I. OVERVIEW
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The Anschutz Medical Campus 2012 Facilities Master Plan is the next stage in a continuous planning process begun in 1997 when the new campus—which consists of University of Colorado Anschutz Medical Campus (CU Anschutz), University of Colorado Hospital (UCH), and Children’s Hospital Colorado (CHCO)—was known as University of Colorado Health Sciences Center (UCHSC). This plan aspires to create a dynamic physical environment that fully sustains and advances the campus’s role as one of the nation’s premier academic health centers (AHCs).

In 1998, UCHSC completed its pivotal master plan, which proposed relocation of all university health science schools, colleges, centers, and UCH from 9th Avenue and Colorado Boulevard to a new site in Aurora, Colorado. At the time, the new site was approximately 192 acres. The plan reflected an institutional awareness that the new property presented an extraordinary one-time opportunity to create a campus that would exceed other renowned national centers in innovation and quality, and become a destination of choice for students, faculty, staff, and patients.

In 1998 facilities master plan envisioned the new campus as a pioneering 21st-century environment that would expand and promote greater academic, research, clinical, and collaborative opportunities with affiliates and partners co-located on the campus. University leadership recognized that a critical mass of prestigious institutions working collaboratively and in close proximity would provide the basis for an exceptional AHC that would promote health profession excellence, sustained wellness, and economic benefit in the region, state, and world.

In conformance to Colorado Department of Higher Education (CDHE) requirements, UCHSC had prepared facilities master plan updates every 10 years. In 2002, however, the health sciences center undertook an update to its 1998 master plan—four years before the CDHE requirement. The speed at which the new campus had developed precipitated the need for an updated plan and allowed the university to address rapidly changing trends in health science pedagogy, research, and clinical care, as well as its evolving priorities and aspirations.

In 2004, the University of Colorado (CU) Board of Regents (BOR) officially joined the UCHSC and Denver Campus to create a new, consolidated university. Initially named the University of Colorado Denver and Health Sciences Center, the new university was rebranded in 2011 as the University of Colorado Denver | Anschutz Medical Campus.

As in 2002, the university and its affiliates continue to be challenged today by the numerous internal and external changes in health science education, research, and clinical care, which are transforming institutional priorities and require new responses and solutions. To accommodate this dynamic environment, the 2012 Facilities Master Plan was designed not as a prescriptive, inflexible blueprint for development but as a living, adaptable framework for future campus growth through implementation strategies that can flexibly meet the changing strategic needs of the three institutions.
OVERVIEW

I.1 2020 STRATEGIC PLAN

In 2007 the newly consolidated University of Colorado Denver | Anschutz Medical Campus undertook a comprehensive strategic planning process with goals to guide and drive its own strategic future; respond to a request from the CU BOR for each of its three institutions (Boulder, Colorado Springs, and Denver | Anschutz Medical Campus); and serve as the foundation for the university’s renewal of accreditation in 2010 by the Higher Learning Commission of the North Central Association of Colleges and Schools (NCA).

Guided by the University Planning and Accreditation Committee (UPAC)—made up of senior university officers and elected leadership of the faculty, staff, and students—the strategic planning process was inclusive and involved more than 200 faculty, staff, and students on seven task forces, as well as input from alumni and external stakeholders.

Each task force focused on one of the following areas: Mission, Vision, and Values; Learning; Discovery, Creativity, and Innovation; Health Care; Engagement; Institutional Image and University Communication; and Resource Needs, Infrastructure, and Development.

The overall process was collaborative. Biweekly updates were provided to the campus community online with a feedback component and in a series of open forums. The strategic plan document represents an evolution from initial discussions through task force reports and various iterations of a plan. The final Strategic Plan 2008–2020 was approved by the CU BOR in spring 2008. The full document can be accessed at http://www.ucdenver.edu/about/WhoWeAre/Chancellor/Pages/StrategicPlan.aspx.

