



Rhode Island Hospital

**BROWN**Health  
UNIVERSITY

# Rhode Island Hospital

## Institutional Master Plan 2025

### Prepared For:

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June 17, 2025

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## Section 1: Overview

### 1.1 Introduction

Formed in 1994, Brown University Health is a not-for-profit health system based in Providence, RI comprising three teaching hospitals of The Warren Alpert Medical School of Brown University: Rhode Island Hospital and its Hasbro Children's; The Miriam Hospital; and Bradley Hospital, the nation's first psychiatric hospital for children; Newport Hospital, Saint Anne's Hospital and Morton Hospital, community hospitals offering a broad range of health services; Gateway Healthcare, the state's largest provider of community behavioral health care; and Brown Health Medical Group, the most extensive multi-specialty practice in Rhode Island.

Brown University Health teaching hospitals are among the country's top recipients of research funding from the US National Institutes of Health. In fiscal 2023 the hospital received \$145 million in external research funding. All Brown University Health hospitals are charitable organizations that depend on community support to provide programs and services.

### 1.2 Mission Statement

Rhode Island Hospital and its pediatric division, Hasbro Children's Hospital are members of the Brown University Health system and share the mission of *Delivering health with care*.

### 1.3 Rhode Island Hospital

Rhode Island Hospital, located in Providence, RI, is the only Level One Trauma Center designated in the State and southeastern Massachusetts and is the Teaching Hospital of the Warren Alpert Medical School of Brown University. RIH is licensed to operate 179 acute care beds, more than any other hospital in the State. Hasbro Children's is the 87-bed pediatric division of RIH, located in a separate building that houses pediatric surgical facilities, inpatient beds, outpatient clinics and the State's only pediatric intensive care unit, as well as a dedicated pediatric emergency department, also certified as a Level one Trauma Center. The hospital receives over \$50 million annually in external research funding and ranks among the country's leading independent hospitals that receive funding from the National Institutes of Health.

The RIH program is now comprised of five (5) locations across Rhode Island and brings together world-class adult and pediatric cancer specialists as well as leading-edge technology to provide patients with the latest evidence-based treatment options. Services include an array of disease-specific multidisciplinary clinics and radiation oncology which is currently offered at two (2) locations, and infusion services which are provided at five (5) locations throughout Rhode Island. Clinical and supportive programs include a Lung Cancer Screening Clinic, a cancer genetics program, a geriatric oncology consultation program, active cancer research and clinical trials, as well as robust psycho-oncology, palliative care and survivorship programs.

Additionally, RIH operates an adult and pediatric kidney pancreas transplant center, Alzheimer's disease memory disorders center, an adult and pediatric hemostasis and thrombosis center, and adult and pediatric endocrinology center, colorectal care center, and the transfusion-free medicine and surgery program – one of only two such formal programs in New England. RIH is also a verified adult and pediatric burn center and comprehensive stroke center. Rhode Island Hospital is the largest hospital in the state and is a nationally and internationally recognized verified burn center. Rhode Island Hospital provides a range of behavioral health services and research programs for adults, adolescents and children, including psychiatry, emergency services, psychiatry consultation liaison services, correctional psychiatry, inpatient and geriatric psychiatry, mood disorders, gambling treatment, anxiety disorders, body dysmorphic disorder, behavioral sleep medicine, substance abuse treatment, neuropsychiatric services, adult and pediatric neuropsychology services, adult and pediatric partial hospitalization and family research.

RIH has received several awards and recognition for its provision of clinical services including:

- Distinction as “high performing” for geriatric care by U.S. News & World Report’s 2024 – 2025 Best Hospitals List, and in 2023-2024 the publication also named Rhode Island Hospital a “high performer” in the areas of lung cancer surgery, aortic valve surgery, diabetes care, and stroke treatment.
- Newsweek ranked RIH first in its America’s Best-In-State Hospitals for 2024 ranking for Rhode Island; and recently received recertification from The Joint Commission for its Comprehensive Stroke Center, being the only hospital in the state with this designation.
- RIH’s critical care units have been recognized with a silver-level Beacon Award for Excellence from the American Association of Critical Care Nurses (AACCN). This award is given to care units that have demonstrated the prioritization of patients in the development of a positive and supportive working environment for nurses.

#### 1.4 Rhode Island Hospital by The Numbers

##### Staffing

Employees	8,262
Licensed Beds	719

##### Patient Care

Patient Discharges	33,520
Emergency Department Visits	138,520
Outpatient Visits	335,396
Outpatient Surgeries	14,623
Inpatient Surgeries	9,393

