as the title reveals, these data are nothing more than assumptions and should not constrain expectations for what can be achieved at the new site.

Such gross approximations of modal shares could have readily been avoided with research such as a short survey and not rely solely on intersection turning movement counts and transit ridership at nearby stops. Employees at the existing Civic Campus should have been surveyed directly.

The provision of adequate on-site parking is therefore highly questionable and likely inaccurate.

While assumptions rarely yield accurate data, they can be positively influenced by the quality of the data informing the assumptions. The relevance of the estimates in Table 13 of the Revised TIA is therefore highly questionable. The range of the auto-driver share estimates from 88% to 9% alone speaks to this weakness.

When using input data known to be weak, the sensitivity of the model's predictions to the input data should have been measured.

We are therefore seeking more quality input to the analysis.

4. Integrated LRT

CHNA requests a condition, that the applicant commit to providing an LRT station connection via either a below ground connection to the existing station or a below ground connection to extended platforms under Carling Avenue to the south side of Carling Avenue.

Modal share projections will not be attained without this commitment.

5. Below Ground Parking Garage

CHNA requests a condition, that the proposed above ground parking garage be further buried to align with the initial design.

This will preserve critical active greenspace in the community.

6. Maple Drive restricted to urgent vehicular traffic.

CHNA requests a condition that any non-urgent vehicular traffic be restricted from using Maple Drive to access the New Civic.

Notwithstanding a statement under Staff Design Achievements in the Planning Committee report – p.20, *“Minimizing the use of Maple Drive as a vehicular access, and thus preserving the pastoral entrance to the CEF”*, additional control is required.

Section 5.1.3 of the revised TIA does not go far enough in restricting/regulating access as it now describes not only the originally intended use by emergency vehicles but other first responders, non-urgent transports and some employee use as well.

The existing Civic Campus currently averages approximately 70 ambulance transports a day and approximately 650 non-urgent transports per month, which averages to roughly 100 emergency and non-urgent transports per weekday. The New Civic Development was estimated to have a similar order of magnitude of transports per day at full build out.

We are not provided with projected total number of vehicles that will be using Maple Drive per day, nor the projected number of vehicles in each user group (i.e., non-urgent transports, staff use, emergency vehicles, etc.).

Non-urgent vehicular traffic should be restricted from using Maple Drive and instead use the primary routes to access the new Civic to reduce the negative impact on Maple Drive and preserve this edge of the Central Experimental farm.

7. Directional signage (H-sign) from/to the 417

CHNA requests a condition that TOH submit to the Province, an application for a change in H-sign placement prior to occupancy and opening of the new hospital in 2028.

The following City response to our previous conditions letter is insufficient as TOH must commit to submitting an application for changes to the placement of H-signs.

The placement of hospital signage is to be consistent with the Ontario Traffic Manual – Book 8 guidelines. The Hospital must submit an application to the Head, Regional Traffic Office to have signage changed/installed on provincial highways. The Hospital is responsible for making arrangements with the City for the installing of all hospital signage on municipal roads. City Staff have and will continue to communicate the highway signage application they must submit to the Province prior to occupancy and opening of the new hospital in 2028.

8. Transportation Monitoring Oversight Committee (TMOC)

CHNA requested as a condition, the creation of a Transportation Monitoring Oversight Committee. The owner has agreed to the creation of a Transportation Monitoring Program with terms to be determined.

CHNA requests a further commitment that the Program include representation of local community associations.