

# The Ottawa Hospital New Campus Engagement Group

Meeting notes: February 19, 2020

Thursday, February 19, 2020, 7 to 9 pm  
Kaminski Room, The Ottawa Hospital Civic Campus

## Attendees:

Bernie Etzinger, Paul Johanis, Peter Eady, Luc Fournier, Charmaine Forgie, Amy Johnson, Eric Jones, Leslie Maitland, Martin Petersons, Bhagwant Sandhu, Sue Stefko, Randy Taylor; **Consultants:** Greg Jodouin; Don Lenihan; **Secretariat:** Sarah Hartwick, Kate Eggins

**Regrets:** Robert Brinker, Michelle Currie, Jerry Fiori, Shaun Hopkins, Kimberly Peterson, Michael Powell

**Guests:** Katherine Cotton (TOH, Chair, Board of Governors), Joanne Read (TOH, VP of Planning and Support Services), Karen Stockton, (TOH, Director of Planning), Ron Clarke (Parsons), Mark Baker, (Parsons), Michaela Schreiter (TOH Communications), Bryana Bowers (TOH Communications)

## Record of discussion and decision:

#	Agenda item	Discussion/Decision	Actions
	Meeting opened		
1	<b>General statements by co-chair</b> (Paul Johanis and Bernie Etzinger)	<ul style="list-style-type: none"><li>• There's a need to make sure that the various processes underway at the hospital, the City and the NCC align as much as possible. There should be coherence.</li><li>• Work on functional programming (to meet the Ministry of Health requirements in the capital planning processes) continues. This looks primarily at services/programs and what needs to be where.</li><li>• This meeting marks a transition from preparation work into a more robust workplan.</li></ul>	
2	<b>Presentation on the Narrative and reaction from the Board of Governors</b> (Paul Johanis, Katherine Cotton)	<p><b>Presentation on the narrative:</b></p> <ul style="list-style-type: none"><li>• The group spent time defining a set of principles that represented various requirements for the project to understand how to approach the work.</li><li>• The group had already had an initial but small test of the deliberative process – the discussion around the West Annex building and preserving the legacy of the site, previously attached to the Sir John Carling building. The coming months will allow the group to dive into deliberative discussions on more substantive issues.</li><li>• The group provided language for the procurement process for the site analysis, to incorporate engagement early in the process.</li><li>• There has been initial work done in clarifying the areas of concern for the community, especially around transportation. As a city-building project, the new site will draw people from across the region.</li><li>• The group responded to the discussion papers issued as part of the City's Official plan process; that response as well as the report published in November were entered into the record at the City's Planning Committee.</li></ul>	

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		<ul style="list-style-type: none"> <li>The CEG's first report was presented to the Board of Governors in November.</li> </ul> <p><b>Remarks from Katherine Cotton:</b></p> <ul style="list-style-type: none"> <li>The Board is very appreciative of the work the CEG is doing. Board members are volunteers and community members, and they want to add value to the community with this project.</li> <li>The Board was very engaged by co-chair Paul Johanis's presentation in November.</li> <li>This project is being lived as a community- and city-building project. The Board agrees with this approach. It's important for members of the community to feel ownership and have their voices heard.</li> <li>The Board is impressed by the amount of collaboration in things like distilling various perspectives into a clear set of principles – seeking common interests strengthens the collective view.</li> <li>Katherine will come back to observe the group again in the future and has encouraged other Board members to do the same.</li> </ul>	
3	<p><b>The Workplan and the Need to Align Streams</b> (Don Lenihan)</p>	<ul style="list-style-type: none"> <li>Slides will be posted on SharePoint.</li> <li>There needs to be alignment between various processes that aren't normally required to align (City, NCC, hospital planning).</li> <li>Site analysis timelines still need to be finalized, but the workplan for the CEG should line up so that community perspective feeds in a timely way into their processes.</li> <li>Update from Joanne: The hospital has been working with the City and the NCC to coordinate all of the site analysis requirements to make sure that Parsons can complete each study once, not twice. Coming together to create a single comprehensive process.</li> </ul>	
4	<p><b>Functional Programing update and site analysis</b> (Joanne Read, Karen Stockton, Ron Clarke)</p>	<ul style="list-style-type: none"> <li>The Ministry of Health has five stages of capital planning. Stage 1 included planning for the entire hospital through four timeframes. This is what led to the test fit drawings that were released publicly in 2018.</li> <li>Now in Stage 2, there are different timeframes that just focus on one campus. It's a more elaborate programming exercise. To 2027/2028 and 2032/2033.</li> <li>46 programs cover most of our services and areas. On top of that, there are programs for the Research Institute and the Heart Institute.</li> <li>TOH staff are at every programming meeting to make sure there's a comprehensive view all the time.</li> <li>The Civic and the new campus are very comparable in terms of programming. In the first stage the hospital looked for opportunities to make modifications to improve care for patients, but overall similar. Trauma and neurology will be at the new campus, cancer will stay at the General.</li> <li>Community engagement on the public spaces inside the hospital – there will be PFAC involvement and public engagement on this. Feedback from the group: consider</li> </ul>	