The Strategic Plan 2008–2020 proposed a new mission for the university, offered a vision of what the university could look like in 2020, and expressed the values that would guide the university throughout its development. The document also acknowledged that “our mission, vision, and values are just words” and that “what ultimately counts will be our actions.”
The three foundational elements of the 2008 strategic plan—mission, vision, and values—have guided the 2012 Facilities Master Plan decision-making process. Past planning priorities, new ideas, and alternative concepts were all assessed by how each aligned with the strategic plan, and their ability to help the university achieve its mission, vision, and values, which are:

**MISSION**

University of Colorado Denver | Anschutz Medical Campus is a diverse teaching and learning community that creates, discovers, and applies knowledge to improve the health and well-being of Colorado and the world.

**VISION**

By 2020, University of Colorado Denver | Anschutz Medical Campus will be a leading public university with a global reputation for excellence in learning, research and creativity, community engagement, and clinical care.

**VALUES**

To be a university greater than the sum of its parts, University of Colorado Denver | Anschutz Medical Campus embraces excellence in:

**Learning and Scholarship**

The university respects academic freedom and the rigorous quest for knowledge and understanding. We share knowledge and foster student success through a continuous process of inquiry, critical thinking, reflection, collaboration, and application.

*The mission declares our purpose. The vision expresses our direction. The values assert our behavior. Taken together, they provide a road map to our destination.*

Strategic Plan 2008–2020: University of Colorado Denver

A pedestrian passes under the Education Commons bridge on the Art Walk.
Discovery and Innovation

The university fosters an energetic, collaborative, and creative environment where we develop and employ new ideas and technologies. Our entrepreneurial culture enables us to expand the frontiers of knowledge and human experience.

Health and Care of Mind, Body, and Community

The university enriches the well-being and sustainability of communities and our cultural, living, and natural environments. We promote healthy lifestyles; prevent, diagnose, and treat disease; and deliver high-quality and compassionate health care.

Diversity, Respect, and Inclusiveness

The university seeks the richness that an increasing diversity of our communities brings to our learning, research, and service endeavors. Our common humanity leads us to create an inclusive and respectful ethos characterized by caring, empathy, compassion, nurturing, collegiality, and mentoring.

Citizenship and Leadership

The university serves Colorado and the world as a recognized source of talent, knowledge, informed judgment, exemplary health care, and professional practice. We are responsible stewards of the resources entrusted to us and utilize them with integrity for the betterment of our community.

FACILITIES MASTER PLAN GOALS

The following goals, selected through campus consensus, are broad concepts that independently and collectively embody the ambitions of the campus. The three goals that guided the decision making during the 2012 Facilities Master Plan process are innovation, connectivity, and stewardship. These goals are discussed in more detail in Chapter III, which identifies detailed principles and criteria to guide the application of the goals.

STRATEGIC PLAN UPDATE

The search for excellence did not stop in 2008 with approval of the Strategic Plan 2008–2020. The university initiated a review and update of the plan in 2012, led by UPAC, to ensure that the road map was still relevant to today’s ever-changing education, research, and clinical care landscape. This effort is still under way at the time of this writing and should be completed by fall of 2013.
I.2 PURPOSE

Much has been accomplished on the Anschutz Medical Campus over the past 15 years. Campus facilities have been developed more quickly than was originally anticipated in the 1998 and 2002 facilities master plans. Looking forward, new priorities and opportunities are emerging that were not previously evident.

Now that critical core facilities are in place, CU Anschutz, UCH, and CHCO are focused on collaboratively improving the campus from a great to exceptional environment. The future campus is envisioned to be even more of an eminent academic, research, clinical, and entrepreneurial environment that is inviting, friendly, safe, and memorable. It should be a destination where faculty, students, staff, and visitors can—and want to—walk, bike, eat, shop, learn, work, live, and gather.

