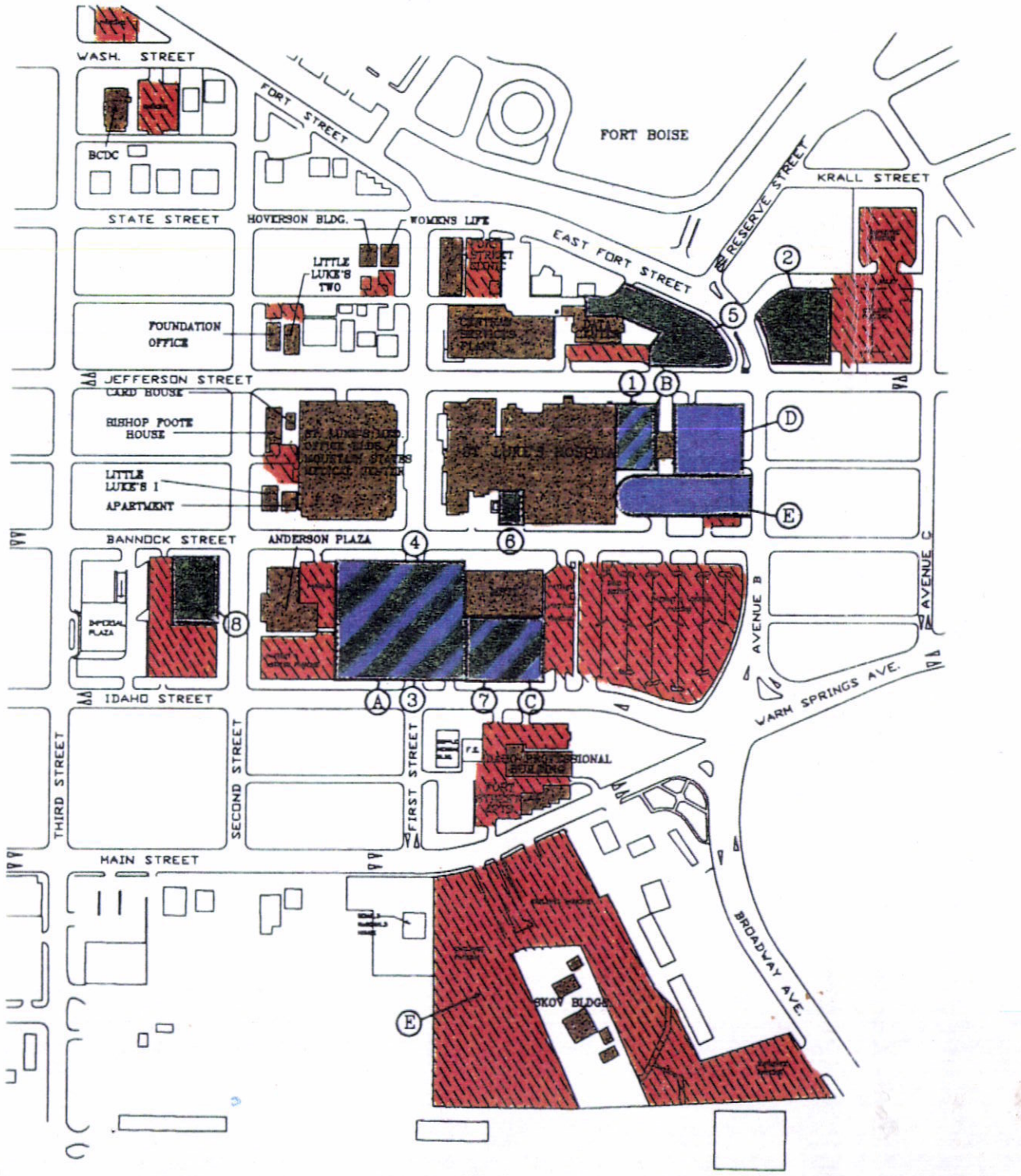


Campus Master Plan

Current Construction Projects

1 East Wing Expansion: current – 7/95
2 Medical Office Building I: 4/93 – 10/93
3 Parking Structure: 7/93 – 11/94
4 Anderson Center Reconstruction: 7/93 – 7/94
5 Reserve Street Parking: 9/93 –9/93
6 Chapel Expansion: 11/93 – 8/94
7 MSTI Expansion: 1/94 – 7/95
8 Medical Office Building II: 1/96 – 12/96

Potential Construction Projects

A Parking Structure*
B East Wing, Floors 8, 9 & 10 Completion
C MSTI Vertical Expansion, 25,000 SF/Floor
D Clinical Expansion
E New Entrance Drive

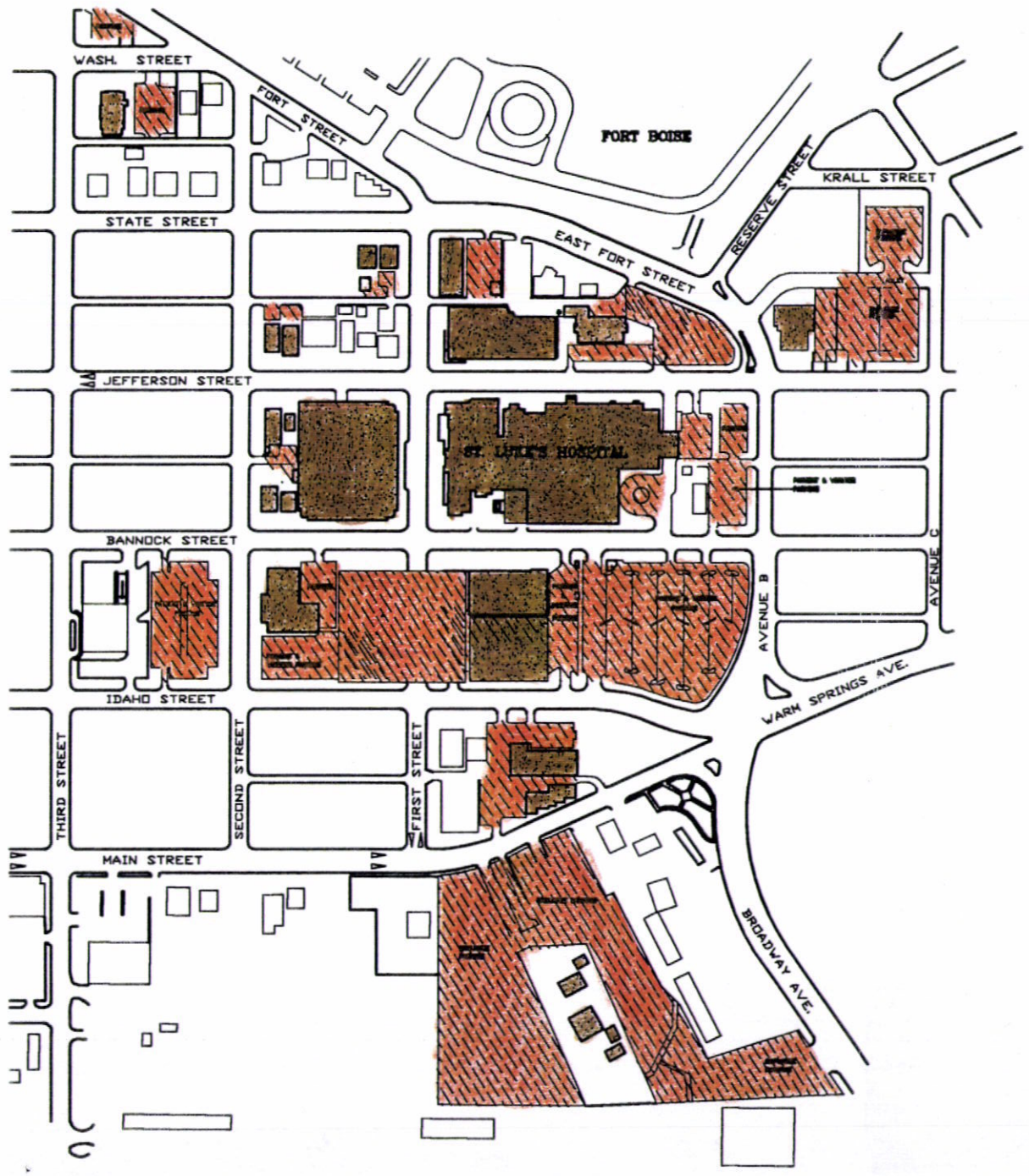
Symbol Key

St. Luke's Buildings – March 1993
St. Luke's Parking – March 1993
Current Construction Projects
Potential Construction Projects

St. Luke's Regional Medical Center

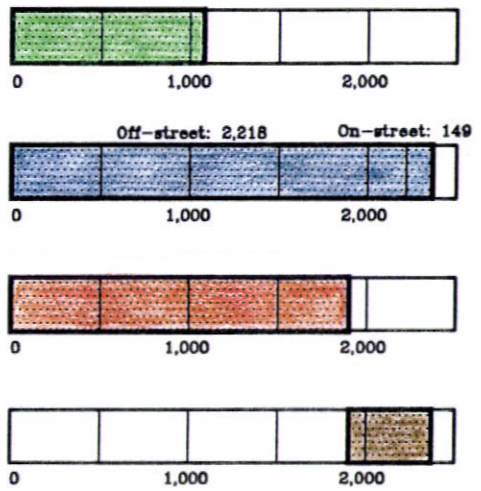
Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-3486

DATE: 3/22/93



Parking Status - July 1995

Boise City Requirements	1079	
Available Parking On-Site/Adjacent On-Street	2367	Off-street: 2,218 On-street: 149
Peak Demand Patients/Visitors/ Employees/Construction	1900	
Surplus (Deficit)	467	



