University of California, San Diego
Medical Center - Hillcrest
Long Range Development Plan 1995
The 1995 Long Range Development Plan (LRDP) for the University of California, San Diego (UCSD) Medical Center-Hillcrest has been prepared during an era when the United States health care delivery system is undergoing unprecedented examination and change. Given the resultant uncertainties, it is extremely difficult to predict the nature of growth in programs and services offered at the Hillcrest campus. The UCSD Medical Center-Hillcrest LRDP Steering Committee assumed that the patient care, education, research and community service mission of the UCSD Health Sciences Division will remain intact. Program goals for the UCSD Medical Center and School of Medicine were established; however, the means for achieving the physical manifestation of these goals beyond the current unstable environment is uncertain and subject to change.

In undertaking preparation of this LRDP, the University's response to this uncertainty was to develop a planning framework for the UCSD Medical Center-Hillcrest that accommodates moderate growth and establishes the maximum capacity of the campus to accommodate growth. This plan should be read neither as a firm prediction nor absolute commitment to complete the growth modeled within the 15 year-time horizon of this plan. (On the contrary, UCSD is acutely aware and concerned about the financial implications of the growth described herein.)

The 1995 LRDP responds to a policy mandate of The Regents of the University of California: each campus must have an up-to-date LRDP to provide a guide for growth or redevelopment. (The last LRDP for the UCSD Medical Center-Hillcrest was adopted by The Regents in 1978. Over the intervening years, new physical planning information has evolved and program goals have been revised.) In addition, UCSD is committed to working cooperatively with surrounding communities, and recognizes the importance of coordinating its plans with community plans developed in recent years. Finally, having an up-to-date planning framework in place allows the University to respond appropriately to any development opportunities that may arise. Thus, preparation of this up-to-date LRDP was necessary.

In summary, this LRDP a) establishes new campus boundaries, b) provides guidance to organize campus functions effectively within those boundaries, c) prescribes a maximum development envelope for the campus, d) reserves some land for development beyond the plan's 15 year horizon, and e) suggests some urban design concepts to improve the ambience of the campus for UCSD physicians, staff, students and patients, as well as for the community. Overall, the 1995 LRDP is intended to provide the reader with an understanding of the growth potential at the UCSD Medical Center-Hillcrest and to establish the parameters of, and limits to, this growth. The Environmental Impact Report (EIR) accompanying this document is based on a maximum growth scenario. The Regents and the community can thus be assured that impacts arising from growth of the campus will not exceed, and ultimately may be substantially less than, those outlined in the EIR.

UCSD Medical Center-Hillcrest Long Range Development Plan
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The 1995 University of California, San Diego Medical Center-Hillcrest (UCSDMC-Hillcrest) Long Range Development Plan is the second comprehensive plan for this campus. Situated on 56 acres near the Hillcrest neighborhood of San Diego, the Hillcrest campus operates under the purview of the UCSD Health Sciences Division, which includes the School of Medicine's research, instructional, and clinical practice activities, and the UCSD Medical Center's patient care programs. In addition to serving patients, the UCSDMC accommodates the clinical training of School of Medicine students, house staff, clinical fellows, and other trainees.

UCSD has had a presence at Hillcrest since 1966, when the University entered into a long term lease with the County of San Diego to operate the county hospital. Since then, the University has acquired the hospital and surrounding support facilities, and has invested substantial resources in converting a limited acute care hospital into a comprehensive academic medical center. As the only academic medical center in the greater San Diego region, the UCSDMC-Hillcrest has a mission and leadership role beyond that of standard community medical facilities. In addition to providing health care services, UCSD has the special responsibility to develop new and improved systems of patient care, to advance the science of medicine, and to train future health professionals.

The 1995 Long Range Development Plan establishes a 15 year (1995 - 2010) physical planning framework to support UCSD's Health Sciences programs, while conserving limited physical and financial resources and being sensitive to the neighboring community. Given the rapidly changing health care system, it is very difficult to estimate the nature or extent of program, and consequently physical, growth at the UCSDMC-Hillcrest. The plan, therefore, describes a maximum capacity framework based on considerations of a) program objectives, b) logical expansion areas, c) reasonable maximum densities, and d) reservations of land that could accommodate expansion beyond the time frame of the plan. With these factors in mind, this plan establishes campus boundaries, provides guidance to best organize activities within those boundaries, affirms the maximum development envelope for the campus, and suggests some urban design concepts to improve the campus’ ambiance.

The 1994 UCSDMC-Hillcrest campus supports an average weekday population of approximately 4,600 persons in about 640,000 assignable square feet (ASF) of owned space. (Additional space is leased.) The maximum capacity of the campus to grow, considering the factors listed above, has been determined to be about 475,000 ASF, with the maximum increase in daily population estimated to be about 1,000 over the 15 year time period described. The plan calls for providing sufficient off-street parking to meet the demand generated by the projected increase in population, and encourages alternative transportation modes.

The 1995 Long Range Development Plan establishes assumptions about, and identifies eight major physical planning issues regarding, the UCSD Medical Center-Hillcrest campus. A corresponding goal in response to each issue is identified. These goals are translated into the physical plan, which includes the following key elements:
• Identification of several parcels of land for potential future acquisition when program needs justify, resources are identified and property becomes available;

• Organization of new development into five zones, supporting the major activities that take place at the campus;

• Enhancement of the current vehicular circulation network by providing an alternate to the single intersection now serving the campus (Front Street at Arbor Drive) for use by emergency vehicles and by permitting public use of Bachman Place, currently restricted to University use between the campus and Mission Valley;

• Construction of a parking garage when demand dictates, preferably accessible from both the south and north; and

• Several urban design features to improve wayfinding, create a more visible image and establish a sense of arrival; take better advantage of the system of canyons adjacent to the developed campus mesa; provide greater convenience for ambulatory patients; create a more amiable work environment for faculty, students and staff; and address the interface of the campus and community.

The 1995 Long Range Development Plan underwent substantial review on campus, with the University Office of the President, with elected officials, and with representatives of the community. With adoption by The Regents of the University of California, the 1995 Long Range Development Plan will guide future land use decisions at the UCSDMC-Hillcrest. Individual future projects will be reviewed to ensure conformance with the Long Range Development Plan and its associated Environmental Impact Report; any substantial divergence would require additional action by The Regents of the University.
INTRODUCTION
This document is the second comprehensive Long Range Development Plan (LRDP) for the Hillcrest campus of the University of California, San Diego (UCSD), known as the UCSD Medical Center-Hillcrest (UCSDMC-Hillcrest). The prior LRDP for this campus was adopted by The Regents of the University in 1978.

The University of California consists of nine campuses; eight are general campuses supporting a full complement of undergraduate, graduate and professional academic and research programs, and one campus (the University of California, San Francisco) is devoted solely to health sciences programs. Four of the general campuses also support health sciences programs - the University of California, Davis; University of California, Irvine; University of California, Los Angeles; and UCSD.

UCSD’s health sciences programs are distributed among several locations. Basic research and educational facilities are located primarily at the UCSD La Jolla campus along with significant clinical activities; additional research programs and most clinical teaching and patient care activities are based at the Hillcrest campus. In addition, UCSD affiliated hospitals, clinics, and physician groups throughout the county provide both educational opportunities and clinical services to meet the needs of patients dispersed throughout the community.

Like its 1978 predecessor, this LRDP encompasses only the Hillcrest campus (Figure 1); however, relationships between UCSDMC-Hillcrest and other UCSD properties where health care and related functions occur are also addressed.

**Scope and Objectives of the UCSDMC-Hillcrest Long Range Development Plan**

As a campus of the University of California, land use decisions for the UCSDMC-Hillcrest are the responsibility of The Regents of the University of California. Within the University of California system, an LRDP expresses policies approved by The Regents that govern the physical planning for a specific campus or University property. The purpose of this document, therefore, is to provide a broad, coherent and adaptable policy framework to guide future development to help achieve UCSD’s academic mission and goals.

The fundamental changes in health care delivery in the United States that are currently being experienced make it extremely difficult to forecast the nature of UCSD health sciences program growth, and the extent to which this growth will occur at the Hillcrest campus. Nonetheless, University policy requires that each campus in the University of California system have an up-to-date LRDP. The current UCSDMC-Hillcrest LRDP, adopted in 1978, contains several program and land use goals that have since been altered. In addition, since 1978 new plans for both the Uptown and Mission Valley communities have been prepared. Thus, despite many unknowns in the future of UCSD health care delivery, preparation of a revised LRDP is required to update the concepts in the 1978 LRDP and to address the revised planning framework of the communities surrounding the campus. While this document puts forth growth parameters and establishes a time horizon, it cannot and should not be inferred that the campus will certainly
The campus is situated on the northern edge of a system of canyons overlooking Mission Valley and Interstate 8. The canyons form the edge of the existing development and the practical limits of the campus to the north and west. Approximately 30 of the campus' 56 acres are in canyons.

Nearly half of the southern boundary is formed by property owned by the Unitarian Church. The remainder of the southern edge is formed by the residential neighborhood extending south to Washington Street. To the east is an extension of the canyon in which the Bachman parking structure is located. Farther east is residential development. The open space to the north and the neighborhood to the south and east form the primary context for the campus.
grow to the size indicated within the 15 year time period described. Rather, the LRDP presents a development envelope based on land capacity - it is intended to provide The Regents and the community with an understanding of the maximum growth potential at the UCSDMC-Hillcrest, and establish limits based on this potential, while simultaneously reserving some land for expansion beyond the 15 year horizon of this plan. Although maximum growth potential is described in this LRDP, and its impacts are analyzed in the accompanying Environmental Impact Report, it is unlikely that the level of expansion indicated will be realized within the established 15 year time horizon. The 1995 LRDP will, however, serve as the basis for any future development decisions that cannot be predicted in today's uncertain environment.

This LRDP is not an implementation plan and its adoption does not commit the University to any specific projects, construction schedules, or funding priorities. Implementation of the LRDP will depend on the future availability of funding, and individual projects will require project-specific review and approval at the time they are proposed. In its broadest context, the 1995 UCSDMC-Hillcrest LRDP is intended to establish a planning framework to accomplish UCSD’s Health Sciences program goals, while demonstrating responsible conservation of limited physical and financial resources.