Recognizing that academic, research, and clinical care endeavors are rapidly changing, adapting, and reinventing themselves, in 2001 CU Anschutz initiated a process to update its facilities master plan. The focus of the effort was to ensure that as the state’s only AHC and model health and wellness community, all future Anschutz Medical Campus development would advance innovation, collaboration, and synergy and enhance the quality of life of its faculty, students, staff, patients, visitors, and neighbors. The Anschutz Medical Campus 2012 Facilities Master Plan is just one tool among many that the university uses to remain a nationally renowned academic, research, and clinical destination of choice.
This master plan maintains the underlying campus order and strengths of the original 1998 plan. However, it also recommends a new, clear direction for planning of the unbuilt portion of the Anschutz Medical Campus. The plan builds upon the organization of areas of the existing campus while it clarifies goals and guidelines that allow greater integration and connection among the campus institutions and adjacent Site-Wide partners. It also considers the timelines, costs, and possible locations of projected projects (buildings and infrastructure) within a 10-year window and models their planning implications into an integrated whole.

**CONTEXT**

The current Anschutz Medical Campus is an interprofessional, collaborative environment where the proximate co-location of the university and two hospitals within one campus has enhanced and expanded access for all constituents to academic, research, and clinical activities that increase opportunities for learning, creativity, and discovery. Many university faculty and students are actively involved in CHCO and UCH, and university administration, staff, and faculty coordinate and cooperate with hospital colleagues.

UCH and CHCO are both nationally ranked hospitals, each with several prominent programs recognized for their excellence. CU Anschutz has six prestigious schools and colleges, several of which are nationally ranked, and numerous centers recognized for their excellence.

The schools and colleges of CU Anschutz are the College of Nursing (CON), Colorado School of Public Health (SPH), Graduate School (GS), School of Dental Medicine (SDM), School of Medicine (SOM), and Skaggs School of Pharmacy and Pharmaceutical Sciences (SOP).

Anschutz Medical Campus Vital Statistics:

- Total 2012 population on campus: 21,224
- Total 2012 graduates from all schools: 1,073
- Size of the Anschutz Medical Campus: 230 acres
- Total area of buildings: 10,000,000+ gross square feet (GSF)
- CU Anschutz annual budget: $1.2 billion

Chapter II of this report contains a detailed account of the existing conditions on campus, including population and growth projections, an analysis of the ownership and regulatory structure, documentation of the current state of the natural site conditions and utility infrastructure, assessment of the current university facilities, a summary of the transportation and parking systems and issues, and documentation of the current open-space preservation.
PHYSICAL PLAN

The Anschutz Medical Campus 2012 Facilities Master Plan aligns with the Site-Wide Master Plan - Phase II and recent City of Aurora (CoA) community, neighborhood, and transportation planning. The facilities master plan also builds upon elements of the 1998 and 2002 plans that were determined by constituent consensus to still be relevant in shaping a 21st-century campus.

The 2012 Facilities Master Plan provides maximum planning flexibility to accommodate the changing nature of AHCs. The plan provides an adaptable framework for growth that considers both fixed public realm systems and flexible site-specific development. This two-pronged growth framework is interconnected by an overarching emphasis on the intended character, quality, and scale for all future development consistent with specific features of the distinct campus area in which it occurs. The result is not prescriptive, but encourages unique solutions that respond to context and each project's specific program and needs.

The primary departure from past planning efforts is the recognition that campus constituents require greater proximity and connectivity of functions and facilities than was provided in the previous “campus in the prairie” model. The preferred proposition is to establish an urban model that balances the increasing need for connectivity through campus density with safe, functional circulation and open spaces.

As a result, revisions proposed in the plan to the built campus are intended to create more integrated and enhanced pedestrian, vehicular, and landscape areas consistent with the character and quality of the vibrant urban campus described in the vision statement.

