

# The Ottawa Hospital New Campus Engagement Group

Meeting notes: May 14, 2019

Tuesday, May 14, 2019, 7 to 9 pm

Skills and Simulation Centre, The Ottawa Hospital Civic Campus

## Attendees:

Bernie Etzinger, Paul Johanis, Robert Brinker, Michelle Currie, Peter Eady, Jerry Fiori, Charmaine Forgie, Luc Fournier, Shaun Hopkins, Amy Johnson, Eric Jones, Kimberly Peterson, Martin Petersons, Sue Stefko, Randy Taylor; **Consultants:** Greg Jodouin; Don Lenihan **Secretariat:** Sarah Hartwick

**Regrets:**, Leslie Maitland, Michael Powell, Bhagwant Sandhu

**Guests:** Joanne Read (TOH VP Planning and Support Services), Katie Lafferty (TOH Board member), Brooke Peloquin (TOH Communications)

## Record of discussion and decision:

#	Agenda item	Discussion/Decision	Actions
	<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 to the group, roundtable introduction to guests</li> <li>Good conversation with heritage conservationists and – will defer to June for an update</li> </ul>	
2	<b>TOH's perspective related to the OP</b> (Bernie Etzinger)	<ul style="list-style-type: none"> <li>Need to figure out how the CEG's discussion relates to the official plan – and city planning more broadly.</li> <li>There seem to be three main themes emerging: Accessibility, Livability, Relationships with capital interests.</li> <li>Official plan discussion paper on the economy notes that the new campus will be a vital hub</li> <li>Campus design is fundamentally dependent on how we work with our partners at the city. There are many major projects underway right now in Ottawa.</li> <li>The new campus is fundamentally about population health. This gives us opportunities for win-win solutions.</li> </ul>	
3	<b>CEG's perspective related to the OP</b> (Amy Johnson)	<ul style="list-style-type: none"> <li>The CEG sees itself as contributors and partners in broader city engagement.</li> <li>TOH has articulated a forward thinking and bold vision for the campus and relationship with the community, which requires a new way of engaging.</li> <li>Recognize that there will be trade-offs throughout the process, but that the CEG represents an evolution over one-way communication. There are win-win solutions available to satisfy broad interests.</li> <li>Want to find new ways to partner with the city for win-win-win solutions</li> <li>Want to see that the CEG contribute to the planning process, and that planning process facilitates the CEG's goals.</li> </ul>	
4	<b>CEG's perspective related to the OP</b> (Paul Johanis)	<p>(summary first shared in April 9 meeting)</p> <ul style="list-style-type: none"> <li>Street parking: There was a clear message that we don't want to increase or change street parking (except where used as</li> </ul>	

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		<p>traffic calming). There's already very limited street parking allowed in many neighbourhoods.</p> <ul style="list-style-type: none"> <li>• Cut-throughs: Concerns about Dow's Lake area, Rochester, Sherwood drive. Don't want additional traffic through the CEF road system. And no appetite for overflow parking on CEF parking lots.</li> <li>• On site access: identifying access points that might work. Existing points that were suggested could work as options. Look at multiple access points.</li> <li>• Suggestion that bus and LRT station should be a single entity to simplify onsite transit.</li> <li>• Access from 417: Need to understand the implication of new location on access east and west-bound.</li> </ul>	
5	<p><b>Community association perspective related to OP</b> (Shaun Hopkins)</p>	<ul style="list-style-type: none"> <li>• Based on work done by Jerry, Martin and Kim</li> <li>• Community Associations got together to walk through common concerns. Considered how those might intersect with the work done previously and the principles put together by CEG as a group.</li> </ul> <p><b>Main points:</b></p> <ol style="list-style-type: none"> <li>1. Area wide traffic study.</li> <li>2. No street parking</li> <li>3. Equitable distribution of impacts</li> <li>4. Buffers to surrounding areas and cut throughs addressed</li> <li>5. Minimizing use of vehicles.</li> <li>6. Comprehensive integrated transit system to access this site.</li> </ol> <p><b>Discussion:</b></p> <ul style="list-style-type: none"> <li>• Aim is to be consistent with patient perspective and what has been discussed so far; fits well within previous group discussions.</li> <li>• Idea is to start understanding how community fits into the hierarchy of needs around the site.</li> <li>• Discussion on how the group could feed into LRT process; City sees connecting with the hospital as highly desirable. There's a process for this. Need to ensure that mobility and accessibility are prioritized in design, and that design is developed in context of campus's development plan.</li> <li>• Want to avoid additional street parking in the neighbourhoods, as well as surface parking that isn't completely necessary.</li> <li>• LRT stations will all be AODA compliant as a default.</li> <li>• Could consider bringing this document forward as an extension of CEG's narrative and principles.</li> </ul>	<p><b>Action, Sarah:</b>  <b>Share document put together by Community Associations</b></p>
6	<p><b>Presentation on the City's Official Plan</b> (Alain Miguel and Charmaine Forgie)</p>	<ul style="list-style-type: none"> <li>• Presentation will cover the Official Plan, but not the Transportation Master Plan as that process hasn't been approved by council yet.</li> </ul>	