The specific objectives of this LRDP are enumerated below:

1. Land Use Objectives
   - Maximize efficiency of operational interactions between UCSDMC-Hillcrest based facilities,
   - Improve functional relationships among UCSDMC-Hillcrest programs,
   - Identify logical areas for orderly expansion and renewal of existing programs,
   - Establish appropriate level of development for identified expansion areas, and
   - Guide the siting of future facilities.

2. Circulation Objectives
   - Identify an efficient automobile, pedestrian, service vehicle, and emergency vehicle circulation network,
   - Provide for adequate emergency egress,
   - Establish parking requirements, and
   - Accommodate alternative transportation systems.

3. Urban Design Objectives
   - Suggest ways to improve the ambiance of the UCSDMC-Hillcrest campus for the UCSD population, as well as patients, visitors and the community, and
   - Establish guidelines that will enable future buildings to interface well with neighborhood residential development.
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UCSD HEALTH SCIENCES ORGANIZATION

The academic life of UCSD is organized into three divisions: General Campus (which includes the core research and undergraduate and graduate liberal arts and sciences programs), Marine Sciences (which entails the Scripps Institution of Oceanography and its interdisciplinary research and graduate training programs), and the Health Sciences. The UCSD Health Sciences division includes the School of Medicine’s research, instructional and clinical practice activities, and the hospitals and clinics operated by the UCSD Medical Center (UCSDMC). In addition to providing patient care services, UCSDMC accommodates the clinical training of School of Medicine students, house staff, clinical fellows and other trainees.

As indicated previously, basic research and educational facilities supporting the UCSD Health Sciences programs are located primarily at the La Jolla campus, while significant research programs and most clinical teaching and patient care activities are based at the Hillcrest campus.

UCSD HEALTH SCIENCES MISSION AND PROGRAM GOALS

UCSDMC-Hillcrest as an Academic Medical Center

The UCSDMC-Hillcrest is the only academic medical center in the greater San Diego region; as such, it has a special mission and leadership role in and for the geographical region and population it serves. The UCSDMC-Hillcrest differs substantially from community health care facilities in its diversity and range of functions. While the UCSDMC-Hillcrest shares with community health care facilities responsibility for patient care, it has expanded responsibilities, obligations and commitments not ordinarily assumed by community programs. As an academic medical center UCSDMC-Hillcrest has a special responsibility to develop new and improved systems of patient care, encourage advancement of science and medicine, and train future health professionals. Some of the specific unique responsibilities carried out and services offered by UCSDMC-Hillcrest include:

- **Demography:** UCSDMC-Hillcrest treats a much broader geographic population than community medical centers. As a regional medical center, UCSDMC-Hillcrest provides specialized medical services not elsewhere available to all San Diego and Imperial County residents.

- **Economic Diversity:** UCSDMC-Hillcrest treats a higher proportion of patients who are undercompensated by third-party payors than any other medical facility in the region; most of these patients have no other treatment option.
• **Education:** UCSDMC-Hillcrest undertakes medical and health science education activities by training a broad spectrum of medical students, graduate and post-graduate physicians, allied health and nursing personnel, and continuing education for both physicians and other health personnel.

• **Specialized care:** UCSDMC-Hillcrest provides highly specialized - also known as tertiary - care services. While community hospitals offer most surgical services and services of specialists such as radiologists, cardiologists, endocrinologists, etc. ("secondary care"), tertiary care consists of highly specialized diagnostic, therapeutic and rehabilitative services requiring staff and equipment that transcend the capabilities of the standard community hospital. Such care includes technologically complex procedures recently emerged from experimental status. (Some of the specific tertiary care programs available at UCSDMC-Hillcrest not otherwise provided in the two-county region include a Level One Trauma Center, a Burn Center, a Poison Center, a highly sophisticated Neonatal Intensive Care Unit, and a National Cancer Institute-designated Cancer Center.)

• **Clinical Research:** UCSDMC-Hillcrest performs state-of-the-art clinical research leading to advances in scientific and technical knowledge in medicine.

• **Scientific Communication:** UCSDMC-Hillcrest has the responsibility to communicate the results of its research findings to other health professionals and institutions serving the community, thereby improving health care for the general population as well as UCSD patients.

UCSDMC-Hillcrest is the primary teaching site for the UCSD School of Medicine. UCSDMC, which operates UCSD's affiliated hospitals and clinics, and the UCSD School of Medicine are committed to excellence in the education of physicians, nurses, and other health care professionals who will meet society's future health care needs. UCSDMC has initiated many clinical programs and services in which the results of advanced biomedical research conducted by the School of Medicine have found direct applications. As a result of this collaboration between UCSDMC and the UCSD School of Medicine, many unique procedures and technologies (for example in cancer, cardiology, transplant, neonatal and burn services) have been developed. In addition, the UCSDMC and School of Medicine have introduced new standards of care, advanced technology, and innovative programs to San Diego and surrounding counties.

As an academic health sciences center, UCSDMC-Hillcrest provides clinical services for a wide spectrum of the population and maintains a comprehensive setting for medical education — UCSDMC-Hillcrest is a unique resource in San Diego.
Mission

UCSD's Health Sciences mission is to achieve excellence and program integration in its Patient Care, Education, Research, and Community Service enterprises:

• **Patient Care:** Deliver comprehensive, high quality patient care that is especially responsive to the local community and the San Diego region as a whole.

• **Education:** Provide undergraduate and graduate students in medicine, nursing and other health professions with training experiences at the educational forefront of medicine.

• **Research:** Provide an environment that supports and encourages preeminent basic and clinical research.

• **Community Service:** Advance the quality of health care available to the citizens of the San Diego region.

**UCSD Health Sciences Program Goals**

A vision for the clinical enterprise of the UCSD Medical Center has been established:

UCSD Medical Center is the cornerstone of a premier academic health care system in San Diego, benefitting all segments of the community, providing the highest quality of care and service, and shaping the future of medicine through innovation, research, and education.

Accordingly, associated UCSDMC program goals have been delineated to:

• Meet the needs of all patients in a kind, courteous, and humanitarian manner;

• Recruit and retain an excellent faculty and staff by maintaining a working environment conducive to personal pride, professional growth, and equal opportunity advancement;

• Lead in improving the health of the community;

• Provide a testing ground to evaluate new technologies and new approaches to health care and health maintenance;

• Maintain a financially viable organization through prudent fiscal planning and management; and

• Develop and maintain facilities for patient care and academic support services and related facilities for the School of Medicine's educational and research programs.

This complements the academic and research vision of the School of Medicine:

UCSD's School of Medicine is internationally recognized as one of the leading medical schools in the United States — through educational programs, research, and patient care activities, the UCSD School of Medicine is extending the boundaries of the art and science of medicine.

Accordingly, several goals have been established for the UCSD School of Medicine:

• Train all medical students to have comprehensive (generalist) patient care skills so they are prepared both to engage in primary care as a specialization and to pursue other fields of medicine;
- Maintain a sufficient number and scope of graduate medical education programs so that the University is able to respond to emerging societal needs and advance cutting-edge programs that intersect medical specialties;

- Maintain UCSD's position among the elite medical schools in the world with respect to peer-reviewed funding of research programs addressing problems of local, national and international concern (ranging from understanding basic biomedical mechanisms, to the discovery and testing of new diagnostic and treatment strategies, to extending knowledge through major epidemiological studies and clinical trials); and

- Provide technical and administrative support services, library services, physical facilities, and an overall environment which facilitates student and faculty achievement in education, patient care and research.

**History of the UCSD Health Sciences Clinical Program**

**Hillcrest**

In 1962, the Regents of the University of California approved establishment of a medical school at UCSD. Original plans for this school called for the University to provide professional services at the San Diego County Hospital in Hillcrest and to build a complete medical center on the La Jolla campus, including a hospital that would serve as the principal site for the School of Medicine's tertiary care and teaching activities. Since initial planning conclusions were that construction of a campus hospital and related ambulatory care facilities would not likely occur until 1972, UCSD established a venue for its clinical programs by securing operating responsibility for the San Diego County Hospital in 1966. The Hillcrest facility thus became the clinical teaching center for UCSD's residency training programs.

Aerial photo looking Northeast, circa 1966.
In the early 1970's, it became clear that the State would not provide funding for development of an academic medical center in La Jolla. Consequently, the University initiated planning to convert the County Hospital, which had been designed as a general care facility for indigent patients, into an academic medical center, including complementary patient care, instructional, and research facilities. Negotiation of a long-term lease with the County of San Diego for the County Hospital ensued, and in 1981 UCSD finalized purchase of the hospital, the County Mental Health Facility (CMH), and associated physical plant facilities. Thus, UCSD's Health Sciences programs have evolved principally at two locations: the La Jolla (main) campus and the campus in Hillcrest. La Jolla has become the nucleus for instruction in basic science education (and includes some clinical teaching at the adjacent Veterans' Administration Medical Center) and Hillcrest has become the prime site for clinical education.

In order to convert the former county hospital and its surrounding support facilities into an academic medical center, the University has undertaken an extensive remodeling and expansion program. To support the educational, research, and clinical activities necessary for an academic medical center, in addition to remodeling the hospital, many new facilities have been built, including laboratory, teaching and office space for faculty, a library, a cancer center, two ambulatory care facilities, a multipurpose administrative facility, and the recently completed Tower Completion and Modernization project. This last project added space for essential ancillary and support services and reoriented the main hospital entrance to the south, facilitating patient access. In 1992, the University completed renovation of the former County Mental Health building to provide administrative support offices and an interim inpatient psychiatric unit. The Bannister Family House, a facility designed to house families of patients undergoing treatment at UCSDMC-Hillcrest, was completed in 1993. Finally, in order to support the required new development and associated population, two parking garages have been constructed, a number of nearby privately held parcels have been acquired, and the University has rented space in the community near the campus.
Over the past three decades the University has invested over $100 million in converting the former county hospital into an academic medical center that holds a national reputation for the exceptional quality of its medical staff and patient care programs, and for the medical breakthroughs pioneered in its laboratories.