Construction Projects

None

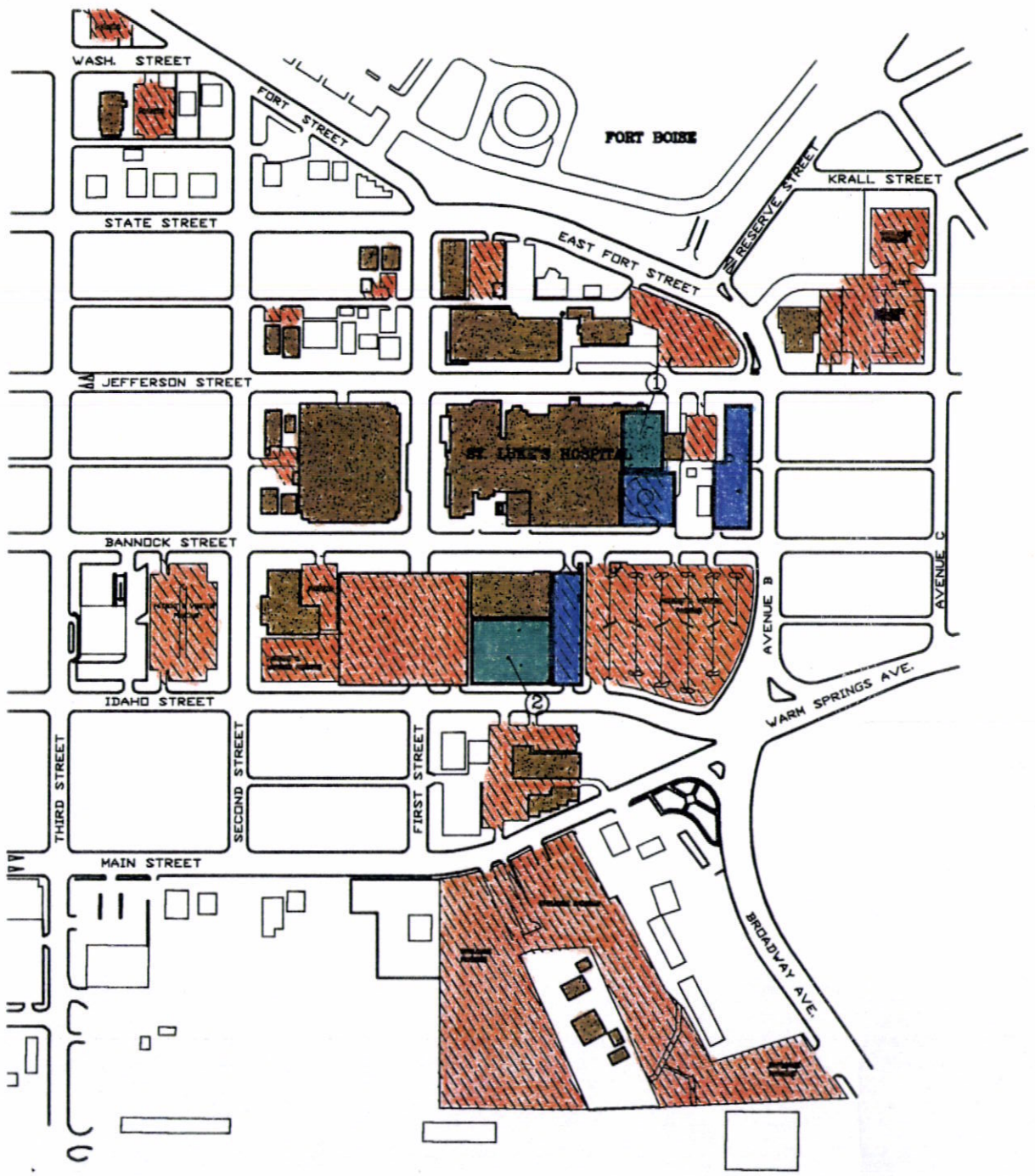
Symbol Key

- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

St. Luke's Regional Medical Center

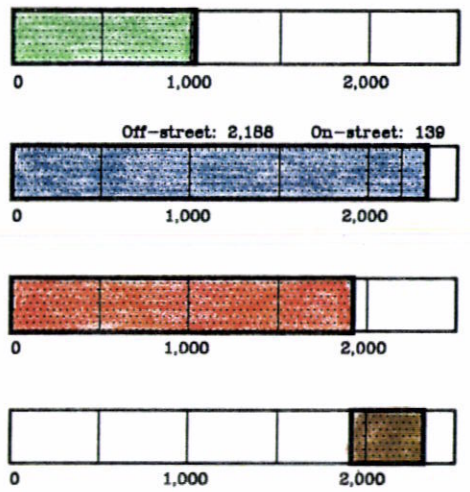
Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-5486

DATE: 3/22/95



Parking Status - January 1995

Boise City Requirements	1027	
Available Parking On-Site/Adjacent On-Street	2327	Off-street: 2,188 On-street: 139
Peak Demand Patients/Visitors/ Employees/Construction	1921	
Surplus (Deficit)	406	



Construction Projects

1 East Wing Expansion
2 MSTI Expansion

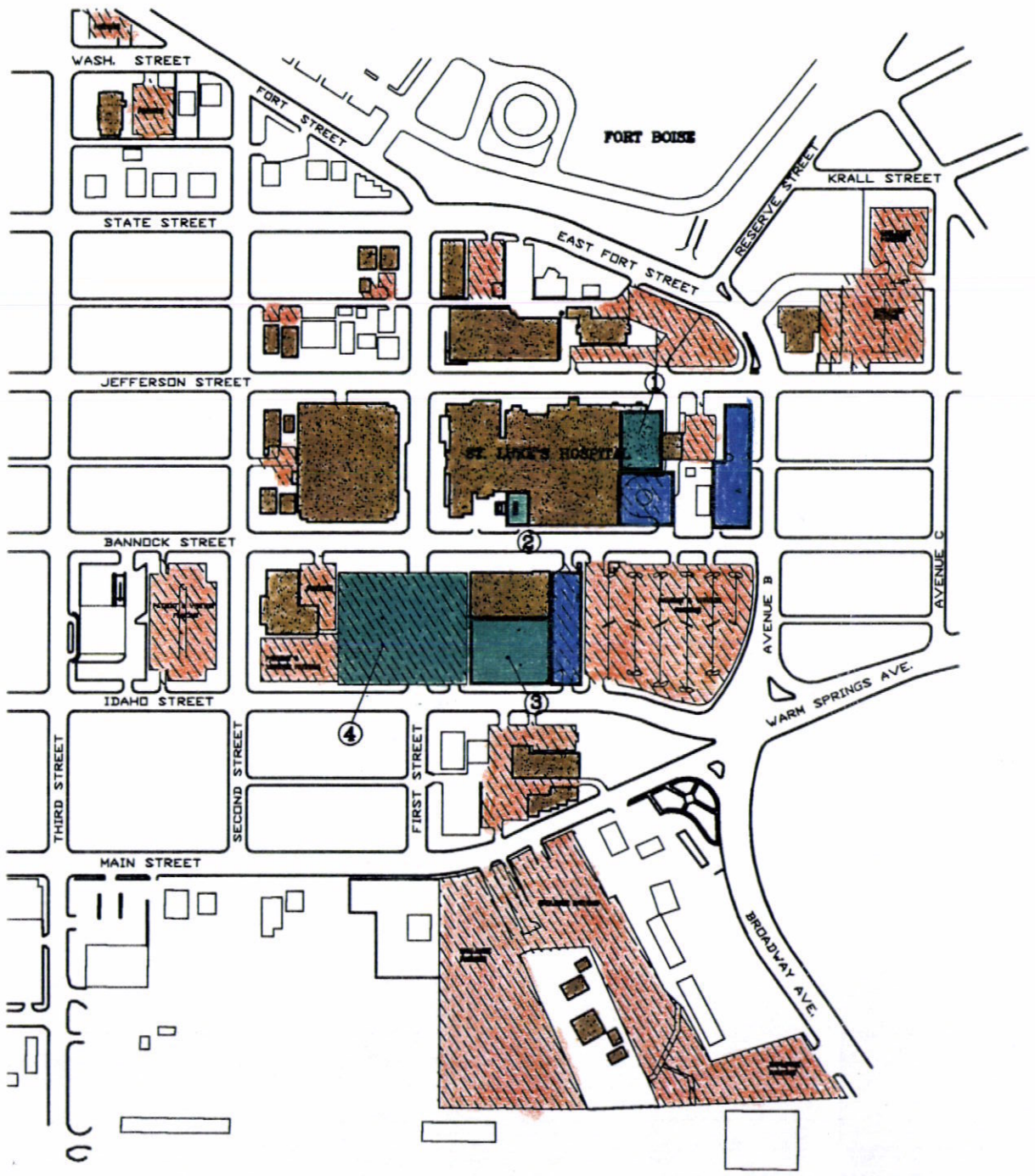
Symbol Key

- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

St. Luke's Regional Medical Center

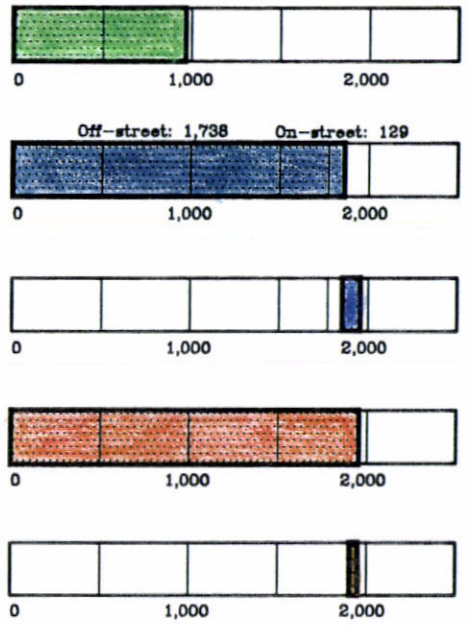
Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-3486

DATE: 3/22/95



Parking Status - July 1994

Boise City Requirements	965	
Available Parking On-Site/Adjacent On-Street	1867	Off-street: 1,738 On-street: 129
Off-Site Shuttle	90	
Peak Demand Patients/Visitors/ Employees/Construction	1953	
Surplus (Deficit)	4	



