INPUT

LAND AND REAL ESTATE ISSUES IN BRITISH COLUMBIA



INPUT

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PRESIDENT'S MESSAGE



SUSAN ANTONIALI, RI REIBC PRESIDENT

Welcome to the Spring 2020 edition of Input.

Maybe it's me, but I feel the world is changing at a faster rate than before. International issues are touching our lives closer to our core in British Columbia. The past year in BC provided many issues that caught our attention: housing, homelessness, real estate markets, casinos, money tracking, transit, and international detainments. It is so important to understand as much as we can, with the correct information. I grew up with the idea of "just because you have cheques in your cheque book, doesn't mean you have money in your account." Today, the equivalent idea seems to be that just because you read it or saw it, doesn't mean it's true. It is getting more important to know the source is correct and ethical.

REIBC has become recognized for providing our industryfocused magazine on land and real estate issues in British Columbia. We look to both the public and private sectors to gather relevant information.

This edition of *Input* features the health services industry. New service programs are being delivered differently, and new providers have emerged. New hospitals and facilities have recently been delivered and more are under construction, all of which provide opportunities for real estate, transit, community, and employment as well as other areas.

This past fall, REIBC was featured in BC Notaries Association's magazine, *Scrivener*. It covered our vision, mission and values, member vignettes, and recorded a conversation between me, Executive Officer Brenda Southam, President Daniel Boisvert (BC Notaries Association), and Interim CEO Wayne Braid (BC Notaries Association) discussing how we work together for the benefit of all. Please take a look at the magazine online.

I am proud to represent our Institute and look forward to working with all our members and services to provide a network of RIs who are designated, educated, experienced, and connected.

INPUT | HEALTH CARE FACILITIES

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COVER: The mixed-use Legion Veterans Village in Surrey, a health care Centre of Excellence, now under construction. Credit: Stambol Studios.

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FROM THE EO'S DESK

BRENDA SOUTHAM EXECUTIVE OFFICER AND EDITOR-IN-CHIEF

British Columbia has seen some significant funding for new health care facilities over the last several years, resulting in new and redeveloped health care facilities built and on the way around the province. How do such facilities come to be? There is an involved process used to ensure that health care facilities meet community requirements. Whether it's BC's Interior, the North, or the Lower Mainland, community requirements must be met.

Surrey's new health and technology district is a hub of medical facilities and offices that support partnerships and innovation. The district was intended to create a shift in how we think—disrupting things a bit and seeing how we can benefit from doing things differently. This is going to be an interesting development to watch in the future.

Here in downtown Vancouver we all want to know more about the new St. Paul's Hospital project—the largest hospital redevelopment project in BC history. It's slated to open in 2026, and the current hospital will then close and be sold. I'm curious about who will buy the site and what will they do with an assessed property of \$702 million? Selfishly, I think it would be great to have a new hotel in downtown!

Do you ever wonder about the impact of climate change on health facilities? Lower Mainland health authorities are working to increase facility resilience, starting by assessing the risks involved. The number of campuses and buildings held by Vancouver Coastal Health alone is staggering—imagine undertaking the work to make sure each site is equipped to deal with extreme weather, air quality, flooding, and all other climate risks. That's a lot of work.

We hope you enjoy this edition of *Input* and would appreciate any feedback you'd like to share with us.

ABOUT

Input was established in 1976. It ran at 12 pages and stayed that size for a long time. It was more like a newsletter then; when something new happened in the real estate industry, one of our RIs wrote about it, but the publication didn't cover much industry information otherwise.

Many years later, *Input* runs at an average of 48 pages, sometimes a bit bigger or smaller, and our authors hail from around the globe. Our focus is on keeping readers informed with all aspects of the industry, particularly hot topics.

REIBC delivers *Input* to 4,000 people or organizations within the real estate industry.

Who receives Input?

- REIBC members
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WE WANT TO HEAR FROM YOU

Please let us know your ideas for upcoming issues and how you like the magazine—and check out our Facebook and Twitter pages for up-to-the-minute information on REIBC activities.

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CONTRIBUTORS



ARTICLES

Rowena Rizzotti is the vice president of Healthcare and Innovations at Lark Group and a health care leader with more than 30 years' experience in executive-level leadership roles across multi-site, complex health and business environments. Rizzotti was a co-founder of Innovation Boulevard and the Health and Technology Distict in Surrey and was responsible for developing a research and innovation strategy for Fraser Health in 2012; Rizzotti was also a co-founder of and currently leads the planning for Legion Veterans Village in Surrey. Rizzotti holds a number of senior consulting and strategic advisory roles with private sector organizations and is a member of the Conference Board of Canada's Council for Innovation and Commercialization, a mentor for SFU Beedie School of Business, a board member for the Surrey Board of Trade (SBOT), chair of SBOT's Women in Business Team, and was awarded SBOT's 2018 Business Woman of the Year in the Corporate Leadership category. *larkgroup.com*



Andrea Palmer is the communications lead for Capital Projects with Northern Health. A communications professional for more than a decade, Palmer has held key positions supporting Public Affairs, Media Relations, Issues Management, Government Communications, and Public Engagement. Andrea taught a variety of English and Business Communications courses at the University of Northern BC (UNBC) after having earned her MA, and then moved into broadcast journalism with CBC Radio One before finally moving to formal and dedicated communications work in information, research, and (now) health care fields. Palmer holds a lay senator role with UNBC Senate, and is the outgoing chair of the Advisory Committee on Accessibility for the City of Prince George, among other local and regional board positions. *northernhealth.ca*



Angie Woo leads a Climate Resilience and Adaptation Program at Facilities Management – Energy and Environmental Sustainability, serving four BC health organizations. With an interdisciplinary and iterative approach, the program works to address climate risks to health infrastructure and cascading impacts on health service delivery, develop innovative low-carbon adaptation options, and identify health and wellness co-benefits as key drivers for climate action. Previously, Woo developed programs in Asia that integrated sustainability into disaster risk management and provided guidance to cities in Europe and Africa on sustainability reporting. Woo earned a master of science degree in Environmental Sustainability (University of Edinburgh) and a bachelor's in Earth Sciences (University of Calgary). *bcgreencare.ca/program/climate-resilience-adaptation-program*



Richard Stewart, mayor of Coquitlam, was elected to Coquitlam City Council in 2005. Before being on council, Stewart was the MLA for Coquitlam-Maillardville. Stewart has chaired the National Housing Economic Research Council, helped establish BC's Homeowner Protection Office, and developed BC's consumer protection regulations associated with builder licencing and home warranty. Former publisher and editor of a housing trade magazine, Stewart has worked on building technology and building codes, consumer housing issues, land use, community design, and government relations and communications. *coquitlam.ca*

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TOP 10 THINGS YOU NEED TO KNOW ABOUT WORKING AS A REAL ESTATE PROFESSIONAL





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SURREY'S HEALTH AND TECHNOLOGY DISTRICT INNOVATES AND INSPIRES

Rowena Rizzotti



City Centre 3 is currently under construction.

he Health and Technology District, located immediately adjacent to Surrey Memorial Hospital, is proving to be one of BC's most rapidly growing and dynamic new health-tech sectors. When completed, the District will include a series of eight high-tech buildings encompassing over one million square feet and injecting \$1.1 billion annually into the local economy. It is expected to attract more than 500 companies and create an estimated 15,000 direct and indirect high-tech jobs for BC's Lower Mainland.

Located next to SkyTrain, this Surrey City Centre location has received unprecedented interest, with its central access from Lower Mainland communities as well as ferries, airport, and, of course, direct access from the US. In addition, there is an abundance of parkland and opportunities and an affordable housing market. These factors keep driving the demand for the ability to live, work, and play in the same community and reduce dependence on long commute times.

Lark Group, in partnership with Dayhu Group and Delesalle Group, has created an ecosystem of industryleading, mixed-use commercial towers in Surrey's City Centre region with the development of the Health and Technology District, attracting innovative thought leaders and designing environments to enable collaboration in digital health and advanced technologies.

ENVISIONING FUTURE DEMAND

A number of years ago, Lark Group had a vision for Surrey's developing City Centre area and invested in the real estate immediately adjacent to Surrey Memorial Hospital, known to be one of Canada's busiest hospitals in one of the country's fastest-growing communities.



In anticipation of future growth and demands, Lark Group saw that this area would become a key asset in Surrey's developing downtown core and would also play a pivotal role in the transformation of Surrey from a suburb of Vancouver into BC's largest city.