La Jolla

In the late 1970's, it became apparent that patient care facilities at Hillcrest were not adequate to meet the needs of the rapidly growing population in the northern areas of San Diego City and County. To accommodate those needs, planning for a clinical presence on the La Jolla campus began. In 1981, The Regents approved a Long Range Development Plan for the La Jolla campus that designated 40 acres on the eastern portion of that campus as a Reserve for expansion of Health Sciences programs. In order to provide needed patient care space rapidly, however, construction of temporary facilities was initiated, and in 1983 the University completed construction of the Internal Medicine Group facility. This facility has since expanded into a modest complex of temporary ambulatory care buildings on the central portion of the La Jolla campus.

In 1987, development of a satellite medical facility, including a diagnostic and treatment center, on the east La Jolla campus was proposed to enable UCSD to fulfill the clinical training needs of medical students and residents, to better serve a growing patient population (especially in north San Diego County), and to maintain the financial viability of the hospital and clinics. In 1988, The Regents approved design and construction of patient care facilities for the east La Jolla campus Health Sciences Reserve area and, in 1989, The Regents sanctioned names for these facilities (The John M. and Sally B. Thornton Hospital and the Perlman Ambulatory Care Center), which opened in the summer of 1993. The 120-bed Thornton Hospital is a general medical-surgical facility with an emergency room. Highly specialized programs such as the Trauma Center, the Regional Burn Center, organ transplantation, and the infant special care unit remain at the UCSD Medical Center-Hillcrest. (Other services available at Hillcrest, but not at Thornton, include obstetrics, pediatrics and psychiatry.) The Hillcrest and Thornton hospitals are operated under common management, and the patient care programs complement each other.

The John M. and Sally B. Thornton Hospital and the Perlman Ambulatory Care Center join the Shiley Eye Center, a clinical and research facility that opened on the east La Jolla campus in 1991, to form the UCSD Medical Center-La Jolla. The La Jolla complex has improved access to UCSD's health care programs for residents in
INTRODUCTION

north San Diego City and County and has enhanced
UCSD's ability to fulfill its health sciences mission.

Other Locations

Another component of UCSD Health Sciences
operations comprises the affiliated hospitals and clin-
ics located throughout the county — facilities that
provide additional educational opportunities and pro-
duce clinical services to meet the needs of patients
dispersed throughout the community. Finally, space
for support services for the UCSDMC-Hillcrest and
UCSDMC-La Jolla, including data processing, busi-
ness services, and storehouse operations, has been
leased at the Kearny Annex, located near Interstate-
805 and Clairemont Mesa Boulevard, between the La
Jolla and Hillcrest campuses (Figure 2).

THE 1978 UNIVERSITY OF CALIFORNIA
MEDICAL CENTER, SAN DIEGO
LONG RANGE DEVELOPMENT PLAN

In 1978, The Regents of the University of
California adopted the University of California
Medical Center, San Diego Long Range Develop-
ment Plan, the first formal expression of policy for
future physical development of the Hillcrest campus.
(Note that the campus' name has since been changed
from "University of California Medical Center, San
Diego" to "UCSD Medical Center-Hillcrest"). The
1978 LRDP described growth and development
anticipated to occur over the ensuing period of fif-
ten to twenty years. It presented a physical solution
to problems at the campus at that time, stemming
from the attempt to convert a county hospital to an
academic medical center on insufficient land. Like
the current LRDP, the 1978 plan embodied com-
prehensive land use and growth policies applicable
to the Hillcrest campus, but neither authorized nor
committed funds for any specific project. The major
1978 LRDP objectives included:

- Devoting University resources to studies of
  improved health care through specialized insti-
tutes in areas such as Cancer, Heart Disease,
etc.;

- Providing additional specialized care facilities
  patterned after the Trauma and Burn Centers;
  and

- Providing increased specialized training for
  physicians in training and professional health
  care personnel such as Clinical Pharmacists,
  Nurse Practitioners, etc.
Figure 2
PRIMARY LOCATIONS OF UCSD HEALTH SCIENCES FACILITIES, 1994

The UCSD Medical Center-Hillcrest, located in the Uptown community of San Diego, 13 miles from the main campus in La Jolla, is the prime site for UCSD's clinical education program. The La Jolla campus is the home of the UCSD School of Medicine and nucleus for instruction in basic science education.

A clinical presence on the La Jolla campus is provided by the Thornton Hospital, Perlman Ambulatory Care Center and Shiley Eye Center east of I-5, as well as an ambulatory care complex at the School of Medicine, west of I-5. Kearny Annex supplies support services for both campuses.
With regard to land use, the 1978 LRDP proposed organizing future development to enhance functional relationships (Figure 3), and established development phasing priorities. The land use plan of the 1978 LRDP (Figure 4) was geared to accommodate an affiliated total population that would reach almost 4,300 and projected a total of approximately 801,300 assignable square feet of space. The current UCSDMC-Hillcrest affiliated population is 4,295 and the current total assignable square footage owned by the University at the Hillcrest campus is 635,000.

The 1978 LRDP included evaluations of land use and circulation problems inherent in the physical characteristics and orientation of facilities at the time the University assumed operating responsibilities for the former county hospital, and proposed land acquisition and development policies aimed at rectifying these problems. Specifically, the 1978 plan targeted acquisition of approximately 15.5 additional acres, of which approximately 8.5 acres would be developable, including:

- Private Land - 28 privately owned parcels generally bounded by Dickinson Street, Front Street, Arbor Drive and Bachman Canyon, three residences on Albatross Drive, and a portion of property owned by the Unitarian Church;

- County Land - a portion of the Vauclain Point property and the County Laundry Facility; and

- City Land - a portion of First Avenue north of Arbor Drive.

Most of the 28 privately owned parcels recommended for acquisition have been purchased by the University since the adoption of the 1978 LRDP. The desirability of acquiring Vauclain Point was reconsidered during the mid-1980’s, and it was determined that this property’s distance from the campus core rendered it less desirable than originally contemplated. It has since been developed as the San Diego Hospice. The County Laundry Facility has been acquired; the City owned land has not yet been acquired.

With respect to density, the 1978 plan proposed an average height of 3 stories and preservation of the surrounding canyons. Regarding circulation issues associated with the Hillcrest campus, the 1978 LRDP included policies to improve traffic patterns, to encourage expanded use of alternative transportation modes, to continue shuttle services between the La Jolla campus and the Hillcrest campus, to alleviate parking problems, and to provide for safe and convenient pedestrian circulation. Parking was proposed as a perimeter system accommodating 2,600 spaces in three structures. The campus currently incorporates 2,097 parking spaces, including two structures.
The 1978 LRDP proposed expansion of patient care functions and education and research functions in adjoining areas to provide opportunities for joint use facilities. Land on Vauclain Point, now the site of the San Diego Hospice, was designated for administrative support space, proposed to be linked to the main campus via a pedestrian bridge. Parking was planned as a perimeter system sited at three primary locations.
1978 Long Range Development Plan

The 1978 LRDP calculated a capacity to accommodate approximately 800,000 assignable square feet of space, and determined the demand for off-street parking to be 2,600 stalls.
PLANNING PROCESS

The 1995 UCSD Medical Center-Hillcrest Long Range Development Plan was prepared by the UCSD Campus Planning Office with guidance provided by the UCSDMC-Hillcrest LRDP Steering Committee. The 1995 LRDP was derived from planning and infrastructure feasibility analyses (the UCSD Medical Center, Hillcrest Physical Development and Utilities Master Planning Study, completed in 1993). Draft versions of the planning concepts incorporated in the LRDP were widely distributed throughout administrative and academic departments within UCSD’s Health Sciences division and were reviewed by the University of California’s Office of the President. In addition, draft public review copies of the LRDP were made available at UCSDMC-Hillcrest, at the University and Biomedical Libraries, and were distributed to and discussed with appropriate public and private agencies. University representatives also presented preliminary versions of the LRDP at numerous public and community planning group meetings. In summary, the 1995 LRDP has undergone extensive public review and consultation.

IMPLEMENTATION

Upon adoption by the Regents of the University, the 1995 UCSDMC-Hillcrest LRDP establishes land use policies to guide future land use decisions at the Hillcrest campus. With adoption of the LRDP, the Regents also certify its accompanying Final Environmental Impact Report (EIR). The Final EIR evaluates the environmental impacts of growth described in the LRDP. Specific future projects will be reviewed in light of the 1995 LRDP to ensure conformance with this planning framework; any substantive divergence would require a specific LRDP amendment by the Regents of the University of California. Future projects will also be reviewed to determine whether the LRDP Final EIR has adequately evaluated their specific environmental effects or if additional environmental review will be necessary.
Property Location and Boundaries

The UCSDMC-Hillcrest is situated on approximately 56 acres of steep slopes and level mesa overlooking Mission Valley to the north. Located in the northeastern corner of the Uptown community, southwest of the intersection of Interstate 8 and Highway 163, UCSDMC-Hillcrest is approximately 13 miles south along Interstate 5 from the UCSD campus in La Jolla, the primary site for the UCSD School of Medicine. The current UCSDMC-Hillcrest campus is displayed in Figure 5.

The 1995 LRDP addresses both the existing campus and logical potential acquisition areas. With acquisition of additional land approximately four acres would be added to the existing campus, for a total of about 60 acres, the amount addressed by this LRDP.

The south rim of Mission Valley forms the practical limits of development to the north, leaving approximately 26 of the campus' existing 56 acres suitable for building. Virtually all of those 26 acres are currently occupied by buildings and parking facilities. The valley topography limits expansion to the north and west. Nearly half of the southern boundary of the medical center campus is demarcated by the Unitarian Church; the remainder of the southern edge is formed by the residential neighborhood extending south to Washington Street. To the east is Bachman Canyon, and beyond Bachman Canyon, residential development. Thus, the open space canyon slopes to the north and west, and the neighborhood to the south and east, form the context for the campus.

Community and Environmental Context

This section contains a brief overview of the community planning context and environmental setting pertaining to the UCSDMC-Hillcrest campus; for a more detailed and comprehensive discussion of the environmental setting, the reader is referred to the associated Environmental Impact Report (EIR), published as a separate document.

