

The Ottawa Hospital New Campus Engagement Group

Meeting notes: June 14, 2018

Thursday June 14, 2018, 7 to 9 pm
Kaminski Room, The Ottawa Hospital Civic Campus

Attendees:

Bernie Etzinger, Paul Johanis, Robert Brinker, Michelle Currie, Judy Dodds, Peter Eady, Jerry Fiori, Luc Fournier, Shaun Hopkins, Amy Johnson, Eric Jones, Leslie Maitland, Kimberly Peterson, Martin Petersons, Michael Powell, Bhagwant Sandhu, Sue Stefko; **Consultants:** Greg Jodouin, Don Lenihan; **Secretariat:** Kate Eggins, Sarah Hartwick

Guest attendees: Dr. Jack Kitts (TOH), Dr. Alan Forster (TOH), Joanne Read (TOH), Christopher Hoyt (NCC), Randolph Wang (City of Ottawa)

Regrets: Charmaine Forgie

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"> Update on site zoning: Institutional zoning for the new campus, with holding provisions, was endorsed unanimously by City Planning Committee on May 22 and passed by City Council on June 13. 	
2	Introduction to TOH Vision (Dr. Jack Kitts, CEO and President)	<ul style="list-style-type: none"> Thank you from Dr. Kitts to CEG members for volunteering their time and expertise Outlined vision for the future of health care in Ottawa – improving environment within the hospital, leveraging technology to build a smart hospital; continued innovation, much of which happens in Ottawa at TOH. 	
		<p>Discussion with Dr. Kitts:</p> <ul style="list-style-type: none"> The incoming government has committed to funding the new campus; the bureaucratic process with the Ministry remains the same. Staff will be very involved in next stages of planning the inside of the hospital. The site boundaries will not expand. The hospital is planning using population projections out to 2048, so that it is prepared for changes. In addition, flexibility will be key in planning. The hospital has signed a lease with the federal government for the Sir John Carling site, so the location is not likely to change. 	
3	Introduction to TOH Development Principles Dr. Alan Forster, Vice-President, Quality, Performance, and Population Health	<ul style="list-style-type: none"> Hospitals do better in cities that are healthier. One of TOH's core strategic directions is healthier community. <p>TOH development principles:</p> <ul style="list-style-type: none"> Patients and Families: Provide the best patients and family experience 	

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		<ul style="list-style-type: none"> • Wellness: Improve health, wellness and recovery • Research: Promote innovation and research • Education: Educate our future talent • Environment: Help sustain our environment • Neighbourhoods: Integrate with our community • Funding: Enhance the economic engine of our community 	
		<p>Key discussion points:</p> <ul style="list-style-type: none"> • Noise is an issue for recovery; can be mitigated with new technology and design standards • Size of staff at the new campus would be roughly the same as the existing Civic – between 5000 and 6000 employees. • Principles were developed early in the project to guide work. It's to some extent a checklist to work from for the hospital in planning programs etc. • Hospitals beginning to look beyond just caring for sick people – want to be more proactive, strong advocates for health. 	
4	<p>Presentation by NCC (Christopher Hoyt, SR Architect – Design, Land Use)</p>	<p>Capital Realm Design Principles:</p> <ul style="list-style-type: none"> • Capital Planning Framework. Facility needs to enhance the capital's symbolism, dignity and prestige. • Design excellence • Heritage conservation – what approaches are taken to protect the heritage character of the site • User/visitor experience – a high bar has been set for this principle, especially as people with enhanced needs will come to a hospital • Environmental sustainability 	
	<p>Presentation by CEFAC (Eric Jones)</p>	<ul style="list-style-type: none"> • The CEF was declared a national historic site in 1998. Management plan is to sustain a cultural landscape of national historic significance through a reinvigorated and ongoing agricultural research program • Three key elements: science, the land, the community. <p>Management plan objectives:</p> <ul style="list-style-type: none"> • To strengthen the research identity of the Farm, as the most important path of continuity between its past, present and future • To develop appropriate governance models, that recognize this identity and enhance its relationship to the site 	

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		<ul style="list-style-type: none"> • To provide clear rules of engagement for other agencies and partners • To ensure the commemorative and ecological integrity of the cultural landscape and its cultural and natural resources • To interpret and present the site to the public, as a scientific landscape of national significance • To develop appropriate patterns of access, circulation, and open space • To establish clear and sustainable relationships with the adjacent urban context 	
	<p>Presentation by City (Randolph Wang, Planner)</p>	<ul style="list-style-type: none"> • “Hospital area” is now a character area that has been brought into the Preston-Carling area. <p>Preston-Carling Secondary Plan principles:</p> <ul style="list-style-type: none"> • Ensure high quality design – this is a gateway to downtown • Promote sustainable modes of transportation (integration with LRT; pedestrian and cycling connectivity; effective management of parking) • Deliver high quality public realm • Provide appropriate response to edge conditions – Carling, Preston, CEF 	
<p>5</p>	<p>Q&A</p>	<p>Main discussion points:</p> <ul style="list-style-type: none"> • While the project is in its early phases, feedback from the city’s Urban Design Review Panel and the NCC’s Advisory Committee on Planning, Design and Realty helps provide guidance. Neither are decision-making bodies but their feedback is important and taken seriously. The hospital would come back to both of these bodies at a later stage, in the next two years. The two groups provide different planning lenses for the project. • Current draft concept began with programming – determining square foot requirements etc for the next 20-30 years and more. The draft concept as presented shows the end state; construction will probably be phased. • Idea of ‘pavilions in the landscape’ as a way to bridge dense urban areas with more pastoral, nationally significant areas. City and NCC staff do work closely together especially on these areas. • The City has a plan to guide growth. This plan is very rigid about approvals. • Transportation study and parking strategy are 	

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		part of the holding provisions placed on the zoning of the hospital. All elements of the holding provisions will be required to be addressed before the city makes the zoning for the campus final.	
7	Next steps and closing (co-chairs)	<ul style="list-style-type: none"> • Suggestion put forward that some work between meetings could be done to begin consolidating principles into sections • All members should have opportunity to put forward any initial thoughts to the group so that it's inclusive. • Framework to consolidate principles not yet determined; suggestion that it could start from the hospital's vision and work from there. <p>Decision: Group members can send Sarah ideas and let her know if they are interested in a small, informal discussion to begin work of consolidating principles. Sarah will schedule this once people have put themselves forward. This work will be circulated to the group ahead of the July 11 meeting for discussion and continued consolidation at the meeting.</p> <ul style="list-style-type: none"> • Part of next steps will be developing narrative, which will be important in moving forward and beginning to apply principles. Will be part of conversation at next meeting. • The hospital has created a SharePoint site for document sharing. 	<p>ACTION ITEMS:</p> <ol style="list-style-type: none"> 1) Members to send initial thoughts on consolidation to Sarah by June 28 2) Any members interested in participating in small group exercise should advise Sarah by June 26 ALONG WITH availability in the evenings the week of July 3 to 6 for scheduling purposes. 3) Notes from this discussion will be circulated to full group ahead of next meeting (Sarah) 4) Members will be given access to Sharepoint site, and instructions on how to access it. (Sarah)
	Meeting closed		

Record taken by Sarah Hartwick, The Ottawa Hospital