

# The Ottawa Hospital New Campus Engagement Group

Meeting notes: January 15, 2019

Wednesday, January 15, 2019, 7 to 9 pm

Skills and Simulation Centre, The Ottawa Hospital Civic Campus

## Attendees:

Bernie Etzinger, Paul Johanis, Robert Brinker, Michelle Currie, Jerry Fiori, Charmaine Forgie, Luc Fournier, Shaun Hopkins, Amy Johnson, Eric Jones, Kimberly Peterson, Martin Petersons, Michael Powell, Bhagwant Sandhu, Randy Taylor; **Consultants:** Greg Jodouin; Don Lenihan **Secretariat:** Sarah Hartwick, Kate Eggins, Vanessa Sanchez

**Regrets:** Peter Eady, Charmaine Forgie, Leslie Maitland, Sue Stefko

**Guests:** Alan Smith (TOH Board of Governors), 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) |
|---|---|---|---------------|
|   | <b>Meeting opened</b>   |   |               |
| 1 | <b>General statements by co-chairs</b> (Bernie Etzinger and Paul Johanis) | <ul style="list-style-type: none"><li>Welcome and roundtable introduction for guests</li></ul>  |               |
| 2 | <b>Signage update</b> (Sarah)   | <ul style="list-style-type: none"><li>Changes made to new campus signage design following input at previous meeting</li><li>Locations being considered – two signs on Carling, two on Prince of Wales. Not looking at options on Maple Lane as that side of the campus is fairly low traffic.</li><li>Additional feedback on design: for accessibility, consider merging the two styles to maximize the image while maintaining accessibility.</li></ul>  |               |
| 3 | <b>Rationale</b>  | <ul style="list-style-type: none"><li>Need to consider how the CEG is feeding into the RFP process as it gets underway</li><li>Will contribute in two ways: process and substance. The RFPs will be a process aspect – need to consider what needs to be included to alert proponents that there are engagement requirements that they must incorporate into their deliverables.</li><li>Substance aspect – need to consider what we're actually looking for, are there specifications, how are concerns and issues from the group reflected.</li><li>Question: How does the narrative come into this? &gt;&gt; it will inform the process, but this will go beyond just the narrative.</li></ul> |               |
| 4 | <b>Presentation</b>   | <p><b>Joanne Read: Overview of where the project is, and next steps on procurement.</b></p> <ul style="list-style-type: none"><li>Three levels of government to work with: Provincial, federal, city. Beyond this, CEG forms an integral part of the process.</li><li>Still working towards five years to plan, five to build</li><li>Federal: Hospital is now custodian of the new campus site. Maintaining it to ensure it's a safe environment for anyone who wants to use it.</li></ul>   |               |

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- Have to consider, what are the lease requirements? Need to abide by federal regulations, for example, on signage, or on process to consider Annex building. Need to go through the FLUDA process.
- City: Hospital will be hiring a consultant to help draft RFPs to contract a company to complete major studies required by city zoning. Will be drafting these RFPs in February, aiming for March to select and April to award the contract.
- Initial focus in two areas: Transportation and Mobility Plan, and the Service and Environmental Plan. Each of these include multiple aspects, eg transportation will include parking strategy, demand management, vehicle access.
- Need to address and include what the city has put in place, as well as what the CEG is looking for. There are municipal guidelines to follow.
- The studies and the eventual application by TOH to the City is expected to take 24 to 36 months. Once studies are completed, that work goes back to the city to lift the holding provisions on the zoning.

## Q&A:

- Changes to Carling Station on O-train line isn't currently in Ottawa's Transportation Master Plan. How do we feed into that? >> this would be part of the study to understand what the options are. Work closely with the city on this kind of issue, it's on their radar.
- Hiring someone for RFP drafting? >> Need to be sure we get these RFPs right so we are going to leverage the expertise of a consultant who is very experienced in this field.
- How long would study take? >> Don't know yet. Would be part of the work with consultant to determine what's appropriate based on deliverables and requirements from different government levels.
- Why two initial areas of focus? >> This timing makes the most sense for the project as a whole. We need these elements first before moving onto other aspects that might not require such intensive study.
- What if environment and transportation studies conflict? >> would look at how to align these.