Community Planning Framework

UCSDMC-Hillcrest is in a part of the City of San Diego that is gradually changing from a neighborhood of older, single-family residences to one characterized by higher density developments comprised largely of medical facilities, condominiums, and apartment complexes. However, institutional use of the area pre-dates residential use. When the first County hospital was constructed circa 1903, it was surrounded by vacant land on all sides. Adjacent residential use began to emerge a decade later.

Aerial photo of UCSDMC-Hillcrest site, circa 1903.
Figure 5

CAMPUS BOUNDARIES, 1994

LEGEND

- Current UCSDMC-Hillcrest Boundary

University owned land now includes most of the properties in the block bounded by Front Street, Arbor Drive, Bachman Place and Dickinson Street.
In February, 1988, the City of San Diego adopted the Uptown Community Plan, which includes the neighborhoods of Mission Hills, Middletown, University Heights, Hillcrest, Park West and Medical Complex. UCSDMC-Hillcrest is located in the Medical Complex neighborhood, north of Washington Street, between Dove Street and Highway 163. This neighborhood contains three medical facilities: UCSD Medical Center-Hillcrest, Mercy Hospital, and the San Diego Hospice. As a state agency, the University of California is not subject to municipal land use planning and zoning restrictions; however, the University makes every effort to coordinate its activities and plans with the City and neighboring communities.

The Uptown Community Plan (Figure 6) designates current UCSDMC-Hillcrest land as either “Hospital” or “Open Space”. (The open space designation may allow 1 to 4 dwelling units per acre.) It should be noted that University facilities in areas designated Open Space – primarily parking facilities – were in place prior to 1988 when the City adopted the plan. The area of potential land acquisition, immediately southeast of the hospital, defined by Arbor Drive, Bachman Place, Front Street and Montecito Way, is designated “Office/High-Density Residential”; however, the Uptown Plan acknowledges that hospital-related uses may occur in these two blocks. With the exception of Albatross Drive, the neighborhood near UCSDMC-Hillcrest is planned for high-density residential use (up to 73 dwelling units per acre).

Environmental Setting

Located on the south rim of Mission Valley, the UCSDMC-Hillcrest campus (including the potential acquisition areas) comprises approximately 30 acres of level, developed mesa and 30 acres of generally undeveloped valley slopes. The mesa is a remnant of uplifted marine terraces eroded by the San Diego River which flows through Mission Valley. Elevations within the area described by the LRDP range from about 300 feet above mean sea level (MSL) near Arbor Drive to lows of about 80 feet above MSL in the canyons. The developed portion of the campus, the mesa, is surrounded on three sides by canyons with slopes ranging from about 20% to as much as 45% gradient. There are no known unusual soil conditions which would limit development of this UCSD property. Previous studies and geologic maps have revealed no faulting on the site; however, the campus is located near a number of faults. The closest active fault is the Rose Canyon Fault Zone, one mile southwest of the site.

The site affords excellent views of Mission Valley to the north and the canyon to the west. Portions of the campus are visible from Mission Valley and the north slope of the Valley. The larger scale and institutional character of the buildings at the core of the campus stand in contrast to the teaching and research buildings north of Dickinson Street and the residential structures of the surrounding neighborhood.

The developed upper mesa portion of the LRDP plan area includes a variety of non-native landscape species interspersed among the older converted residential bungalows as well as the newer academic,
Figure 6

LAND USE MAP-
UPTOWN COMMUNITY
PLAN, 1988

LEGEND

OS  Open Space
Residential
Office / High Density
Residential
Commercial
Hospital
UCSDMC-Hillcrest
Boundary

Source: City of San Diego, 1988
administrative, and medical buildings. Most of the mesa rim surrounding UCSDMC-Hillcrest is lined with mature eucalyptus trees that serve to soften the visual appearance of the buildings adjacent to the canyon slopes. Vegetation on the canyon slopes consists primarily of coastal sage scrub and chaparral species intermixed with annual grasses and introduced species (Figure 7).

**UCSDMC-HILLCREST**

This section contains information describing a number of characteristics of the existing UCSDMC-Hillcrest campus including population, land uses, existing facilities, infrastructure, circulation, and parking.

**Population**

Population figures for the UCSDMC-Hillcrest are described both in terms of affiliated population and daily population. The affiliated population figures represent students and all those employed at the campus, but exclude patients, visitors, and community physicians. The 1993 affiliated population of the UCSDMC-Hillcrest was 4,295. The daily population gives a clearer picture of the number of people occupying the campus on a typical weekday, and, therefore, includes patients, visitors, and community physicians. The average daily population of the UCSDMC-Hillcrest in 1993 was 4,580. These population figures are reported in Table 1.
Figure 7

ENVIRONMENTAL SETTING, 1994

LEGEND

- Dense Tree Growth
- Vistas
- Steep Slopes
- Trees

Note: This exhibit is diagrammatic only
### Table 1 - Population, 1993

<table>
<thead>
<tr>
<th>Affiliated Population</th>
<th>185</th>
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<tr>
<td>Faculty</td>
<td></td>
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<tr>
<td>Staff:</td>
<td></td>
</tr>
<tr>
<td>Instruction and Research</td>
<td>630</td>
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<tr>
<td>Clinical</td>
<td>2,770</td>
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<tr>
<td>Students</td>
<td>710 (b)</td>
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<tr>
<td><strong>Total:</strong></td>
<td>4,295</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Average Daily Population</th>
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</thead>
<tbody>
<tr>
<td>Faculty</td>
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<tr>
<td>Staff:</td>
<td></td>
</tr>
<tr>
<td>Instruction and Research</td>
<td>565</td>
</tr>
<tr>
<td>Clinical</td>
<td>1,620 (g)</td>
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<tr>
<td>Students</td>
<td>525</td>
</tr>
<tr>
<td>Community Physicians</td>
<td>50</td>
</tr>
<tr>
<td>Inpatients</td>
<td>300 (d)</td>
</tr>
<tr>
<td>Outpatients</td>
<td>895 (e)</td>
</tr>
<tr>
<td>Visitors (f)</td>
<td>470</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td>4,580</td>
</tr>
</tbody>
</table>

**NOTES:**

a. Excludes patients, visitors and community physicians.
b. Includes 90 medical, 200 nursing and allied health and 30 other students, 250 house staff, and 50 clinical and 90 research fellows.
c. Number of individuals on campus on an average weekday.
d. Average daily number of occupied beds, fiscal year 92/93.
e. Annual visits to the Outpatient Center, Ambulatory Care Center, Emergency Department, Outpatient Surgery, and Cancer Center in fiscal year 93/94 (214,600) divided by the average number of yearly work days (240).
f. Includes people visiting patients and others with business at the campus.
g. Of approximately 2,770 clinical staff, about 1,800 (65%) work during the day shifts, and the remainder work at night. Night employees are not counted. Of the 1,800 daytime clinical staff, approximately 10% are absent at any one time due to vacation, illness and other miscellaneous reasons.

### Planning Context

#### 1994 Land Uses

The UCSDMC-Hillcrest campus can be seen as differentiated into three areas (Figure 8) that reflect the physical layout of the campus and the functional organization of the medical facilities.

The area between Dickinson Street and the Mission Valley rim (labeled “1” in Figure 8) houses teaching and research facilities, service and physical plant facilities, and clinical and administrative facilities, including the Bannister Family House. This area is characterized by a relatively low scale of buildings, dramatic views to the north, and pleasant pedestrian spaces surrounding the research and teaching complex.

![Clinical Teaching Facility courtyard.](image)

The area designated “2” (Figure 8) is dominated by the 11-story hospital, the South Wing, which accommodates ancillary and support services, and the UCSD Outpatient and Ambulatory Care Centers. These facilities house most of the clinical services offered by the UCSD Medical Center, and form the campus’ primary public focus and identity. To the
Figure 8

CAMPUS LAND USES, 1994

The UCSDMC-Hillcrest campus is divided into three areas separated by two-lane public streets. The organization of functions responds to the physical layout of the campus.
west of the hospital is a single story building that houses a variety of functions and the Psychiatric Unit. At the extreme western edge of this zone, built against the side of the canyon slope, is the Arbor Parking Structure. A surface parking lot, part of the Unitarian Church but used during the week for public parking, is directly south of the front door to the hospital. These two parking areas accommodate the main patient and visitor parking needs of the UCSDMC-Hillcrest.

Existing Facilities

The University owns approximately 635,000 assignable square feet\(^1\) of academic, administrative, medical, and support space housed in a combination of new and renovated buildings as well as converted residential bungalows and apartments. In addition, as of 1994 the University leased a total of 245,000 square feet of space for use by Hillcrest-based programs. Some of this space is leased as part of the University’s plan to disperse operations and services. Other space is leased out of necessity, due to insufficient space at the Hillcrest campus. 135,000 square feet of the space that is leased is in the Uptown Community, including 70,000 square feet in the Medical Complex neighborhood (25,000 in office buildings and 45,000 in converted residential units). A detailed breakdown of this space by function is included in Table 2, and Figure 9 depicts the functional assignments of University owned buildings.

