

 Canada	No.: 2016-P06e
For: DECISION	To: Board of Directors
	Date: 2016-11-24

1. TITLE

Federal Site Review for the New Civic Campus of The Ottawa Hospital - 2016

2. PURPOSE OF THE SUBMISSION

To inform the Board of Directors of the results of the NCC's site selection process for a new Civic Campus site for The Ottawa Hospital, and seek approval of the recommendation in order that it be sent to the Minister of Canadian Heritage by the end of November 2016.

3. AUTHORITY

Section 11 of the *National Capital Act*: Coordinate the development of federal lands in the National Capital Region in accordance with federal plans, and as requested by the Minister.

4. RECOMMENDATION

That the Board of Directors approve Tunney's Pasture, Scott Street, as the recommendation to the Minister of Canadian Heritage resulting from the NCC's 2016 federal site selection process for The Ottawa Hospital's new Civic Campus.

5. BACKGROUND

In a letter dated May 20, 2016, the Honourable Melanie Joly, Minister of Canadian Heritage, asked the NCC to undertake a review of the prospective federal sites selected by The Ottawa Hospital (TOH) for the new Civic Campus (Appendix 1).

The NCC informed the Minister that this review would examine the suitability of the four sites announced by the Ottawa Hospital in 2016, as well as other federal lands within the National Capital Region. The federal site search area included lands within the urban area of the City of Ottawa, west of the Rideau River.

In June 28, 2016, the NCC Board endorsed the approach, timeline, schedule of activities and completion of this review by the end of November 2016. The NCC created a joint sub-committee of the NCC Board of Directors and members of the ACPDR (referred to as the Evaluation Committee) Appendix 2. A team of NCC professional staff was formed to provide background information and analysis to support the evaluation committee. The review process included public and stakeholder consultations.

The endorsed approach consisted of a five step process: 1) the validation of the hospital's requirements; 2) the development of evaluation criteria; 3) confirmation of a list of all federal sites that could reasonably

accommodate a new hospital; 4) a relative comparison of all candidate sites; and 5) the ranking of candidate sites based on the criteria developed. The process also incorporated consultations with public sector partners, key stakeholders and experts, as well as the general public, to support the evaluation process.

The Evaluation Committee provided advice and expertise at each step in the review process, culminating in this site recommendation to the Board of Directors. Three teleconferences (Aug. 11, Sep. 8, Nov. 9, 2016), site visits (August 2016) and a formal evaluation workshop (Oct. 25, 2016) were convened to provide oversight and feedback throughout the process.

Process Summary

June to August 2016 – Research and Initial Analysis

The NCC reviewed and validated The Ottawa Hospital's requirements for the new Civic Campus. In order to support this step, NCC staff requested additional information on a number of aspects of the hospital's projected functional program. Additional information regarding land area requirements and hospital parking needs was sought from TOH and their consultant team.

A list of 21 criteria was developed to evaluate the candidate sites in consultation with the Evaluation Committee. The criteria were developed with significant input from The Ottawa Hospital and its consultants, affected federal departments and agencies, targeted stakeholder groups, and the general public. The evaluation criteria included the hospital's primary functional needs, as well as other criteria to take into account a broader range of considerations, including impacts on the sites' existing functions, their urban context, and compatibility with the policy direction provided by federal and municipal planning frameworks.

The NCC established a search area within the City of Ottawa's urban boundary, excluding sites east of the Rideau River, in response to the distribution of existing health care facilities. All federal sites within the search area were reviewed for their potential use. All parcels of an adequate size that could reasonably accommodate a major health care facility were retained. The search resulted in the identification of 12 possible candidate sites (including the existing Civic campus) that were subsequently toured by members of the Evaluation Committee.

