Notes for the AICS meeting, April 11

The stated goal of this meeting is to come up with some ideas regarding effective consultation on the selection of a site for the new TOH campus. To help think our way through this, I believe it is useful to think of what is going on right now as two interrelated but distinct processes, each of which could use more effective consultation: a provincial one and federal one.

The provincial process involves TOH, CHIN and the provincial government. Its goal is to identify the best possible site for the new hospital as regards first and foremost patient care, but conditioned and constrained by budget and other factors. It is 100% a provincial responsibility. The federal process is reactive to the first one and its goal is to ascertain whether it can respond positively to a provincial request for federal land. This is 100% a federal prerogative.

The provincial process

We get that in the end TOH (with CHIN and Ministry of Health) must select the site of the new hospital as they are the ones who will be accountable to the patients/population over the future decades for the implications of their choice on patient and family outcomes. Having said that, we also believe the broader community and interests must have the opportunity to examine, critique and offer their perspective on the mechanics and context of that decision. Only when all parties can fully appreciate what information is being used in the decision making, what criteria are being applied and why, and what relative weight is given to these criteria and why, can they truly rally behind or at least accept the site selection decision that will be made by TOH. This is to the benefit of both the community and TOH.

The how of the consultation on the site of the new hospital:

Broad involvement of stakeholders and interests in every step of the "what" list below.
Full information freely shared in advance by proponent
Opportunity made available to review, comment and interact with the proponent
Community sign off on the evaluation scheme obtained
Preliminary application of criteria to base information and rationale for evaluation shared
Proponent open to adjust results of preliminary evaluation based on community feedback
Final evaluation and rationale fully shared.

The what of the consultation on the site of the new hospital: Patient centred

Clarity on catchment area and service characteristics of the new hospital
Based on these, consultation on population projections and analysis
Based on both of these, consultation on the relevant criteria for site selection and their relative weight:
Based on those criteria deemed essential, consultation on the selection of the potential sites for final evaluation from the full inventory of sites regardless of ownership
Consultation on the application of the full suite of criteria to the short list for final selection

The current process may have followed this rough logic, but in a particularly opaque and disjointed way. By all appearances, a preferred site was selected up front, with the rest of the process tailored to this choice. Rather, for each step of the process, we should be working to get positive responses to the questions: Can we see this? Can we call experts? Do we agree?

Thoughts on evaluation criteria:

Even though developing evaluation criteria is the third step in the process, we are in actuality already on the fifth step, final selection, having obtained unsatisfactory information and barely contributed to the first four. If the process can indeed be wound back, as suggested by Catherine McKenna, then perhaps we can achieve some of the ideal process described above. However, if all we can do now is try to influence the federal government in a decision it will making soon, then we should concentrate our efforts on the

criteria that are being applied and their relative weight, in the hope the federal government will pay heed to our advice. So some thoughts on evaluation criteria.

TOH 2007 evaluation grid: (unchanged I believe through to 2016?)

1. Land area (50-60 acres); Why? Putting cart ahead of horse. Beggars can't be choosers. Adjust the design to best available site as regards service characteristics and population distribution, not the other way around.

2. Land location (near Civic, or to west or southwest); Why? Predetermines outcome. Quote from Kitts in February interview as reported by Elizabeth Payne "Kitts also noted that in 2007, when the hospital first looked around for land, it thought the city would grow more toward the south and west. Since then, there has been more growth downtown and the hospital wants to be close to the city's core." This is demonstrably wrong.

3. Land access (2 or more road access points, 1 for public, 1 for "industry"); Good criterion

4a. Access to 416/417, 4b: access to public transit; Two different things. S/b rated separately. Access to 416/417 is really shorthand for "location should be based on shortest travel time distance to population served". Deserves much more developed analysis than simple distance to 416/417. If one of the service characteristics of the new hospital is confirmed to be regional trauma centre, then shortest travel time distance to population served should the most highly weighted criterion.