\(^1\) Space data is presented in this report as both assignable and gross square footage. Assignable square footage excludes hallways, closets, utility rooms, lobbies, and space occupied by building structure and infrastructure; it represents only space allocated to a specific program. Gross square footage includes all space occupied by a building. Leased square footage is represented in terms of net rentable space.
LEGEND

1. Hospital / Outpatient Center / South Wing
2. UCSD Ambulatory Care Center
3. Arbor Parking Structure
4. West Wing / Psychiatric Unit
5. Clinical Pathology Administration
6. Magnetic Resonance Imaging
7. Multi-Purpose Building
8. Telecommunications
9. Radiology
10. Data Processing, Med. Staff Admin.
11. MCPPS* Central Plant
12. MCPPS / Construction Services
13. Library
14. Theodore Gildred Cancer Facility
15. Clinical Teaching Facility
17. Surgery Research Laboratory
18. Bachman Parking Structure
19. Staff Training & Development
20. Facilities Design, Planning & Management
21. Support / Administration
22. Support / Administration
23. Bannister Family House
24. Pulmonary Medicine

*MCPPS: Medical Center Physical Plant Services

Figure 9
BUILDING ASSIGNMENTS, 1994

UCSD Medical Center-Hillcrest
LONG RANGE DEVELOPMENT PLAN

32
### Table 2 - Existing Space by Function, 1994

<table>
<thead>
<tr>
<th></th>
<th>Owned</th>
<th>Leased (Uptown)</th>
<th>Leased (Remote)</th>
<th>Occupied</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction &amp; Research</td>
<td>160</td>
<td>35 (a)</td>
<td>5</td>
<td>200</td>
</tr>
<tr>
<td>Inpatient Nursing Units</td>
<td>120</td>
<td>-</td>
<td>-</td>
<td>120</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>50</td>
<td>35 (b)</td>
<td>-</td>
<td>85</td>
</tr>
<tr>
<td>Diagnostic/Treatment (c)</td>
<td>135</td>
<td>15 (d)</td>
<td>-</td>
<td>150</td>
</tr>
<tr>
<td>Administration/Support</td>
<td>155</td>
<td>50 (e)</td>
<td>105</td>
<td>310</td>
</tr>
<tr>
<td>Central Plant</td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
</tbody>
</table>

**Totals**

|       | 635 | 135 | 110 | 880 |

**NOTES:**

- a. Includes 10K near campus (defined as the Uptown Medical Complex neighborhood).
- b. Includes 20K near campus at 330 Lewis St. (SOM Medical Group).
- c. Supports both inpatient and ambulatory care activities.
- d. Includes 5K near campus.
- e. Includes 35K near campus.
- f. Within the Uptown Community.
- g. Outside the Uptown Community, including Kearny Annex.

---

Three UCSDMC-Hillcrest buildings have been declared seismically inadequate, including the North Annex and the Arbor and Bachman Parking Structures. The North Annex is rated "very poor". A project to replace the North Annex has been approved for State funding. Plans to seismically retrofit the Arbor Parking Structure are underway, and funds have been identified to retrofit the Bachman Parking Structure.

Finally, the University leases space in properties throughout the City. Leased properties in the Medical Complex neighborhood are depicted in Figure 10; these properties are occupied primarily by administrative offices.

**Utilities and Services**

Water is piped to UCSDMC-Hillcrest by the City of San Diego through a network system originating in Washington Street. Storm drainage within the campus vicinity depends largely on surface flow; however, the main campus area has several underground storm drain systems which discharge into the surrounding canyons. The hospital, along with most of the UCSD buildings in the area, is served by two sew-
LEASED BUILDINGS, 1994

LEGEND

UCSD Leased Space

Note: Some of the leased properties are multiple units; in these cases, UCSD leases only some of the units.
ers; one runs on the west side of the Central Plant, the other consists of a series of 6-inch City sewer mains that flow toward Washington Street.

The SDG&E main electrical feed to the UCSDMC-Hillcrest campus is from the Old Town Substation. The campus' normal power distribution system emanates at a substation located in the northwest corner of the campus. Dual feeders serving many of the UCSDMC-Hillcrest facilities provide a level of redundancy in case of failure of one of the two feeders. Natural gas in the area is provided by the San Diego Gas & Electric (SDG&E) network.

In addition to standard utilities, the UCSDMC-Hillcrest also requires chilled water, steam, and emergency power to serve life safety, patient care and basic hospital operations. These systems are distributed from the Central Plant, located in the north central area of the campus.

Circulation

Access to UCSDMC-Hillcrest is primarily via Washington Street from the south and Hotel Circle from the north (Figure 11). Washington Street is the primary east-west artery for the area and connects to Interstate 5 and Highway 163. First Avenue and Front Street form a one-way pair connecting UCSDMC-Hillcrest to Washington Street, and constitute the campus' principal entry and exit. Bachman Place extends north to Hotel Circle and is the northern access route to the main staff parking area; its use is restricted to University staff.

With the exception of staff access to the Bachman Parking Structure and adjacent surface lot, virtually all traffic entering or leaving the campus must use First Avenue or Front Street and cross the intersection of Front Street and Arbor Drive. If this intersection were ever blocked, evacuation of or access to the hospital could be affected, a potentially life threatening hazard. Development of at least one additional emergency access option is a paramount objective of this LRDP.

Public vehicular circulation within the campus occurs primarily along Arbor Drive to and from the new hospital entry and the Arbor Parking Structure. The Outpatient Center entry along Front Street places some public traffic north of Arbor Drive. Public traffic along Dickinson Street is minor. Staff vehicular traffic uses both Bachman Place and Arbor Drive. Emergency and service vehicles use the same street system as the public and staff. The emergency entrance to the hospital is on Front Street, north of the Outpatient Center entry. Service vehicles traverse much of the campus to reach the hospital loading dock on the west side of the hospital and the physical plant buildings on the north side of the campus.
Figure 11

VEHICULAR CIRCULATION, 1994

LEGEND

- Public
- Service
- Staff
- Ambulance
- Lifeflight
- Indicates One Way Street
Bus service is provided to the campus by the San Diego Transit Route 3 bus line; there is a bus stop on Front Street south of Arbor Drive. Travel between UCSDMC-Hillcrest and the UCSD campus in La Jolla is provided by University shuttle buses operating hourly from 6:00 a.m. to 6:30 p.m., with a stop at the Veterans Administration Medical Center. Limited service is provided at night as well.

UCSD operates the Lifeflight emergency helicopter transport program and maintains cooperative service agreements with the five other trauma centers in San Diego County. UCSDMC-Hillcrest is the only Level One trauma center in San Diego County; the other five trauma centers are Level Two. As a Level One trauma center UCSDMC-Hillcrest serves as a resource for the regional Level Two trauma centers by maintaining a commitment to the provision of tertiary care service not obtainable at the Level Two Centers. (This includes having a CT Scan technician and chief resident surgeon on the premises at all times.) In addition, as an academic medical center, UCSD conducts medical research in areas directly benefitting trauma patients.

Utilizing the program's two helicopters, Lifeflight currently completes an average of about 1,400 operations per year serving the five County trauma centers. One of the Lifeflight helicopters is stationed at the Palomar Medical Center in Escondido, and the other is stationed at Gillespie Field in El Cajon. Refueling takes place at these locations. The Gillespie assignment is a recent shift from previous assignment in Hillcrest. The location change has resulted in fewer flights in the Hillcrest area and, because there is less fog in El Cajon, increased availability of Lifeflight. The Lifeflight program's dispatcher, as well as its central communication functions, are housed in the Outpatient Center.

Parking

There are over 2,000 parking spaces on the campus (Figure 12), excluding the surface lot on Arbor Drive owned by the Unitarian Church. Approximately 400 of the campus spaces are available for public use; these are located primarily in the Arbor Structure on the western edge of the campus. The 141-space Unitarian Church-owned surface lot, across from the hospital main entry, also accommodates public use. The North lot provides parking for the Emergency Department.

Approximately 1,450 parking stalls reserved for staff are located in the Arbor Parking Structure, the Bachman Parking Structure, and the overflow lot on the eastern edge of the campus. In spring 1994, the peak hour occupancy of campus parking spaces was 79 percent, meaning 21 percent of parking spaces at the Hillcrest campus are vacant even at the most congested hour of the day. The current parking vacancy
**Figure 12**

**PARKING LOCATIONS, 1994**

**LEGEND**

1. Arbor Parking Structure  659
2. West Wing Lot          13
3. Multipurpose Lot       51
4. Central Plant Lot      49
5. Cancer Center Lot      17
6. Clinical Teaching Facility Lot 36
7. Bachman Parking Structure 1,032
8. Bachman Overflow Lot 118
9. North Lot               43
10. South Lot              32
    Miscellaneous          47
    **TOTAL STALLS**         **2,097**
11. Unitarian Church Lot  141
    **GRAND TOTAL**         **2,238**
rate is a substantial increase from prior years when parking was much closer to capacity.

**Pedestrians**

Public pedestrian circulation (Figure 13) occurs mainly between the Arbor parking structure and the main entry to the hospital. Significant public circulation also occurs between the bus stop on Front Street and the hospital and Outpatient and Ambulatory Care Centers. There is some secondary circulation from the church parking lot to the main entry and along Front and Dickinson Streets. Primary staff pedestrian circulation occurs along Dickinson Street to and from the Bachman Parking Structure and between the hospital and the teaching and research buildings to the north.
Figure 13

PEDESTRIAN CIRCULATION, 1994

LEGEND

- Primary Public Circulation
- Secondary Public Circulation
- Primary Staff Circulation
- Secondary Staff Circulation

UCSD Medical Center-Hillcrest LONG RANGE DEVELOPMENT PLAN
LONG RANGE DEVELOPMENT PLAN
ASSUMPTIONS

Despite uncertainty over the growth of programs and services currently located at the UCSD Medical Center-Hillcrest, reasonable assumptions about the future of the Hillcrest campus are definable:

- The excellence of this academic medical center will be maintained.
- The Hillcrest campus will remain a principal site for UCSDMC patient care activities and for UCSD School of Medicine clinical education activities.
- The total number of licensed inpatient beds at UCSDMC-Hillcrest will not exceed 442 within the 15-year planning horizon. Given the age of the hospital tower, land should be reserved for future replacement of the existing inpatient facility.
- A practice site for the UCSD Medical Group will eventually be established at the Hillcrest campus; other practice sites have been and will be established on the La Jolla campus and at other locations in San Diego County.
- While substantial growth in ambulatory care, teaching and research facilities is not currently anticipated at the Hillcrest campus, redevelopment of antiquated space, consolidation of functions, and relocation of functions in off-campus leased space to the campus will be required.
- To protect the potential capacity of the campus to expand and to establish new boundaries, logical areas for acquisition of additional land should be identified.

- To assure efficient yet flexible land use and to be responsive to capital opportunities as they arise, complementary activities should be grouped in geographic zones on the campus.
- Low-density uses in older buildings will be redeveloped at a higher intensity as program needs dictate and resources permit.
- Campus land will be reserved for functions benefiting from proximity to the hospital. There will continue to be a need for off-campus locations for ancillary and support services which can function adequately in outlying areas.
- The University will continue to cooperate with the local community and appropriate governmental agencies to facilitate coordinated implementation of plans.
ISSUES AND GOALS

In the process of defining the scope of issues to be addressed in the 1995 LRDP, eight major concerns, independent of the extent of future growth, were identified. These issues can be traced to the fact that the UCSD Medical Center-Hillcrest was located and planned to accommodate a county hospital instead of a major academic medical center, and the topography and problematic location of the campus. These issues, along with a corresponding goal in response to each issue, are discussed below.