Following a provincial \$500-million investment into Surrey Memorial Hospital in 2012, Lark initiated the development of those properties with a vision to create an innovative ecosystem—the Health and Technology District—which would accommodate the growing health, science, academic, and technology partnerships optimized by their co-location within what would become a rapidly expanding medical campus.

CITY CENTRE BUILDINGS

Upon the 2014 opening of the 12-storey City Centre 1 building, which is home to Lark's head office, this first building quickly filled to its 180,000-square foot capacity and currently accommodates over 100 medical and specialty health clinics, including a number of research and science centres in addition to a growing number of technology startups and multinational enterprises.

The 185,000-square foot, 12-storey City Centre 2 building was completed in 2018 and quickly became home to one of Surrey's largest technology companies, Safe Software. Safe Software occupies five floors and nearly 60,000 square feet to accommodate its growing company of more than 170 employees, securing a strong presence for tech companies within the District. An entire floor of City Centre 2 became home to Regent International Academy and a number of education and health-related institutions, including Surrey's first Urgent Primary Care Centre.

City Centre 3 is currently under construction and is a 130,000-square foot, 10-storey LEED Gold-certified building that is already over 60% sold. The momentum of this project has reached an unanticipated pace, surpassing a critical mass with the fourth and fifth buildings' design processes now underway.

THE GOAL

Hailed in the media as "the rise of Stanford North," the Health and Technology District's overall aim was to create an ecosystem for clinicians and health-care providers to work alongside innovators and entrepreneurs, researchers, and scientists as well as startup companies and innovative tech companies. The goal was to provide a highly collaborative environment that would inspire and transform the way communities work together across industry sectors and to build opportunities and economies that will benefit future generations.

Lark Group wanted to build a high-quality environment that would attract the world's brightest minds to Surrey to accommodate the growing health, science, academic, and technology partnerships across the region.

Canada's health care system is currently challenged and needs to find ways to create sustainable models of care delivery and more cost-effective systems. This is very difficult in a publicly administered and highly regulated and risk-averse system. Lark believes it is imperative that collaborative partnerships between the academic, health, and business sectors drive innovation and development of new practices and opportunities for prosperity while creating new and sustainable economies for the next generation. In this example, having experts and expertise co-located and working collaboratively with clinical teams can assist the health care system to more easily adopt and implement system improvements. It also allows for the health care system to co-create solutions that will work in those environments.

HEALTHTECH INNOVATION HUB

In the initial planning of the overall District, the team at Lark established a space dedicated to a form of concierge service within City Centre 1, known as the HealthTech Innovation HUB. In what has become a critically important asset to the success of the overall District, this 23,000-square foot Innovation HUB assists partners with connections, resources, events, and activities and provides linkages to networks across BC, Canada, and beyond in order to support entrepreneurship, commercialization, funding, and access to local, national, and international markets.

UNIQUE PARTNERSHIPS

The Health and Technology District focuses on developing and establishing unique partnerships and collaborations locally, across Canada, and internationally, strengthening both BC and Canada's position in the technology and innovation sectors, inspiring new opportunities and economies for the next generation, and generating disruptive global solutions.

Through the HealthTech Innovation HUB, the District also plays an active role in building opportunities within Surrey, working closely with the Surrey Board of Trade and the Downtown Surrey Business Improvement





The District's HealthTech Innovation HUB in City Centre 1.

Association to attract and strengthen the business environments in the city. The District, with its partners, played a crucial role in founding Startup Surrey, which is serving to broaden the entrepreneurial community across Surrey in order to inspire and support the emerging local talent pool and business community. Surrey is home to the largest population of young people in all of BC, ready to become our future workforce.

The District supports local partnerships and programs to flourish, such as UBC's Geering Up engineering outreach program and Science World's Future Science Leaders program. The District gave rise to SFU's SCORE program, a research internship program for students to participate in cutting-edge research projects aimed at advancing health care and solving real-world challenges associated with medical technologies, digital health technologies, and assisted living technologies; SCORE was awarded the International 2016 Global Best Award for STEM. The District continues to partner with active scientific collaborations featuring top international leaders, including the Mayo Clinic, Centre for Digital Innovation in Israel, and Oxford University, and also with a growing number of Canadian post-secondary institutions, all to bring health-, technology-, and science-focused learning opportunities to the District.

In an effort to optimize exposure to any innovative health-tech solutions that would benefit BC and Canada, the District is building partnerships in each province as a mechanism to strengthen Canada globally in this area, and to ensure Canada as a whole remains aligned in building this innovation agenda. Other cross-Canadian partnerships include Toronto's Centre for Aging and Brain Health Innovation (CABHI) and Opportunities "The Health and Technology District is transforming the way high-quality health care is delivered to Canadians, through the use of technology to enable innovative solutions, create high-tech jobs right here in Surrey, and attract the brightest talented minds to BC and Canada. This is an innovative model that offers the services our community needs, today and into the future."

> -Dr. Ryan D'Arcy, Neuroscientist and Entrepreneur

New Brunswick (ONB); the latter is a unique West Coast-East Coast innovative collaboration that is enabling the District to share its development model with other Canadian jurisdictions that would equally benefit. Additionally, Lark Group is currently working with



UBC's Geering Up program.

Legion Veterans Village in Surrey, a Centre of Excellence. (Also featured on cover.)

ONB and other New Brunswick partners to develop the Health and Technology District – Atlantic, intended to strengthen Canada's overall economy as well as enable expansion across the digital, health, and technology sectors on each coast.

With a vision that originally emerged from science underway within the District, the mixed-use Legion Veterans Village is a unique partnership between the Whalley Legion Branch 229 and Lark Group and is now currently under construction. Legion Veterans Village is Canada's first Centre of Excellence for veterans and first responders that focuses on post-traumatic stress disorder and mental health, in addition to supporting a future for the Legion. It will host over 500 mixed housing units, including affordable housing for Veterans and First Responders and their families, and will be home to an Innovation Centre for Rehabilitation, offering clinical rehabilitation services, teaching, and research as well as the delivery of health care programs, services, and trauma counselling for PTSD and mental health.

INVESTING IN HEALTH-TECH

In an effort to lead in innovation, Lark Group has cofounded its own health-tech company, HealthTech Connex. Awarded the 2018 Business Excellence Award and the 2019 Innovation Award, HealthTech Connex's mandate is to deliver advanced health care solutions through the development and deployment of NeuroCatch to accelerate brain vital sign measurement.

In 2016, HealthTech Connex opened the Centre for Neurology Studies, which has become a leading-edge

research centre connecting scientists, researchers, medical professionals, and patients with innovative companies developing ground-breaking technologies that improve brain health. The Centre is currently involved in nearly 30 clinical studies around major health issues, with a primary focus on brain health, brain injury, concussion, and neurodegenerative diseases like Alzheimer's disease and dementia. These emerging practices and technologies are then offered to clients though the Surrey Neuroplasticity Clinic—one of the first of its kind, now attracting numerous clinical specialists in neurological rehabilitation and clients from across Canada and the US.

SUSTAINABLE FUTURE IN HEALTH CARE

For a sustainable future, we need to shift our culture toward having a sense of urgency about the future. If we don't start demonstrating real-world impacts, we will run into serious issues. Lark has been privileged and humbled to have attracted dynamic partners and committed people who work to find collaborative opportunities. Surrey's Health and Technology District was intended to create a shift in how we think. We want to disrupt things a bit and see how we can collectively benefit from doing things differently.

Images by Stanbol Studios.



SNAPSHOT: THE NEW ROYAL INLAND HOSPITAL PATIENT CARE TOWER



Artist rendering of the Royal Inland Hospital Patient Care Tower. Conceptual design, subject to change. Credit: EllisDon Infrastructure.

n 2011 Interior Health completed a master plan for Royal Inland Hospital in Kamloops. The master plan serves as a broad road map for steering future development to meet the long-term health care needs of area residents as well as future needs and demands for health services. The master plan for Royal Inland Hospital identified future development, including the Clinical Services Building, which opened in 2016, and the Royal Inland Hospital Patient Care Tower, currently under construction and scheduled to open in summer 2022.

Artist rendering of the Royal Inland Hospital campus when the Patient Care Tower is completed. The Clinical Services Building (forefront) opened in 2016. Conceptual design, subject to change. Credit: EllisDon Infrastructure.

