

New Campus for The Ottawa Hospital**Campus Engagement Group Meeting
Transportation/Mobility Discussion #1
MEETING MINUTES****Project No.:** 477447**Date/Time of Meeting:** April 2, 2020 7.00 - 9.30pm**Location:** WebEx Virtual Meeting (log in and dial in)**ATTENDEES:**

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A Campus Engagement Group (CEG) meeting was held on April 2nd, 2020 to provide an opportunity for an initial focused discussion on transportation and mobility concerns/issues/solutions for the new campus of The Ottawa Hospital (TOH). The objective of this meeting was to introduce the Parsons study team and approach to the CEG members, and to commence a dialogue which would inform Parsons research and analysis, moving forward. At the start of the meeting the CEG chair reinforced that Parsons was just starting into their work program and that this meeting would provide an opportunity for early discussion.

A presentation was given by the Parsons study team which provided an overview of the transportation infrastructure and travel behavior to/from the existing Civic Campus which Parsons believes is important to frame the subsequent analysis of the new campus. This initial meeting conveyed to the audience the nature and extent of available information at this early stage of the study, helped inform a more focused, yet introductory, discussion on a selection of 10 key questions related to transportation/mobility. An overall approach, or toolbox, was provided for each key question to demonstrate a path forward by the Study Team. The CEG members were polled as to their main areas of interest/concern, and the initial discussion focused on those matters to the degree possible given the time permitted. At the suggestion of Parsons, it was agreed by all that follow-on discussions are warranted so that the time could be taken to have a fulsome initial discussion of the 10 key questions, and more. The CEG suggested that a smaller working group of CEG members could be established for the purposes of these continued focused discussions.

The Parsons presentation slides are attached. The Webex meeting “chat” record is attached as Attachment 1. A record of other key discussion points follows.

Item No.	Description/Comments
Exiting Conditions - Civic Hospital	
	It was mentioned that patients from as far as Nunavut as well as other places in Ontario such as Hawkesbury, Pembroke, Kingston visit the Civic Hospital. It was asked if these patient numbers are reflected in the patient-origin map as shown in the presentation. It was clarified that the numbers are not definitive and that patients from other places in Ontario and Canada are accounted for in the broader picture.
	It was suggested that re: the provision of parking for employees, it may be helpful to analyze other large employers in Ottawa such as Tunney’s Pasture as the data may have some similarities.
	It was noted that Prince of Wales Drive today accounts for low traffic volumes accessing the existing hospital site, as shown by Parsons’ analysis mapping.
	It was shared that the annual <u>budgeted</u> beds for the current Civic Hospital and Heart Institute is 649. The budgets are renewed every year. It was also noted that at present the Civic Hospital is operating close to the budgeted number.
	It was asked if the Study Team will be collecting more data to inform the study. It was noted that the Study Team will attempt to learn more with the aim of analyzing all existing issues to the degree possible.

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Polling Activity & Results																																					
	<p>A poll was conducted requesting participants to select the most important questions for them related to the new Hospital campus transportation infrastructure. CEG participants were asked to select from a list of ten (10) questions that were sourced to previous CEG input documents and Parsons own experiences. The results for the polling activity are provided, noting that of the 29 meeting participants, many were TOH staff or consulting staff who did not vote:</p> <p>Q1. Which Question(s) are most important to you?</p> <table border="1" data-bbox="435 541 1143 884"> <thead> <tr> <th>Answers</th> <th>Results</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>A How will the new campus leverage transit?</td> <td>10/29</td> <td>34</td> </tr> <tr> <td>B How can we encourage active travel modes - walking and cycling?</td> <td>7/29</td> <td>24</td> </tr> <tr> <td>C What are the opportunities to reduce car travel?</td> <td>11/29</td> <td>38</td> </tr> <tr> <td>D How much parking is the right amount (and where)?</td> <td>13/29</td> <td>45</td> </tr> <tr> <td>E How can we minimize cut through traffic?</td> <td>7/29</td> <td>24</td> </tr> <tr> <td>F What are the best locations for vehicle access?</td> <td>10/29</td> <td>34</td> </tr> <tr> <td>G What are the best locations for emergency service access?</td> <td>6/29</td> <td>21</td> </tr> <tr> <td>H Where is the appropriate location for Hospital signage on Hwy 417?</td> <td>6/29</td> <td>21</td> </tr> <tr> <td>I What will be the role of new/emerging travel choices?</td> <td>3/29</td> <td>10</td> </tr> <tr> <td>J How will area traffic be monitored after construction?</td> <td>4/29</td> <td>14</td> </tr> <tr> <td>No Answer</td> <td>11/29</td> <td>38</td> </tr> </tbody> </table>	Answers	Results	%	A How will the new campus leverage transit?	10/29	34	B How can we encourage active travel modes - walking and cycling?	7/29	24	C What are the opportunities to reduce car travel?	11/29	38	D How much parking is the right amount (and where)?	13/29	45	E How can we minimize cut through traffic?	7/29	24	F What are the best locations for vehicle access?	10/29	34	G What are the best locations for emergency service access?	6/29	21	H Where is the appropriate location for Hospital signage on Hwy 417?	6/29	21	I What will be the role of new/emerging travel choices?	3/29	10	J How will area traffic be monitored after construction?	4/29	14	No Answer	11/29	38
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	<p>Based on the results of this activity, the following questions were discussed, and feedback was noted.</p> <p>How much parking is the right amount and where?</p> <ul style="list-style-type: none"> It was expressed that due to the strategic location of the site, efforts should be taken to minimize surface level parking. The idea of limited surface parking and provision only where applicable was supported. It was expressed that surface level parking between November – March is not desirable especially for patients due to the winter conditions. The travel mode and options for patients is usually by private vehicles. It was expressed that parking on the Central Experimental Farm lands should be avoided. It was suggested to investigate “no stopping” spaces on-street as disabled persons are permitted to use these. It was noted that the Study Team is collaborating with the City of Ottawa services to determine the history/nature of area street parking regulations. It was expressed that accessible parking spaces should be accounted for. It was asked if the existing number of beds are being doubled in the new hospital design, will the existing number of parking spaces also be doubled. It was noted that the Study Team is in the process of analyzing more data to better understand the outcome. More specific data and analysis is required to inform the decisions re: parking. It was shared that the existing Heart Institute will continue to operate from the existing Civic Hospital location. It was shared that the City of Ottawa has not announced any future plans for the use of the existing hospital site, once the new hospital is operational. It was expressed that the site may continue to be used for medical related work such as clinics. 																																				