Property Acquisition

The UCSDMC-Hillcrest campus is situated on a promontory surrounded by steep canyons on the north and west and developed property on the east and south. In 1966, when UCSD assumed operational control of the County Hospital, the property consisted of 8 acres of contiguous buildable land, 6.5 acres on Vauclain Point, and about 27 acres of land in steep canyons: a total of 41.5 acres.

To convert the County Hospital to an academic medical center, new facilities have been constructed, and additional land has been acquired. However, ownership of Vauclain Point, separated from the main campus by a deep canyon, has reverted to the County. UCSD has slowly acquired land in the two-block area east of the hospital (circumscribed by Front Street, Dickinson Street, Bachman Place and Arbor Drive), so that today the University owns a total of 55.8 acres of land, 26 of which are buildable. As virtually all of those 26 acres are occupied by buildings and parking facilities, it is necessary to identify additional buildable land to determine a reasonable maximum development capacity for the UCSDMC-Hillcrest campus. As expansion to the north and west is limited by topography, the 1995 LRDP establishes the following Property Acquisition goal:

- Target four acres including the area bounded by Front Street, Arbor Drive, Bachman Place, and Montecito Way, and a small parcel west of the Bannister Family House, for possible future acquisition as program needs, availability of resources, and property availability dictate; in addition, complete the acquisition of infill parcels within current campus boundaries.

Program Consolidation

One of the major problems inherent with the University's acquisition of the former San Diego County Hospital was the insufficiency of its ambulatory care facilities. Consequently, in 1977 the Outpatient Center was constructed and, in 1989, the University acquired the UCSD Ambulatory Care Center. However, ambulatory care space remains inadequate.
In order to meet current needs, UCSDMC has leased clinical space in several off-campus buildings, but the location of ambulatory services at multiple sites is costly, inconvenient for patients, and operationally inefficient. Referral among clinical services is complicated and support services (such as laboratories, pharmacy, social services, and medical records) are not readily accessible, so significant time is spent by physicians and staff traveling from site to site on a daily basis.

Similarly, space for essential instructional and research activities was unavailable when the University acquired the County Hospital. While the University has invested heavily in construction of instruction and research facilities, many programs continue to be located off campus in leased space and operational inefficiencies abound. Long term use of off-campus leased space is programmatically untenable for many patients, faculty, students and staff, and is financially undesirable.

To increase efficiency, consolidation and regrouping of many complementary clinical services and instructional and research activities will be needed. Therefore, the 1995 LRDP establishes the following Program Consolidation goal:

- Group complementary activities in geographic zones; unify Hillcrest-based ambulatory services in one on-campus zone, in which buildings and parking are organized to create the best possible experience for patients and staff; consolidate all Hillcrest-based instruction and research functions.

Campus Environment

The canyon terrain provides dramatic views to the north and west of the UCSDMC-Hillcrest campus. Parts of the instruction and research area have been developed in a pleasant manner, providing a suitable academic atmosphere. The reorientation of the hospital main entry to the south, completed in 1992, strengthens connections to the community and begins to create a sense of place as visitors arrive. However, the campus fails to make optimum use of its striking natural surroundings.

Therefore, the 1995 LRDP establishes the following Campus Environment goal:

- Enhance the UCSDMC-Hillcrest campus environment by capitalizing on existing features and the natural environment; in particular, UCSDMC-Hillcrest should take advantage of the amenities afforded by the surrounding canyons, and the dramatic views north and west.

View of Mission Valley through open space canyon as seen from the Bannister Family House.
Circulation

The UCSDMC-Hillcrest campus is beset by two major circulation problems: limited access and circuitous circulation patterns. The fact that all public traffic to and from the campus must utilize one intersection, the junction of Front Street and Arbor Drive, presents a serious life/safety concern. In the event of an accident at this critical intersection, or an emergency occurrence at UCSDMC-Hillcrest resulting in gridlock or congestion, evacuation of the hospital and access by emergency vehicles could be problematic, if not catastrophic.

The second circulation problem is the awkward system of narrow, offset, and one-way streets serving the campus. First Street, the primary access to the campus, is one-way northbound, with stop signs requiring driver decisions at three points within three blocks. At one of these decision points, the street is offset to the west. The primary exit is via Front Street, another one-way artery. Visitors who are unfamiliar with its location find reaching the campus difficult.

A more clearly defined circulation system, that also provides adequate emergency access, is essential. Therefore, the 1995 LRDP establishes the following Circulation goals:

- Provide an alternate means of emergency access to the campus in the event of gridlock at Front Street and Arbor Drive and improve circulation patterns and “way finding”.

Image

UCSDMC-Hillcrest is not adjacent to any major street or freeway and the hospital tower is not readily visible from most vantage points. In addition, there is no visual indicator to provide a sense of arrival at the campus entry point. These problems, combined with the existing circulation difficulties, result in a lack of “image” for the campus. The recently completed Tower Completion project, which relocated the hospital main entry to the south in an improved, landscaped setting, dramatically enhanced the campus. However, one must reach the hospital before this improvement presents itself.

To enhance public awareness and improve orientation, creation of a visible image statement for UCSDMC-Hillcrest is essential. Therefore, the 1995 LRDP establishes the following Image goal:

- Utilize landscaping and architectural features, particularly as one approaches the campus, to enhance visibility and locational perception.
Parking

Although there is sufficient parking at the UCSDMC-Hillcrest to accommodate demand, it is not easily accessible and is inconvenient for many patients and staff.

Adequate and convenient parking is essential to the viability of the UCSDMC-Hillcrest; if the campus grows, additional convenient parking will be necessary. Therefore, the 1995 LRDP establishes the following Parking goal:

- Plan for future parking facilities that are accessible to visitors and staff and that minimize the impact of traffic within the UCSDMC-Hillcrest campus and its surrounding community by carefully locating new parking in relationship to arrival patterns and destination objectives; special attention should be given to providing parking for patients in close proximity to ambulatory care facilities.

Central Plant and Utilities Infrastructure

Many components of the current central plant are antiquated and inadequate to serve new development. Substantial refurbishment and expansion will be required in the future.

As UCSDMC-Hillcrest evolves, the utilities system serving it must also expand. Therefore, the 1995 LRDP establishes the following Infrastructure goal:

- Plan to significantly expand the central plant and improve the utility infrastructure; implement this plan over time as the campus evolves.

Relationship to the Community

UCSDMC-Hillcrest is located at the north edge of the Medical Complex neighborhood of the Uptown community. This neighborhood is so named because of its three medical complexes: UCSD Medical Center-Hillcrest, Mercy Hospital, and San Diego Hospice. For many years, this neighborhood maintained a quiet residential character, although some streets have been burdened with traffic associated with the medical facilities. In recent years, however, the number of both multiple family dwellings and medical office buildings has increased. The Uptown Community Plan (1988) designates the area north of Montecito Way and west of Bachman Place for office and high-density residential use, and acknowledges that hospital-related uses may occur there as well; most of the remainder of the neighborhood is designated for high-density residential use.

The University is committed to a “good neighbor” policy and intends to fulfill that commitment by achieving its academic and clinical mission and by adhering to a development plan that will maintain the quality of the community environment. Therefore, the 1995 LRDP establishes the following Community Relationship goal:

- Work with the local community and appropriate governmental agencies to facilitate a coordinated implementation of plans to shape the evolving character of the neighborhood and to respect the campus/community interface.
**MAXIMUM GROWTH ESTIMATES**

**Population**

Given current uncertainty in the health care environment, and consequent uncertainty about future growth of UCSD health care programs and how the physical manifestation of these programs might be achieved, it is difficult to estimate increases in the current population at the Hillcrest campus. The projections in Table 3 reflect the informed judgments of Medical Center and School of Medicine planners, and represent maximum estimates. Note that the Affiliated Population estimates include UCSDMC-Hillcrest based employees and students only, excluding patients, visitors, and community physicians. The Affiliated Population is expected to increase by about 1,100 by the year 2010, from 4,300 to 5,400.

### Table 3 - Population Projections, 2010

<table>
<thead>
<tr>
<th></th>
<th>1993</th>
<th>2010</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Affiliated Population (a)</td>
<td>4,300</td>
<td>5,400</td>
<td>1,100</td>
</tr>
<tr>
<td>Average Daily Population (b)</td>
<td>4,600</td>
<td>5,600</td>
<td>1,000</td>
</tr>
</tbody>
</table>

**NOTES:**

- a. Excludes patients, visitors and community physicians.
- b. Number of individuals on campus on an average weekday - includes patients, visitors, and community physicians.

Average daily population data include the estimated number of people on campus on a typical weekday and, therefore, include maximum projections of patients, visitors, and community physicians. The UCSDMC-Hillcrest average daily population is not expected to increase by more than about 1,000 by the year 2010, from 4,600 to 5,600. It is anticipated that the outpatient population will increase at a faster rate than the inpatient population as UCSD Medical Center endeavors to expand the comprehensiveness and level of ambulatory care services.

**Space**

Estimates of the expansion capacity of the Hillcrest campus were derived by a) considering program objectives, b) identifying logical expansion areas, c) assuming reasonable maximum densities, and d) reserving some land for expansion beyond the time frame addressed in this LRDP. The UCSDMC-Hillcrest LRDP includes, as a contingency, provision for acquisition of the two-block area east of the Ambulatory Care Center, i.e., the blocks surrounded by Front Street, Arbor Drive, Bachman Place and Montecito Way. (However, it is not anticipated that the block encompassed within First Avenue, Arbor Drive, Bachman Place and Montecito Way will be required within the 15-year horizon of this plan.) Several smaller, infill parcels have also been identified as logical acquisition areas, if needed in the future. These are three remaining parcels in the area directly east of the hospital (between Front Street and Bachman Place), a group of parcels at the east end of Dickinson Street, and two contiguous parcels at the northwest corner of the campus (Figure 14). Most of the parcels proposed for acquisition have been used as office space (through leases) for many years, and permanent conversion of these parcels from residential to medical use is consistent with recommendations in the Uptown Community Plan. The time frame for acquiring these parcels is uncertain; acquisition will occur in response to program need and as
opportunities arise, subject to availability of financial resources.