LOCATION

The Royal Inland Hospital Patient Care Tower is being built on the current site of Royal Inland Hospital's existing hospital campus, which includes several other towers. It is an addition to the current hospital which has remained a fully operational tertiary hospital during the construction.

The Royal Inland Hospital campus is located on a hillside so the potential of where the tower could be located on site was fairly limited. In the planning process the location that allowed for the best connections to the existing facility with the least impact to the site was selected.



PROGRAM AND DESIGN

The design of the hospital and the programs that will go in the Patient Care Tower are determined by the needs of the facility. The Interior Health planning team and design consultants produced the early designs in consultation with Royal Inland Hospital administration and other stakeholders.

Once construction was underway, staff, physicians, and community partners were engaged throughout an extensive design development process where they had the opportunity to provide feedback. Staff and physicians were given multiple opportunities to view the design and provide feedback in an ongoing process. The design of spaces like patient rooms was continually revised and brought back to stakeholders before the interior design was finalized, which ensures best practices are in place when the tower opens.





Top: Single-patient rooms with washrooms in the Patient Care Tower. Above: Atrium of the Patient Care Tower as patient and family gathering area. Conceptual designs, subject to change. Credit: EllisDon Infrastructure.





Top: Construction is proceeding on schedule. Above: After excavation, crews worked on parking levels. Credit: Interior Health.

TECHNOLOGY

Technology is a large part of the Royal Inland Hospital Patient Care Tower project. Technology won't be procured until one year prior to the hospital opening to ensure the latest technology is installed.

Interior Health consistently refreshes the technology and keeps it maintained and up to date with service agreements to ensure the best available technology is always in use at this site.

Some examples of technology planned for the Royal Inland Hospital Patient Care Tower:

- Campus-wide wireless for staff-to-staff communication
- Integrated Nurse Call solution to provide direct patient-to-caregiver communication
- Campus-wide wayfinding for code calls
- Up-to-date patient wandering, infant protection, and patient tracking solutions

DEVELOPMENT CHALLENGES

Planning and building a nine-storey hospital tower as an addition to an existing hospital facility comes with its challenges. Royal Inland Hospital is one of two tertiary hospitals in the Interior Health region and operates the third-busiest emergency department in the province, so maintaining a high level of patient care is a top priority. Weekly meetings are held between Interior Health, contractor EllisDon Infrastructure, Royal Inland Hospital administration, and other stakeholders to address any challenges and ensure minimal disruption to ongoing patient care.

Renderings by EllisDon Infrastructure; photos by Interior Health.

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MEETING COMMUNITY HEALTH CARE NEEDS IN NORTHERN BC

Andrea Palmer



BC's Atlin Taku region, Northwest BC. Credit: flickr/Taku River Tlingit First Nation (via Province of BC).

orthern Health is, geographically, the largest of British Columbia's five regional health authorities, providing health services to 300,000 people in an area of 600,000 square kilometres. We like to say that we're "the size of France," but with significant population, cultural, environmental, and seasonal differences that require unique approaches and resolutions in service delivery, operations, and capital development.

Northern Health is divided into three health service delivery areas: Northeast, Northern Interior, and Northwest. We employ more than 8,000 people at numerous facilities, including over 18 hospitals, 14 long-term care facilities, nine diagnostic and treatment centres, two urgent and primary care centres, many public health units, and multiple offices that provide specialized services. Services offered through Northern Health include acute (hospital) care, mental health and addictions, public health, and home and community care.

At Northern Health, we are committed to improving and enhancing our facilities across Northern British Columbia. We follow a capital planning process that includes a number of stages and prioritizes projects based on need and available funding. We work with the regional hospital districts and the Province of BC to prioritize projects. Major capital projects are generally funded by the regional hospital districts and the Province, although the model of funding may differ depending on the project. We also receive funding for equipment or other needs from hospital foundations, auxiliaries, and other private donors.

PLANNING CAPITAL PROJECTS

Significant capital projects identified by Northern Health and the Province of BC typically focus on communities and facilities that would benefit greatly from additional investments. Projects of significant size and scope undergo a rigorous planning procedure and the master plan is the first phase of this process. Master planning assesses how health services can be aligned to meet growth in the community, projected shifts in demographics, and anticipated changes in health care delivery.

Northern Health submits a master plan to its board of directors. Once the master plan is approved, the planning steering group, which includes physicians and surgeons, looks in more detail at the options identified. The development of a master program/master plan is a collaborative process that ensures the current and anticipated challenges facing the hospital and community health care services are addressed. Patient and client safety are integrated into this planning

A concept plan is then developed that outlines a highlevel vision, providing a framework for projected health services and infrastructure. The concept plan is also submitted to the Northern Health board, and then on to the Province of BC for final approval. When the concept plan is approved by government, a business plan is developed to finalize details, such as scope of the new facility and budget.

The business plan places focus on costing the project, and it addresses which services will be provided—and how—within a replacement or upgraded facility. Upon approval of the business plan, the project proceeds to procurement and then construction. The full process of developing a business plan can take approximately 12 to 18 months depending on the size and complexity of the project.

CURRENT PROJECTS

A number of high-priority projects are currently in various stages of planning and development. The expansion of the Emergency Department and Intensive Care Unit at G.R. Baker Memorial Hospital in Quesnel is currently in procurement. This unique property overlooks the Fraser River and any significant work to the hospital footprint includes careful project design, including engineering and geotechnical site reviews and a formal archaeological impact assessment (AIA) due to the cultural and historical significance of this area to local Indigenous populations.

The replacement of Mills Memorial Hospital in Terrace is a significant government commitment by the Province of BC to the Northwest. At a committed budget of \$447.5 million, the new Mills Memorial Hospital will be more than twice the size of the current facility—strengthening existing services and supporting increased access to care, closer to home, for all Northwest residents.

On January 18, 2020, BC Premier John Horgan was in Fort St. James (in the Northern Interior) attending the annual Winter Classic outdoor hockey games and also to announce the official approval of the business plan for Stuart Lake Hospital, nestled just above the shores of the grand Stuart Lake. This project will follow only shortly



Above: G.R. Baker Memorial Hospital (April 17, 2019). Credit: flickr/Province of BC. Right: Health Minister Adrian Dix announced that a new hospital for Terrace has moved to the business planning stage after approval of the concept plan (February 9, 2018). Credit: flickr/Province of BC.

"Ultimately, it's the people we serve who help guide our projects and ensure that public dollars are spent wisely and uphold environmental, social, and cultural considerations—while trusting Northern Health to exercise our expertise in the continuation of operational and physical requirements that ensure the continuity of health care services."

-Andrea Palmer

behind Mills Memorial in the processes required to ultimately move into construction.

Currently in the business planning stage is the redevelopment of Dawson Creek and District Hospital in the Northeast. Business planning is conducted in coordination and with significant oversight from the Ministry of Health to ensure: that space requirements are accurate and efficiently grouped; that initial design of the new facility ensures it fits on the site in the way expected from the concept plan; that correct planning is in place for risk management, technology requirements, budgets, operating costs, and staffing and human resource planning; and that a detailed communications plan ensures stakeholders understand how the project will develop and how they can provide input and receive feedback.

Northern Health's most recently completed facility is the new Atlin Health Centre. The community of Atlin is located in the northwest corner of BC, south of Whitehorse in Yukon Territory. Although the population hovers at just over 400, the summer months see this gorgeous lakeside community swell considerably. The Atlin Health Centre serves the needs of community members, visitors, and those accessing services who come in from the local communities of Dease Lake, Good Hope Lake, and the Taku River Tlingit First Nation.





Premier John Horgan announces a new, state-of-the-art Stuart Lake Hospital that will provide better health care and create more jobs for people (January 18, 2020). Credit: Robbie Pozer, Northern Health.

Planning for the facility had been ongoing for some time but was placed on hold in 2018 when it became apparent that community members wanted more engagement and input on the facility that would house their health care services. Additional consultation was conducted with the First Nations Health Authority, Taku River Tlingit, and the Atlin Supportive Living Society to reach accord with next steps in ensuring the project plans would meet the expectations and desires of community within our service model.

Completed in January 2020, the Atlin Health Centre is newly located on land able to support the 2,540-squarefoot building, and dedicated physicians and staff continue to provide care services to the community and region, now with greater ease and improved safety and workflow.

