

The Ottawa Hospital New Campus Engagement Group

Meeting notes: April 9, 2019

Tuesday, April 9, 2019, 7 to 9 pm

Skills and Simulation Centre, The Ottawa Hospital Civic Campus

Attendees:

Bernie Etzinger, Paul Johanis, Robert Brinker, Michelle Currie, Peter Eady, Jerry Fiori, Charmaine Forgie, Luc Fournier, Shaun Hopkins, Amy Johnson, Eric Jones, Leslie Maitland, Martin Petersons, Sue Stefko; **Consultants:** Greg Jodouin; Don Lenihan **Secretariat:** Sarah Hartwick

Regrets: Kimberly Peterson, Michael Powell, Bhagwant Sandhu, Randy Taylor

Guests: Joanne Read (TOH VP Planning and Support Services), Tony Sottile (TOH Board member and Chair of the Board's Master Planning Committee).

Record of discussion and decision:

#	Agenda item	Discussion/Decision	Actions (MRP)
	Meeting opened		
1	General statements by co-chairs (Bernie Etzinger and Paul Johanis)	<ul style="list-style-type: none">• Welcome to the group• Judy Dodds, Former CEG member from the Friends of the Farm, passed away recently. Both co-chairs remarked on Judy's lifetime of volunteerism and service, and her contributions to this project and many others in Ottawa.• Item added to the agenda: Remarks from Tony Sottile, Chair of the Board's Master Planning Committee• Two upcoming community sessions: Bernie and Karen Stockton, Director of Planning, will speak at the Council on Aging's AGM on April 24. And, there will be a session on heritage organized with Leslie Maitland to share information about the West Annex and gather ideas for honouring the legacy of the building and its architect, in May.• Ontario's Budget released April 11. It could include a full project endorsement or funding for the next phase. Either one would be positive.• As the group keeps moving forward, it's finding a rhythm and building momentum.	
2	Statement from Tony Sottile, Chair of the Board's Master Planning Committee	<ul style="list-style-type: none">• Thank you to the group• There was a Master Planning Committee meeting the afternoon before, at which Bernie gave an update on the CEG in his role as Chief Engagement Steward. These updates happen at every meeting, and the Board is impressed with the work done to date and the level of engagement from the group.• There is a lot of excitement and enthusiasm around the table at Master Planning Committee meetings, and there is confidence that the project will continue to move forward.• The board would, at a public board meeting in the future, like to invite members of the CEG to be recognized and to present to the full Board of Governors.	

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3	<p>Update on RFP process from Joanne Read, TOH VP of Planning and Support Services</p>	<ul style="list-style-type: none"> Updated plan is to look at packaging the contracts and required RFPs for work on the city's holding provisions into one entity. Looking at releasing a Request for Quotes (RFQ) in May to narrow down a short list of proponents, and then sending out a Request for Proposal (RFP) in the summer to select the final proponent. This narrows the pool and allows the hospital to review and prequalify vendors who meet the requirements. These will be posted at a minimum on Merx, and discussions are ongoing with the procurement team to look at how else to target the right proponents. A meeting is scheduled with the City to discuss details about the holding provisions so that there is a clear understanding of what needs to be done from their perspective. Expert who is helping to draft the RFP is very supportive of including engagement language as previous discussed with the CEG. 	
4	<p>Discussion paper reactions (Greg and Don)</p>	<ul style="list-style-type: none"> There's a recognition that there are decisions that will be made beyond the hospital's control that impact the project and the neighbourhoods. This discussion coincides with the fact that the city is developing a new Official Plan. This document is the blueprint for the city as it grows and develops. This includes a new Transportation Master Plan. One-on-one discussion reinforced that this presents an opportunity to find win-win-win solutions for the hospital, community and City. There is recognition in the City's early discussion papers that the new campus is a unique scenario. <p>Key point from the discussion paper: Are there ways to leverage these opportunities into a demonstration project for the City's Official Plan?</p> <ul style="list-style-type: none"> In one-on-ones, members expressed interest in this idea. If the CEG is the model for engaging on new issues of design, then the new campus could be a model of how to do design well. Sounds like an expansion of scope, but isn't – falls within the narrative that we've created. From the spectrum of relationships that was created, the needle moves from providing healthcare services to actually community building. <p>Discussion:</p> <ul style="list-style-type: none"> Offers a way to move these productive discussions into other forums, particularly when we're discussing issues over which the hospital doesn't have jurisdiction. Need to align with all levels of government and recognize it's what the community wants. Need to consider what the mechanics of this look like. There are a lot of processes at play here. 	<p>Action, all member: send any suggestions on the document by email to Don and Greg, they will make updates.</p>

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5	<p>Summary of last meeting's discussion, in visual form (Paul)</p>	<p>(Slides to be shared after the meeting)</p> <ul style="list-style-type: none"> • Street parking: There was a clear message that we don't want to increase or change street parking (except where used as traffic calming). There's already very limited street parking allowed in many neighbourhoods. • Cut-throughs: Concerns about Dow's Lake area, Rochester, Sherwood drive. Don't want additional traffic through the CEF road system. And no appetite for overflow parking on CEF parking lots. • On site access: identifying access points that might work. Existing points that were suggested could work as options. Look at multiple access points. • Suggestion that bus and LRT station should be a single entity to simplify onsite transit. • Access from 417: Need to understand the implication of new location on access east and west-bound. <p>Discussion:</p> <ul style="list-style-type: none"> • Document put together by Jerry summarizes some of the mobility concerns from a service user point of view. Will be added to SharePoint site. • Need to consider changing care models in this as well – moving more care out to communities helps to reduce traffic to the site itself. • Question about existing Civic Campus. >> This is an open conversation, hospital is looking at it holistically and will work with government partners to identify what is needed. There will be community engagement on this as well once process begins. • We know that we need to have access points from a couple of directions. So need to understand where is the safest place for each of these access points. • Looking to find what the win-win solutions are, and what it will take to implement them. What's solvable, what isn't. • Slides are meant to be framed as sensitive points, not constraints. To express community sentiment. Further deliberation to take place once the group has traffic study information. 	<p>Action, Sarah: Share document put together by Jerry.</p>

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Next meeting: Tuesday, May 14

Record taken by Sarah Hartwick, The Ottawa Hospital