

The Ottawa Hospital New Campus Engagement Group

Meeting notes: February 19, 2019

Wednesday, February 19, 2019, 7 to 9 pm

Skills and Simulation Centre, The Ottawa Hospital Civic Campus

Attendees:

Bernie Etzinger, Paul Johanis, Robert Brinker, Peter Eady, Jerry Fiori, Charmaine Forgie, Luc Fournier, Leslie Maitland, Martin Petersons; **Consultants:** Greg Jodouin; Don Lenihan **Secretariat:** Sarah Hartwick, Kate Eggins, Vanessa Sanchez

Regrets: Michelle Currie, Shaun Hopkins, Amy Johnson, Eric Jones, Kimberly Peterson, Michael Powell, Bhagwant Sandhu, Sue Stefko, Randy Taylor

Guests: Jason-Emerly Groen (HDR), Joanne Read (TOH VP Planning and Support Services), Karen Stockton (TOH Director of Planning), Lisa Young (TOH Planning team)

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 and thanks to the group for accommodating date change for significant snow storm. The City of Ottawa is beginning the process to renew – not just refresh – their Official Plan. This presents a great opportunity for the hospital. We can improve how all of the hospital’s campuses are integrated into the community. Example: connections to cycling infrastructure. The hospital’s contribution to this plan will be informed in part by discussions at the CEG, and the hospital’s contribution will be brought forward to the CEG for discussion. An article and letters to the editor on the Dominion Observatory were circulated – there was also an article in Le Droit about the new campus that will be circulated. 	Action: Le Droit article to be circulated
2	Signage update (Sarah)	<ul style="list-style-type: none"> Changes made to new campus signage design following input at previous meeting. Additional feedback on design: consider language – ‘new’ might indicate it’s the only campus, ‘newest’ might work better. 	
3	RFP language (Karen Stockton, Director, TOH Planning)	<ul style="list-style-type: none"> Draft was distributed ahead of meeting. Represents a very early effort and is the first part of the RFP that’s been drafted. The scope of work in the document comes directly from the City’s requirements. The approach created for this first RFP could be used for other upcoming RFPs to ensure engagement components are highlighted for all consultants and aspects of the project. Timelines have moved back slightly – will be beginning to draft RFPs in coming months. Ideally would bring back updates to next meeting and then likely move forward in posting after that. Scored criteria – group likes the idea of including this. Additional suggestion on heritage considerations from Leslie 	Action: Planning team will continue to update the language and bring it back to the next session for further comment.

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		<p>put forward to be considered by planning team, either in scored criteria or in the scope of work.</p> <ul style="list-style-type: none"> • Narrative will be included as appendix or provided to proponents in some way. • Slight language change needed about interest groups. • Final version would need to expand in terms of exact requirements so that proponents can estimate resource requirements – that aspect will be expanded once hospital brings on expert to help write RFPs. • Hospital issues RFPs at this stage; later in the project as the scope expands, Infrastructure Ontario will take over. • Group is generally supportive of language included. There is a need to get this right at this stage to carry forward into later work. • Planning team will continue to update this and bring it back to the next session for further comment. 	
4	<p>Sir John Carling West Annex (Jason-Emery Groën, Design Director, HDR Architecture Associates Inc.)</p>	<ul style="list-style-type: none"> • The federal government, as part of the lease agreement with TOH, has asked TOH to assess whether it could preserve a heritage building called the “Annex,” which currently sits where the new campus’ critical care facility would be located. • HDR’s role is to assess the building and whether it could be incorporated into the new campus. Their technical report was sent to Public Services and Procurement Canada (PSPC), which owns and maintains the West Annex building. PSPC will then submit this information to the NCC’s Federal Heritage Buildings Review Office (FHBRO) <i>process</i> for consideration. Hospital does not make final decision about whether or not to demolish; that decision rests with the federal government (NCC). • HDR’s report will be distributed to the group following the meeting. • Explanation of the original site – how it was planned and composed. The architects reviewed original planning and design documents, and visited the building in the summer to evaluate it in person. • Explanation of how the building was originally scored by FHBRO (scoring was not done by HDR). This helps HDR understand what the federal government valued about the West Annex and about the Sir John Carling building as a whole. • Could only access one lower level for site visit. This level has very little natural light. • Upper level with vaulted ceiling is composed primarily of the kitchen/servery and the cafeteria itself. Cafeteria view is positioned in a particular way to create the ‘pavilion in the park’ feeling. • From FHBRO analysis, HDR understands that one of the site’s key values was considered to be its position within the Gréber 	<p>Action: HDR’s report to be distributed.</p>

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		<p>Plan, which was undertaken to move main government campuses outside of the downtown area.</p> <ul style="list-style-type: none"> • From the original designs, HDR could tell that there was a lot of thought in the details of the building; significant consideration of how outdoor and indoor spaces worked together and how people would move through the building from one space to another. • The location of the building creates challenges with the draft concept. Given the site's requirements and community feedback about greenspace, protecting trees, and limiting impact on neighbouring sites, the highest density part of the new campus will need to sit on top of the escarpment, which is where the West Annex building is located. • Also challenges around underground parking around or below this building, and challenges in allowing access to the Emergency Department from both sides of the site. • While the test-fit drawing that has been released publically is still just a draft – there are significant challenges in trying to incorporate this building. • More about Hart Massey: was a modernist architect, and there are a few other examples of his work in Ottawa. This was his largest project. 	
5	Discussion	<ul style="list-style-type: none"> • Questions and discussion: • State of the building? >> building is maintained by PSPC, but from environmental reports and site visits, can report that there is mould, debris present, and there is water in some of the lower levels. • Concern raised about demolition by neglect. • Why was building preserved? >> The building did meet the minimum score for being recognized as a heritage building, so there is a process to go through. • Did you try to preserve and incorporate it into the site? >> Yes, this was studied. It requires shifting the density of the hospital around on the site significantly, which makes meeting other requirements very difficult or impossible. • In terms of preserving the legacy of the Annex, the site as a whole seems to be the best focus – the West Annex building no longer serves its purpose, and if the hospital is built around it, it will lose its original context. • Efforts to reclaim heritage buildings should enhance them, not diminish them. • The 'pavilion in the park' feeling was essential to the Annex. Could look at ways to recreate that spirit and view in the new design. • Could look at the campus holistically – many of the principles set out by the hospital and by the CEG call for the same aspects that the Annex focused on in its design – permeability, greenspace. Could recreate and preserve the idea behind it. 	<p>Action: narrative will be updated in light of this discussion.</p>

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		<ul style="list-style-type: none">• Sense that public concern will focus on other heritage sites nearby – more concern about the Observatory, the Central Experimental Farm, Rideau Canal. Neighbouring communities are less concerned about the Annex.• The hospital should connect with people in the city interested in modernist architecture who might want to understand more about what’s happening and discuss concerns.• Could look into taking materials from the original building if it makes sense, or recreating design elements.• Should revisit the narrative and update in light of this discussion.	
8	Closing	<ul style="list-style-type: none">• Next meeting will be Tuesday, March 12.	

Next meeting: Tuesday, March 12

Record taken by Sarah Hartwick, The Ottawa Hospital