In addition to identifying land for potential expansion, establishment of maximum building heights also contributed to the density "equation". Figure 15 displays the campus building envelope. Except for a small parcel directly east of the hospital, maximum height of future development will be four stories, with the area adjacent to the community limited to 3-4 stories. This height limit permits reasonable expansion capability if required in the future, and at the same time protects the community from being overshadowed by massive development.

The figures in Table 4 compare existing campus space to its maximum growth potential, leaving some land for expansion beyond the time frame of this LRDP. These figures are differentiated into six major functional categories, and are based on the land acquisition and building height assumptions discussed above. It is expected that redevelopment and consolidation of programs will result in a reduction in the amount of space leased in the community.

UCSD Hillcrest-based activities currently occupy 880,000 sf; 635,000 asf is owned by the University and 245,000 sf is leased. 135,000 of the 245,000 sf of leased space is in the Uptown Community, including 70,000 sf in the Medical Complex neighborhood. Reserving some land for development beyond 2010, the projected maximum increase in new construction the campus is capable of accommodating totals 475,000 assignable square feet. It is anticipated that leased space in the Medical Complex neighborhood will be reduced by half, from 70,000 sf to 35,000 sf, and leased space in the Uptown Community will decrease by 44%, from 135,000 to 75,000 sf. Assuming, as planned, that leased space is reduced and antiquated space is demolished, the net increase in occupied space may not exceed 375,000 ASF (43%). The capacity to accommodate new construction translates to a maximum of approximately 660,000 gross square feet (GSF). If the planned release of some leased space and demolition of antiquated space is realized, the maximum potential net gain of space equals around 460,000 GSF.

Parking

Estimates of growth in peak parking demand were calculated by applying vehicle/population factors to maximum projected increases in population, estimating additional parking spaces required at peak utilization to serve net new growth, and subtracting current peak hour vacant parking spaces. (Vehicle/population factors convert estimated maximum population growth into vehicles, accounting for portions of the population who use alternative transportation modes, including transit, bicycling, ridesharing or other means.) Table 5 presents projected increases in parking demand; it indicates that approximately 320 new parking stalls would be required to accommodate the projected increase in daily population. Because a larger number of structured spaces is more economically efficient to build and operate, the 1995 LRDP proposes construction of a garage containing 400-450 spaces, when demand dictates. It is proposed that these spaces be accommodated in a new parking garage at the extension of First Avenue, north of Arbor Drive.
Figure 15

PLANNED BUILDING ENVELOPE

The size and height of future buildings are based on the need to provide:
- Space for expansion of the campus;
- Buildings of appropriate scale in relation to their surroundings;
- Unobstructed flight pattern for emergency helicopters.

Building heights North of Dickinson St. are limited to four stories above grade to be consistent with existing structures, and to maintain a lower-scale campus environment. The hospital and its potential replacement area to the west are set at 11 stories to match the existing hospital structure. Due east of the hospital is an area of six-story height limit to provide for necessary density near the hospital while avoiding competition with the tower itself. To relate well to the residential community to the south, buildings south of Arbor Drive are limited to three and four stories.

(Note that a story, depending on building type, may be up to 18 ft. tall.)
### TABLE 4 - CURRENT SPACE AND PROJECTED SPACE CAPACITY, BY FUNCTION, 1994 AND 2010

Assignable Square Feet, in Thousands

<table>
<thead>
<tr>
<th></th>
<th>1994</th>
<th>CHANGE</th>
<th>RESULTING TOTALS</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Owned (Uptown)</td>
<td>Leased (Remote)</td>
<td>Occupied</td>
<td>New Construction</td>
</tr>
<tr>
<td>Instruction &amp; Research</td>
<td>160</td>
<td>35</td>
<td>5</td>
<td>200</td>
</tr>
<tr>
<td>Inpatient Nursing Units</td>
<td>120</td>
<td>-</td>
<td>-</td>
<td>120</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>50</td>
<td>35</td>
<td>-</td>
<td>85</td>
</tr>
<tr>
<td>Diagnostic/Treatment (d)</td>
<td>135</td>
<td>15</td>
<td>-</td>
<td>150</td>
</tr>
<tr>
<td>Administration/Support</td>
<td>155</td>
<td>50</td>
<td>105</td>
<td>310</td>
</tr>
<tr>
<td>Central Plant</td>
<td>15</td>
<td>-</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td><strong>TOTALS:</strong></td>
<td>635</td>
<td>135</td>
<td>110</td>
<td>880</td>
</tr>
</tbody>
</table>

**NOTES**

a. Assumes North Annex, Surgery Research Lab, MRI, and minor structures and trailers will be demolished.
b. North Annex and Surgery Research Lab (20K ASF) plus miscellaneous houses owned by the University.
c. SOM Medical Group leased space.
d. Supports both inpatient and ambulatory care activities.
e. Nearby leased space

f. Includes replacement for demolished space (50K) plus same level of growth as occurred between 1980-94 (40K ASF).
g. Minor structures, houses and trailers owned by the University, plus North Annex.
h. Assumes 15K SF will continue to be leased in office space in the Uptown Community.
i. Assumes 10K SF will continue to be leased in office space in the Uptown Community.
j. Assumes 50K SF will continue to be leased in the Uptown Community (including 35K in the Medical Complex Neighborhood) and that 45K SF of leased space will be added at Kearny Mesa (30K for the Medical Center and 15K for the SOM Medical Group).
TABLE 5 — PARKING SPACES NEEDED, 1994 AND 2010

<table>
<thead>
<tr>
<th>Description</th>
<th>1994</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. 1994 Total Available Parking Spaces</td>
<td>2097</td>
<td></td>
</tr>
<tr>
<td>B. 1994 Average Peak Parking Demand</td>
<td>1647 (a)</td>
<td></td>
</tr>
<tr>
<td>C. 1994 Unused Parking Spaces During Peak Demand</td>
<td>379 (a,b)</td>
<td></td>
</tr>
<tr>
<td>D. Projected Increase in Peak Parking Demand(c)</td>
<td>697</td>
<td></td>
</tr>
<tr>
<td>E. Estimated Additional Parking Spaces Needed to Serve Expansion</td>
<td>318</td>
<td></td>
</tr>
<tr>
<td>2010 Total Parking Spaces Needed (A+E)</td>
<td>2,415</td>
<td></td>
</tr>
</tbody>
</table>

(a) UCSD Transportation and Parking Services, Spring 1994
(b) Does not include 71 reserved spaces that were empty.
(c) Includes demand generated by projected maximum growth in daily population, plus employees and patients in leased space anticipated to relocate to campus.

PLAN CONCEPTS


Functional Zones

Since acquisition of the County Hospital and the ensuing process of adapting that facility to meet the needs of an academic medical center, several building projects have advanced and a coherent pattern of land uses has emerged. For example, development of the Clinical Teaching Facility in the area north of the hospital established this area as the center for instructional and research activity, while acquisition of the Ambulatory Care Center and the Tower Completion/South Wing project established a major patient care area on the southern side of the campus. To further improve functional clarity, the 1995 LRDP organizes UCSDMC-Hillcrest activities into five zones (Figure 16). Some land for development beyond the time horizon of this LRDP has been reserved, and maximum development capacities in each development zone have been calculated (Table 6).

- Instruction and Research: This zone will accommodate expansion of instruction and research activities on land primarily to the east of the existing Clinical Teaching Facility. Replacement of some buildings currently occupying this area and acquisition of some privately held parcels is envisioned. With acquisition of land at the east end of Dickinson Street, this zone will accommodate a net gain of approximately 165,000 GSF within the time frame covered by this plan.
• **Inpatient Care/Diagnostic and Treatment:** This zone includes the hospital and will accommodate expansion of inpatient, diagnostic/treatment, and related facilities. The area immediately west of the inpatient tower provides a site for replacement of the hospital base block, if such development should prove necessary (beyond the time frame of this LRDP). Approximately 75,000 GSF of space may be added in this zone during the years covered by this LRDP.

• **Ambulatory Care/Diagnostic and Treatment:** This zone provides an area in which ambulatory care and diagnostic/treatment functions, currently scattered throughout the campus and in leased facilities off campus, can be consolidated. Approximately 300,000 GSF of new space can be accommodated in this zone within the LRDP time horizon. To allow convenient outpatient access to parking, a 400 to 450-space parking structure, perhaps subgrade, is planned in this zone. The zone includes properties that may be acquired in the area south of Arbor Drive and a few infill parcels.

• **Administration/Support:** This zone follows the lead established by construction of the Multipurpose Building and provides an area for potential future administrative functions in the northwestern portion of the campus. The net gain in this zone may be approximately 120,000 GSF. Two small parcels at the western edge of this zone may also be acquired.

• **Plant Services:** The UCSDMC-Hillcrest Central Plant facility requires significant upgrade or replacement in order to accommodate new campus development. The Plant Services zone allows for this upgrade/replacement within its current vicinity.

The canyons north of the development areas will be left in a natural state. These canyons comprise 29 acres, almost half the expanded campus.
TABLE 6 – DEVELOPMENT CAPACITY BY ZONE, 1994 AND 2010
Gross Square Feet, In Thousands

<table>
<thead>
<tr>
<th>Zone</th>
<th>1994</th>
<th>2010</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Instruction &amp; Research</td>
<td>268</td>
<td>435</td>
<td>167</td>
</tr>
<tr>
<td>Inpatient</td>
<td>585</td>
<td>660</td>
<td>75</td>
</tr>
<tr>
<td>Ambulatory</td>
<td>81</td>
<td>378</td>
<td>297</td>
</tr>
<tr>
<td>Administration</td>
<td>100</td>
<td>222</td>
<td>122</td>
</tr>
<tr>
<td>Central Plant</td>
<td>31</td>
<td>31</td>
<td>0</td>
</tr>
<tr>
<td>Totals</td>
<td>1,065</td>
<td>1,726</td>
<td>661</td>
</tr>
</tbody>
</table>

Parking and Circulation System

- Parking: As indicated above, if required by increases in population the 1995 LRDP proposes construction of a 400- to 450-space parking garage in the Ambulatory Care zone at the extension of First Avenue. This garage, which would provide parking for visitors and ambulatory care patients, could be constructed either above or below grade. While it is the policy of The Regents that underground parking be constructed only in unusual circumstances, because of the unique opportunity to take access from different directions at the top and bottom levels, and because the proposed site for the garage is a disturbed canyon remnant (meaning it is partially pre-excavated), this LRDP proposes consideration of an underground garage. (However, the LRDP does not eliminate or preclude the option to construct the garage above grade.) With development of this additional parking facility, combined with sustained advocacy for using alternative transportation, sufficient capacity to accommodate patients, staff, students, and visitors is anticipated.