September-October 2016 – Public Consultations and Integration of Input

The NCC held an open house and public consultation at the Canadian War Museum on September 22, 2016. Following the open house event, an online consultation survey was conducted to gather public feedback on draft evaluation criteria and potential federal sites. This period also included targeted stakeholder meetings, a briefing for elected representatives and numerous letters submitted from the public, universities and research institutions. The majority of the feedback received supported the process and agreed with the draft criteria identified to be used in a qualitative comparison of strengths and weaknesses. The public consultation report is available on-line and is appended to this submission.

Feedback received led to the refinement of the criteria and influenced the subsequent development of detailed indicators and indicator measures for each criterion (Appendix 3). Changes as a result of the consultation process included:

- Addition of displacement of public science/research indicator to evaluate impact on existing federal government facilities and functions;
- City building indicators refined to include integration to existing fabric and proximity to commercial amenities;
- Agriculture criterion re-categorized as a Capital Interest; and
- Rapid-transit proximity indicator revised to be based on a distance of 400m, in order to recognize benefits of proximity for people with lower mobility (seniors, persons with disabilities, etc.).

In general, the public response called for the functional needs of the hospital to take priority over ‘capital interests’, particularly with respect to access, emergency access and proximity to residents of the urban core. Two-thirds of the respondents who mentioned the C.E.F. were opposed to its use for a new hospital.

October 2016 – Site Evaluation and Ranking

The NCC organized the comparative analysis of the 12 candidate sites (Appendix 4) through comprehensive evaluation matrix. In order to populate the matrix, information was sought from several external sources over the course of the review. A peer-review committee consisting of subject matter experts and affected federal stakeholders was convened to provide input on the cultural heritage considerations for the candidate sites on October 14, 2016.

Key information regarding the functional and operational hospital criteria was provided by TOH and their consultant team. The City of Ottawa provided pertinent information regarding the municipal planning framework, strategic directions on projected population intensification along the spine of the LRT corridors, the existing and planned transportation and transit networks, as well as existing water, stormwater and sanitary sewer services. Affected federal departments and agencies including Agriculture and Agri-Food Canada, Parks Canada, Public Services and Procurement Canada also provided information regarding existing federal assets and functions and provided feedback incorporated into the evaluation of several criteria. The Ottawa Paramedic Service was also consulted with regard to emergency access concerns.

October 25 2016 – Evaluation Committee Workshop

The members of the Evaluation Committee were provided with the results of the input received from the public consultation and a draft evaluation matrix to support their review of the 12 candidate sites. Each member provided input on the opportunities and constraints of the sites based on the draft criteria ratings and the public and stakeholder input. As the workshop proceeded, the **least preferred sites were gradually eliminated** from contention.

A complete consensus was not reached at the workshop on the committee’s preferred site. A clear majority of the committee recommended that due diligence work be advanced on the majority’s preferred site, Tunney’s Pasture. The committee further recommended that if the majority’s preferred site be deemed not feasible following the period of due diligence, the committee’s work would be reviewed to identify an alternative site. A period of due diligence following the workshop led to a final teleconference on November 9 to provide additional information on issues related to cost, emergency access and impacts on existing federal functions. At this teleconference, the committee agreed to move forward with the recommended site to the Board of Directors.

A report summarizing the process and the analysis completed in support of the recommendation is provided as Appendix 6 and will be provided to the Minister.

Preferred Site – Summary of Findings

The preferred site achieved a high rating based on the evaluation matrix. With regards to the functional hospital objectives, the **site size** (approximately 50 acres / 20 hectares) and **shape** are well suited to accommodate the proposed TOH functional program. The site location aligns with TOH’s desire to be in **proximity to the urban core**, and at an appropriate distance from other existing hospitals. The site also benefits from **good vehicular access** from major roads, including from Scott Street to the south and the Sir John A. Macdonald Parkway to the north. There are no known medical aircraft restrictions associated with this location.