The physical plan is detailed in Chapter V of this report and is organized around a central premise: The fixed infrastructure systems should provide a framework to support the flexible design and development of future building sites. The fixed systems include circulation, transit, bicycles, pedestrian, open space, and utilities and infrastructure. The flexible site strategy includes potential for site-specific building, landscape, and parking development.

IMPLEMENTATION

Chapter VI of this document contains the implementation plan, including the individual building projects and how they are planned to be phased. It also includes preliminary cost estimates for new building, renovation, and infrastructure projects, as well as a summary of the university’s financial plan.

Included as an appendix in Chapter VII, the campus Design and Development Guidelines serve as a comprehensive compendium of planning and design recommendations and strategies meant to inform and direct all future campus development. Intended to support the 2012 Facilities Master Plan, the guidelines establish uniform character and quality recommendations for all elements of the campus including, but not limited to, roadways, streetscape, pedestrian circulation, parking, open spaces, buildings, and sustainability.

Digital model of the Site-Wide area.
I.3 PROCESS

As stated previously, CU Anschutz is located within the Anschutz Medical Campus, which it shares with UCH and CHCO. This co-location of university and hospital facilities has allowed for a meaningful integration—physically and functionally—of the three entities to the benefit of all.

The Anschutz Medical Campus is part of the former Fitzsimons Army Medical Garrison (FAMG) and is now one of the nation’s most successful bioscience, health, and technology centers. This approximately square-mile site, often referred to as the Site-Wide area, Fitzsimons, or Health Sciences City, is home to more than 40 large and small institutions, organizations, and businesses—including numerous bioscience-related, start-up initiatives—that function, to varying degrees, in collaborative partnerships. Fortunately, this seamless blending is the desired functional model of a 21st-century AHC. However, it is challenging to translate this new dynamic model into the traditional university campus typology for master planning purposes.

As a result, the Anschutz Medical Campus 2012 Facilities Master Plan doesn’t follow conventional campus planning processes that focus on the university as a fixed and clearly delineated entity set apart from its neighbors. As an urban AHC, CU Anschutz is too physically interconnected to its neighboring partners and affiliates to successfully plan in isolation.

Acknowledging this new planning paradigm, the university engaged its partners, affiliates, and neighbors in a collaborative and integrative master planning process designed to allow for both joint Site-Wide planning of shared “public realm” elements (roadways, utilities, infrastructure, etc.) and individual stakeholder planning for institution-specific components (facilities, parking, landscape, etc.).

Anticipating complexity and a lengthy planning process, the university decided that to best serve all stakeholders, the comprehensive effort should be split into two distinct parts, with data gathering and analysis separate from physical planning and implementation. Although the first phase included all Site-Wide institutions and entities (see list on page I.8), the second phase effort was complicated by CU Anschutz’s need to develop a separate facilities master plan that would conform to CDHE guidelines, which require a more in-depth, comprehensive product than envisioned for the Site-Wide effort.

As a result, the Site-Wide effort included all stakeholders, while the Anschutz Medical Campus process focused on planning for the institutions located within the CU property boundary. The two phases are:

**PHASE I**

- DEFINE AND DOCUMENT EXISTING SITE-WIDE CONDITIONS
- IDENTIFY/PRIORITY KEY STAKEHOLDER ISSUES

**PHASE II**

- ANSCHUTZ MEDICAL CAMPUS
  - CONTEXT/ISSUE ASSESSMENT
  - NEEDS ASSESSMENT
  - VISIONING FRAMEWORK
  - CONCEPT EXPLORATION
  - PLAN REFINEMENT
  - DRAFT MASTER PLAN
  - FINAL MASTER PLAN

- SITE-WIDE
  - CONTEXT/ISSUE ASSESSMENT
  - NEEDS ASSESSMENT
  - VISIONING FRAMEWORK
  - CONCEPT EXPLORATION
  - PLAN REFINEMENT
  - DRAFT MASTER PLAN
  - FINAL MASTER PLAN

*Figure I.1 - Process Diagram*
**SITE-WIDE COORDINATED MASTER PLAN - PHASE I**

The purpose of this document was to define, document, and analyze existing Anschutz Medical Campus and Site-Wide conditions and to identify and prioritize key stakeholder issues. Completed and adopted in January 2012, this document formed the basis for Phase II in terms of reprioritizing key issues, concerns, and opportunities developed through stakeholder collaboration and consensus building.