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	<ul style="list-style-type: none"> • It was asked what the criteria are for providing parking. It was shared that while there are many influencing factors, some of them are: <ul style="list-style-type: none"> ○ Majority of parking is focused on patient visit and optimizing the employee parking requirement. The Federal Land Use Design and Transaction Approvals (FLUDTA) process will determine the parking allocation. ○ Small short-term surface level parking is an essential requirement. <p>How will the new campus leverage transit?</p> <ul style="list-style-type: none"> • It was expressed that the modal share of transit use by patients would be different than that of employees. It clarified that that this will be addressed in the analysis of future travel projections. • It was asked how the new Carling LRT station will be integrated with the new Hospital. The Study Team shared that the discussion with the Stage 2 LRT office is on-going, however, there is no known proposal for the twinning of the LRT rail tracks (including the structure under Carling Ave) in the near future. Given this, it is understood that the LRT station will remain on the north side of Carling Avenue for the foreseeable future.
Other comments	
	<p>It was clarified by the Study Team that parking for a new Hospital campus is not financed by the Province.</p> <p>It was expressed by the CEG that a smaller transportation working group would be desirable to allow a more focused discussion and engagement. That smaller group could be composed of some existing CEG members plus perhaps additional members drawn from organizations including local Community Associations, Patient/Health/ Disability Advisors, and heritage, green space and Experimental Farm representatives, for example.</p> <p>It was asked by the CEG how the transportation discussion will influence the Hospital design. The Study Team shared that these discussions will influence the master site planning and programming of the new Hospital site.</p>
Next Steps	
	<p>Notice of the next transportation/mobility CEG discussion will be provided when decisions are made by TOH/CEG on how to move forward with the concept of a smaller, transportation-focused sub-group of the CEG.</p> <p>The Study Team appreciated this early CEG feedback opportunity and this will help inform the study work plan, moving forward.</p>

Distribution: All

Errors and omissions in these notes must be provided to Aditi Mane (Aditi.Mane@parsons.com) within 5 business days, otherwise the minutes will be taken as a true and accurate record of the proceedings.

Attachment 1: Record of Webex Meeting Chat Comments and Questions:

Names have been removed to protect privacy, and replaced with XX

There is a raise your hand icon beside your name in the participant box for people who want to speak
Greetings, XX and everyone else!

Hi, there is an email from XX and i know XX is having the same challenge - stuck in a holding area
I've just contacted them both -- thank you XX!

perfect, thanks XX. I see them now

Hey everyone, please mute your line unless you are speaking. Cuts down on background noise, etc.
thanks XX that was helpful.

are these numbers just based on Ottawa residents?

as a regional hospital, patients come from outside the hospital - outside the city

How about patients from outside of Ottawa, from Eastern Ontario, between Pembroke and Hawkesbury, and
down towards Kingston?

Yes - Renfrew County, Eastern Counties etc.

it possible to get more detail on the origin of patients/employees from the central area? This would help when
we look at specific site features (eg access points, etc) where they may be less likely to be coming from highway
or from south.