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		<p>integrating public feedback into the public spaces conversation early, possibly as a part of the functional programming process. Approach the public spaces as a possible community hub.</p> <ul style="list-style-type: none"><li>• It's become evident that this is a unique community project. And this is the first time that all of these government entities will be working together on a project like this. The hospital is working with them to make sure their requirements and processes are aligned.</li></ul> <p><b>Parsons:</b></p> <ul style="list-style-type: none"><li>• Parsons is an international company. They have about 100 people in Ottawa, where they've worked on many projects.</li><li>• The company's values: inclusivity, equity in transportation, pedestrian comfort and safety. Transit-oriented, complete streets. Climate change.</li><li>• The team reviewed the CEG's report and connected strongly with the principles.</li><li>• List of studies Parsons will be working on to be attached for CEG. Timing still to be determined but delivery will be staggered.</li></ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"><li>• CEG should be involved in early engagement to ensure that community concerns are addressed and to seek win-win solutions.</li><li>• Priorities: Transportation, heritage, environmental impact (including to surrounding areas). Should address traffic and parking specifically, within conversation about transportation. Concerns around congestion and about access to the site from around the region.</li><li>• Would be good to see the hospital working together with other government departments – Parks Canada, Agriculture and Agri-Foods Canada, for example.</li><li>• This project is unlike others happening in the city, so the engagement process is different to accommodate this.</li><li>• Parsons' role is to analyze the site as set out by the NCC, the City and the hospital, and then provide guidance on aspects of the project, including things like transit, bicycle network and traffic connectivity (examples are specific to transportation-mobility study).</li><li>• Discussion on how the group could best work with Parsons. Could feed into the terms of reference; members are flexible and could use existing meetings or do some work between meetings.</li><li>• Will likely use next meeting (March) as a workshop session. Proposed topic: Transportation.</li><li>• Could also have a discussion at some stage around blocking and massing of the site and frontages, etc.</li><li>• This session would be followed by broader community engagement through the Healthy Design Conversation Series.</li></ul>	
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5	<b>CEG and the Community Conversations</b> (Bernie Etzinger and Sarah Hartwick)	<ul style="list-style-type: none"> <li>Looking at how we go out to the larger public to build on the CEG’s vision of the new site.</li> <li>Format of events: panel with a moderator. Ideally would bring in someone from another hospital who’s an expert or has done research. Panelists could include TOH staff or CEG members, community members with expertise, etc.</li> <li>Will begin with an event on Arts and Wellness.</li> <li>Two main areas of possible CEG involvement: Position papers based on deliberation, and participation as panelists or moderator.</li> <li>Timing: sequence in slide deck is notional at this point and will likely be adjusted to fit with the CEG workplan as that’s further developed. Ex: may need to look at public spaces earlier.</li> <li>Amy: curious about sequencing.</li> <li>At the end of the event series, a report will be created that builds from the CEG’s first report.</li> </ul>	
6	<b>Closing</b>	<ul style="list-style-type: none"> <li>Next meeting: Currently scheduled for March break, may need to move this.</li> <li>Add additional half hour to next agenda to allow for governance discussion: public distribution of meeting notes. Start at 6:30.</li> </ul>	<b>Reschedule March meeting</b>

**Next meeting: March 19, 2020 (likely to be rescheduled)**

Record taken by Sarah Hartwick, The Ottawa Hospital