

The Ottawa Hospital New Campus Engagement Group

Meeting notes: July 11, 2018

Thursday July 11, 2018, 7 to 9 pm

Kaminski Room, The Ottawa Hospital Civic Campus

Attendees:

Bernie Etzinger, Paul Johanis, Robert Brinker, Michelle Currie, Judy Dodds, Jerry Fiori, Charmaine Forgie, Luc Fournier, Amy Johnson, Eric Jones, Leslie Maitland, Kimberly Peterson, Martin Petersons, Michael Powell, Bhagwant Sandhu;

Consultants: Greg Jodouin, Don Lenihan; **Secretariat:** Kate Eggins, Sarah Hartwick

Regrets: Shaun Hopkins, Sue Stefko, Peter Eady

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">• Suggestion and agreement to drop agenda item on 'thematic commitments'• Check-in with members on usability of SharePoint site that has been shared	
2	What is a narrative? (Presentation by Don Lenihan)	<ul style="list-style-type: none">• Narrative helps build community ownership through genuine conversation with the public.• Important as the CEG isn't the only stream of engagement• Creates a mechanism by which it's easy to explain what's going on and gives a way to tell the story to show how things fit together and a variety of interests are balanced.	
3	Initial consolidation of principles (Intro from Paul Johanis, presented by Amy Johnson, Michael Powell, Leslie Maitland)	<ul style="list-style-type: none">• Process steps: similar-seeming principles from various principle owners were matched by Paul as an Excel spreadsheet; small group discussion resulted in further matching and consolidation; additional conversation resulted in 'buckets' that were brought to the group tonight.	
4	Reactions; Discussion on clusters/buckets	<ul style="list-style-type: none">• Group discussed whether there is a need to keep a larger amount of buckets, or to collapse them down to a small number.• Buckets 1, 2 and 3 need further work:<ul style="list-style-type: none">○ 1 needs to be more explicit that it relates to the outside of the facility○ 2 - the focus is on population health○ 3 needs to be renamed from "Accessible and Inclusive" to "Universal Design and Barrier-Free"• Discussion on how these 3 buckets relate or have distinction – seem in some ways to have similar themes, but through different lenses or for different audiences.	

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		<ul style="list-style-type: none"> ○ Discussion on whether we could consolidate 1+2, or 1+3 ○ Further discussion required ● Need to ensure that the final version of a principle relating to access includes access for all patients, including aging people and people with mobility devices, among others. Language: universal and barrier-free design ● Whatever the number of final buckets, there may be themes that unite similar but distinct buckets: 1) Patient, Family, Staff, Community; 2) Facility in context of community 3) Facility in context of environment ● Decision to blend buckets 4 and 8, with public realm aspects of 7 <ul style="list-style-type: none"> ○ 4 was interpreted as how the neighbourhood could be comfortable with the campus, and 8 was interpreted as how TOH could be comfortable with the neighbourhood ○ Merging 4 and 8 could have language that speaks to “mutual comfort” – perhaps a “Good Neighbour” principle ● Decision to blend greenspace aspects of 7 with 6. (see updated buckets document for more information) ● Bucket 9 needed further review. Two options were raised but not fully discussed: <ul style="list-style-type: none"> ○ Option 1: add ‘research partnership with the Farm’ ○ Option 2: combine with buckets 1 and/or 2. World-class education and research results in a world-class hospital ● Group ran out of time to round back to discussion on 1, 2 and 3. 	
	Closing	<ul style="list-style-type: none"> ● Group determined August meeting would be needed to finish work on buckets and determine how this work is presented publically ● Recommendation that tips or a guideline on how to share the buckets and resulting narrative be brought to the group. 	
	Meeting closed		