##### Financial Performance (\$ in thousands)

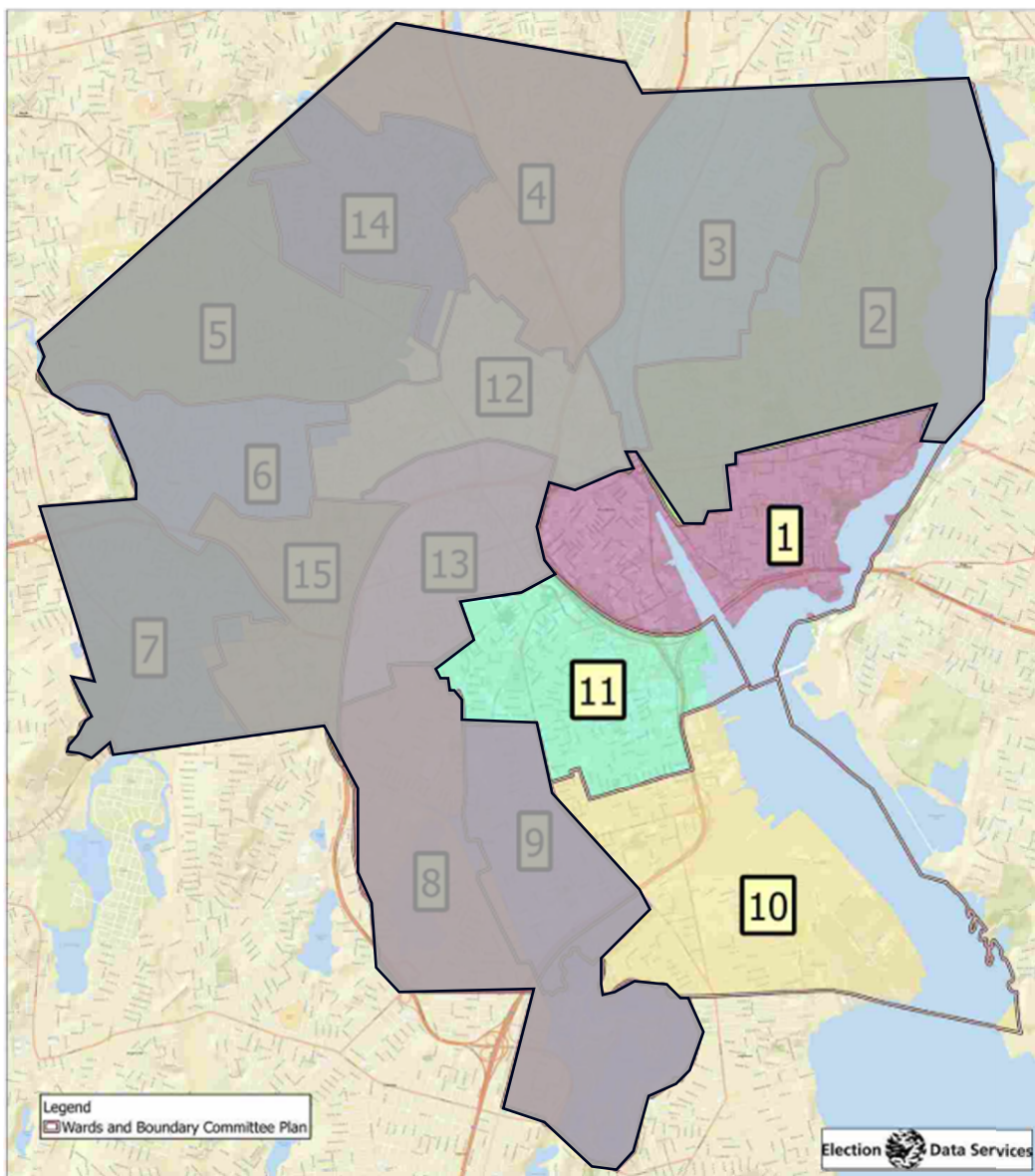
Total Operating Revenue	\$2,208,458
Total Operating Expenses	\$2,045,815
Net Patient Service Revenue	\$1,790,151
Total Assets	\$1,836.806
Research Funding Revenue	\$90,298

##### Net Cost of Charity Care and Other Community Benefits (\$ in thousands)

Charity Care	\$23.620
Medical Education, net	\$104,549
Research	\$12,287
Subsidized Health Improvement Services	\$23,724
Unreimbursed Medicaid Costs	\$21,4055
Total cost of Charity Care and other community benefits	\$186,356

### 1.5 Adjacent Neighborhoods

Rhode Island Hospital's major facilities span three neighborhoods in Providence. Its Main Campus is in the Upper South Providence neighborhood of the City's 11<sup>th</sup> Ward. Its Coro Complex is in the Jewelry District portion of the Downtown Neighborhood in the 1<sup>st</sup> Ward. The hospital also has a significant administrative presence in the Lower South Providence area of the 10<sup>th</sup> Ward. This includes ambulatory and administrative sites inside and outside of the Providence area. Brown University Health combines all its administrative functions that were in the Lower South Providence area to 15 LaSalle Square to consolidate space.



### 1.6 Goals for the 2025-2035 IMP

The main goals for Rhode Island Hospital's 2025 Institutional Master Plan are to clarify campus zoning, identify development sites, understand the power plant and improve and clarify access and parking. Section 5 outlines a detailed description of the Framework Plan highlighting these goals.

## 1.7 Project Team

<b>Project Name:</b>	Rhode Island Hospital Institutional Master Plan
<b>Address/Location:</b>	Rhode Island Hospital's main campus is in Providence's South End, generally bound by Dudley Street and Borden Street. It is comprised of 20 owned or controlled buildings and a helipad.
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<b>Transportation Consultant:</b>	VHB 1 Cedar Street, Suite 400 Providence, RI 02903 401.272.8100 Scott Lindgren, PE, LEED AP, Senior Project Manager
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<b>General Contractor:</b>	Suffolk Construction 65 Allerton Street Boston, MA 02119 617.445.3500 Andrew Potts, Vice President, Project Executive
<b>Mechanical Electrical Plumbing Consultant:</b>	BR+A Consulting Engineers 10 Guest Street, 4 <sup>th</sup> Floor Boston, MA 02135 617.254.0016 Michael Benjamin, PE, HFDP, LEEDAP, Principal

## Section 2: Rhode Island Hospital Campus and Facilities

### 2.1 Overview of Existing Rhode Island Hospital Campus Area

Rhode Island Hospital's Main Campus is located on the south side of Providence. It includes the core with more intensive clinical uses in the Main Hospital Building. This central structure houses inpatient and outpatient services including advanced surgical suites and intensive care units. The Ambulatory Patient Center (APC) offers outpatient services, including diagnostic imaging, laboratory services and clinical support services. Anderson Emergency Center is the region's only Level 1 Trauma Center equipped to handle the most critical emergencies for adults and pediatric patients. The combined campus includes 12 RIH owned or controlled buildings and a helipad. Total RIH owned or controlled space is approximately 1,945,243 square feet of usable space. The buildings were built between 1900 (Southwest Pavilion) and 2006 (RIH Bridge Building).