Construction Projects

1 East Wing Expansion
2 Chapel Expansion
3 MSTI Expansion
4 Parking Structure (Floors 4 & 5)

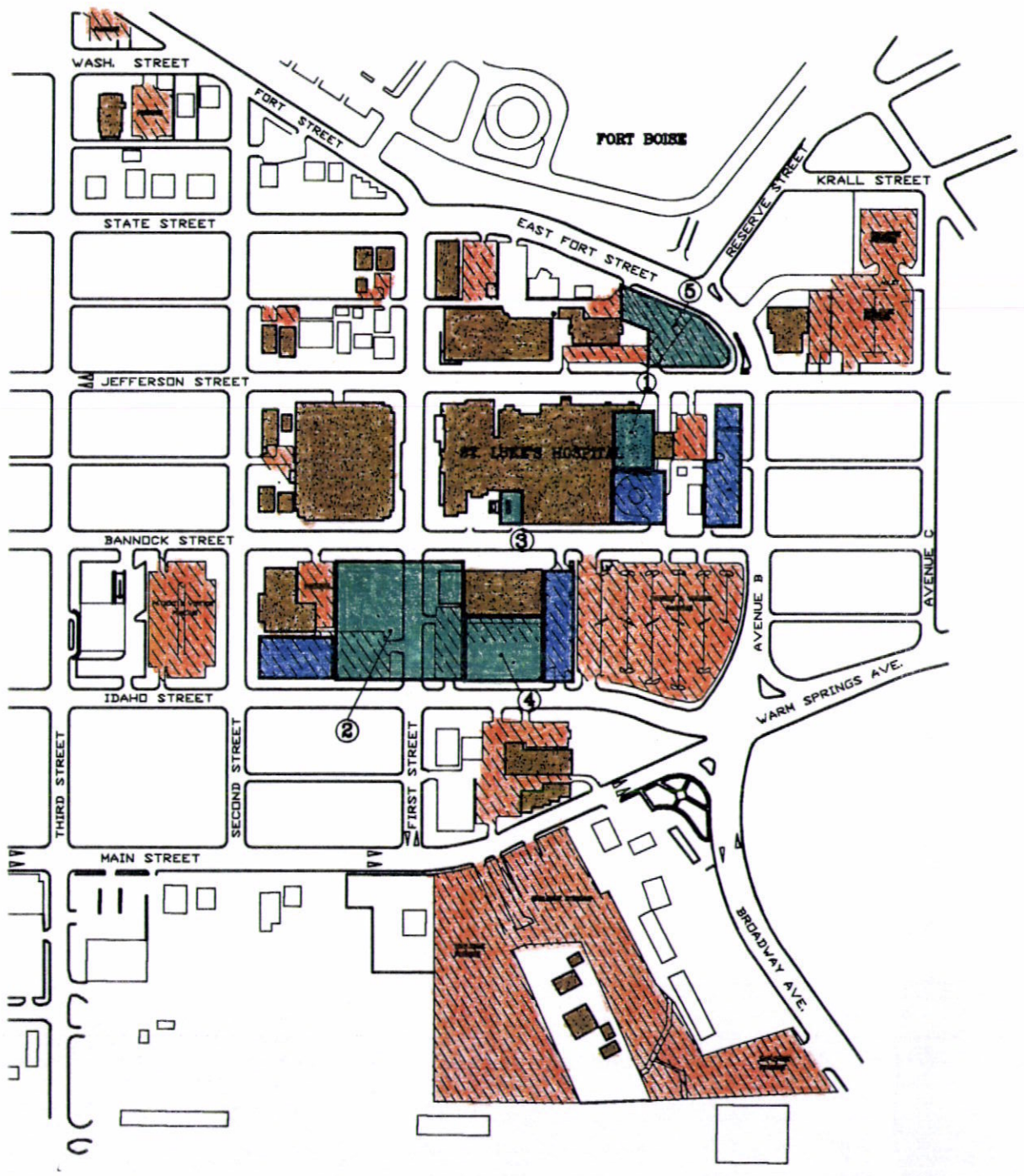
Symbol Key

- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

St. Luke's Regional Medical Center

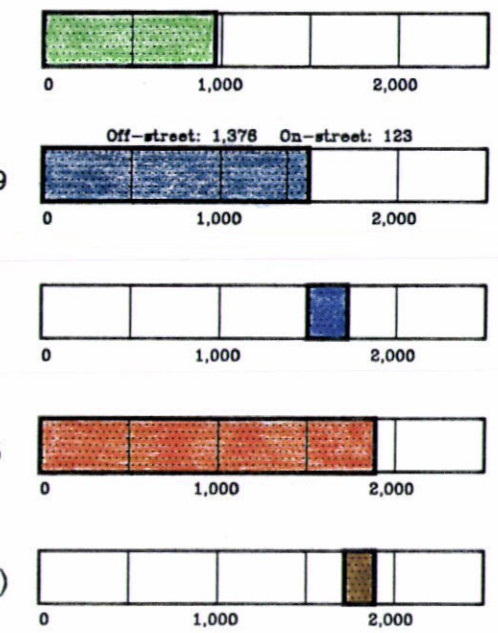
Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 323-3486

DATE: 3/22/95



Parking Status - January 1994

Boise City Requirements	965	
Available Parking On-Site/Adjacent On-Street	1499	Off-street: 1,376 On-street: 123
Off-Site Shuttle	223	
Peak Demand Patients/Visitors/ Employees/Construction	1885	
Surplus (Deficit)	(163)	



Construction Projects

1 East Wing Expansion
2 Parking Structure
3 Chapel Expansion
4 MSTI Expansion
5 Reserve Block Parking

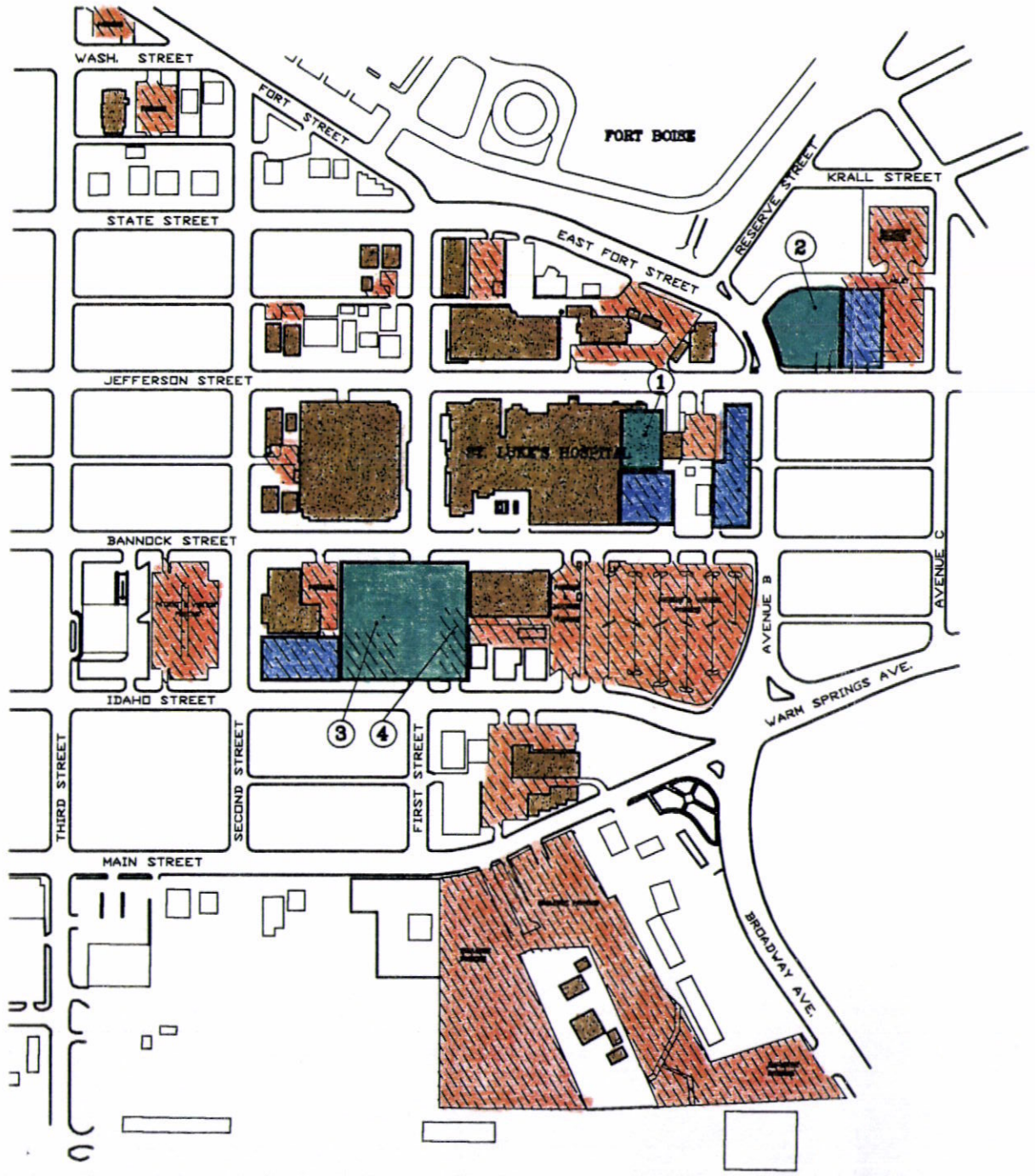
Symbol Key

- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

St. Luke's Regional Medical Center

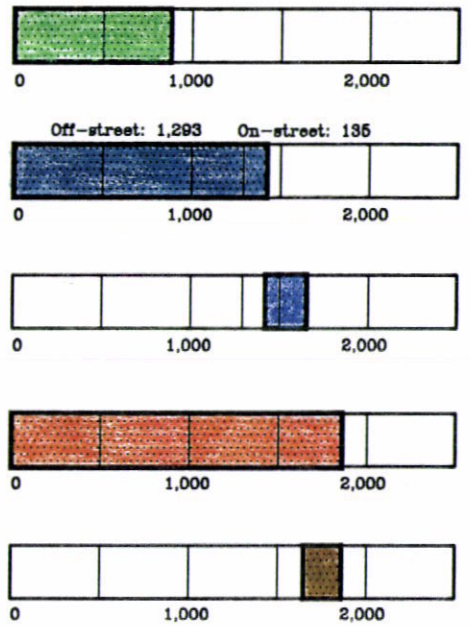
Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-3486

DATE: 3/22/93



Parking Status - July 1993

Boise City Requirements	881	
Available Parking On-Site/Adjacent On-Street	1428	Off-street: 1,293 On-street: 135
Off-Site Shuttle	223	
Peak Demand Patients/Visitors/ Employees/Construction	1826	
Surplus (Deficit)	(175)	