5. Future expansion potential; Beyond the initial 50-60 acres (or whatever size of initial site)? Not clear.

6. Community impact; Good criterion.

7. Land preparation effort; Good criterion

8. Infrastructure: ease of hook up to utilities; Good criterion

9. Phasing; Short term, manageable factor. Should not override long term benefits based on the other criteria.

10. Patient accessibility: **Verbatim: "**Civic is currently centrally located in close proximity to the downtown population. This criterion assesses access of downtown population to new site options. (Note: this would only apply to general acute services as the Tertiary/Quaternary services are single sited at either the Civic and/or General for the entire region).; What does this mean? How is it rated? Predetermines outcome.

11. Agriculture Canada impact; Prima facie evidence of predetermined outcome. Why only Ag? But really, why would TOH rate impact on any federal programs? This is a consideration for the current owners of land that might be made available to TOH through sale or otherwise. If the federal government wants to make some of its lands available to TOH, it's up to it to figure out which lands it is willing to part with. Once TOH has determined which sites are best on a patient centered basis, it can start negotiating with the owners of the selected sites and work its way down the list until it can make a deal both parties can live with.

12. Hospital proximity and access; What does this mean exactly? Not too close to other hospitals? Not too far? Other campuses of TOH only? All hospitals? Is this about patient transfers between campuses of the TOH?

Additional or missing criteria:

13. Greenspace value of site

14. Heritage value of site

Also, based on Open House replies and other statements, we have learned that other factors are at play, but not explicitly:

15. Potential to form a "health village" which incorporates elements of the current Civic site somehow plays into the decision.

16. Traffic congestion and easy road access is the number 1 disadvantage of the current site, yet it does not appear as a criterion.

17. Cost of acquisition: $1 perpetual leases from federal govt seem to be the expectation based on published budget projections. Should be added as a criterion and other sites considered on an equal footing. Patient centered, not budget centered.

The federal process

The hospital's process for identifying, evaluating and selecting a site for a new hospital is one thing. Our view is that it was not very well done and could be vastly improved through the adoption of a more structured approach, the conduct of more in depth studies and greater community involvement. But just as the hospital has no business evaluating the impact of their site selection decisions on federal agriculture research activities, or any federal activities, the federal government has no say on how and where the hospital locates its facilities. It's 100% a provincial concern. So what process can the federal government be on about?

The federal government may really want to undo this decision, (note that this is the federal government's own decision) but they want do it as a result of an open and transparent process. The only process that the federal government can do anything about is its own internal process for determining how to respond to requests from a provincial entity (such as TOH) for federal lands, which is all this is. So, questions that need to be answered are:

1. Does the federal government have any special responsibility or obligation to make land available to a provincial entity for the conduct of provincial programs?

2. Should there be agreement to transfer, or otherwise make available for use, federal land to a provincial entity for the conduct of provincial programs, should it be done at market value or is there a justification for doing it for less than market value? If so, how is this accounted for in the federal/provincial balance? (This is where the oft repeated concern of having residents across the country subsidise the heath care costs of the residents of Ottawa comes in.)

3. If agreement can be reached on the transfer of federal lands to a provincial entity for the conduct of provincial programs, how would the federal government assess which lands it is willing to make available? Only lands that are deemed to be surplus to requirements? Lands that are currently undeveloped and have no immediate development plans? Lands that are currently undeveloped and have development plans but which can modified? Lands that are slated for redevelopment and redevelopment plans can be modified? For lands that are currently in active use for federal programs, should all the current uses be prioritized so as to make available the lowest priority lands?

4. In this prioritization of current uses of federal lands, should the priority of the provincial program which is intended to be conducted on this land be taken in to account? Are federal and provincial priorities commensurate? For example, in the case of Field #1, is building a hospital more important than conducting agricultural research? Or must these two systems of priorities be considered completely in isolation of each other?

5. Above and beyond program activities conducted on candidate lands, how should the federal government take account of the heritage and greenspace value of potential sites?

None of this part of the puzzle is very clear at all. It is all within the federal ambit and is more opaque than even the TOH process. Perhaps this is where the AIC can focus. And perhaps it is in this domain that it can offer its advice to the federal government.