Rhode Island Hospital's main campus is within an approximately 44-acre campus generally bound by Borden Street to the north, Dudley Street to the south, Eddy Street to the east and Plain Street to the west.

### 2.2 Existing Property and Uses

RIH's existing campus owned property, and uses are listed in Table 2-3. The properties and uses listed in Table 2-3 are incorporated to ensure they are acknowledged and approved for institutional use under the 2022 IMP. There are currently 4,280 surface parking spaces (total on-campus and offsite parking spaces). An inventory of owned and leased parking is included in Section 1 of VHB's Executive Summary Report below.

**Table 2-3 Campus Owned Space**

<b>RHODE ISLAND HOSPITAL (RIH)</b>		<b>CAMPUS BUILDINGS</b>			
O	593 EDDY STREET	ALDRICH BUILDING	1929	1993	59,294
RD/O	593 EDDY STREET	ANNEX	1929	1990	20,774
OP	593 EDDY STREET	APC	1973	1993	345,156
IP	593 EDDY STREET	BRIDGE BUILDING	2006		363,451
IP	593 EDDY STREET	CRAWFORD-ALLEN	1958	1984	5,806
O	593 EDDY STREET	CRESCENT	1964	1990	3,236
IP/OP	593 EDDY STREET	DAVOL	1983	1993	98,537
O	593 EDDY STREET	GENERATOR	1975		20,675
OP	593 EDDY STREET	GEORGE (includes ABP)	1959	1994	45,968
O	593 EDDY STREET	GERRY HOUSE	1964	1991	55,078
O	593 EDDY STREET	GRAD'S DORM	1929	1993	14,788
O	593 EDDY STREET	GROSVENOR	1924	1993	13,719
IP	593 EDDY STREET	HASBRO CHILDRENS	1994		187,183
Support	593 EDDY STREET	INCINERATOR	1957	1984	2,224
IP	593 EDDY STREET	JANE BROWN N.	1970	1994	84,555
IP	593 EDDY STREET	JANE BROWN S.	1921	1993	53,831
OP	593 EDDY STREET	JOSEPH SAMUEL DENTAL	1931	1993	14,874
O	593 EDDY STREET	KEYSTONE	1968	1988	23,296
Support	593 EDDY STREET	LAUNDRY	1906	1994	25,106

IP	593 EDDY STREET	MAIN	1955	1994	316,276
OP	593 EDDY STREET	MEEHAN	1972	1992	11,591
O	593 EDDY STREET	MIDDLE HOUSE	1926	1994	35,894
OP	593 EDDY STREET	MULTIPHASIC	1969	1991	30,118
O	593 EDDY STREET	NURSING ARTS	1954	1991	22,929
IP	593 EDDY STREET	POTTER	1941	1986	39,095
Support	593 EDDY STREET	POWER PLANT			11,391
OP	593 EDDY STREET	RADIATION ONCOLOGY	1974	1993	22,090
O	593 EDDY STREET	SOUTHWEST PAV. (1st & 2nd Floors only)	1900	1993	18,310