Construction Projects

1 East Wing 1 Expansion
2 Medical Office Building I
3 Parking Structure
4 Anderson Center Reconstruction

Symbol Key

- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

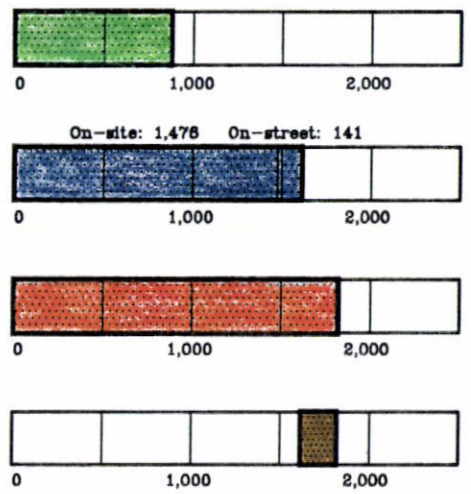
St. Luke's Regional Medical Center

Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-5486

DATE: 3/22/93

Parking Status - January 1993

Boise City Requirements	881	
Available Parking On-Site/Adjacent On-Street	1617	On-site: 1,476 On-street: 141
Peak Demand Patients/Visitors/ Employees/Construction	1819	
Surplus (Deficit)	(202)	



Construction Projects

1 East Wing Expansion

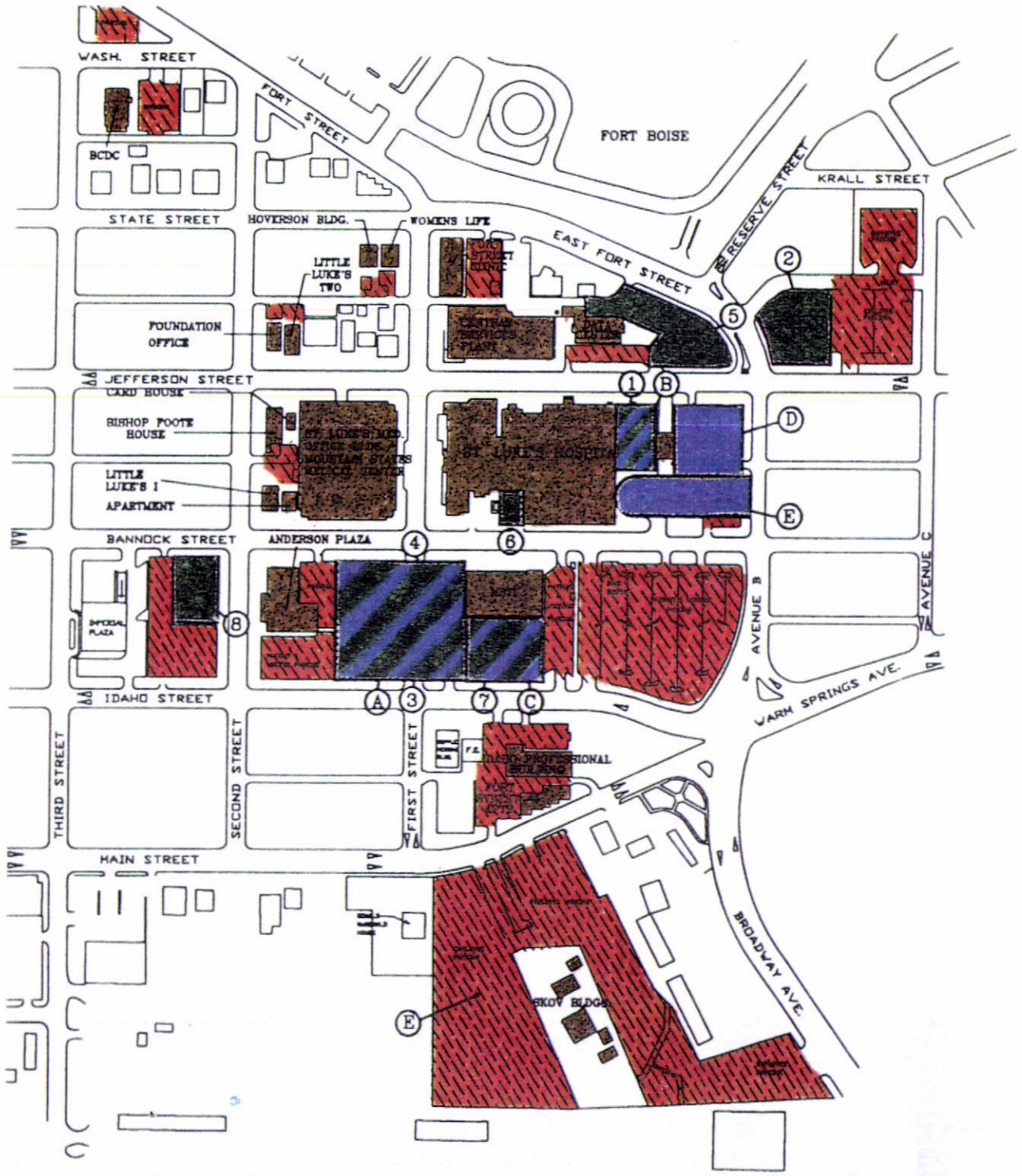
Symbol Key

- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

St. Luke's Regional Medical Center

Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-3486

DATE: 3/22/93



Campus Master Plan

Current Construction Projects

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5 Reserve Street Parking: 9/93 –9/93
6 Chapel Expansion: 11/93 – 8/94
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8 Medical Office Building II: 1/96 – 12/96

Potential Construction Projects

A Parking Structure*
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C MSTI Vertical Expansion, 25,000 SF/Floor
D Clinical Expansion
E New Entrance Drive

Symbol Key

- St. Luke's Buildings – March 1993
- St. Luke's Parking – March 1993
- Current Construction Projects
- Potential Construction Projects

St. Luke's Regional Medical Center

Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-3486

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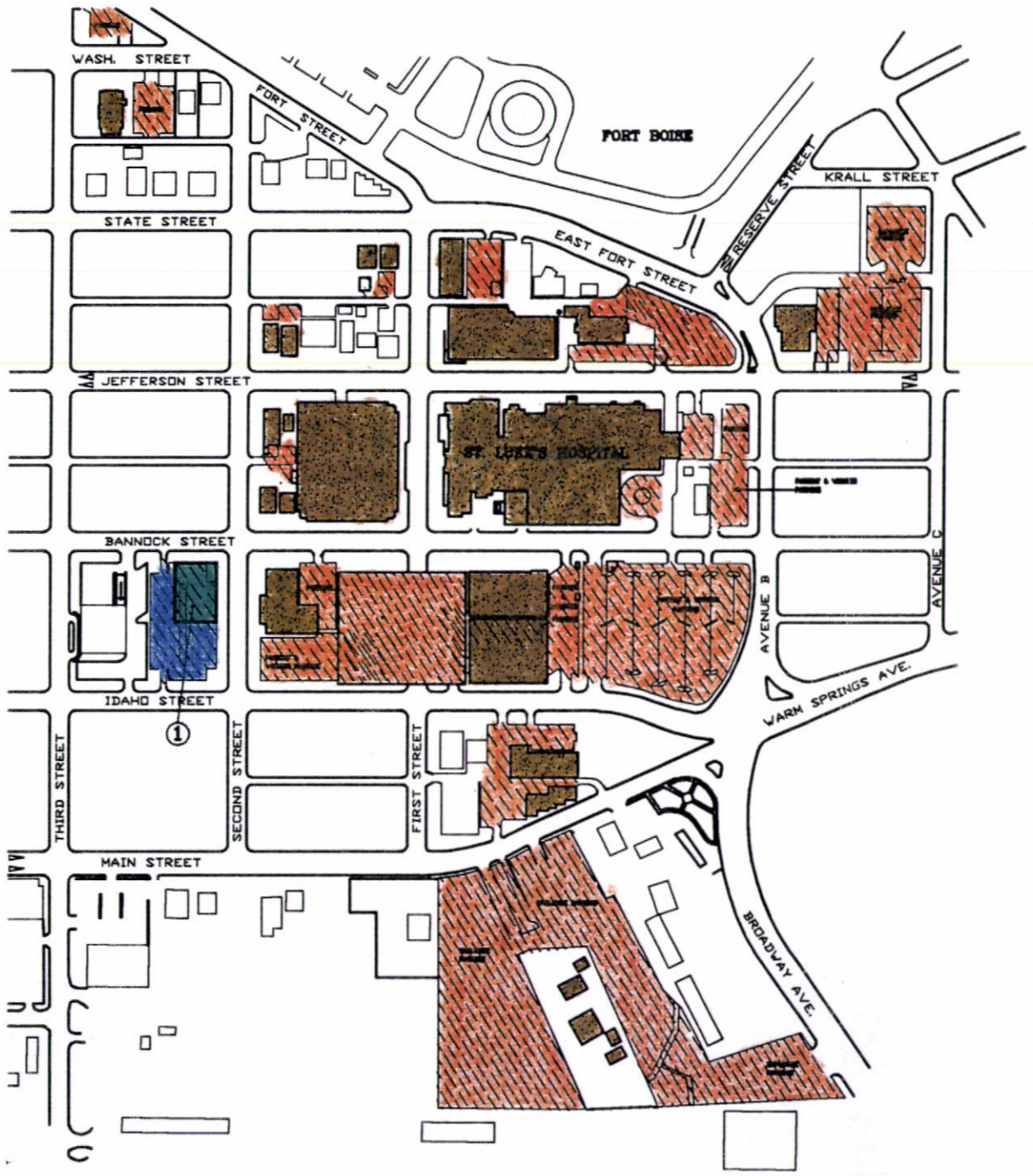
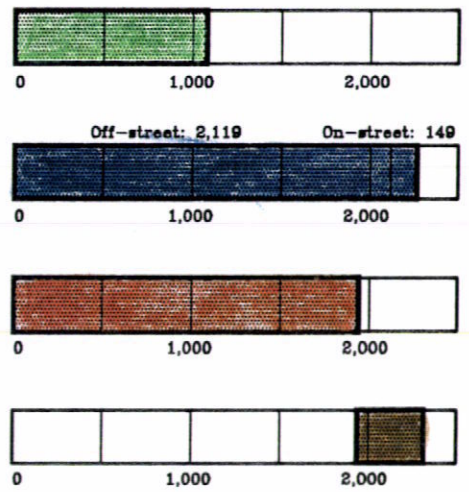