Meetings with the Community Advisory Committee attached to the project have been ongoing throughout the planning and construction of the Health Centre. Currently recommended targets, iterated by the advisory committee and in progress, include: adding some exterior signage translated into Tlingit, ensuring accessibility requirements are met, and, when the snow melts, ensuring that landscaping finishings around the facility meet the aesthetic and practical requirements (the ability to stand up to both snow-pack and snow-removal) of this stunning and very northern community.

GUIDED BY THOSE WE SERVE

Ultimately, it's the people we serve who help guide our projects and ensure that public dollars are spent wisely and uphold environmental, social, and cultural considerations—while trusting Northern Health to exercise our expertise in the continuation of operational and physical requirements that ensure the continuity of health care services. We work hard to engage the public through a variety of methods, including advisory committees, stakeholder engagement, our work with media partners, and our own storytelling channels (print, online, and social media).

When we develop hospitals and health centres, we know, very poignantly in the North, that we're building on traditional lands; that we're supporting our physicians and staff, some of whom are local, some of whom come here from across the globe; and that we're supporting, through capital investment, the delivery of our mission to "...provide exceptional health services for Northerners." When an organization aims to serve some of the most rural and remote communities in the province, great care must be taken to hear their requests and ensure that health care facilities meet their needs, especially as these communities define them.

Photos by Province of BC, Taku River Tlingit First Nation, and Northern Health (Robbie Pozer).

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ON THE JOB



ROBERT GUENTHER, RI

MANAGER, CAPITAL PLANNING AND LEASING VANCOUVER ISLAND HEALTH AUTHORITY

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WHAT DO YOU DO IN YOUR PROFESSIONAL ROLE?

I am responsible for capital planning and leasing, both as a landlord and as a tenant, on behalf of Vancouver Island Health Authority, covering Greater Victoria, Comox Valley, Strathcona, and North Island.

HOW DO YOU SPEND YOUR DAY?

This is the most interesting part of my job as no matter what I anticipate with my schedule, it is subject to change. I could go from recommending capital funding for a safety issue in an acute site to dealing with a lease reconciliation in Campbell River, to negotiating a lease renewal in Class B space in downtown Victoria, to telecommunication lease rates, and then back to Tahsis to consider a sale of residential property.

WHAT PREPARED YOU FOR THIS ROLE?

I have been involved in real estate for over 30 years. I started really moving into commercial real estate when I first joined the British Columbia Buildings Corporation. From there I transferred to the Fraser Health Authority and eventually became the director of Real Estate and Leasing for Lower Mainland Facilities Management before taking a role in Edmonton as the director of Building and Land Management, all before returning to Vancouver Island. My professional designation and education provided the kickoff to my career.

IS THE WORK YOU DO TYPICAL FOR YOUR TYPE OF POSITION?

This role is unique in that it combines capital planning with real estate.

WHAT DO YOU FIND CHALLENGING ABOUT YOUR WORK?

Obtaining consensus from the client and ensuring all opinions are heard, acknowledged, and addressed. I want to make the real estate aspect of this seamless to clinical staff in their day-to-day activities.

WHAT DO YOU ENJOY ABOUT YOUR WORK?

Knowing that I am helping to improve the health and wellbeing of the residents of Vancouver Island every day. One thing about real estate is continually finding new challenges every day; nothing is the same. I also enjoy meeting new people throughout the island that are involved in different aspects of health care, from mental health to community dialysis.

WHAT DO YOU WISH PEOPLE KNEW ABOUT THE WORK YOU DO?

Every time you see a new site announced or a new program opening in some location, remember it is the people behind the scenes, their dedication and hard work, that has brought this forward.

WHAT CHARACTERISTIC OR PERSONALITY TRAIT WOULD BE BEST FOR THIS TYPE OF CAREER?

One must have a sense of humour and the ability to think outside of the box. Being a team player and having compassion for the health and wellbeing of the residents is essential. Multi-tasking is a daily event in this job as priorities can change in a heartbeat, literally.

PRESIDENTS' LUNCHEON

Umesh Chand, RI REIBC Governor, Fraser Valley District

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The 2019 Presidents' Luncheon was attended by close to 200 people. Guest speakers Kevin Desmond, CEO of TransLink, and David Podmore, chair of Concert Real Estate Corporation and chair and CEO of Concert Infrastructure, presented a lively discussion on "TransLink of the Future: Moving in a Growing Region."

With TransLink providing public transit services to over half a million people every day, Desmond noted that this is indeed an exciting time to be part of the public transportation sector, given that we have in existence a fundamentally good transit service. TransLink, he said, strives to create a better place to live, built on transportation excellence. Guided by the Regional Transportation Strategy, Transit works to connect the region and enhance its livability by providing a sustainable transportation network.

Desmond highlighted TransLink's major accomplishments to date, including the Canada Line and the Evergreen Line. He also highlighted some the transportation services, key initiatives, and capital expenditures proposed and underway under the 30-Year Investment Plan approved by the Mayors' Council and the Regional Transportation Strategy (adopted in 2013), which will help guide transportation decisions to 2045. TransLink is also leading the development of a new Regional Transportation Strategy called Transport 2050 that, according to Desmond, will set out the vision, goals, strategies, and key initiatives for Metro Vancouver for the next 30 years.

As examples, Desmond ran through snapshots of some of the projects envisioned by TransLink for the future, including: zero-emission buses (battery operated) by end of next decade and 60% of fleet producing zero emissions; RapidBus Program that will provide faster, more frequent and reliable bus service, including three- to 10-minute peak service; North Shore Transportation Planning Project that will improve people and goods movement throughout the region and across Burrard



From left: REIBC President Susan Antoniali, Kevin Desmond, and David Podmore.

Inlet; and Surrey–Langley transit that will extend SkyTrain on the Fraser Highway corridor and also in-crease the number of buses and the speed and reliability of bus service.

The discussion recognized that people want to live near transit, and the goal is to create highly livable and workable communities along transit corridors, allowing people to drive less and walk, cycle, and take transit. However, affordability still presents itself as a key challenge. Podmore highlighted issues in getting key infrastructure projects approved in an efficient and timely manner. The key takeaway from the discussion was the importance of a comprehensive approach to building transportation infrastructure, including public-private partnerships, and how linking transportation planning with land-use planning can build sustainable communities by providing lower-cost housing along rapid transit networks.

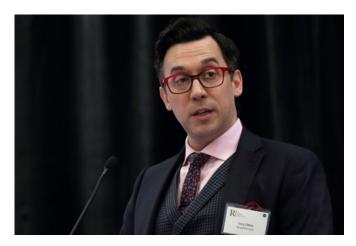
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THE NEW ST. PAUL'S HOSPITAL: POLICY AND REGULATORY ISSUES

John McLachlan, RI, LLB, and Nicole K. Wong, JD

BACKGROUND

The new St. Paul's Hospital is the largest hospital redevelopment project in British Columbian history. This \$1.9 billion project is currently split into two phases, the first being the new acute care hospital and the second being a clinical and research centre.

The new hospital will be located at 1002 Station Street in the False Creek Flats area of Vancouver (the "site"). This is one of the largest undeveloped sites in Vancouver, leaving space for the hospital and its campus to expand and grow. More phases will likely be added once the hospital and clinical and research centre are established.

St. Paul's Hospital and the site are owned and operated by Providence Health Authority ("Providence"). Providence is working together with the BC Ministry of Health, Vancouver Coastal Health, the City of Vancouver, and other partners.

At present, the project is in the RFP stage that will determine which team Providence will select to lead the design and construction of the new hospital. This process is expected to be complete and a team chosen by late 2020. The City of Vancouver approved the hospital's rezoning application as of 2019. Other important dates include ground breaking, which is expected to occur in late 2020, and a projected hospital opening date in 2026.

Due to the scope of this project, Providence and its partners have had to work together in order to ensure that a number of policy and regulatory issues are adequately addressed. Some of these issues are discussed below.

HOW IS THE NEW ST. PAUL'S BEING FINANCED?

The land where St. Paul's Hospital currently stands, 1081 Burrard Street, will be sold to help fund the new hospital. This is 6.6 acres of centrally located land with an assessed value of \$702 million as of July 1, 2019. The land is currently for sale, although the details available are slim so far. It is likely the old site will be redeveloped.

In addition to the sale revenue from the old St. Paul's, funds for the new hospital will be provided by the Province of BC—\$990 million. The remaining funds will come from St. Paul's Foundation, Providence's fundraising arm. St. Paul's Foundation is hoping to reach its fundraising goal of \$225 million, the largest-ever hospital fundraising campaign in Western Canada. A number of individuals have already made significant donations to help the new hospital.