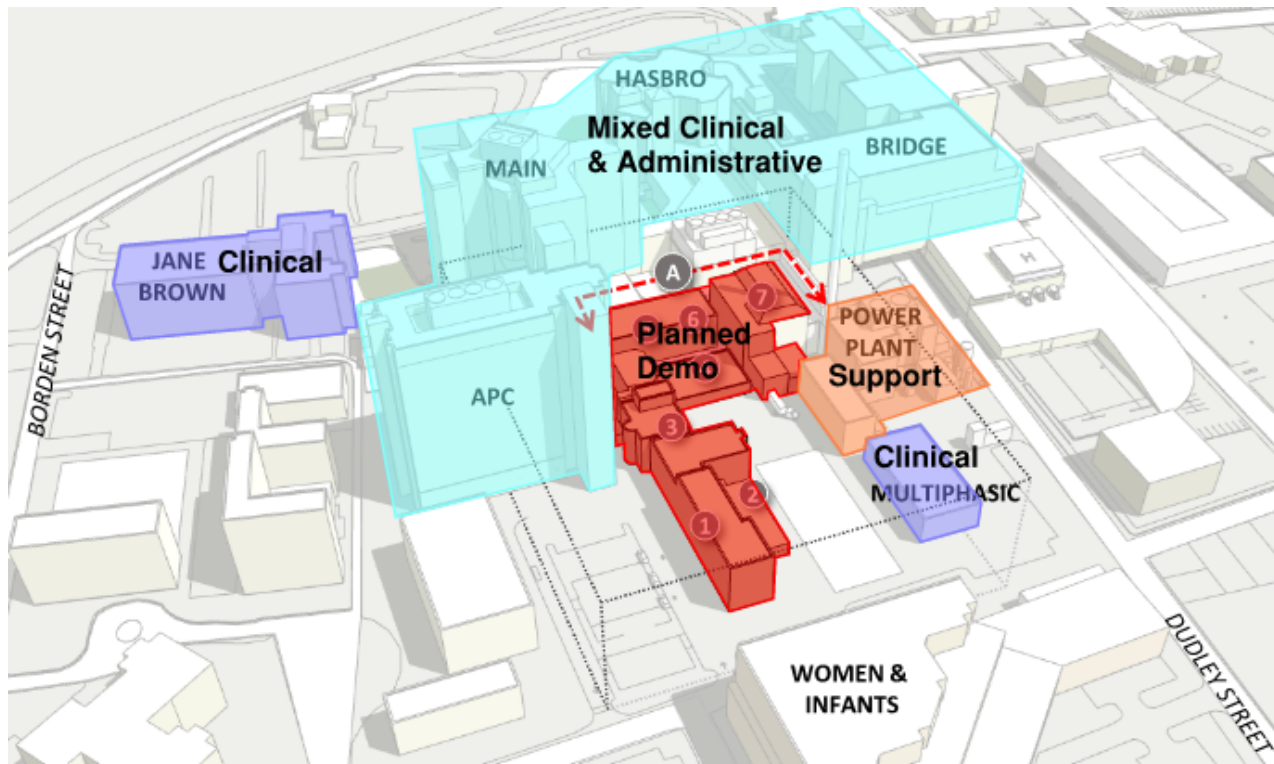
1,945,243

### 2.3 Campus Use Adjacencies

Rhode Island Hospital is currently working on improving its campus use adjacencies. One of the main goals of this IMP is to clarify campus zoning by refocusing the core buildings to support more intensive clinical uses and relocating administrative staff off campus. The current uses of the existing building are heavily mixed with core clinical and administrative services. See Figure 2-4.

The master planning objectives focus on maximizing the value of building resources, enhancing operational efficiencies through centralized services and strategic adjacencies, and modernizing clinical services. These goals ensure RIH can provide high-quality patient care, manage volumes effectively, and adapt to evolving healthcare trends.

Figure 2-4 Campus Major Use Zones





## 2.4 Campus Aging Buildings

A facilities condition assessment was completed to evaluate the physical condition of the significant Rhode Island Hospital Campus buildings. This assessment was aimed at prioritizing capital investment and determining the highest and best use for the buildings in the short and long-term. The RIH Campus is comprised of buildings of various ages and conditions. The assessment concluded that certain buildings contain significant deficiencies and require substantial improvements to function acceptably as clinical, research and/or administrative space.

These buildings are located in Middle Campus and include:

- Potter
- Crawford Allen
- Geroge
- Meehan
- Grosvenor
- Southwest Pavilion (Metcalf)
- Laundry (Partial)

Several factors are weighted for clinical services, research, administrative building and site use in determining the highest and best use of RIH's building resources. To consider a building's appropriate location, the following evaluations were considered. Adjacency to existing clinical services, location consistent with master plan goals, impact on surrounding neighborhoods, ease of access, and accessibility to parking.

## Section 3: Completed Goals

Rhode Island Hospital has completed many projects between the last submission from 2022.

### 3.1 Completed Capital Projects

- Top-down full building refresh Hasbro Children's 2020-2023
- Mechanical upgrades in several buildings, including:
  - Sprinkler system upgrades – Campus wide - 2023
  - Heating system replacement - Hasbro Children's - 2023
  - AC Unit Replacement – MOC Building – 2023
  - Steam Generator Replacement – Main Building - 2023
- Cath Lab UPS System – APC – 2024
- Service Elevator Upgrade – APC Building 2024
- Mechanical Controls Upgrade – Jane Brown Building - 2024
- Installed a New Parking System – Parking Garages and Public Lots – 2023. Included new gates, intercoms, badge access, self-pay kiosks, automated validations.
- Security System Upgrades and enhancements campus wide – 2024. Included exterior and interior cameras, patient unit lock-down capabilities, metal detection at the Emergency Department, expanded visitor badging system, staff panic alarms.
- Diagnostic Imaging Projects
  - Added a CT to MOC Ground 2023,
  - Reloaded the Gamma Cell in Grosvenor 2023,
  - Replaced two EP Labs in APC 2022 / 2024,
- Replaced the ED Cath Lab in the Bridge Building 2024

- Relocated research facilities to partner Brown University (Warren Alpert) Medical School.
- Lifespan title branding update to Brown University Medical that includes signage updates (building signage program in effect) - 2024
- Automated Lab Installation/Upgrade - 2024
- Clinical Decision Unit Renovations- Bridge Building ED- 2024
- Pharmacy Renovations
- 3rd Floor APC Compounding 2020,
- Main Basement In-Patient Pharmacy 2024/2025
- Renovated Rhode Island Hospital Main Lobby - 2024
- Sterile Processing Department Upgrades – Bridge Building & Co-op 2024/2025