Parking Status - January 1996

Boise City Requirements	1079	
Available Parking On-Site/Adjacent On-Street	2268	Off-street: 2,119 / On-street: 149
Peak Demand Patients/Visitors/ Employees/Construction	1941	
Surplus (Deficit)	327	



Construction Projects

1 Medical Office Building II

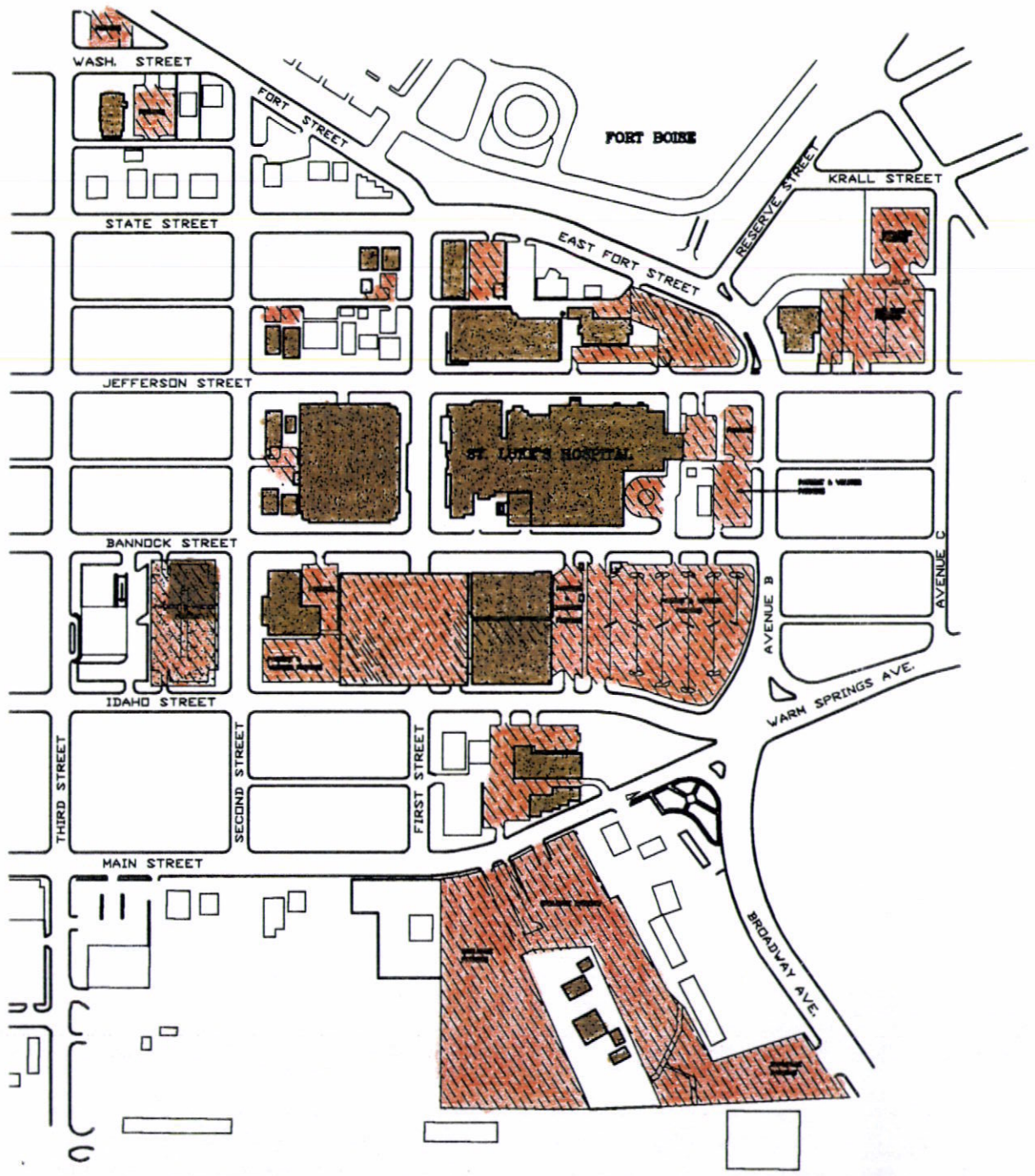
Symbol Key

- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

St. Luke's Regional Medical Center

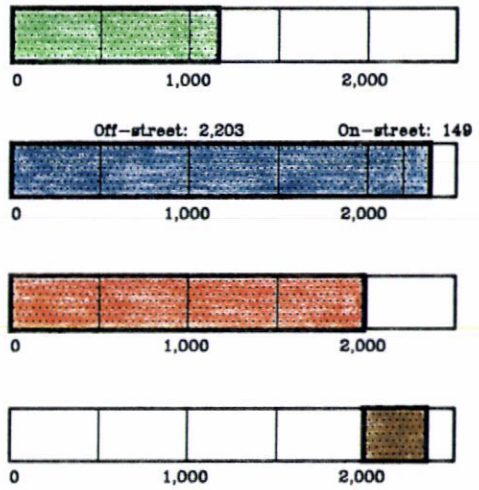
Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-5486

DATE: 3/22/95



Parking Status - January 1997

Boise City Requirements	1163	
Available Parking On-Site/Adjacent On-Street	2352	Off-street: 2,203 On-street: 149
Peak Demand Patients/Visitors/ Employees/Construction	1986	
Surplus (Deficit)	366	



Construction Projects

None

Symbol Key

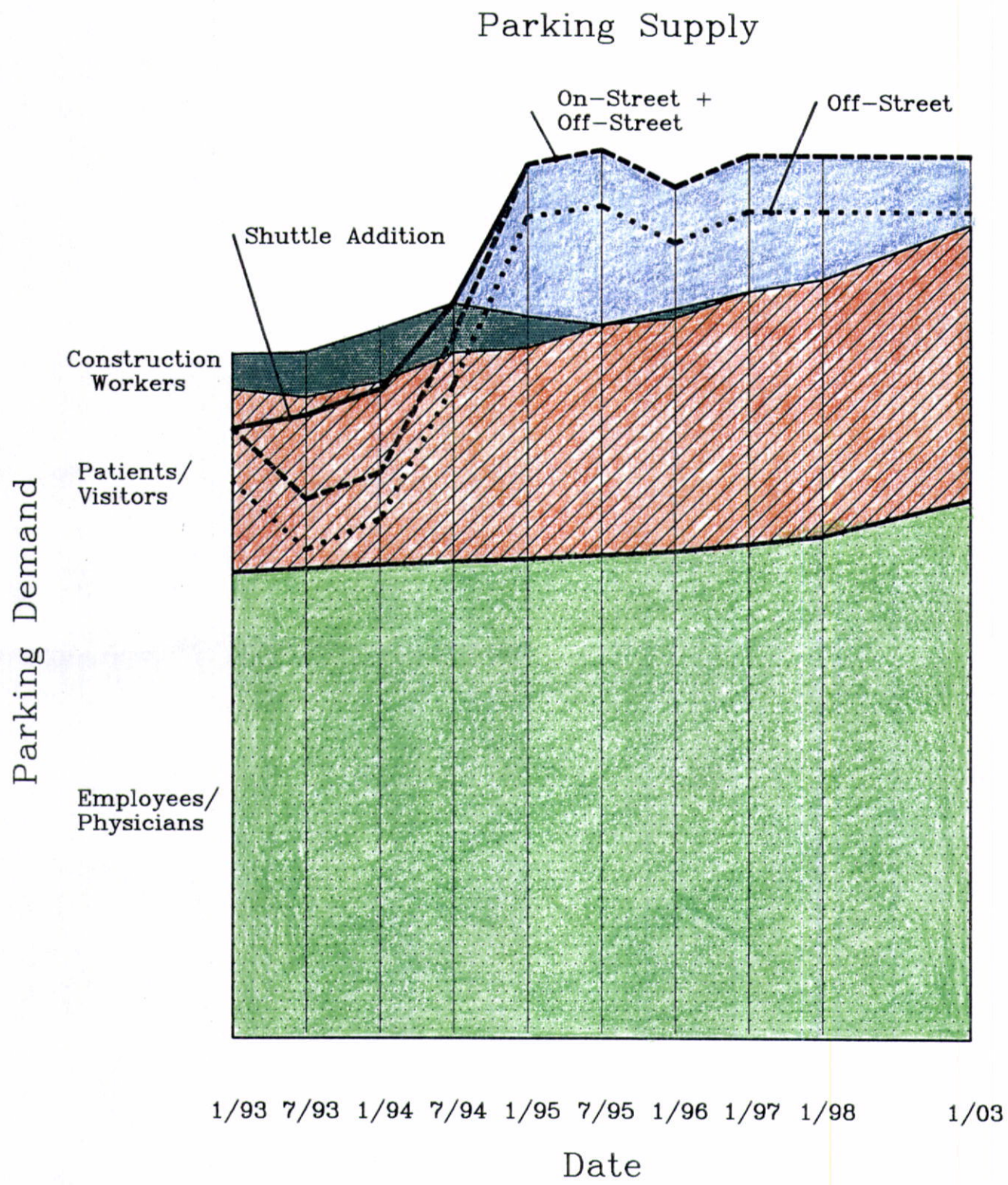
- St. Luke's Buildings
- St. Luke's Parking
- Construction Projects
- Parking Lost During Construction

St. Luke's Regional Medical Center

Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-3486

DATE: 3/22/93

Parking Status



St. Luke's Regional Medical Center

Patrick McKeegan, Architect
218 South Cole Road - Boise, Idaho 83709 - (208) 322-3486

DATE: 3/22/93

ST. LUKE'S REGIONAL MEDICAL CENTER
BOISE, IDAHO

CAMPUS PLAN

TABLE OF CONTENTS

Executive Summary.....Page i

Campus Plan Objectives.....Page 4

Goals.....Page 5

Site Analysis.....Page 6

Campus Plan.....Page 8

Plan Policies.....Page 11

Plan Implementation.....Page 20

Schematics

ST. LUKE'S REGIONAL MEDICAL CENTER CAMPUS PLAN

Executive Summary

St. Luke's Regional Medical Center, in its downtown location, faces many challenges as it strives to meet the growing health care needs of its local and regional population.

Available land and its acquisition, access to St. Luke's, aesthetics, image and identity, as well as interests of neighbors and regulatory bodies are all issues that must be addressed systematically and concurrently as the medical center proceeds to fulfill its vision of the "ideal campus."