WHAT STEPS WERE NEEDED TO REZONE THE SITE?

Providence's rezoning application of the site was approved by the City of Vancouver in 2019. Rezoning was guided by the City of Vancouver Policy Statement, which was finalized in June 2017.

1. PUBLIC ENGAGEMENT

Creating the Policy Statement involved many stages of consultation with the public, beginning with an open house in March 2016. The public was asked about the draft guiding principles for the policy planning program. More open houses followed in June 2016, in which



Improved access to life-saving health care is on the way to downtown Vancouver with the approval of the business plan for a new St. Paul's Hospital (February 15, 2019). Credit: flickr/Province of BC.

development concepts and policy objectives were discussed, and in May 2017, in which a preferred development concept and draft set of policies were reviewed and refined.

Providence and the City of Vancouver also engaged with the public through mail, email, online questionnaires, a number of workshops, and social media. In May 2017, a social impact assessment was conducted in order to understand the potential impacts of the new hospital on nearby neighbourhoods.

The social impact assessment addressed a number of concerns that the community has about the impact of the new hospital on the area. One of the main worries is the threat of gentrification of the area and displacement of the current residents and local businesses. There are concerns that the new location of the hospital will make it more difficult for certain communities to access health care, especially those living in the Downtown Eastside. The new hospital hopes to address these concerns by working with partners like Translink to ensure easy access to the new hospital. Additionally, Providence and Vancouver Coastal Health will work together to ensure that community health services and specialized programs will be expanded in Vancouver's West Side to make up for the relocation of St. Paul's Hospital. Providence hopes to implement partnerships with local businesses and provide welcome, open spaces to build

relationships within the community and ensure there is plenty of access for meetings and community gatherings.

2. POLICY STATEMENT

After collecting and collating this data from various forms of public engagement, Providence staff and the City of Vancouver worked to assemble a draft Policy Statement. The draft Policy Statement was considered by City Council in June 2017 and ultimately adopted for use in the subsequent rezoning process.

The Policy Statement addresses land use, transportation, density, building types and heights, public amenities, and the integration of the hospital with adjacent neighbourhoods. The Policy Statement also recognizes the need for Truth and Reconciliation and aims to strengthen the ongoing relationships with various Indigenous communities.

This Policy Statement, along with the Rezoning Policy for Sustainable Large Developments, was used to consider the rezoning application. Under the Rezoning Policy for Sustainable Large Developments, the City of Vancouver requires defined plans or studies with respect to sustainable site design, access to nature, sustainable food systems, green mobility, rainwater management, zerowaste planning, affordable housing, and low-carbon energy supply.

3. OTHER POLICIES CONSIDERED

Due to the location of the site, it is impacted by three other planning area processes with respect to land use, transportation, and socioeconomic impacts. These are the Downtown Eastside Plan, the Northeast False Creek Plan, and the False Creek Flats Plan:

- The site falls within the False Creek Flats Plan. The new hospital will be a major part of the plan as a hub of health care services and research.
- The Downtown Eastside Plan was approved in 2014 and is ongoing. It provides policy guidance to areas north, west, and east of the site. This plan has policies to monitor social and economic impacts on the residents of the Downtown Eastside, Chinatown, and Strathcona.
- The Northeast False Creek Plan is currently underway to address removal of local arterials (the viaducts). The aim is to provide a new mixed-use community with services to complement the new hospital due to proximity. Planning is ongoing.

Other policies considered in the Policy Statement include those concerning Vancouver's development and economic strategies as well as the Greenest City Action Plan, which outlines strategies to eliminate dependence on fossil fuels and promote green building design and other options. The Healthy City Strategy, which highlights the health and wellbeing of the individuals residing in the city, is also considered; the improved health care services the new hospital will provide are fundamental.

4. PROVIDENCE REZONING APPLICATION

Using the guidance of the Policy Statement, Providence submitted a rezoning application for the False Creek Flats site in August 2018. This involved rezoning 1002 Station Street from an I-3 Industrial District and 250-310 Prior Street from an I-2 Industrial District. Both will be rezoned to CD-1 Comprehensive Development Districts. This allows for the development of what was an industrial site into a mixed-use development.

Along with the new hospital and health care campus, the proposed development would include institutional, office, research, hotel, retail-service, and Indigenous cultural uses, some rental housing for health care workers, a public plaza, and two child care facilities. New roads are necessary to connect the site.

Providence's rezoning application was approved November 5, 2019.

Even after approval of the rezoning application, there still remain some concerns with respect to the new hospital. Green Party Councillor Pete Fry questioned whether the False Creek Flats neighbourhood will be able to handle the addition of the hospital. Specifically, he had concerns about the absence of hotels for families of patients and the negative impacts that the move may have on vulnerable members of the city. However, part of the new hospital's plan does include potential rental housing as well as hotels and private rooms to accommodate families. Through consultation with communities and partner organizations, it appears that Providence has tried to mitigate any negative impacts the change of location may have on residents of Vancouver. It remains uncertain how effective these plans will be.

IS REMEDIATION NECESSARY BEFORE BUILDING CAN BEGIN?

An environmental and archaeological assessment makes up part of the planning process in construction of the new hospital in order to ensure than environmental standards and safety codes are met. This may include soil remediation, since the soil on which the new hospital will be built consists of bedrock and till overlain by silt, clay, organics, and dredged fill.

In order to remediate this type of soil, piled foundations and tanked raft foundations are usually used. Contaminated soil may also be excavated. Soil stabilization and dewatering under new roads and on the site are necessary. Providence is working with structural engineers to ensure that the best solution is found.

HOW ARE DISASTER PREPAREDNESS CONCERNS BEING ADDRESSED?

FLOODING

The False Creek Flats, where the new hospital is located, is a floodplain and a liquefaction zone. This means that special precautions must be taken to ensure disaster and emergency preparedness in the case of an earthquake or flood.

Like all buildings in the False Creek Flats, the new hospital must meet the City of Vancouver's flood construction level (FCL) requirement of 4.6 metres. The FCL is the minimum elevation of the underside of a floor system or the top of a concrete slab of a building used for habitation, business, or storage of goods damageable by flood water. In May 2014, City Council approved raising the FCL from 3.5 metres to 4.6 metres for sites on floodplains in Vancouver and changed the Vancouver Building Bylaw to reflect this change. This means that the land on the site must be raised by a metre.

Usually, logistics and the energy plant for a hospital are located underground. However, to ensure that hospital operations can continue in the event of a flood, all critical functions will be placed above ground and above the FCL. Levels below the FCL, such as parking, will have tanked or waterproof foundations. This incorporates some of the lessons learned from the impact of disasters like Hurricane Sandy on the New York health care system. The goal is to keep the new hospital functioning post-flood.

EARTHQUAKES

Providence is also working with geotechnical engineers and structural engineers to ensure that the hospital buildings will meet the most current seismic codes and earthquake-readiness standards. Engineers will help with site preparation, foundation and slab design, and seismic design.

The plan is to ensure that the core hospital is located on the portion of the site with the best geotechnical conditions to mitigate the impact of an earthquake. Engineers plan to take advantage of existing sloping, hard-soil conditions and will use stepped underground parking to found the hospital on a solid base. And similar to many other buildings in Vancouver, the new hospital and other facilities will be founded on glacial till.

The ultimate aim is for the hospital to go beyond building code requirements in order to achieve post-earthquake functionality and resiliency. This way, the hospital can continue to operate in the case of a major earthquake.

Aside from the hospital itself, the site will implement multiple access rounds for increased accessibility in case of emergency.

With the new St. Paul's Hospital signifying the future of health care in Vancouver and British Columbia, it appears that the proper steps are being taken to ensure that the hospital is being built to best address public need and to ensure that changes stemming from the hospital are positive rather than negative. With the large scope of the new St. Paul's Hospital project, it is encouraging to observe that many parties must work together to ensure that policies and regulations are followed and that the hospital is properly built.

Photo by Province of BC.

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MOVING TOWARD CLIMATE-RESILIENT HEALTH FACILITIES IN THE LOWER MAINLAND

Angie Woo

n December 2019, BC Minister of Health Adrian Dix confirmed that a new state-of-the-art hospital is coming to Surrey.¹ One of 13 major capital health projects announced by the Province, each valued at over \$50 million, the investment will allow the replacement of aging health infrastructure—current stock is 50 years or older—and meet increasing demand for health services (Box 1).