### 3.2 Completed Deferred Maintenance Projects

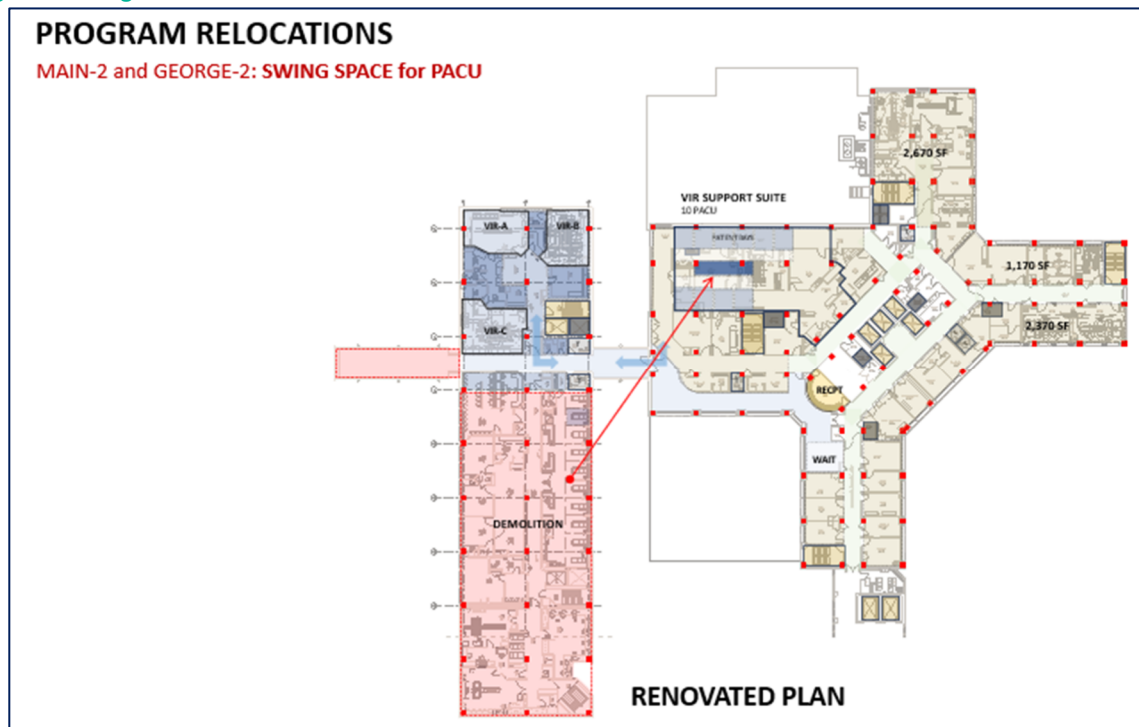
- Energy Savings Projects
  - Compressor replacements and refrigeration controls – multiple areas - 2023
  - Converted lighting to LED for energy savings– multiple buildings– 2023-2024
  - VFD replacements and new installations– multiple buildings - 2024
- Exterior Siding Replacement – Power Plant Building – 2024
- Building envelope facade & window repairs – Rad Oncology, Main , Bridge , and APC Buildings - 2024
- New Chiller Plant (serving multiple patient buildings) - Keystone mechanical sub-basement - 2024/2025
- Roof replacements
  - George Building – 2023
  - Middle House Building– 2024
  - MOC Building 2024
  - Power Plant
- Parking Garage Structural Repairs – Bridge Garage 2023/2024
  - Employee Parking Lot Resurfacing and Control gates - 2024
  - Exit Stair Replacement and Grading – Keystone Building / Cafeteria - 2024

## Section 4: Certificates of Need

### 4.1 Renovation of Main | Interventional Imaging Relocations

Pending CON for a Renovation of Main. This CON was submitted on January 10th and was recently approved by the Health Services Council on April 1, 2025. The CON is currently pending for final approval from the Director of the Department of Health which is anticipated in late April or early May 2025. George/Meehan is slated for demolition and requires the relocation of Interventional/Imaging clinical programs on the 2<sup>nd</sup> floor. To minimize the needed Swing Space (temporary), the plan is to save George-North – the portion of the George Building north of the main corridor. This will save the three vascular and neuro interventional rooms on the 2<sup>nd</sup> floor. The remainder of the associated clinical programs on the 2<sup>nd</sup> floor will be relocated to Main-2 in roughly 6,100-SF. 6,100-SF to re-create the horizontal adjacencies that are required for these programs (note: this move involves the relocation of outpatient imaging that is currently in this location on Main-2... this enabling project is still under review). This is an early planning diagram:

Figure 4-1 Program Relocations



#### 4.2 New Utility Tunnel

Pending CON for a new utility tunnel aka The Central Artery. This CON was submitted on January 10<sup>th</sup> and is currently under review. The Mid-Campus site requires the demolition of 6 buildings and campus utilities that run through and alongside these buildings. The phasing requires that new and redundant utilities be installed outside the footprint of the future building. These temporary utilities will be replaced by new and final-state utilities to be placed within the future Platform Building. There will be significant work to understand how to phase this work and manage the shutdowns. All key utilities such as power, gas, med gas and steam and will run through the tunnel and traverse from the Power Plant to the main campus. This construction aims to ensure no disruptions during the transition from the current state to the future state including the Laundry Building and associated loading dock. Phasing the construction of the tunnel is being considered.