In our vision, the "ideal campus" will be visually integrated and aesthetically consistent with community standards. The buildings will continue to reflect endurance and the medical center's community and medical ties, as well as its charitable religious heritage. There will be easy access to and simple, convenient circulation within, the St. Luke's campus. The defined campus growth area will be flexible to accommodate changing needs, with orderly growth that strengthens campus identity. The campus area will have distinctive boundaries, a recognizable mass of buildings, and the presence of a landmark.

The campus plan is intended to guide general land use decisions as well as determine which sites will be appropriate locations for new facilities.

- The campus entrance along the newly realigned Avenue B will be emphasized.

- A boulevard to be created west off Avenue B will provide an open view of the east wing and tower of the hospital from the Broadway/Main Street intersection.

- The medical center structural expansion will primarily take place within the land St. Luke's currently owns on parcels between Bannock and Main Streets east of First Street. Hospital expansion may also occur in the area immediately west of Avenue B between Bannock and Jefferson Streets.

- Related-use development, such as a medical office building and hospital related parking is expected to be built between Avenues B and C on the blocks bounded by First, Second, State and Idaho and on hospital owned property south of Main Street.

- Hospital related parking structures are contemplated for property west of MSTI and west of the Anderson Plaza on hospital property bordered by Bannock, Idaho, and Second Street.

- Bannock Street between First Street and Avenue B will be vacated completely and developed into a pedestrian mall and additional patient/visitor parking.

- A new chapel will be constructed at the Bannock Street entrance to the hospital.

- Additional surgery expansion may be necessary at ground level south into a portion of the existing vacated Bannock Street.

- Future long-term expansion of the medical center will require an analysis of vacating roadways to include Bannock Street between First and Second Streets, First Street between Jefferson and Idaho Streets, and Jefferson Street between Avenue B and First Street.

To realize our goals, and to ensure that the goals are in harmony with each other, St. Luke's has adopted specific campus plan policies including:

1. St. Luke's hospital expansion, except for parking, will be maintained within the designated core area, and any structures constructed will conform to St. Luke's development guidelines. The hospital building is the focal point of the campus and will remain prominent.

2. Uses related to St. Luke's will be encouraged to locate in the appropriate designated areas around the core area.

3. The primary entrance to the core area has been reoriented to Avenue B near Bannock Street, with an open view of the building created and maintained.

4. Major parking areas for patients/visitors are and will be concentrated near the main entrance, keeping parking structures out of the viewline. Future hospital-related parking can be located outside the core area.

5. Vacation or right-of-way exchange of local streets will be sought to allow development of pedestrian malls and reduce conflict between pedestrians and vehicles.

As planning is an ongoing process, the implementation of our campus plan is underway. The east wing expansion and related remodels are ongoing; revisions in signage are planned; parking structures will be proposed; a new chapel will be built; and expansions for Mountain States Tumor Institute, surgery and the Anderson Center are being contemplated.

ST. LUKE'S REGIONAL MEDICAL CENTER

CAMPUS PLAN

St. Luke's Regional Medical Center, in its downtown location, faces many challenges as it strives to meet the growing health care needs of its local and regional population.

Available land and its acquisition, access to St. Luke's, aesthetics, image and identity, as well as interests of neighbors and regulatory bodies are all issues that must be addressed systematically and concurrently as the medical center proceeds to fulfill its vision of the "ideal campus."

The purpose of this campus plan is to set forth St. Luke's current analysis and proposed implementation in order to define and then attain this vision. The campus plan should also serve as a informational document for interested agencies and governmental bodies.

In our vision, the "ideal campus" will be visually integrated and aesthetically consistent with community standards. The buildings will

continue to reflect endurance and the medical center's community and medical ties, as well as its charitable religious heritage. There will be easy access to and simple, convenient circulation within, the St. Luke's campus. The defined campus growth area will be flexible to accommodate changing needs, with orderly growth that strengthens campus identity. The campus area will have distinctive boundaries, a recognizable mass of buildings, and the presence of a landmark.

The strategy to achieve this campus includes:

- Aesthetics. Visual integration through use of complementary building, landscaping, and circulation path materials; consistent and conservative masonry architecture; and protection and incorporation of certain architectural and historic features.

- Access and Circulation. Support for projects that enhance access and circulation; adequate and well placed parking; emphasis on internal pedestrian circulation, particularly among campus facilities, directed by quality signage.

- Boundaries and Growth. Expansion of the medical center will continue in the current location; support services will occur in the surrounding transition zone; land acquisition priorities will be reviewed annually taking into consideration the population growth of the area; future space needs, the surrounding neighborhood, and economic

concerns; short-term (10-year) planning will be emphasized and updated in 3 to 5 year periods; vertical expansion will occur when practical, and design of building spaces will be flexible.

- Identity. To be achieved through use of human-scale symbols that reflect historic and medical ties as well as its religious heritage, emphasis of boundaries by consistency in landscaping, signage, paving, lighting, building design, and materials; use of existing or new landmarks; consideration of overall architecture, building materials, and setting to achieve appropriate sense of mass for new facilities.

CAMPUS PLAN OBJECTIVES

- Meet the health care and related needs of our growing community and region on a timely and economical basis.

- Maximize the community's investment in existing medical center facilities.

- Provide required facility and service expansions with minimum disruption of current operations.

- Provide continued flexibility for future growth.

- Create efficient and attractive facilities.

- Maximize the use of limited campus properties.

- Organize the campus into zones of related services.

- Expand and improve traffic circulation levels around St. Luke's.

- Provide logical internal traffic flow separating public, patient and service patterns.

GOALS

- Develop an identity for the medical center that will help visitors recognize and gain access to the campus area and will establish a strong image of the center in the community.

- Determine appropriate areas for campus growth and development of related uses; short-term growth (10 years) should be the immediate concern, but long-term growth (30 years) also should be considered.

- Establish a well-defined circulation pattern, including easily discerned vehicular access to the campus from adjacent streets, and obvious pedestrian routes to and among major facilities.

- Identify additional parking areas for patients, visitors and employees, within or near the campus.

- Maintain and emphasize St. Luke's historic ties with the community, the human scale of the campus and its implication of personal attention to visitors, and the religious heritage of the medical center.

CURRENT SITE ANALYSIS

- Consistency of features such as the red brick, historic street lights and landscaping help tie the facilities together visually.

- The major orientation of the campus is to the south, but views of the campus from other directions are limited. People need to see the campus before they arrive. Open spaces exist to the north and south of the campus, but few exist to the east or west.

- The general campus area is strongly defined by existing major arterial streets. Areas just beyond these streets are appropriate for related uses.

- Most traffic approaches St. Luke's from the south along Broadway and from the east along Main Street. The recent realignment of Broadway, Idaho and Main Streets improved the irregular intersections that previously confused visitors. The new lobby will help define the entrance, but it is still hidden from traffic by a private residence.

- The major visitors lot is visible and access to it is quite well defined. Other parking is not as easy to identify.

- Auto circulation within the campus conflicts with pedestrian circulation. The distractions of pedestrians, other traffic, and informational signs also make campus driving difficult.

- Building entrances are often not evident to pedestrians, so routes are not clear. There is little consistency in appearance or type of building entrances throughout the campus.

- The major buildings of the campus core are oriented inward to Bannock and First Streets. Bannock Street between Avenue A and First Street is vacated, allowing the concept of a pedestrian mall along portions of First and Bannock Streets.

- Medical center building materials, lighting and landscaping presently provides great aesthetic appeal. The role of landscaping could be extended to emphasize functional aspects of the campus, define circulation, emphasize focal points, and delineate other types of land use.

- There are few support facilities near St. Luke's to accommodate the needs of patients, visitors or employees.

- Signs are generally oriented to auto traffic, but may contain too much information to be understood by motorists. Vegetation at the base of signs sometimes distracts the viewer's eye from the information. Sign colors tend to blend with background, almost disappearing visually.

THE PLAN

After reviewing the site analysis, existing land uses were mapped. (See figure 1.) Appropriate areas for campus development and related land uses were then identified and mapped incorporating the strategies already specified by the medical center leadership. (See figure 2.)

The result is a campus plan intended to guide general land use decisions (concerns such as parking and pedestrian circulation, for example) as well as which locations will be appropriate for new facilities.

1.) Two major vehicular accesses to the medical center were significantly improved when Broadway was realigned to connect with Avenue B. The campus entrance along the newly realigned Avenue B will be emphasized.

A boulevard to be created to the west of Avenue B will provide an open view of the east wing and tower of the hospital from the Broadway/Main Street intersection. That view will be framed with landscaping. This will also provide a place for visitors to sit or walk while they are waiting. Ivy covered brick planters or sign foundations here could visually echo the historic west wall of the hospital.

2.) The medical center structural expansion will initially take place on land St. Luke's currently owns between Bannock and Main Streets east of Second Street. Hospital expansion may also occur in the area immediately west of Avenue B between Bannock and Jefferson Streets.

3.) Related-use development, such as a medical office building and related parking is expected to be built east of Avenue B. Increased traffic volumes on Avenue B as well as the tendency of the area to become more rental and business properties make adjacent land between Avenues B and C less desirable for residential uses.

Hospital related parking structures are contemplated for sites west of MSTI and west of the Anderson Plaza on hospital property bordered by Bannock, Idaho, and Second Street.

4.) Further related-use development and/or hospital related parking may also occur on hospital-owned property in the blocks bounded by First, Second, State and Idaho Streets and south of Main Street if future growth patterns and medical practice expansion indicate these needs.

5.) Bannock Street between First Street and Avenue B will be vacated completely and developed into a pedestrian mall and additional patient/visitor parking.

- A new chapel will be constructed at the Bannock Street entrance to the hospital.

- Additional surgery expansion may be necessary at ground level south into a portion of the existing vacated Bannock Street.

6.) Future long-term expansion of the medical center will require an analysis of vacating roadways to include Bannock Street between First and Second Streets, First Street between Jefferson and Idaho Streets, and Jefferson Street between Avenue B and First Street.

PLAN POLICIES

1. St. Luke's hospital expansion, except for parking, will initially be maintained within the designated core area, and any structures constructed will conform to St. Luke's development guidelines.

    - By continuing intense development of medical center facilities within a relatively small, well defined area, campus identity will be strengthened.

    - The blocks between Idaho and Main Streets, and between Avenue B and First Street will be brought into the medical services land use core area.