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		<ul style="list-style-type: none"> <li>• Ottawa’s population will soon pass 1 million. This plan will prepare the city to grow to 2 and then 3 million. Want to set the city up to be livable at those sizes.</li> <li>• Two public health planners are embedded in the planning team. Want a city that makes people healthier.</li> <li>• The Official Plan is concerned with the shape of the city. Helps to manage growth and change.</li> </ul> <p><b>Five “big moves” – Big goals</b></p> <ol style="list-style-type: none"> <li>1. Growth management</li> <li>2. Sustainable mobility</li> <li>3. Community and urban design more sophisticated at every scale</li> <li>4. Resiliency</li> <li>5. Economic development</li> </ol> <ul style="list-style-type: none"> <li>• Transit is essential in growing past 1 million people.</li> <li>• Hospital project like this doesn’t happen all the time. We’re lucky to plan this.</li> <li>• Can do a lot for a neighbourhood, medical community, city if done well. Need to think carefully about how the design of the hospital interacts with the street.</li> <li>• Engagement on Official Plan and Transportation Master Plan will be aligned.</li> </ul> <p><b>Discussion</b></p> <ul style="list-style-type: none"> <li>• What is the city’s role in an area wide transportation study? &gt;&gt; The Transportation Master Plan would be an overarching framework guiding transportation studies.</li> <li>• Data from a transportation study can reveal big opportunities.</li> <li>• Intensification seems positive but can have impacts on public lands. How will the Official Plan look at intensification? &gt;&gt; Looks well into the future – beyond 30 years to plan properly.</li> <li>• Need to consider the various maturities and characters of various neighbourhoods and developments. Need to analyze trends, population growth etc to be ready for the future and to invest in infrastructure.</li> <li>• Big question is how we move people out of cars and into other modes of transportation.</li> </ul>	
7	Discussion on intersections (Don and Greg)	<ul style="list-style-type: none"> <li>• Ambitious visions are hard to achieve. If the hospital has a world-class vision and the community supports, how do we make this happen?</li> <li>• Innovation curves: can use this to reflect tech innovations like the iPhones, or social changes.</li> <li>• This is also starting to be a way of thought for urban planning. Trying to shake up urban planning and think differently.</li> <li>• When we align and work together we have opportunities to make this really work.</li> </ul>	

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		<ul style="list-style-type: none"><li>• Comes back to this idea of the win-win-win for city, hospital, community.</li></ul> <p><b>Discussion:</b></p> <ul style="list-style-type: none"><li>• This is an opportunity for the community as a whole, including the city, to pursue a real opportunity. This could be a showpiece for the city.</li><li>• If this model fits well at every scale, it could be repeated around the city.</li><li>• How do we connect with the engagement process for the Official Plan – the CEG represents a cross-section and diversity of views. &gt;&gt; City sees the CEG as a good group to engage on the Official Plan and can be one of the targeted stakeholders.</li><li>• Could give feedback as the CEG to the city’s discussion papers</li><li>• There is also a need to ensure this work aligns with other levels of government involved with the new campus.</li><li>• A demonstration project could be a vehicle. As a public institution, most funding for the new campus and the hospital comes from the province – but there is also a ‘local share’ and there will be a fundraising goal.</li></ul>	
<b>8</b>	<b>Closing</b>	<p>Comments from Board of Governors representative Katie Lafferty:</p> <ul style="list-style-type: none"><li>• The board has heard that the group is functioning well. By attending in person, Katie was impressed by the calibre of the discussion. This is valuable input.</li><li>• Happy to hear from the city and to see work being done to move collaboration forward through concrete steps.</li><li>• Thanked the group for investing their time for the community’s benefit. Want to encourage more board members to come to meetings to listen and understand community context.</li></ul>	

**Next meeting: unscheduled**

Record taken by Sarah Hartwick, The Ottawa Hospital