The roster of utilities is:

##### *FIRE PROTECTION/PLUMBING:*

- 10" combined water (FP+P)
- 3" OX
- 8" NG
- 4" FP

##### *HVAC:*

- 18" Low Pressure Steam
- 8" High Pressure Steam
- 6" Processed Chilled Water

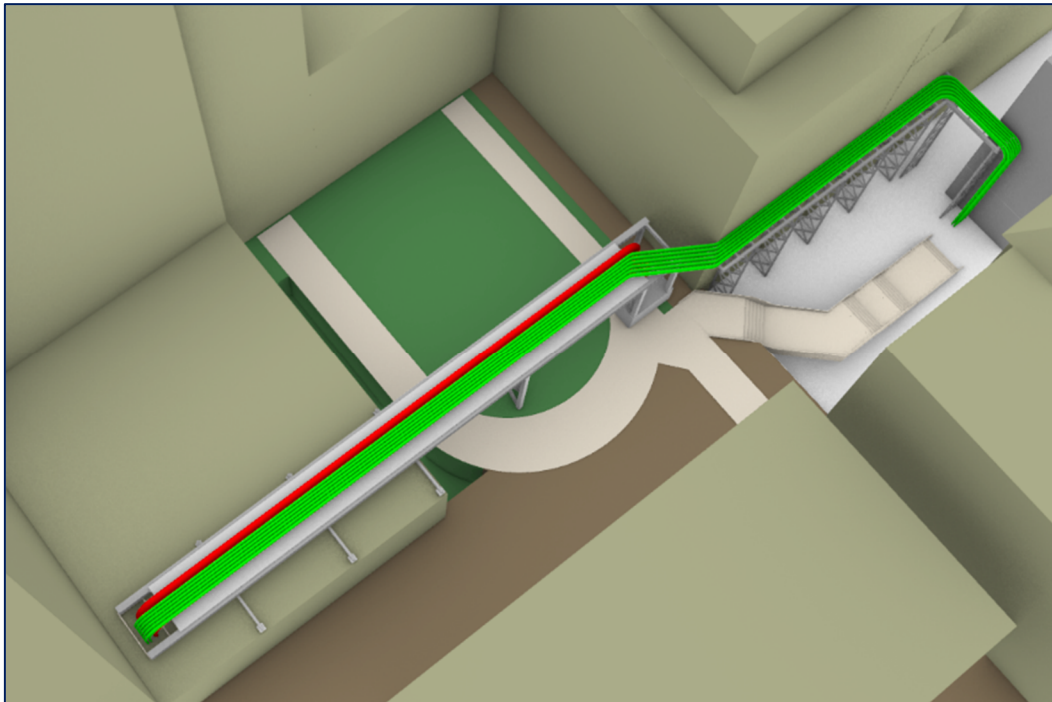
##### *ELECTRICAL:*

- (10) 5" CONDUITS
- 4'-500KCMIL feeders + ground

**INFO TECHNOLOGY:**

- (4) 5" CONDUITS

**Figure 4-2: This is a schematic diagram of the temporary solution.**



## Section 5: 2025 Institutional Master Plan

### 5.1 Introduction

Brown University Health is seeking approval for Zoning Ordinance 1910.D.3 for five new projects, including a mix of building additions, traffic connectivity, improved building access and increased accessibility to parking. Phase I consists of several enabling projects that will vacate specific obsolete buildings planned demolition. In addition to the new and approved projects, RIH and their Corporate Services anticipate vacating certain leased spaces to consolidate into a centralized corporate office.

### 5.2 Framework Plan

The Framework Plan is a long-term campus vision for Rhode Island Hospital to synchronize institutional strategy with campus resources. Resource planning includes space use, capital planning and operational costs. The plan supports the mission of this urban academic medical center to improve the core programmatic objectives in clinical, research and educational enterprises. Approaches to strategic deployment of assets on campus include razing buildings beyond their useful life, renovating and repositioning key assets and investigating new construction for best-in-class clinical environments.

A core principle of the Framework Plan is clarifying “campus zoning” to ensure that campus functions – patient/visitor arrival, material /logistics flow, inpatient towers, etc. – are organized to improve efficiency. This includes prioritizing of

what clinical and support functions belong on the core campus to ensure the highest and best use of the limited campus assets. This approach will synchronize business planning and clinical care service lines with spaces to support them.

Simultaneously, there is a plan for incremental campus evolution aimed at consolidating underutilized spaces, expanding growth in targeted service lines and improving access to campus through improvements in traffic flow and parking access. In addition to physical improvements there is also long-range planning to upgrade and improve infrastructure focusing on sustainability and resilience. The planning outlines an incremental approach to mid-term and long-term improvements to resilience and reduction in energy use.

Improvements to transit and, in general, the patient/visitor/staff experience. The planning focuses on improving the patient/visitor/staff access to “green spaces” to provide respite within a dense urban setting. This will improve wayfinding – from arrival to care – for an improved patient/visitor experience to reduce stress and confusion.

### 5.3 Platform Building

Following the Framework Plan – there is a focus on transitioning the “Middle Campus” from its traditional, if not outdated, campus center to a best-in-class clinical core. This reflects a generational transition from smaller and under-performing buildings – Potter, Crawford Allen, Southwest Pavilion, George/Meehan and Grosvenor – to a high-performing clinical care center: the Platform Building. The Platform Building is a long-term investment in the core diagnostic and treatment clinical functions that will support and improve the functions of all services on campus. It is designed to house new and expanded Imaging, Outpatient Oncology, Diagnostic & Treatment Platforms, and Central Sterile Processing (CSP). The CSP is a key improvement to logistics and materials movement and a key complement to the lower-level corridors’ connectors that knit together existing corridors and loading docks for the support material and flow. The Platform Building is also designed to support a future vertical expansion of seven story bed tower as well as expansion to the north in a future phase.