In today's context of climate risk, BC health authorities are working with peers, influencers, and experts across a diversity of disciplines to better understand the impacts of extreme weather events and chronic stresses on our health system, raise the bar on the knowledge and capacity required to embed resilience into planning and design, and co-create choices and opportunities for transformation.

This work is nascent, iterative, and adaptive to a rapidly evolving context both in our region and further afield. Extensive collaboration with key health system and industry partners, including professional services, to explore hazards, assess vulnerability and risk, and co-create options with climate and health co-benefits, is key to re-imagining how capital projects are planned and designed in our new climate reality.

EVOLVING CONTEXT

Climate shocks and stresses already impact British Columbians and the health system that we rely on in times of duress. During the 2018 wildfire season, the BC Centre for Disease Control reported a spike in asthma medication dispensation and a surge in emergency department visits.² Hospitals designed and constructed over 50 years ago were challenged to keep fine particulate matter and smog associated with wildfire smoke out of emergency departments and patient wards. Long-term care facilities that typically operate without mechanical cooling were compelled to source portable air conditioners and filters to improve indoor air quality. Climate science is clear that BC can expect a significant increase in peak temperatures and high temperature periods across the Lower Mainland (Figure 1), such as an increase in

BOX 1: 13 MAJOR HEALTH CAPITAL PROJECTS IN BC

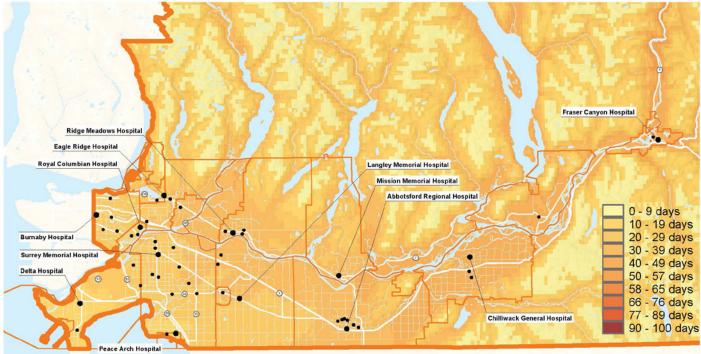
- 1. Vancouver, St. Paul's Hospital
- 2. Richmond, Richmond Hospital tower
- 3. Surrey, new Surrey Hospital
- 4. Burnaby, Burnaby Hospital redevelopment
- 5. North Shore, Lions Gate Hospital
- 6. Nanaimo, ICU for Nanaimo Regional General Hospital
- 7. Cowichan Valley, new Cowichan District Hospital

- 8. Williams Lake, Cariboo Memorial Hospital
- 9. Quesnel, G.R. Baker emergency department and ICU
- 10. Trail, Kootenay Boundary Regional Hospital pharmacy and ambulatory care
- 11. Fort St. James, Stuart Lake Hospital
- 12. Dawson Creek, Dawson Creek and District Hospital
- 13. Terrace, Mills Memorial Hospital

Days Above 25°C

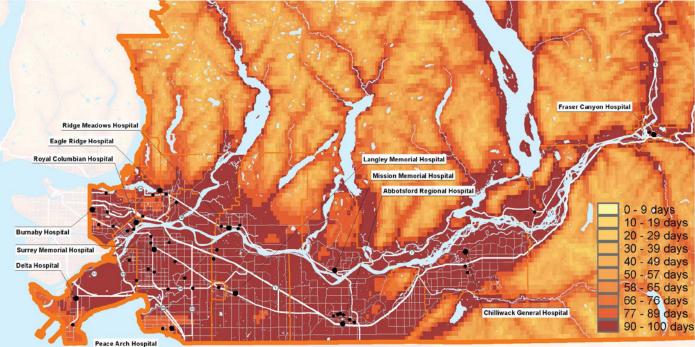
PAST 1971 - 2000





PROJECTED 2071 - 2100

FHA Campuses
 FHA Facilities



NOTES:

(1) Data from Pacific Climate Impacts Consortium (PCIC).

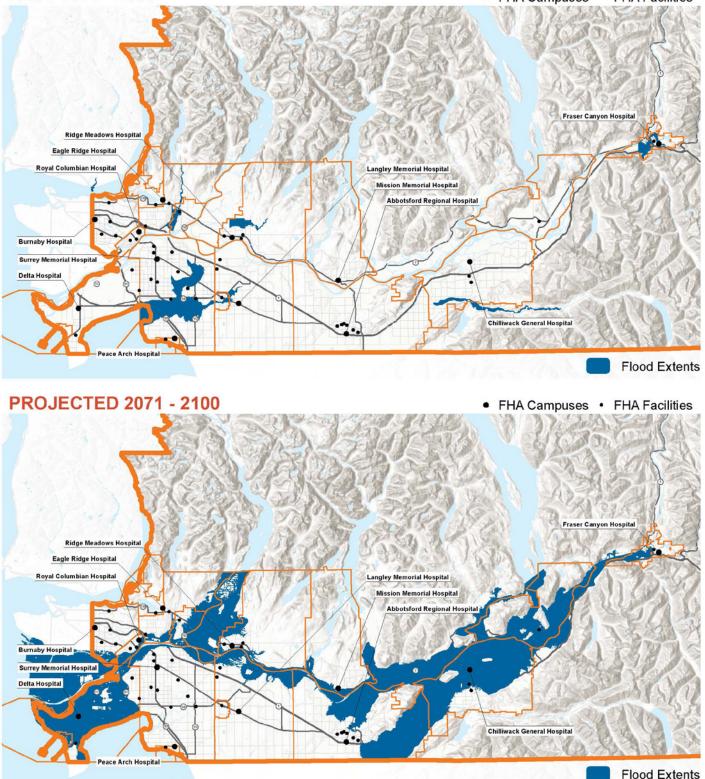
(2) Maps by ecoplan.ca

(3) Days Above 25°C climate change indicators are computed using a set of 12 Globa I Climate Models (GCMs), based on the internationally recognized "business as usual" GHG emissions scenario (Representative Concentration Pathway 8.5, or RCP 8.5), and statistically downscaled to the ~10km grid of the ANUSPLIN historical data set (see https://pacificclimate.org/data/statistically-downscaled-climate-scenarios for more information on the GCMs, ANUSPLIN, and the BCCAQ statistical downscaling method). Bias correction using the high-resolution (~800 m) climatology was performed to produce the data for each indicator (see https://pa cificclimate.org/data/high-resolution-prism-climatology for more information on PRISM). See the Methodology section of the Climate Projections for Metro Vancouver study. (Metro Vancouver, 2015)

Flood Hazard Extent

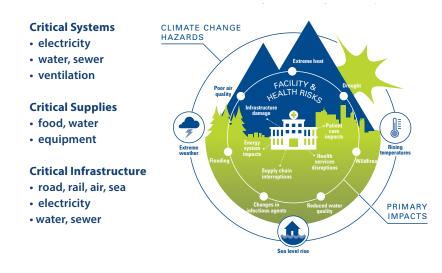
PAST 1971 - 2000

FHA Campuses FHA Facilities



NOTES:

(4) Past flood data shows areas designated as "highly susceptible to flooding" by the Floodplain Mapping Program between 1987-1998.
(5) This map depicts riverine flood extents estimated by Northwest Hydraulics for the Fraser Basin Council's 2016 report "Lower Mainland Flood Management Strategy Project 2: Regional Assessment Of Flood Vulnerability". Topographic data obtained from a variety of sources was used to create a Digital Elevation Model (DEM) for the study area. The DEM horizontal resolution was between five and ten metres. The maps depict flood levels based on ground conditions represented in this DEM. The flood levels are based on a generalized water surface. The accuracy of the floodplain boundary is limited by the resolution of the DEM and the flood level assumptions adopted for this study.
(6) The maps are for the overview level assessment of flood vulnerabilities described by NHC et al (2015). They do NOT represent floodplain mapping and should not be used as such. This shows scenario 'D' from the report, the 1 in 500 AEP Fraser River flood, incorporating a moderate climate change flow increase for year 2100 and a 1m sea level rise.



Workforce

- access
- thermal comfort, productivity
- occupational health and safety
- sick, overtime, absent

Patients

- personal A/C and filtration
- patient stays and readmissions
- pharmaceuticals

Community

- heat-related illnesses, conflict
- heat and air-quality advisories
- water restrictions, drought
- need for refuge and healthcare

Figure 3: Cascading impacts.

