

The Ottawa Hospital New Campus Engagement Group

Meeting notes: March 12, 2019

Tuesday, March 12, 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, Luc Fournier, Amy Johnson, Eric Jones, Leslie Maitland, Martin Petersons, Michael Powell, Sue Stefko, Randy Taylor; **Consultants:** Greg Jodouin; Don Lenihan

Secretariat: Sarah Hartwick, Kate Eggins, Vanessa Sanchez

Regrets: Michelle Currie, Charmaine Forgie, Shaun Hopkins, Kimberly Peterson, Bhagwant Sandhu

Guests: Joanne Read (TOH VP Planning and Support Services)

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 to the group The province has had some significant health sector announcements in the past weeks. Notably, Minister Elliott was at TOH Friday March 8th to make an announcement about a patient declaration of values for Ontario. Exercise at this meeting is an opportunity to talk together about what is most important for each member's area of interest on transportation. This will help us understand each other's viewpoints. Each group member will have approximately five minutes to speak. Several members who need to miss the meeting have sent points in advance to be presented on their behalf. 	
2	Presentations	<p>Jerry:</p> <ul style="list-style-type: none"> Universal design. Need to be able to move safely without barriers; good wayfinding; easily accessible parking to access the facility. Accessibility extends beyond the hospital site to the surrounding area so that people can access the site from transit, from roads etc. <p>Martin:</p> <ul style="list-style-type: none"> Key areas are roads, transit, and access. Overall, need quick, direct, barrier free access to the site, parking, pedestrian areas, emergency department, washrooms and other essential spaces. Important to note that people arrive by all modes of transportation so they must all be considered. Roads: Need direct and simple access. Consider 417 access. Need clear directional signage on roadways indicating hospital access well ahead of turns. Properly planned out traffic flow. Transit: Need continuous, weather-protected and direct access to transit from the site. Must be accessible to people with limited mobility. Clear signage. Access/parking: Need multiple access points, temporary drop off areas. Consider whether a pedestrian tunnel or bridge to 	