A key improvement to campus arrival and wayfinding is a new Concourse that will service as the hospitals new “front door” and improve the connection wayfinding on the main level. It is designed to connect to a new structured parking garage by a Sky Bridge to improve campus access and arrival. Wayfinding is punctuated with new “green spaces” – hardscape and soft landscaping – for patient/family respite. Finally, the Platform Building represents a key improvement for clarifying and consolidating campus utilities that previously traversed the “Middle Campus” in a disorganized and ad hoc manner. It is designed to meet current sustainability standards to reduce energy use and improve resilience.

Figure 5-1: Proposed Platform Building & Concourse



Figure 5-2: Proposed Dudley Street Arrival





## 5.4 New IMP Projects

	IMP Elements	Approximate Size (SF)	Use
New IMP Projects			
	Enabling Projects	160,000	Mixed use clinical/admin - DEMO
1	Platform Building	150,000	OR – Interventional Suite Cancer Center Imaging Suite SPD & Support Services
2	Concourse	3 Story Connector	Corridor Connections Winter Garden Lobby & Amenities
3	New Arrival Sequence		Vehicle Drop Off Lanes Valet
4	Gardens		Greenspace and hardscapes Wellness and respite areas
5	Garage and Sky Bridge	500 – 750 Parking Spots	Structured parking Sky Bridge to Concourse

Figure 5-3 Proposed Massing Plan

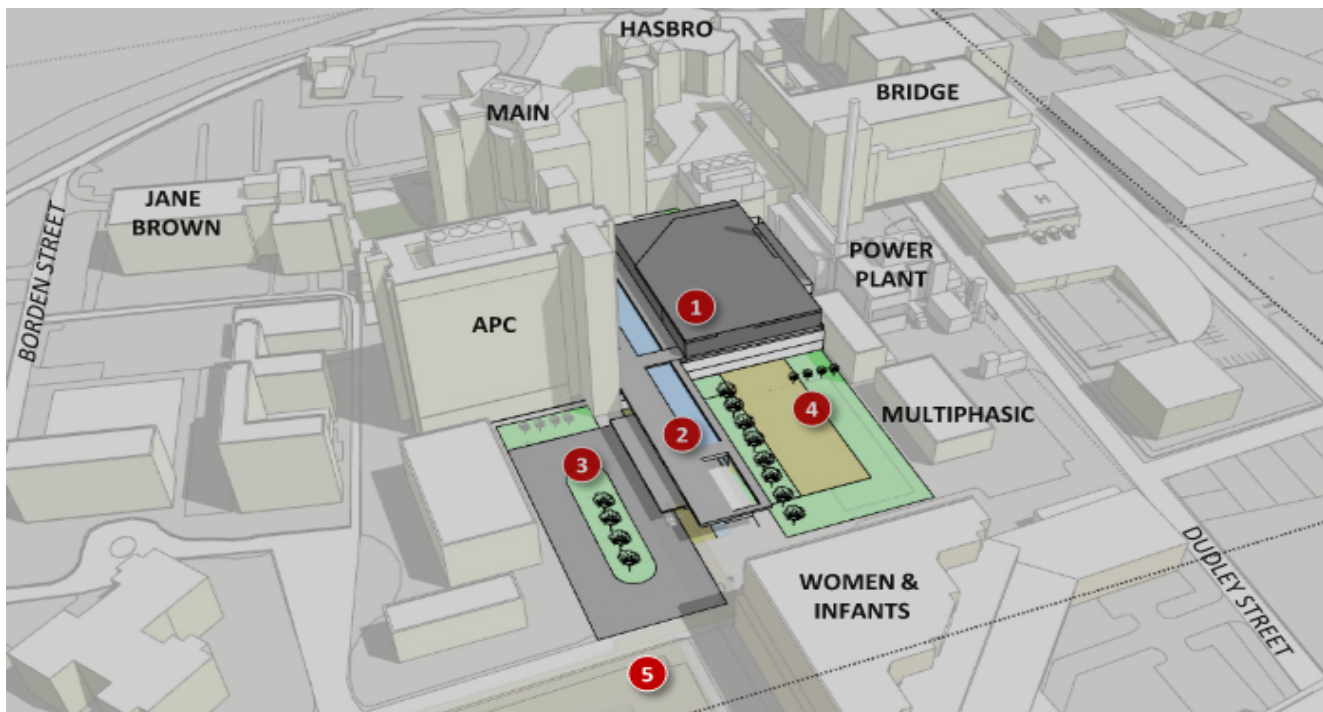
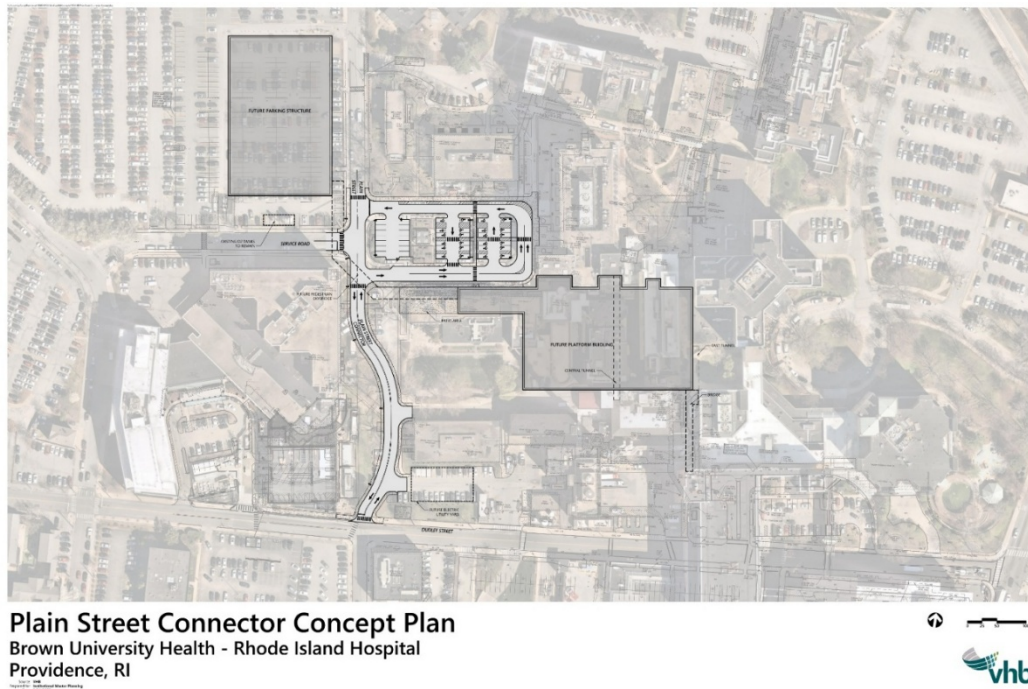