## Karen Stockton: work with the Ministry of Health and next stage

- The Ministry is working with us on this again.
- When we move to stage 2 (Functional Program), it's still very high level. Moves from blocks of space to considering how spaces sit near each other, and what the high level contents of each area are. ("what goes where")
- Similar to stage 1, hospital focuses on programming first, and then architects take this information and work with it.
- Timeline is about 12 to 18 months of work.
- Recognize that hospital isn't just clinical in nature. People come here for many reasons. Need to be considerate with how spaces are designed and mapped.

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|   |                   | <p><b>Q&amp;A:</b></p> <ul style="list-style-type: none"> <li>• How is neighbourhood densification factored in? &gt;&gt; would be part of the analysis of demographics around the hospital. Would consider traffic loads out to timelines that align with the hospital's planning timelines. Also look at factors like tech advancements and demographic changes.</li> <li>• Need to consider alignment with the city in issues like LRT. That work is happening now, and we can save taxpayers money if we're thinking about these issues early. Alignment and community integration are key approaches to ensure that everyone is on the same page.</li> </ul>   |  |
| 5 | <b>Discussion</b> | <ul style="list-style-type: none"> <li>• Want to look at how we're integrating with the community and leverage this opportunity to have community voices at such an early point in the process, without being overly intrusive.</li> <li>• Three levers that we want to consider.             <ol style="list-style-type: none"> <li>1. Scope of work</li> <li>2. Rated criteria, so that proponents then have to incorporate resources and ongoing engagement into deliverables</li> <li>3. Evaluation process</li> </ol> </li> <li>• Need to ensure that difference between consultation and deliberation is clear, and that CEG can be part of ongoing engagement and feedback into evaluation</li> <li>• Perhaps need formal check-in points at key milestones to feed in at an appropriate level.</li> <li>• Members know their issues well, but aren't going to be experts on issues like traffic and environment impact etc. EG, what does the community want to see? Need to be able to convey the 'hot points' in areas of interest.</li> <li>• Need to ensure that the other two streams of engagement (online and in-person meetings) are also included so that CEG is not the only forum for discussion.</li> <li>• Could consider CEG member on study consultant selection committee</li> <li>• How do we determine which issues / hot points are brought forward? How do our principles inform this discussion?</li> <li>• Could look to the study group to come to the CEG and hear these issues and then commit to ongoing conversation. Need to ensure that issues are raised at the appropriate forum – ie included in the correct studies.</li> <li>• Would be helpful to know more about the requirements and deliverables of each study so that priority setting exercise could be done in advance of talking to consultant. So that we understand what the minimum requirements are.</li> <li>• Principles will guide further deliberation sessions but don't identify specific issues within various communities.</li> <li>• Need to come back to the idea that we can create win-win solutions. With this in mind, hospital, community and study proponents all have motivation to seek mutual solutions.</li> </ul> |  |

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|   |                | <ul style="list-style-type: none"><li>• Look at creating a draft proposal that could be embedded into the RFP language. Members are supportive of 'three levers' proposal – this can form the basis for future work.</li><li>• Joanne Read, TOH VP for Planning and Support Services, expressed support of this approach. Her team will begin looking for language that could be incorporated into the RFP process.</li><li>• CEG will spend time deciding on 'hot points' at a future meeting.</li><li>• Consider whether a confidentiality agreement is required once we look at specifics.</li></ul> |   |
| 8 | <b>Closing</b> | <ul style="list-style-type: none"><li>• Update on the Annex building at next meeting, hospital is following federal process</li><li>• Meeting rooms will need to move for foreseeable future as Kaminski Room is currently being used for training.</li><li>• February and March meetings will go ahead as scheduled.</li></ul>   | <b>Sarah to find and distribute Ottawa Citizen article on Annex</b> |

**Next meeting: Tuesday, February 12**

Record taken by Sarah Hartwick, The Ottawa Hospital