**SITE-WIDE COORDINATED MASTER PLAN - PHASE II AND ANSCHUTZ MEDICAL CAMPUS 2012 FACILITIES MASTER PLAN**

The two separate efforts of Phase II, defined below, were developed concurrently.

**Site-Wide Coordinated Master Plan - Phase II**

The goal of this document is to establish a consensus-driven framework for Site-Wide infrastructure and utility development that accommodates short- and long-term growth needs consistent with the newly established Site-Wide physical vision, goals, and principles.

**Anschutz Medical Campus 2012 Facilities Master Plan**

Working within a 10-year planning horizon, this document outlines population and program growth for the university, UCH, and CHCO that will drive both individual institutional and campuswide facility, information technology, utility, infrastructure, and parking needs both short-term (1–5 years) and long-term (6–10 years), consistent with the newly established Anschutz Medical Campus physical vision, goals, and principles.

In this phase of the process, the university also undertook a comprehensive program planning effort to identify its needs for the next decade.

*Workshops with stakeholders and the planning team.*
ENGAGEMENT

The university’s commitment to campuswide engagement is reflected in the inclusive, responsive, and communicative approach implemented in campus planning that ensured the needs of stakeholders were heard and addressed.

An essential element in the successful development of the Anschutz Medical Campus 2012 Facilities Master Plan was crafting a comprehensive engagement strategy. This strategy was designed to clarify the planning process and manage stakeholder expectations by conducting workshops and disseminating information pertinent to the formulation and execution of a viable campus development framework.

The engagement strategy used various types of communication, including a website and social media, which were implemented at milestones in the project schedule, as well as regular, ongoing contact with campus and off-campus stakeholders. The seven principal Site-Wide stakeholder institutions and entities engaged in Phase I and II of the Site-Wide Coordinated Master Plan included:

- CHCO
- CoA
- Fitzsimons Redevelopment Authority (FRA)
- CU Anschutz
- UCH
- University Physicians, Inc. (UPI)
- Denver Veterans Affairs Medical Center (VAMC)

Although participation in the two concurrent planning efforts was similarly organized, there were some differences in process structure and decision making. As a result, the following section details engagement and organization for only the Anschutz Medical Campus 2012 Facilities Master Plan. The principal stakeholder institutions engaged in Phase II of the Anschutz Medical Campus 2012 Facilities Master Plan included:

- CU Anschutz
- CHCO
- UCH

As with all complex planning efforts, a successful process requires the organization of stakeholders into distinct groups with defined expectations and outcomes. To this end, stakeholders were organized into three comprehensive categories, which include:

- Core Participants
- Advisory/Consultative Participants
- Statutory Review and Approval

Core Participants

Core participants were active contributors in all aspects of the planning process and had representation on one or more of the following master planning committees:

- Anschutz Medical Campus Executive Committee
- Anschutz Medical Campus Steering Committee
- Anschutz Medical Campus Planning Committee
- Task force(s)

Planning strategies, concepts, and schemes were vetted at each level, from task force brainstorms to feedback and direction from the Steering Committee to decision making from the Executive Committee. Ideas, expertise, and concepts originated at the task force level, which was organized around seven planning areas of focus: academics, research, clinical, urban design, circulation, parking, and utilities/infrastructure. Experts in each task force discipline, administrators, and staff met in four workshops linked with critical project milestones over the course of Phase II.

After each workshop, points of consensus and issues requiring further study were reviewed by the Planning Committee, which was charged with assessing and identifying the proposals that would then be recommended to the Steering Committee for review, refinement, and direction. The resulting proposals were submitted regularly to the Executive Committee for further refinement and approval.