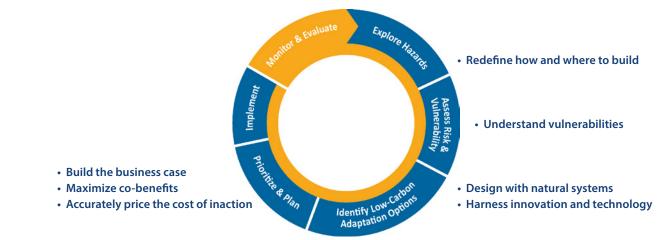
the number of days above 30C at Fraser Canyon Hospital from five days in the past to nearly 60 days by 2080, and a surge in "tropical nights" (when temperatures stay above 20C) at Burnaby Hospital from zero to 25 nights per year by 2080.³

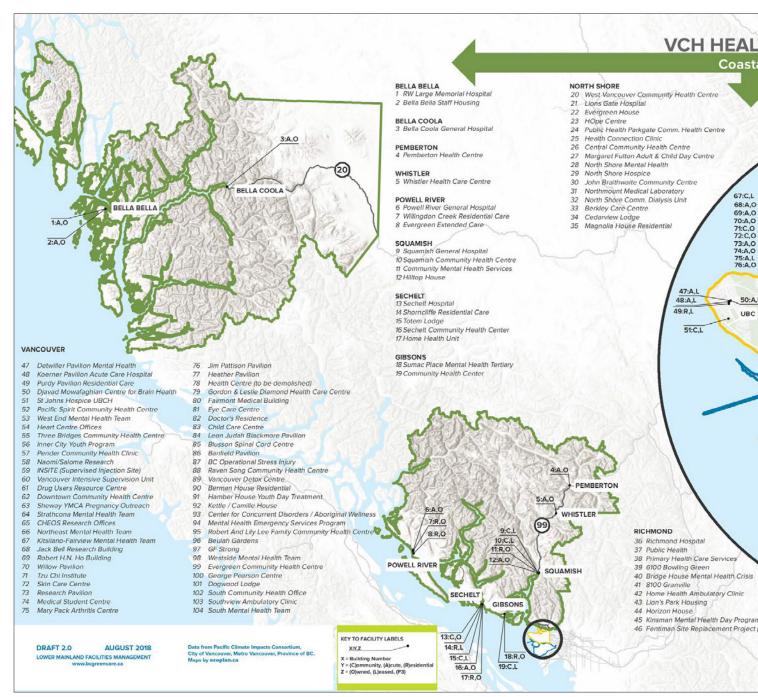
Within the next decades, the extent of flood hazard in the Lower Mainland is expected to increase markedly (Figure 2). Although losses and damages to critical infrastructure, including hospitals, roads and utilities, are expected to be significant,⁴ the total cost of cascading impacts (Figure 3) on the broader health system—including mental and physical health of frontline staff; long-term care facilities, laboratories and research facilities; ambulances and other emergency services—has yet to be calculated for the region.

Annual reports on climate risks, actions, plans, and progress are to be issued publicly by the Minister starting in 2020, and by public sector organizations starting in 2021, in alignment with the Climate Change Accountability Act. These are expected to help British Columbians better understand risks and impacts to the public sector and the services it provides—including health care, schools, and universities.

RESILIENCE PRINCIPLES AND FRAMEWORKS

Resilience principles (Box 2), processes (Figure 4), and frameworks provide direction to and structure for the work we carry out in service to the four health organizations in the Lower Mainland: Fraser Health, Providence Health Care, Provincial Health Services Authority, and Vancouver Coastal Health. These tools support annual climate-risk reporting, focus our attention on needs and opportunities, encourage the partnership and innovation needed to help manage uncertainty, and enable clear communication with our leadership and project teams. Importantly, they help curb the tendency to jump prematurely to solutions without a fulsome appreciation of the new challenges that climate-related shocks and stresses introduce to a complex system.







Through an iterative process, our Climate Resilience and Adaptation Program works with key stakeholders to identify and address climate risks that are material to health service delivery. In capital project planning and design, we bring together health leadership, workforce, public health, emergency response, and consultant teams (e.g., architects, engineers, climate scientists) to explore climate hazard risks and cascading impacts from opening day through to facility end-of-life with scenarios based on climate projections and stress testing.⁵ By overlaying select resilience principles developed by the Urban Development Institute,⁶ we can begin to see where there are opportunities to explore hazards, assess vulnerability and risk, and co-create low-carbon options with our private sector partners, at the site and off-site levels in particular.



These principles, processes, and frameworks are currently being validated and refined through application, evaluation, improvement, and iteration.

EXPLORING HAZARDS AND ASSESSING RISK

Using future climate projections for each hospital in our portfolio (Figure 5),⁷ we have a better understanding of when, where, and to what extent we are likely to see significant shifts in temperature and precipitation in our health service delivery areas. The extended ranges in weather variability and extremes are expected to increase markedly over the next decades; this contextual information is important to incorporate into our site master plans to inform our redevelopment and renewal plans.

Health authorities are required to achieve LEED Gold for capital projects larger than 90 square metres in size. New tools, such as innovation credit 98 – Assessment and Planning for Resilience, can be used to: prompt an application of a broader exposure screen of the site for other climate hazards, such as sea level rise and wind; conduct a high-level review of potential vulnerabilities and risks; and develop a design brief with recommendations to optimize resilience. The process can help to raise awareness within multidisciplinary teams, point to cost-effective interventions early in a design process, and provide a basis for deeper exploration of vulnerability and risk with project stakeholders in later design phases.

The critical infrastructure that connects health facilities with their communities of care, such as roads and power, should be included in vulnerability and risk assessments to help ensure health service delivery even as climate shocks and stresses increase in frequency, duration, intensity, and unpredictability. VCH and Fraser Health are part of a pilot project, spearheaded by the BC Climate Action Secretariat,⁸ to begin mapping out the asset risk costs of exposure to extreme heat and flood. However, a significant amount of further work to understand costs and impacts will be needed at a more granular level to optimize resilient design for particular health facilities.

BOX 2: RESILIENCE PRINCIPLES FOR HEALTH FACILITY PLANNING AND DESIGN

- 1. Work on multiple levels and scales concurrently
- 2. Anticipate interruptions and change
- 3. Allow for iteration and ongoing improvement
- 4. Emphasize "no-regret" options
- 5. Prioritize simple, flexible, and durable design
- 6. Seek co-benefits among design strategies and pathways

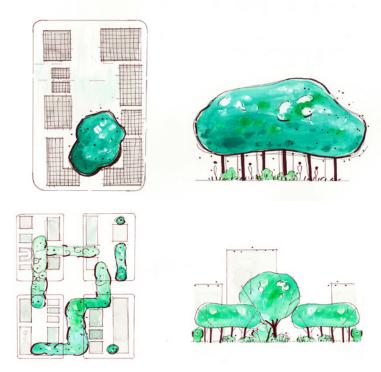


Figure 6: Refuge green (top); Figure 7: Connected green (above).

CO-CREATING RESILIENT DESIGN OPTIONS

Community vulnerability to climate hazards, particularly extreme heat and flood, is material to building broader health system climate resilience. Using publicly available data, the UBC School of Population and Public Health is developing vulnerability maps for VCH and Fraser Health that can help direct attention to areas of need and opportunity as part of a Health Canada-funded project.⁹ Health authorities can work in partnership with local and regional governments to apply healthy built environment principles,¹⁰ such as "enhance nature," to urban design as an important step towards realizing health and climate co-benefits such as reducing mental stress and managing stormwater runoff. In parallel, health facilities can apply green design strategies¹¹ on site, such as "refuge green" (Figure 6) and "connected green" (Figure 7), to provide relief as staff and patients transition from the health campus to the community.

ROLE OF THE PRIVATE SECTOR

The expertise and engines of the private sector are needed to help accelerate our progress towards climateresilient health facilities. As we work to generate new information, refine tools and processes, and develop capacity for building health facility and health system resilience, establishing private sector partnerships and collaboration to better understand the costs and benefits of resilient design, the costs of inaction, and life-cycle costs of low-carbon resilience, in particular, will create opportunities and pathways for transformation across multiple sectors and disciplines.