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	<p>cross Carling would be helpful. Multiple parking lots located close to various services for easy access. Consider mechanized parking garages etc.</p> <p>Eric:</p> <ul style="list-style-type: none">• Agriculture Canada has indicated that the road network in the CEF isn't suitable for anything beyond current uses.• Need buffer area between the hospital and the CEF. Consider how changes to existing roadways will impact the CEF – ex, widening roads, new roads. Even where we mitigate, need to consider impacts. If you're planting trees or bushes in barrier areas, need to consider impacts of THOSE to the farm as well.• The CEF has an impact on air pollution in the area. Will this be diminished by the new build?• If there is a focus on bringing transit access to the hospital, there is an opportunity to improve transit access to the CEF alongside it. <p>Randy:</p> <ul style="list-style-type: none">• Concerns about increased traffic through the CEF. Many people go for walks on the CEF, walk their dogs etc. If we change existing roads around the site, could change how they move through the site, and need to ensure they can continue these activities safely. Also need to consider the increased pollution and impact to the CEF that could come from increased traffic.• Need to evaluate all major landscape changes on or near the farm to understand what the impacts might be.• Parking: consider whether people will park in free CEF areas to avoid paying for hospital parking. Will have an effect on people who use the site recreationally. Also consider impact on events at the CEF that serve as vital fundraising events – need to make sure adequate parking will be available to attendees.• There is an opportunity to bring more people to the CEF – if they're exposed to it while in or visiting hospital, they might be interested in visiting and learning more about it. Partnership opportunity here. <p>Amy:</p> <ul style="list-style-type: none">• Need to remember that hospital design isn't happening in isolation; need to consider how much intensification is happening in the community. Not considering the big picture is a risk.• Look at directing traffic around surrounding neighbourhoods, not through. Rely on arterial roads, not cut-throughs. Look at impact of increased traffic on risk in school zones. Look at 417 access to avoid reliance on Parkdale; situate site access points so as not to put pressure on residential streets.• Parking needs to be affordable and adequate. Bayswater neighbourhood wants to retain street parking as a traffic calming measure, but don't want to become default overflow parking for the new campus.	
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	<ul style="list-style-type: none">• Strong connections to public transit – should be the preferred choice for anyone who is able to take it, especially staff members.• Ease of access to surrounding sites – Dow’s Lake, CEF, arboretum, canal. Walkability and safe cycling essential to maintain quality of life for residents. <p>Sue:</p> <ul style="list-style-type: none">• Transportation plan should be wider than immediate area and look at the relevant documents – Canada Lands development plans, Ottawa Secondary Plans etc. Hospital is just one of several developments happening west of Bronson and there is concern that the increase will turn Carling and Bronson into even bigger roads.• Parking – a lot of federal workers in the area already so would like to see vehicular traffic minimized where possible; accessible transit connection to the hospital is key rather than just limiting parking. Consider incentives like transit passes, ride shares, showers for employees at the hospital. <p>Robert:</p> <ul style="list-style-type: none">• Look at highway access and consider which the main roads from 417 to hospital will be. Multiple access points from various sides of the site to avoid extra pressure on Carling.• Consider how transit will be integrated from Carling – priority bus lanes integrated to LRT? Would like to see dedicated paratranspo and wheelchair van parking areas. Consider mechanical garages.• Cycling paths important – many people in Carlington neighbourhood work at current Civic Campus and bike to work, even in winter. Look at cycle path maintenance to ensure this is feasible even beyond the bounds of the hospital. <p>Leslie:</p> <ul style="list-style-type: none">• Important to ensure protection of the CEF and the research fields. Heritage buildings and greenspaces create something of a natural buffer zone, and prevailing winds move eastward across the site so help with this, but need to be cognizant of possible impacts. Ex: don’t want Maple to turn into a major road right beside the CEF. But could look at a new purpose built road or something similar.• Also need to mitigate any impacts to the Rideau Canal and Dow’s Lake.• Opportunity here: The CEF and the hospital share a mandate of supporting community health. Minimizing vehicular traffic and encouraging cycling, walking and transit will help achieve this mandate for both. <p>Shaun (presented by Paul):</p> <ul style="list-style-type: none">• Onsite parking: suggestion for underground parking rather than surface. Important to condo residents to have park space on the site.	
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	<ul style="list-style-type: none">• Street parking: do not want additional street parking in the area, and change current 'no parking' signage to 'no stopping'• Access: no extension of existing residential streets to avoid cut-throughs in the neighbourhood. Also no new access points from Carling. Study access from 417.• Transit: support direct LRT connection to the hospital. Encourage staff members to prioritize using transit to get to work whenever possible.• Construction traffic: direct contractors to use specific entrances and avoid driving through neighbouring communities. <p>Bhagwant (presented by Paul):</p> <ul style="list-style-type: none">• No additional street parking should be created.• No cut throughs in Dow's Lake neighbourhood. <p>Paul:</p> <ul style="list-style-type: none">• Concerns from Greenspace Alliance are largely aligned with those expressed by Leslie, Eric and Randy. Most concerned about widening POW and impacts on ornamental gardens and the arboretum. <p>Luc:</p> <ul style="list-style-type: none">• Many comments during site selection process had to do with parking – either pushing for all underground, or expressing concern that there must be sufficient accessible parking.• Capital realm principles: building orientation should allow access to transit; minimize surface parking and minimize paved areas, minimize parking visibility from adjacent sites. Consider snow removal; encourage active mobility and pleasant cycling and walking experiences through the site. Ensure emergency vehicle access is separate from other vehicles and pedestrians. <p>Peter:</p> <ul style="list-style-type: none">• Concern about 417 access and capacity of on and off-ramps. North/south connectivity is also problematic and might see added pressure from expanding communities in the city's south end. Very concerned about a cut-through at Sherwood Ave.• There is a significant amount of development taking place in the area with very little street parking to begin with. Need to consider how construction vehicles move in and out of these sites.• Ensure adequate accessible parking without too much surface parking. Include drop-off and pickup areas, consider valet or mechanized parking. Transit needs to be the preferred mode of transportation for those who can use it. Consider incentives for staff.• Ideally firm running transportation assessments has world-class experience and understands these issues well. <p>Michael:</p> <ul style="list-style-type: none">• Want to see a space that is integrated seamlessly with the community. There are enough hard boundaries in the	
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		<p>community – train lines, canal, big institutions. Don't need another. Want a livable urban neighbourhood.</p> <ul style="list-style-type: none"> • Traffic congestion seems to be caused by people moving through these neighbourhoods – not from them. Federal workers for ex. Very congested during rush hour, and streets wide and empty at off hours so people speed down them. • Prioritize who gets hospital parking – those who need it rather than those who want it. Push others to use other modes of transit, especially staff members. • Can't have more pressure on Dalhousie neighbourhood. Expanding highway access to Rochester is a big concern as Carling and Bronson more fit for traffic. <p>Kim (presented by Sarah):</p> <ul style="list-style-type: none"> • Top priority for seniors is hospital parking. • Need improved way-finding signage in both French and English, clearly marked pedestrian crossings, ensure posted parking costs and maps, ensure accessible doors and management of wheelchairs at entrances, ensure enough benches and shelters at transit stops, and ensure sidewalks and bus stops have curb cuts and pathways are clear and safe. 	
3	Discussion	<p>Quick overview of emerging themes from Greg:</p> <ul style="list-style-type: none"> • Consider beyond the bounds of the site. • Wayfinding essential to patient and family experience and helpful for reducing traffic congestion. • Need parking for people with impaired mobility; drop off and pickup zones. • Not much disagreement on parking. Overflow parking is an issue, and need to ensure safe parking. Less surface parking, aim for underground or stacked. Consider innovative options. Parking is already an issue in surrounding communities. • Safety critical for patients, families and community members passing through the site. Well-planned transportation and focus on cycling/ pedestrian spaces important. • Encourage alternative transportation methods for staff members and mobile patients. • There are significant opportunities to leverage this project for mutual benefit with neighbours. <p>Discussion:</p> <ul style="list-style-type: none"> • Need to look to intensively built cities for inspiration. How does this work in other major centres? Are there examples that are also near walkable neighbourhoods? (example brought up: Vancouver General Hospital). • Moving the hospital down the road might not dramatically change traffic levels, but need to consider this fits with the other development happening, and how it will change overall traffic patterns in the city. • Transit needs to be the best choice and an easy choice for people. If it isn't easy, convenient and affordable, they'll drive. • How do we create incentive structures to encourage transit use? 	

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4	Closing	<ul style="list-style-type: none">• How do we take this into the next meeting? Don and Greg would like to chat with members individually to better understand their positions, and then will fold this material into a short paper to ensure there is a record.• For next meeting, consider what are the 'intersections' – where could this work influence beyond the hospital.	

Next meeting: Tuesday, April 9

Record taken by Sarah Hartwick, The Ottawa Hospital