This process resulted in a constructive feedback loop, with proposals returned to the task forces for either improvement or further development, beginning the next iteration of the decision-making cycle.
Figure I.2 - Organizational Framework And Decision-Making Process
Advisory/Consultative Participants

Embedded within this iterative process were continuous meetings with a variety of advisory/consultative groups that helped inform and shape the master plan. These entities included the CU Anschutz Student Senate, CU Anschutz Faculty and Staff Assemblies, SOM Faculty Senate, CU Design Review Board (DRB), FRA Board, Regional Transportation District (RTD), CoA Neighborhood Organizations/Associations, and CoA Planning and Development Services, Parks, Recreation, and Open Space, and Public Works Departments. A full list of participants can be found in Appendix VII.1.

Statutory Review/Approval

The CU BOR is charged constitutionally with the general supervision of all four CU campuses and the exclusive control and direction of all funds of and appropriations to the university, unless otherwise provided by law. The CU BOR Capital Construction Subcommittee (CCS) reviews all building and master planning projects before they go to the full board for formal approval. The CU BOR CCS must approve the Anschutz Medical Campus 2012 Facilities Master Plan before it can be submitted for approval to the larger board, which is necessary for university adoption of the plan.

The CDHE has the authority to prescribe uniform policies, procedures, and standards of space utilization and to review master plans and program plans for all higher education capital construction projects in Colorado. The ability to review master plans for state institutions of higher education allows CDHE and state-elected officials to attain a better understanding of educational facilities’ needs and priorities. CDHE requires a reassessment of any facilities master plan every 10 years.

A variety of conceptual development strategies were explored and tested during the planning process.
The engagement strategy also established an organization framework that identified the make-up and defined the roles of the various committees, working groups, focus groups, and community forums. The framework also established ongoing client and consultant team meetings for review and feedback of work in progress. The organization framework and flow of process decision making is depicted in Figure I.2.

Phase II planning methodology identified seven distinct tasks that occurred over a 16-month period. Some were performed sequentially, others concurrently. The tasks and the defined primary purpose of each are described on the following page.
I. Context and Issue Assessment

Validate and confirm Phase I: Site-Wide Consolidated Master Plan data and issues.

II. Education Program

Establish 10-year projections from fiscal year (FY) 2011–2012 to FY 2021–2022 for all space needs to accommodate anticipated population growth and existing and new academic, research, clinical, administrative, and support functions. In addition, this task involved calculating current space utilization and identifying goals and strategies to increase utilization efficiency.

III. Visioning Framework

Establish the physical vision, goals, principles, and criteria that are proposed to guide conceptual development and decision making in planning the Anschutz Medical Campus over the next 10 years.

IV. Concept Exploration

Create and evaluate conceptual development strategies for campus circulation, facilities, urban design, open space, infrastructure, and utilities that meet short- and long-term growth needs and support the missions, visions, and strategic plans of the three institutions.

V. Plan Refinement

Refine, enhance, and strengthen the campus community’s consensus-based preferred conceptual development strategy and develop a preliminary implementation plan that includes phasing, costing, financial strategies, and design guidelines.

VI. Draft Facilities Master Plan

Prepare a DRAFT facilities master plan narrative report, with associated support diagrams, illustrations, tables, and imagery, in conformance with CDHE facility planning guidelines and contracted contents.

VII. Final Facilities Master Plan

Prepare a FINAL facilities master plan narrative report, with associated support diagrams, illustrations, tables, and imagery, in conformance with CDHE facility planning guidelines and contracted contents. This document will be submitted to CU Anschutz and CU BOR for adoption.

FUTURE STUDIES

The planning process resulted in the identification of several planning areas that would need further in-depth study. The studies are meant to be undertaken within the context of the 2012 Facilities Master Plan, which will serve as a baseline for each effort.