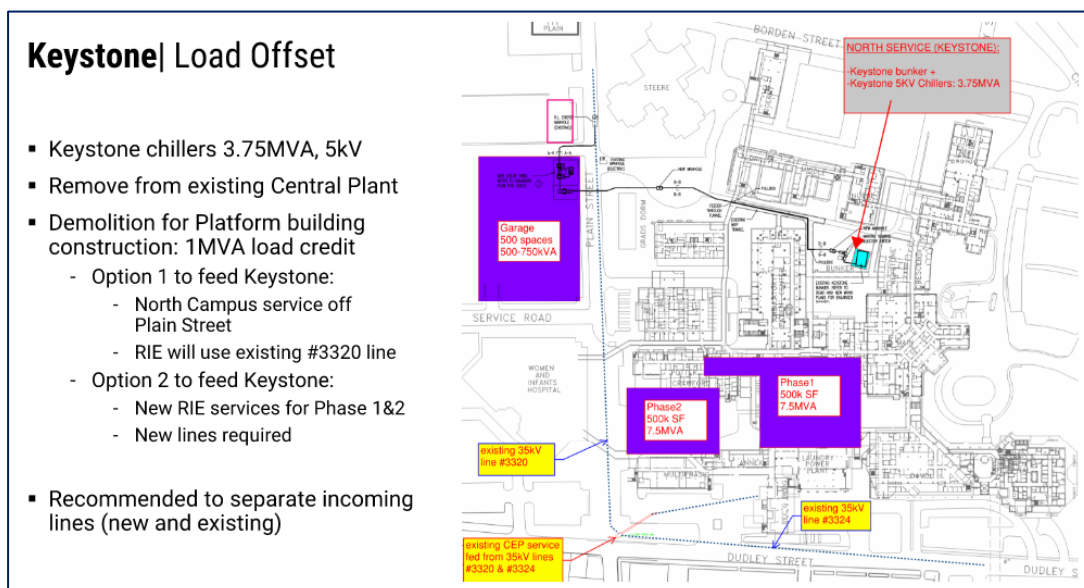
Figure 5-4 Plain Street Connection



## 5.5 Other IMP Elements

### 5.5.1 Substation

The existing service to the hospital will need to be relocated to accommodate the Platform Building. The new service from the Rhode Island Energy substation will run down Dudley Street to a fenced in equipment yard. The substation will direct an underground duct bank to feed the new buildings and existing central plant for the new feeders and intercept the existing Keystone substation feeders.





## Section 6: Traffic Study, Parking Plan & Landscaping Inventory (VHB)

## Section 7 : Environnemental Sustainability

Brown University Health has set an ambitious goal to substantially reduce carbon emissions. The Brown Health Platform Building and Tower will be designed to be a hybrid fossil fuel and electric system. The design is targeting a 30-40% reduction in energy use intensity compared to a code minimum building, which is an energy use intensity of approximately 150 kBtu/sf-yr. This is achieved using a high-performance envelope and mechanical system design. The HVAC system will have a dedicated outdoor air system with total energy recovery wheels, and a geothermal heat pump system for an electric sourced base heating and cooling loads. The central utility plant will provide steam for peak heating loads and backup for resiliency. The design will achieve an 80% reduction in on-site fossil fuel emissions during normal operation Day 1 and expandable to 100% fossil fuel free in the future. The design can achieve a 90% reduction in carbon emissions if Brown University Health procures renewable energy on-site or off-site.

- Installation of Electric Vehicle (EV) Charging Stations.
- Consideration of utilization of stormwater reclamation systems for internal building water demand reduction or irrigation use/reduction.
- Designing larger stormwater systems for future projected increase in rainfall intensity and storm volumes to reduce the impact of flooding on campus.
- Implement project reduction of impervious cover, increased tree canopy, and integration of green infrastructure throughout the project to slow, filter, collect, and infiltrate rainwater where it falls.
- Design of redundant/resilient utility systems for continuity of operations.

## Section 8: Public Process

Rhode Island Hospital engaged the community with three meetings. The initial meeting was held virtually on May 28, 2025. The second and third meetings were held at the Community College of Rhode Island's Providence Liston Campus – May 29, 2025, and June 2, 2025, respectively. The plan moving forward is to engage the community on a regular basis to ensure that the adjacent residents are heard and can weigh in on the development of this IMP.