Is this a total number and does it deal with shift employees

It includes all numbers of active staff (part time and full time) but excludes those on payed leave

I have a question please. I appreciate the activity, however, as community representatives, each and every one
of these questions will require full study and discussion.

I do not see the poll. I am on the computer I still see the questions

when i minimize the chat box (click the downward point arrow), polling then shows up in the sidebar

if you click at the bottom on the button w/ the ... dots it says polling

what about accessible parking spaces?

Missing the mechanical parking garage option, would save up to 50% of structural space.

Underground is preferable, for many reasons. In my view, above ground is preferable to above-ground, but
maybe there are creative ways to think about these structure - preferable to *surface

Mayor Watson has already stated that there will be no surface parking.

agree, surface should be for exceptional purposes

I had always been led to believe that we would only be using underground parking. Also, the CEF has indicated that they do not want any parking on their lands.

staff travel is spread over 24 hours/ 7 days a week. this should be included in the analysis

What increase in traffic volume (patients, staff, commercial, and visitors) is expected as a result of the new campus location and as a result of the increase in hospital capacity from 649 beds to 900 beds?

What is the volume of patients, staff, visitors, and commercial that will remain associated with the remaining campus?

Do not forget out patients

Also day users coming for appointments who are not on site for a whole day

NCC to everyone: 2.7. Parking. Reduce surface parking wherever possible and consider stacked parking options. Minimize the extent of paved areas. Develop creative transportation demand management strategies to minimize on-site parking requirements and to limit the extent of modifications required on adjacent routes of importance to the Capital

(Prince of Wales, Queen Elizabeth Driveway):

i. Minimize visibility of parking from adjacent Capital landscapes and routes

including Queen Elizabeth Driveway and Prince of Wales Drive.

ii. Organize parking lots to provide consolidated soft landscaped areas and

opportunities for managing storm water quality and quantity on-site.

when it comes to parking pricing, will you be considering types of parking policies? For example, daily permits vs monthly permits...

Satellite parking for employees can also be at the terminus of the Stage 3 LRT, assuming it will work in 10 years.

or will carpool pricing be different than single occupant parking?

Is parking built on a cost recovery basis or is it drawn from the overall hospital budget? I.e. wouldn't fees cover costs over some period of time (as is the plan for the new library)

The Hospital on its website suggests they need about 3400 spaces for future demand. Is that still the case?

https://pubapps.ottawahospital.on.ca/newcampus/21-century-hospital_en.html#parking_solution

I just sent you an email with XX's set of questions.

Hi XX -- that's actually a very old version of our website (and i'm not completely sure how that link is actually working right now).

Could the existing site be used for parking?

THanks. Its some pretty precise googling.

Agree! We need data in order to continue to have informed discussions about these topics:

Reliance on transit, walking or bikes at best only applies to 30% of users either staff or patients. The on site parking and the road network leading to it must recognize the volume of single vehicle use will not disappear.

I worry that dealing with this later may be too late to make changes.

The City needs to give us the information relating to the existing site

Having the station surface on the site of the hospital should be a no-brainer. In fact, the hospital, as the third largest employer in Ottawa, should insist on it.

As well, most of the visits to hospital are outpatients and therefore the time for transit cannot exceed the time for transit I suspect that Granny and daughter are not going to spend 2 hours travelling back and forth for a 15 minute appointment

The Carling transit lanes will reduce car capacity and will increase congestion and access to the site

I would like to know the official car capacities of corridors like Carling, current volumes, proposed volumes and related effects on access and accessibility

Carling can more than handle more traffic.

Numbers? How can we find out?

You need a small working group on transportation

This is a good start, and all critical questions. I think there is a lot of energy to pursue these issues, but agree we may need to divide and conquer

A good start; the Central Experimental Farm needs to be considered as a neighbourhood, whose impacts need to be considered.

can you share the whole PPT with us as we grapple with more details?

Yes please!

I think small groups will also allow for deeper, more detailed dives.

The CEG has done break-out groups before with great effect.

I agree!

We don't have to wait a month for break-out groups to meetto meet virtually....

agree! suggest we develop way forward quickly, and targets for first round of feedback to be provided back to group for discussion.

Agree. I would be interested in participating

I also am interested in participating

me too!

Also me!

me too

And how many groups do we need?

me too

one per question or multiple questions? or do we allow for overlap (i.e., different groups may look at same question) to see what ideas are generated?

me also

XX and I both have full copies of comments saved on Word doc.

Thank you, please share the slides!

Thank you so much. This was really great, and really nice to continue this conversation. A special thanks to our TOH and City friends for joining at this time. Take good care everyone.

to all the TOH staff, thank you! be safe.

Thank you everyone

haha I'm still here!

bye, take care and wash your hands

thanks everyon :)