From the perspective of regional and local interest objectives, the site features **excellent transit access** given its location adjacent to Tunney’s Pasture Phase 1 LRT Confederation Line Station, currently under construction, completion in 2018. It is anticipated that the Phase 2 LRT extension to the Confederation Line will be completed by the time the hospital is constructed, further expanding rapid transit access to the site. The construction of an

urban hospital at the preferred site will contribute to the continued evolution of an **intensifying mixed-use inner urban community**, with significant amenities in close proximity. The identified location and its environs are well-suited to development oriented towards LRT transit. The new hospital campus would also be well positioned to serve future planned developments on the LeBreton Flats, the Islands and near Bayview LRT Station (the hub connection to the Trillium Line/OTrain). There are multiple servicing opportunities available at this location and, from an emergency preparedness perspective, the site features **several access points and limited susceptibility to vulnerabilities**. The site is very **well integrated into the existing urban fabric** and affords opportunities to mitigate impacts on neighbouring properties. The proposed use is aligned with the overall strategic direction of the City of Ottawa Official Plan.

Finally from the perspective of capital interest objectives, the **impact of the proposed use on the natural environment, agricultural functions, or public recreational uses would be minor**, as much of the site is already occupied by surface parking lots and buildings. From a cultural heritage standpoint, while there is a Federal Heritage Building on the site and others nearby, the **potential impacts to the heritage character of these buildings and their setting could be mitigated through the design process**. The proposed use would require displacement of existing federal offices and laboratories, but the site may offer opportunities for research partnerships or adaptive reuse given the presence of Health Canada's existing facilities. The demolition costs of existing built facilities on the site have previously been considered; given that several of the buildings were to be replaced with the **non-federal mixed used development** envisioned in the Tunney's Pasture Master Plan as prepared by PSPC and approved by the NCC.

Evaluation Committee's Recommendation

Based on a comprehensive review of the evaluation criteria, the NCC recommends Tunney's Pasture as the preferred site.

6. ANALYSIS OF OPTIONS AND RISK

- Providing a hospital site for the capital's needs is in the public's interest, but it is not normally the core mandate of the NCC. This transaction is expected to form part of the federal government's contribution to a new hospital facility. Future transaction of the recommended site would be subject to all relevant NCC approvals on federal lands and any applicable Treasury Board policies.

Financial

- The NCC primarily used internal professional resources to complete the review process. External support was engaged for the on-line consultation and summary reporting; specialized technical and strategic advice (Stantec, Exp.)
- NCC assumes that there will be no capital value to any future transaction. The federal government will review potential options for transaction of the preferred site. It is anticipated that federal lands would continue to be made available for a nominal amount.

7. STRATEGIC LINKS

- This review process for federal lands is consistent with a mandate given by the government
- Corporate priority: Be a value-added partner in Canada's Capital Region.
- The recommended site is not part of the National Interest Land Mass (NILM)
- Tunney's Pasture Master Plan (2015)

8. CONSULTATIONS AND COMMUNICATIONS

To meet the needs of all Canadians who will depend on The Ottawa Hospital in the coming decades, the NCC engaged the public and stakeholders in consultations as part of the site review process.

The objective of the public consultation was to receive input on the draft selection criteria and the potential federal sites. These comments informed the evaluation committee's assessment.

To begin the consultation process, the NCC held two targeted stakeholder meetings in August and September 2016. The NCC then held a public consultation event on September 22, 2016, which included an open house, presentation and question and answer session. Approximately 400 persons attended the public consultation at the Canadian War Museum. Members of the public could also participate online by viewing the YouTube live webcast of the presentation and question and answer session. Questions from the public were submitted in-person or online through social media channels. A briefing for elected officials was also held on September 22, 2016. An online consultation was conducted to gather public feedback from September 22 to October 6, 2016. 7,695 surveys were completed. The detailed engagement report, including a full report on the online survey conducted by Environics Research, is available in Appendix 5.

9. NEXT STEPS

NCC Board of Directors recommendation and appended documentation shall be provided to the Minister of Canadian Heritage by the end of November 2016.