BOX 3: THE TEN PRINCIPLES FOR BUILDING RESILIENCE (UDI, 2015)

- 1. Understand vulnerabilities
- 2. Strengthen job and housing opportunities
- 3. Promote equity
- 4. Leverage community assets
- 5. Redefine how and where to build
- 6. Build the business case
- 7. Accurately price the cost of inaction
- 8. Design with natural systems
- 9. Maximize co-benefits
- 10. Harness innovation and technology

To learn more about our work and connect with our team, please visit our website at *bcgreencare.ca/program/climate-resilience-adaptation-program*.

Images provided by Facilities Management - Energy and Environmental Sustainability.

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DOES RIVERVIEW HOSPITAL HAVE A FUTURE?

Richard Stewart

R iverview Hospital is a massive property in Coquitlam, 244 acres (almost 100 hectares) of gently rolling land overlooking the Coquitlam River. It is what is left of 1,000 acres that was dedicated more than a century ago to establish the Hospital for the Mind at Mount Coquitlam, soon renamed Essondale after Dr. Henry Esson Young, Provincial Secretary and de facto Minister of Health.

At the time, the existing Public Hospital for the Insane (later named Woodlands) in nearby New Westminster was overcrowded, and the first of Essondale's buildings (the Male Chronic Wing, later to be renamed West Lawn) opened on April 1, 1913. That was followed by the Acute Psychopathic Unit (Center Lawn) in 1924, and then the Female Chronic Unit (East Lawn) in 1930. Many more buildings would be built over the next few decades, including Crease Clinic in the 1930s and '40s to serve veterans returning from war with PTSD (or "shell-shock," as it was called at the time) and the Tuberculosis Unit (North Lawn) in the mid-1950s.

The institution was considered state-of-the-art in its day. Riverview Hospital was recognized worldwide for its research over the years, for ground-breaking initiatives, for excellence in caring for persons with mental illness. But it was built as an asylum, partly as a place to "store" the mentally ill, since at the time the institution was conceived there were few real treatments. And in the '50s and '60s when new treatments started to emerge, like psychiatric and anti-psychotic drugs and electroconvulsive therapy, the dedicated and skilled staff at Riverview put them to use—tested them, found whatever efficacies they could, and used them as best they could to treat their patients. By the late 1950s, Riverview Hospital reached a peak of about 4,500 patients. But with the advent of new treatments for mental illness, and as the "deinstitutionalization" philosophy took hold in the 1960s and '70s, patients at Riverview began to be moved back into community, a process that continued for five decades until the hospital officially closed in 2013.

ARBORETUM AND HERITAGE

Early in the institution's history, BC's first Provincial Botanist, John Davidson, established an arboretum, nursery, and botanical garden on the Riverview Hospital site. Tending the gardens of Riverview was often done with the assistance of patients, as there was a belief in the therapeutic value of planting and gardening. Today, the arboretum at Riverview contains hundreds of species of trees and plants from around the world, many quite unique in Western Canada. The last few decades have seen a growing interest in preserving the arboretum together with the heritage buildings on the beautiful site.

However, for at least two decades beginning in the 1990s, there was much discussion about the Province of BC selling the site, similar to the sale and redevelopment of the Woodlands site in New Westminster and the adjacent site of the BC Penitentiary. However, community advocates rallied to bring public awareness to what many called an "oasis" in Metro Vancouver.

ADVOCACY

The City of Coquitlam has a keen interest in the future of the Riverview Lands. In 2005, the City's Riverview Task Force completed a comprehensive report: *For the Future*



Concept for the new Valleyview building, a new building to accommodate the Maples Adolescent Treatment Centre for Youth and a Provincial Assessment Centre for people with developmental disabilities (February 16, 2017). Credit: flickr/Province of BC.

of Riverview. The report, based on extensive consultation in the community, focused on three key priorities:

- 1. The land should remain publicly owned to provide a sanctuary and residential treatment facility for people with mental illness.
- 2. The heritage buildings, landscapes, and arboretum should be protected and preserved.
- 3. Market housing was not an option the City supported.

More recently, in 2014, the City of Coquitlam retained Dr. John Higenbottam, former vice-president of Riverview Hospital, to develop a report consistent with the community's long-held vision for the Riverview lands as a place for healing and caring. Dr. Higenbottam's report, *Into the Future: The Coquitlam Health Campus*, set out a range of mental health facilities and services on the property, anchored by a psychiatric hospital and an acute care hospital. The Coquitlam Health Campus also proposed the integration of clinical care, long-term residential and rehabilitation programs and services, education and training facilities, a health and wellness business park, and public uses.

As well, the land's tree collection and natural features along with its heritage and cultural values featured prominently in that vision, leveraging the therapeutic benefits and respecting the land's history and community values.

CURRENT USE

Even though the institution called Riverview Hospital is no more, the Riverview lands have continued to host many programs in mental health. Opening in 2002, Connolly Lodge was the first new building constructed on the site in more than 40 years, and by the end of that decade there were three such new buildings providing tertiary mental health services.

Following the 2014 publication of the Higenbottam report, the Province tested the concept of re-establishing additional mental health and addiction services at Riverview with the re-opening of two buildings—Hillside



Concept for the new Riverview Centre for Mental Health and Addictions (February 15, 2017). Credit: flickr/Province of BC.

and Brookside—operated by Coast Mental Health. Following that success, the Province broke ground in 2015 on two major new purpose-built buildings to house three mental health facilities: Riverview Centre for Mental Health and Addictions, Maples Adolescent Treatment Centre, and Provincial Assessment Centre. The new facility for adolescent treatment and assessment is now open; construction is currently underway on the second building.

THE FUTURE

The Province of BC is currently revisiting the future role of the Riverview site and has embraced many of the aspirations of the community and advocates who want the site preserved.

Another important stakeholder, the Kwikwetlem First Nation, has been significantly involved in this process, as these lands have been very important to the Nation for centuries—prior to the establishment of Riverview Hospital.

Today, Coquitlam is pushing for the Province to contemplate converting one of the usable buildings at Riverview to support opioid addiction treatment. Several of these buildings are very viable, with the lights and heat still on; today they are used primarily by the film industry. With the success of the programs at Hillside and Brookside, we believe more can be done, particularly in the current opioid crisis. The Riverview lands have a long history with mental health, and Dr. Higenbottam believes some of the older buildings can continue in a new role.

Coquitlam's hope remains that this magnificent land will have a prominent future in serving the health care needs of our community for generations to come.

Images by Province of BC.

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MEMBER PROFILE

TERRY DOWLE, RI

VICE PRESIDENT, NLD GROUP



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At 18 years old, Terry Dowle was living on his own and putting himself through the Appraisal Program at Langara College. He worked evenings at a gas station and during the PNE was a ranch hand at a burger joint. Though some of his early jobs were fun, others were less so, yet Terry learned a critical lesson from them: "People tend to react in kind to how you treat them," he says. "In most cases, treating people with respect, dignity, and honesty creates a synergy that leads to understanding."

Terry obtained his AACI, P.App in 1995 and became an RI member of REIBC in 1998, which helped to advance his network in the real estate field. Terry went on to achieve the CRP designation in 2011, which opened many doors in the consulting world. He also maintains an associate broker license with REBGV.

Today, as the vice president of NLD Group, Terry manages the firm's commercial division, completing appraisal assignments and depreciation reports throughout BC. In addition, he manages the HR department, assisting in the mentoring and training of appraisers, and works closely with NLD's marketing team.

A resident of Richmond for over 30 years, Terry advocates for being involved in one's profession and community, noting, "My wife says my hobby is volunteering. I do enjoy all of it, and I guess that counts as a hobby!" In his profession, Terry has been a volunteer with AIC-BC for 19 years (currently the president), with the Vancouver Chapter and AIC-BC's board of directors. In his community, he has participated on the board of Richmond City Baseball and continues to be on the board of Richmond Football Club. When asked why he chooses to give his time to these particular organizations, Terry describes the professional recognition and personal fulfilment they have offered him, and that they have also given his family a home. "I feel it is only right to give back to them however I can," he explains.

His involvement with sporting organizations in Richmond have been extremely rewarding. "Baseball and soccer have given me so much in my life," says Terry. "Although I got involved as a means to be active with my three children, I have maintained these relationships and continue to help guide the future of sport in my city."

Terry feels tremendous pride for his family and their achievements, noting how busy everyone is. "It's tough to get all five of us together (not to mention the fact that two of them are out of town) but spending any time with them is great!"



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