- Vehicular Circulation: The location of UCSDMC-Hillcrest, combined with the somewhat tenuous connection of the campus to the City street grid, have resulted in significant access and circulation problems for patients and visitors. Several access and circulation improvements are depicted in Figure 17.

If a new parking garage is required, the 1995 LRDP proposes consideration of construction subgrade, north of Arbor Drive at the extension of First Avenue. This would enable access to the garage via First Avenue at the top level and via Bachman Place at the lowest level. Use of Bachman Place to reach the campus from the north is currently restricted to staff. The LRDP proposes opening Bachman Place to public use as well, increasing traffic north of Arbor Drive on Bachman Place and streets serving it, but resulting in a relative reduction of UCSD generated traffic in the Uptown community.

An alternative route for emergency vehicles to be used in case of excessive traffic congestion or blockage at the intersection of Front Street and Arbor Drive is essential. The 1995 LRDP recommends an emergency access route connecting Arbor Drive with Dickinson Street to solve the circulation problem and simultaneously maximize the building site area within the Ambulatory Care zone. This right-of-way would be accessible only during emergency situations, and would be designed as a pedestrian space — this area would not accommodate regular vehicular traffic.
Figure 17
PLANNED VEHICULAR CIRCULATION

LEGEND
- Public
- Service
- Staff
- Ambulance
- Lifeflight
- Future Parking Structure
- Emergency Access Route
- Indicates One-Way Street

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Medical Center-Hillcrest
LONG RANGE DEVELOPMENT PLAN
• **Pedestrian Circulation:** As the Instruction and Research and the Administration/Support zones develop, pedestrian traffic will increase along Dickinson Street. The northern entrance to the hospital will continue to be a focal point for staff pedestrian traffic. Parking along Arbor Drive, including the existing Arbor Parking Structure, will continue to be the primary source of visitor circulation to the hospital main entry. The placement of a potential new parking garage north of Arbor Drive within the Ambulatory Care zone at the extension of First Avenue would minimize the distance between parking and future ambulatory care buildings (Figure 18).

• **Alternative Transportation:** Both public transportation and the University’s alternative transportation systems provide service to the UCSDMC-Hillcrest campus. The University has an aggressive alternative transportation program, recognized statewide for its success. Public bus service will continue to serve the campus, with a bus stop at the corner of Front Street and Arbor Drive. (The University funded the amenities at this bus stop.) The Metropolitan Transit Development Board has begun construction on the Old Town Light Rail Transit (LRT) corridor, with stops planned at Old Town and Washington Street near I-5. The Old Town line is expected to initiate service in March, 1996. The Mission Valley LRT line is next in priority; it will join the Old Town line, and run along Camino de la Reina, north of Interstate 8, with stations at the Fashion Valley shopping center and near the Mission Valley shopping center (Figure 19). UCSD will provide appropriate shuttle service between the Hillcrest campus and suitable LRT stations if demand is sufficient.

Travel between the Hillcrest and La Jolla campuses is accommodated by complimentary shuttle buses operating every hour on weekdays. In addition, the UCSD Transportation Alternatives Office operates both vanpool and carpool programs with groups formed by computerized matchlists of interested persons. As of Winter, 1994, there were 1,040 carpools accommodating 2,241 people and two vanpools accommodating 22 people serving UCSDMC-Hillcrest employees; these programs are expected to expand in the future.
Figure 18
PLANNED PEDESTRIAN
CIRCULATION

LEGEND

Existing Development
to Remain

Areas of Potential
Development/
Redevelopment

Land Reserves

Primary Staff
Circulation

Primary Public
Circulation

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Medical Center-Hillcrest
LONG RANGE DEVELOPMENT PLAN
Figure 19
LIGHT RAIL TRANSIT

LEGEND

- Light Rail Transit (LRT)
  Lines existing or under construction

- LRT Extensions proposed

- Future LRT Stop

UCSD
MEDICAL CENTER • LA JOLLA

La Jolla

LA JOLLA CAMPUS

University City

KEARNY ANNEX

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Fashion & Mission Valley Shopping Centers

Hillcrest
MEDICAL CENTER • HILLCREST

Old Town

Washington Street

Downtown 94

Coronado

Point Loma

Pacific Beach

Clairemont

Mission Beach

Ocean Beach

PACIFIC OCEAN

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LONG RANGE DEVELOPMENT PLAN

Scripps Ranch

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Urban Design Concepts

A number of discrete urban design concepts in the context of this LRDP are presented below.

- **Identity Gateway:** To improve way finding and help create a more visible image for the UCSD Medical Center-Hillcrest, the 1995 LRDP proposes creation of an identity in the form of sign- or gateposts on First Avenue at Washington Street (Figure 20). Along with improvements in the streetscape along First Avenue and Front Street, this would help create a recognizable statement for the campus, as well as enhance the community. These improvements would require coordination with the City of San Diego, adjoining property owners and Uptown Planners (the community planning group for the area), as well as identification of funding sources.

- **Arrival Plaza:** The approach to UCSDMC-Hillcrest occurs through a neighborhood of mostly small-scale homes. One arrives at the critical intersection of Arbor Drive and First Avenue with little awareness of having reached the campus.

  The scale of the campus and the importance of having a primary focal point for the UCSDMC-Hillcrest Campus will require the creation of mall or “front yard” at this critical entry area to the campus. This open space will provide a point of orientation for the visitor and become an organizing element for campus buildings, street access points, and major parking facilities. Traffic will circulate around the Arrival Plaza to reach the redevelopment area to the south. Special attention will be given to the use of landscaping and hardscape materials to direct pedestrian and vehicular traffic and reinforce this area as a singular outdoor “room” (Figure 20).

- **Rim Walk:** As recommended in the Uptown Community Plan, the 1995 LRDP generally calls for the preservation of the vegetated canyons, steep slopes and natural open spaces surrounding the campus. While the campus is surrounded on three sides by these canyons, views and natural amenities are for the most part inaccessible to faculty, staff and patients. To provide an escape from the stresses associated with providing and receiving medical care, and relief from the increasingly urban environment of the campus, the 1995 LRDP foresees the creation of a pathway rimming the system of canyons surrounding the developed mesa of the campus.

  When the City of San Diego approved the San Diego Hospice on Vauclain Point, at the community’s request a pedestrian pathway and scenic overlook were provided. The Rim Walk is an extension of this concept and suggests greater design variability: In some places it might consist of only a paved walk; in other areas, due to topography and relationship to buildings, the walk would require structures. This network of walks would extend from the Bachman Parking Structure to the Arbor Parking Structure, and would be punctuated by lookouts and outdoor gathering areas (Figure 21).

- **Ambulatory Care Plaza:** In order to minimize the distance between parking and future ambulatory care buildings, an Ambulatory Care Plaza will be developed as the focal point for the Ambulatory Care zone. The Ambulatory Care Plaza, which forms the top level of the proposed subterranean parking garage, would serve as a transition point for vehicular and pedestrian traffic. This plaza will allow for convenient vehicular drop-off and will serve as a link to the overall pedestrian network (Figure 22).
Figure 20

IDENTITY GATEWAY AND ARRIVAL PLAZA

LEGEND

Existing Development to Remain

Areas of Potential Development/Redevelopment

Land Reserves

UCSD Medical Center-Hillcrest
LONG RANGE DEVELOPMENT PLAN

Campus Identity Gateway

Enhanced Community Corridor
AMBULATORY CARE PLAZA

LEGEND

Existing Development to Remain

Areas of Potential Development/Redevelopment

Land Reserves
• Linked Courtyards and Dickinson Mall: The nature of the Instruction & Research zone as the academic center for the campus lends itself to the creation of a pedestrian environment. To enhance this environment, a series of linked plazas is proposed around which buildings and landscape would be organized. These plazas, which will be designed as pleasant pedestrian spaces with appropriate street furniture and landscape, will tie to Dickinson Street, a major pedestrian corridor, and will link to the rim walk. With re-orientation of the hospital main entrance to the south, Dickinson Street has experienced a reduction in vehicular traffic; and, with planned growth of instruction, research, and administrative activities on the north side of Dickinson Street, pedestrian traffic on this street will increase. Improvements such as additional landscape, hard-scape, and proper orientation of future buildings, will be undertaken to improve the pedestrian quality of Dickinson Street (Figure 23).

• Campus Gateway/Neighborhood Interface: The plan calls for a future Ambulatory Care building in the location bounded by First Avenue, Front Street, Montecito Way and the Arrival Plaza. This building is of particular importance because it introduces the visitor to the campus. The building corner at First and Montecito should be treated as a gateway element and coordinated with adjacent landscape, signage, lighting and paving to create a sense of entry.

This new building should also be designed so that it relates well to the neighborhood. The design concepts depicted in Figure 24 will assure that this critical building interfaces well with the community surrounding the campus.
Figure 23
LINKED COURTYARDS & DICKINSON MALL

LEGEND

- Existing Development to Remain
- Areas of Potential Development/Redevelopment
- Land Reserves
- Courtyards/Malls/Plazas
- Pedestrian Linkages
Figure 24
CAMPUS GATEWAY/NEIGHBORHOOD INTERFACE

SECTION A-A'

Future High Density Residential

Existing Residential

New Ambulatory Care Building

+40'

10'

10'

+15'

R.O.W.

Additional Landscaped Setback

KEY MAP

Arrival Plaza

Future Location of Ambulatory Care Building

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LONG RANGE DEVELOPMENT PLAN

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