Depending on the decision of the federal government, a formal transaction approval under the *National Capital Act* may be required. Conditions for design review of capital interests may be included in the transaction approval.

10. LIST OF APPENDICES

- Appendix 1 – Ministerial mandate letter & NCC response
- Appendix 2 – Evaluation Committee membership
- Appendix 3 – Evaluation Criteria and Indicators table
- Appendix 4 – Map - 12 Potential Sites
- Appendix 5 – Public Consultation Summary Report
- Appendix 6 – Final report, including all appendices

11. SUBMISSION AUTHORS

Claude Robert, Acting Executive Director, Capital Planning Branch
Lucie Bureau, Acting Director, Planning, Transportation and Federal Approvals, Capital Planning Branch
Sandra Candow, Chief, Federal Approvals, Capital Planning Branch

RECEIVED
MAY 25 2016

Ministre
du Patrimoine canadien



Minister
of Canadian Heritage

Ottawa, Canada K1A 0M5

Mr. Russell Mills
Chairperson
National Capital Commission
202 – 40 Elgin Street
Ottawa, Ontario
K1P 1C7

MAY 20 2016

Dear Mr. Mills:

As you know, The Ottawa Hospital announced at its public information session on March 7, 2016, that it would re-evaluate the proposal to build a new Civic campus on federal land at the Central Experimental Farm, as selected in 2014, and that it would consider additional prospective sites.

As the minister responsible for the National Capital Commission (NCC), I am committed to the NCC's role in overseeing the use of federal lands in the National Capital Region as part of the Commission's planning mandate.

Given this mandate, I am asking the NCC to review the prospective sites selected by The Ottawa Hospital for the new Civic campus and provide me with a recommendation and justification of the NCC's preferred site. As part of this review, I would expect the NCC to prioritize the necessity of a site in the urban core.

I respectfully ask the NCC to provide me with a timeline and schedule of activities to implement this review in June, 2016. I also ask that the entire process be completed by the end of November 2016.

I look forward to seeing the NCC's proposal to undertake this work. Please accept my best wishes.

Sincerely,

A handwritten signature in blue ink, appearing to read "Mélanie Joly".

The Honourable Mélanie Joly, P.C., M.P.

Canada The logo for the Government of Canada, featuring the word "Canada" in a serif font with a red maple leaf icon above the letter "a".

**Office of the Chair Cabinet du président
of the Board of Directors du conseil d'administration**

June 17, 2016

The Honourable Mélanie Joly, P.C., M.P.
Minister of Canadian Heritage
15 Eddy Street
Gatineau QC K1A 0M5

Dear Minister:

I am writing to you in response to the mandate letter that you provided to the National Capital Commission (NCC) on May 20, 2016.

In your correspondence, you asked the NCC to undertake a review of the prospective sites selected by The Ottawa Hospital for a new Civic campus, and to provide you with a recommendation and justification of the NCC's preferred site. You further requested that the NCC provide a timeline and schedule of activities to complete this review by the end of November 2016.

Consistent with the corporation's mandate, under Section 11 of the *National Capital Act*, to coordinate the development of federal lands in the National Capital Region in accordance with federal plans, I am pleased to provide you with the NCC's proposed methodology and schedule of activities to implement the federal site review for the new Civic campus of The Ottawa Hospital.

The federal site review by the NCC will examine the suitability of the four sites announced by The Ottawa Hospital in April 2016, as well as other federal lands within the National Capital Region. The scope of the review will also include the re-validation of a core area site by the NCC. A set of evaluation criteria will be developed by the NCC to assess the sites.

To assist with the review, the NCC will establish a Joint Sub-committee of the NCC Board of Directors and the Advisory Committee on Planning, Design and Realty (ACPDR). This Joint Sub-committee will work with staff to analyze and rank the sites, as well as provide recommendations to be included in the final report to you.