    - For the shorter term, new structures are being constructed primarily within the area between Avenue B and First Street, and between Idaho and Fort Streets.

2. Future parking can be located outside the core area.

    - Surface parking has become inefficient for St. Luke's due to available land and cost of property values. By contrast, it is more efficient to stack parking in structures. These structures will conform both to the

design standards for St. Luke's buildings, and to the aesthetics of the neighborhood.

3. Uses related to St. Luke's will be encouraged to locate in the appropriate designated areas around the core area.

   - Physical boundaries, proximity to St. Luke's and existing land use patterns tend to direct appropriate locations for uses related to the hospital.

   - For compatible uses such as medical offices, these areas have been defined as the area west of Avenue C between Warm Springs Avenue and Reserve Street; Main to Idaho Street between Avenue B and First Street, hospital owned property south of Main Street and the blocks bounded by First, Second, State and Idaho Streets.

   - Related commercial uses will be encouraged to locate south of Main Street near the Broadway and Main/Warm Springs intersection.

4. The primary entrance to the core area has been reoriented to Avenue B near Bannock Street.

   - The hospital core is, and will remain, the focal point of the campus. It generates the most traffic, and is the most identifiable site.

- Major traffic now flows directly from Broadway into Avenue B. The mass of the hospital building will attract visitors, and proper signage will direct them easily into the parking lot.

5. An open view of the hospital building will be created and maintained for visitors and others heading north on Broadway or heading north or south on Avenue B, the primary access roads to St. Luke's.

    - Once the campus is seen, the direction for access will become obvious.

    - The proposed boulevard drive west from Avenue B will provide an advantageous view, as will the northwest corner of Avenue B and Warm Springs Avenue.

    - Key viewpoints will be determined, and identified obstructions will be removed or relocated to ensure an open view of the hospital.

    - New landscaping will be planned to frame and direct these new major viewlines.

6. Major parking areas for patients/visitors are and will be concentrated near the main entrance, keeping parking structures out of the viewline.

- Other large patient, visitor and staff parking areas will be located west of Second Street and east of Avenue B as needed. Ample parking for MSTI patients will be as close as can be to the MSTI entrances. A parking structure should be planned west of the present MSTI location spanning First Street at the second or third story level, if needed. An additional parking structure should be planned immediately west of First Street between Bannock and Idaho Streets.

- Vacation of Bannock between Avenues A & B will allow expanded patient/visitor parking adjacent to the main entrance.

7. Vacation or right-of-way exchange of local streets will be sought to allow development of pedestrian malls and reduce conflict between pedestrians and vehicles.

    - A plan for pedestrian walkways, landscaping and street furniture will be implemented after several streets are vacated.

    - These additions will make the traffic corridors more pleasant, tie the campus together visually and simplify foot travel.

- Emergency vehicle access will be maintained in these pedestrian corridors by using paving stones designed for such use.

8. Building entrances along planned pedestrian corridors will be emphasized and tied into the traffic pattern.

    - When a pedestrian mall is developed, the building entrances will be designed to draw people into the building from the walkway.

    - Emphasis on certain entrances also will help direct people to those entrances preferred for visitor use.

    - Entrances will identify the building and provide visual interest, as well as serve as access points.

    - Consistent design of entrances will also establish campus identity.

9. Landscaping will be used to emphasize and articulate campus function and to create aesthetic appeal.

    - Where viewlines are not critical, large shade trees will be used to define the campus boundary.

- Desirable views will be emphasized with trees that line and frame a view corridor.

- Internal circulation routes will be defined with trees and shrubs.

- Plantings will define and integrate architectural features such as entries and plazas.

- A grand view of the campus will be created at the Broadway/Main Street intersection area using large-scale trees and colorful flower beds.

10. The design, placement, and materials for all SLRMC structures will be consistent throughout the campus.

    - St. Luke's will follow this concept in consistently using brick for all SLRMC buildings.

    - Similar strategies will be used for paving, street furniture, street lighting, landscaping, and building facades.

    - Consistency will be achieved by using a reduced palette of materials.

- Restricting the materials to a few that harmonize (are commonly used together) and can be used in a variety of ways will give future designers freedom of expression and at the same time achieve a consistent appearance.

- Because the campus development will occur over a number of years, the materials must remain available and the way they are used should not be faddish.

- St. Luke's will continue to present a traditional image in the community. The red brick, ivy-covered west hospital wall and large trees on the campus will further that image. Continued use of dark-colored masonry for buildings, darker woods for street furniture, and simple traditional design in all improvements will further this image and help establish strong identity.

- Detail in design of any aspect, whether in the shape of a planting area or in a building facade, will be minimized to avoid a dated appearance.

11. Signs throughout the campus will have consistent design of information style, materials, and color.

    - Signs identifying the medical center and directing motorists into the campus and to parking will be located only at key points around the periphery of the campus.

- These signs will be relatively large and contain greatly simplified information.

- Text will be minimized and symbols used whenever possible.

- Color will be used to catch the eye, and the signs should be illuminated.

- Medical center directory signs will be located in parking lots at points where visitors enter the pedestrian system.

- Smaller signs that point to specific facilities will be placed along pedestrian walkways; signs that give directions to various facilities, at intersections of pedestrian walkways.

- While these different sign types should be consistent in materials and general design, each specific type might be distinguished by its shape and size. The following guidelines should be applied in SLRMC's sign plan:

    - Lighting will be considered for brightness. External, directed lighting will have less impact than internal illumination when adjacent uses might be affected by sign

lighting. Some lighting (i.e., high pressure sodium) can change perceived colors.

- Letters will be more than 1-inch tall to be clearly seen at 30 feet. For each additional 30 feet of distance, letter size must be increased by 1 inch. No line will be longer than 30 letters.

- Signs that incorporate either symbols or text will be consistent. All symbols and text will be the same size and style.

- Only two directions will be indicated on any single sign. Each directional symbol will be separated by a space equal to one symbol.

12. The hospital building is the focal point of the campus and will remain prominent.

    - The design review of new buildings and additions will not compete for attention through size. In general, the mass of any building must be in proportion to its size, but will be of materials and systems that reflect the solid nature of the medical treatment offered.

CAMPUS PLAN IMPLEMENTATION

(Figure 3)

East Wing Expansion and Related Remodels 1992-2000

1. Third floor east wing developed as a replacement 25-bed critical care unit.

2. The east wing will expand vertically by 6 patient floors, plus a mechanical floor, adding approximately 185,000 square feet; replacement beds only.

   a. Three floors as acute care 35-bed units.

   b. One floor as an expanded 23-bed pediatric unit and an expanded 6-bed pediatric intensive care unit.

3. Areas vacated by relocations of functions to the new east tower will be remodeled.

   a. The cardiovascular surgery suite will be relocated and expanded on 3 North, the area vacated by pediatrics.

   b. The coronary care unit on 3 South will be expanded into the area vacated by the intensive care unit relocation.

c. General space reassignment and redistribution of west and central wing areas vacated by inpatient bed relocations and cardiovascular surgery relocation will occur.

Directional Assistance 1992-1994

In conjunction with the east wing, parking and other projects, revisions in the campus signage will occur.

Parking Structure 1993-1994

1. Development of a 400-600 stall parking structure will occur on existing medical center property.

2. Currently owned contemplated sites are west of MSTI between Bannock and Idaho along First, and west of the Anderson Plaza between Idaho and Bannock along Second Street.

Medical Office Building 1992-1993

1. Approximately 30,000 square feet of medical office space will be developed in a single new building. The proposed site is at Avenue B and Jefferson.

2. Additional and replacement medical office space with related parking will be required in the late 1990's.

Chapel Construction and Surgery Expansion 1993-1994

A new chapel will be constructed at the Bannock Street entrance to the hospital. Additional surgery expansion may be necessary at ground level south into a portion of the existing vacated Bannock Street.

Mountain States Tumor Institute 1993-1994

Although the Nampa facility relieves some pressure on MSTI, patient care and professional support areas will require expansion. A combination of vertical and horizontal growth is expected. Expansion of MSTI will require relocation of accounting, insurance billing, and personnel departments into existing or newly constructed space in the campus core area.

Anderson Center 1995

Expansion of meeting and conference areas of approximately 5,000 square feet will be undertaken.

FIGURE 1 - EXISTING LAND USES

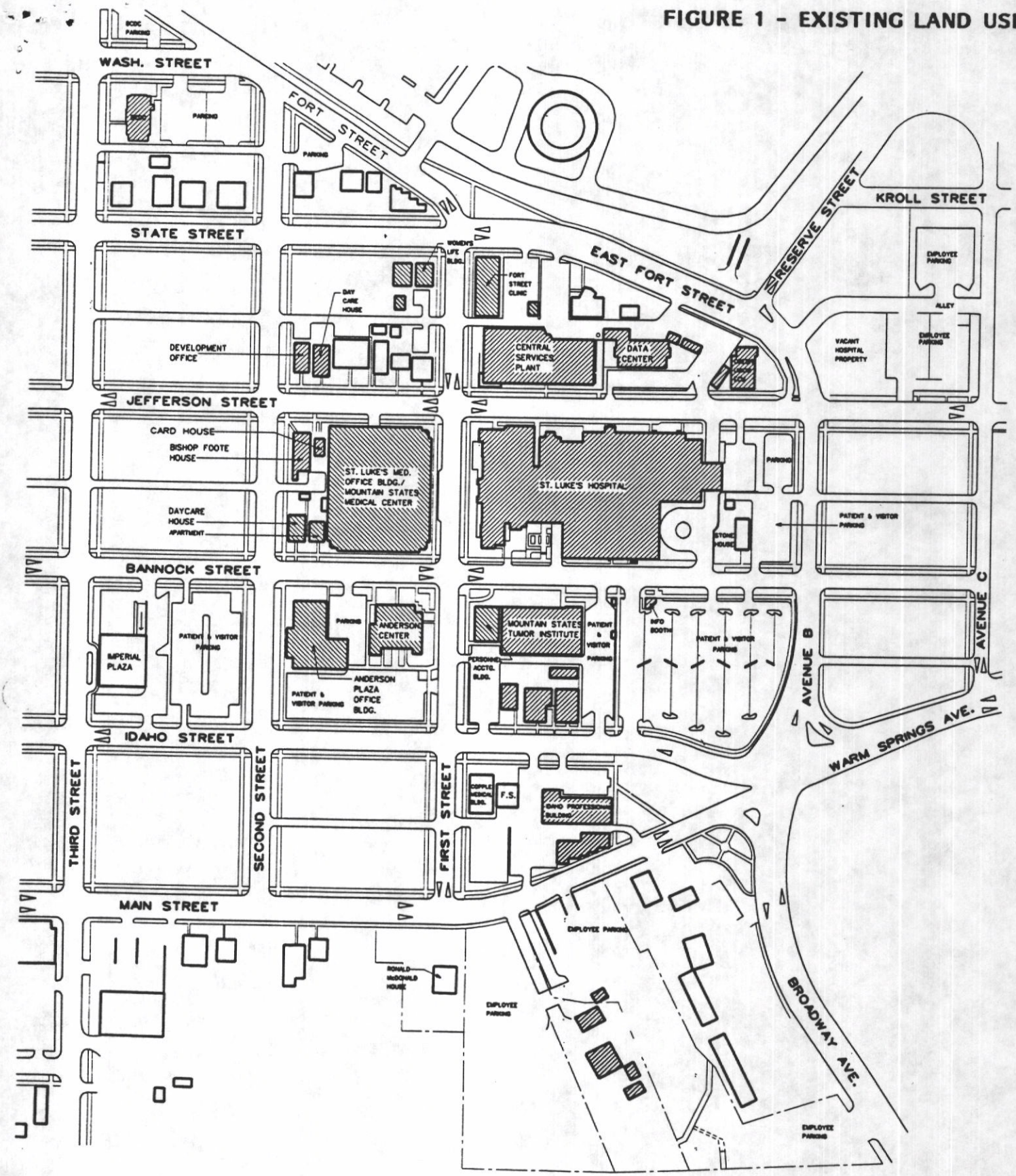
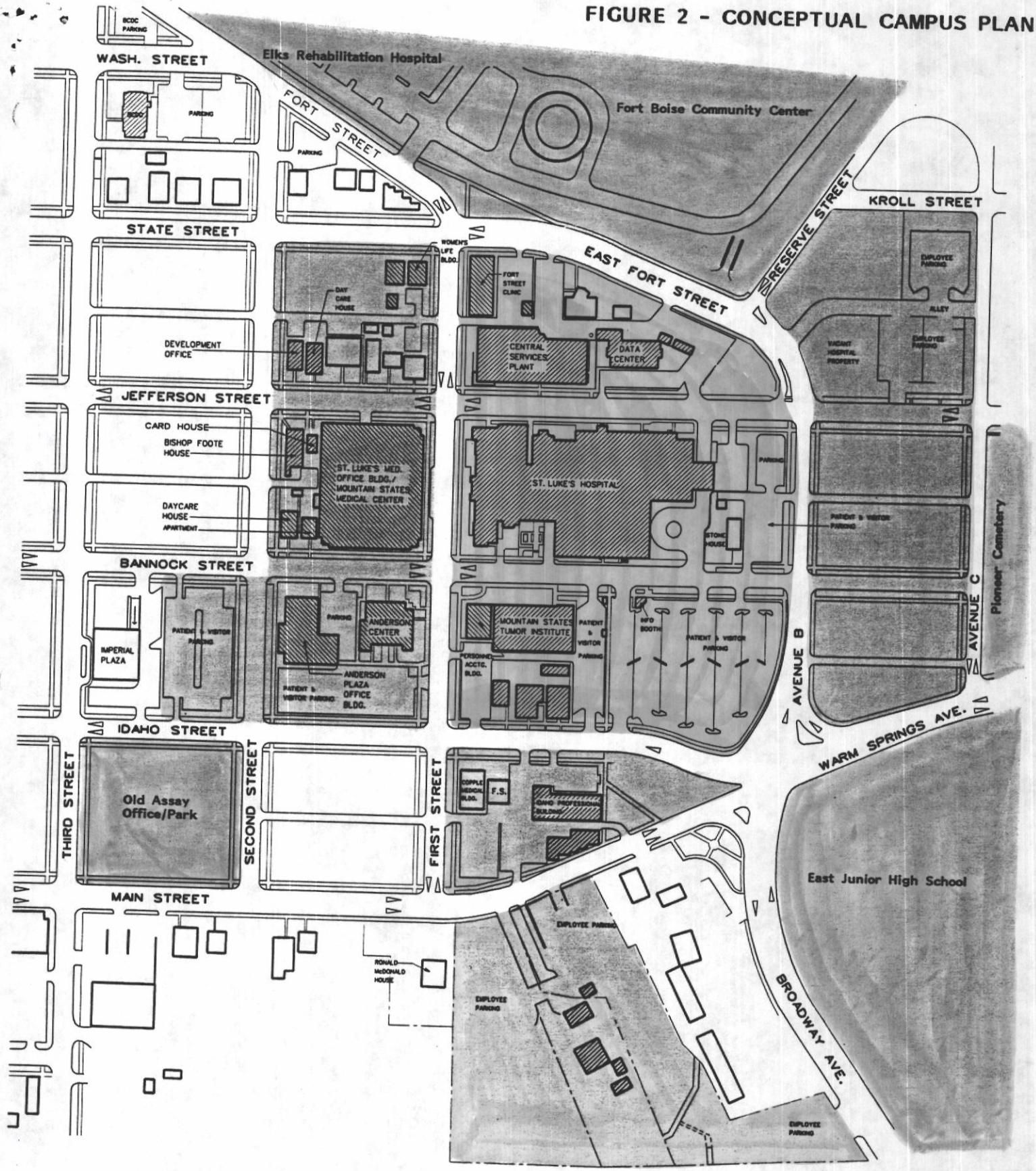


FIGURE 2 - CONCEPTUAL CAMPUS PLAN



CAMPUS CORE

St. Luke's Hospital
MSTI
Patient/Visitor Parking
Support Buildings

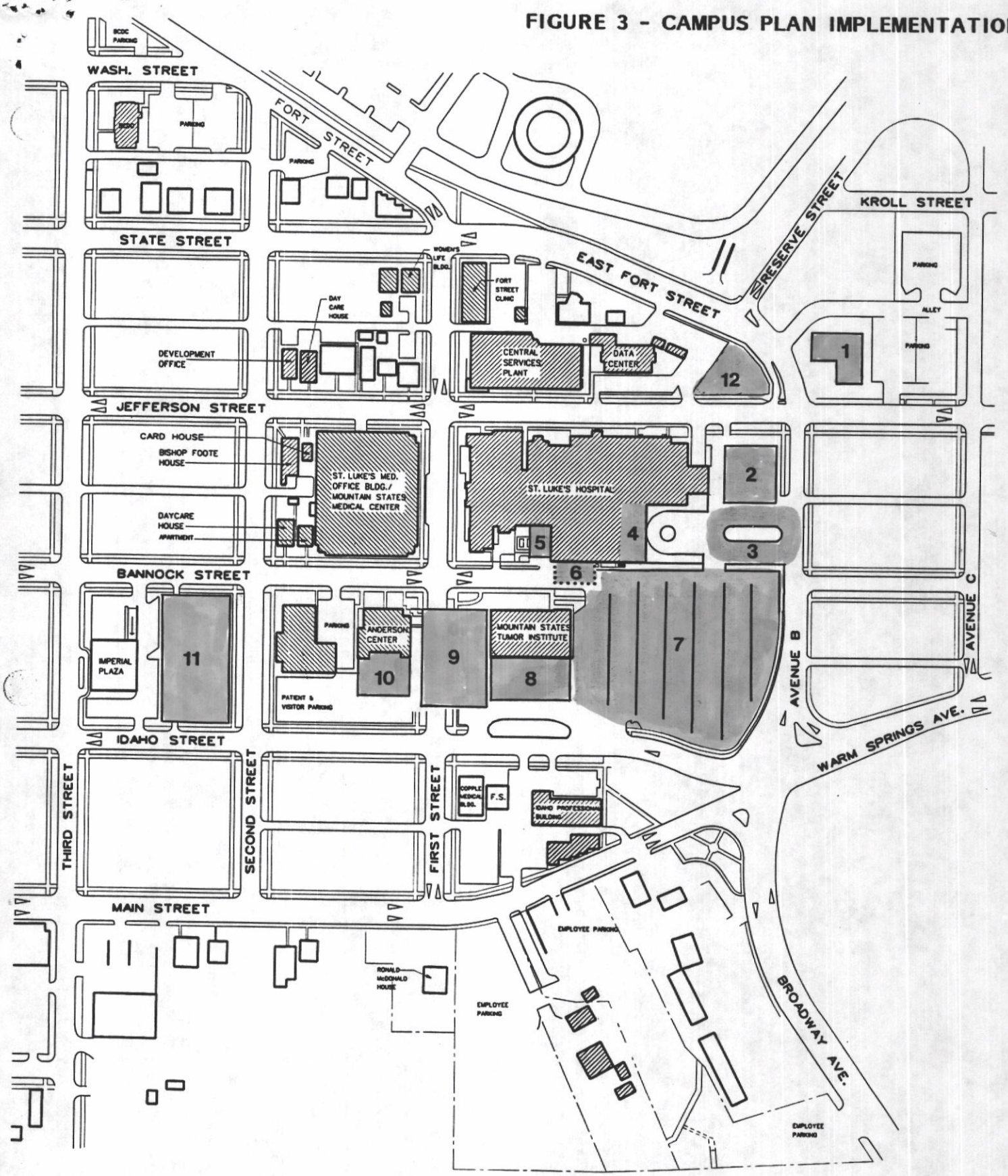
RELATED SERVICES

Medical Offices
Parking
Outpatient Clinics
Pharmacy

BOUNDARIES

Elks Rehabilitation Hospital
Fort Boise Community Center
East Junior High School
Pioneer Cemetery
Old Assay Office/Park

FIGURE 3 - CAMPUS PLAN IMPLEMENTATION



1 - Medical Office Building
2 - Hospital Expansion (future)
3 - Blvd. Entrance off Ave. B
4 - New Lobby & Elevator Bank
5 - Chapel
6 - Operating Room Expansion
7 - Vacation of Bannock St. and Expansion of Patient/Visitor Parking Lot
8 - MSTI Expansion
9 - Parking Structure
#10 - Anderson Center Expansion
#11 - Parking Structure
#12 - Future Staff Parking