To support the review, consultations with key stakeholders and experts will be used to define the evaluation criteria, including a validation of the area of land that is required. As well, an online public consultation will be held to invite local residents and all Canadians to provide input on the various sites.

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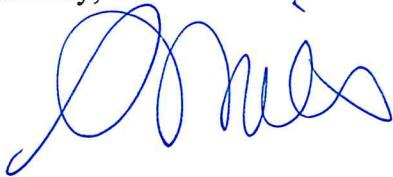
Following the review process, a final report will be drafted and presented to the NCC's Board of Directors. This report will describe the advantages and disadvantages of each evaluated site and will rank the sites in order of preference. Once endorsed by the Board of Directors, the final report will be provided to your office.

To complete the federal site review for the new Civic campus of The Ottawa Hospital by the end of November 2016, the NCC has developed the following schedule of activities:

NCC Board of Directors' Approval of Joint Sub-committee Terms of Reference	June 28, 2016
Project Initiation and Consultations on Evaluation Criteria	July – August 2016
Site Evaluation / Meetings with Stakeholders	August – September 2016
Update to the NCC Board of Directors	September 12, 2016
Online Public Consultations	September – October 2016
Completion of Site Evaluation by the Joint Sub-committee	October 2016
NCC Board of Directors' Approval of Final Report and Site Recommendation	November 21, 2016
Report to Minister	End November 2016

Dr. Kristmanson and I would be pleased to meet with you at your convenience to discuss in further detail the NCC's review process should it be required.

Sincerely,



Russell Mills
Chair of the Board of Directors
National Capital Commission

Members of the Joint Committee for The Ottawa Hospital

Vivian Manasc

Vivian Manasc is an architect, and leads Manasc Isaac Architects, one of Alberta's leading architectural practices. She leads the design of outstanding sustainable buildings, as well as reimagined existing buildings, for public and corporate clients. Her work focuses on the facilitation of sustainable IDP (integrated design process) projects. Manasc Isaac is an innovator in cold-climate sustainable design, and has been recognized with many significant architectural awards, including the Governor General's Medal for Excellence in Architecture. Vivian Manasc is a fellow and past president of the Royal Architectural Institute of Canada, past vice-president of the Canada Green Building Council, past vice-chair of the Board of Economic Development Edmonton, founding member of the Sustainable Building Symposium, and adjunct professor of architecture at the University of Calgary. She is also active in a number of community organizations. She received her architectural degree from McGill University and her Master of Business Administration from the University of Alberta. She is a LEED® accredited professional, and is co-author of the book *Agora Borealis: Engaging in Sustainable Architecture*.

Eha Naylor

Eha Naylor is a partner of Dillon, and she leads the landscape architecture and environmental design practice nationally. Her 33 years of consulting experience reflect a diversity of expertise in environmental planning and site design for both the public and private sectors, which has earned her numerous awards of recognition. Her skills include finding resolutions for complex, multi-disciplinary planning and design assignments. She has taught and lectured on environmentally based planning and sustainable community design at a number of universities. She is a full member of several professional associations, including the Ontario Professional Planners Institute, the Canadian Society of Landscape Architects, the American Society of Landscape Architects, the Canadian Urban Institute and the Ontario Association of Landscape Architects. In 2000, she was named fellow of the Canadian Society of Landscape Architects. Eha has served on several professional committees and has also appeared as an environmental planning expert witness for the Ontario Municipal Board and the Environmental Review Tribunal. She continues to lecture at a number of Canadian universities and, since 2004, has been a member of the University of Toronto Faculty Council for the Faculty of Architecture, Landscape and Design. She has served on several committees for the Washington-based Council of Landscape Architectural Registration Boards, and received the President's Award for her work.

Michael Pankiw

Michael Pankiw is currently director of planning, urban design and landscape architecture in the Edmonton office of IBI Group — a Canadian-based, internationally operating, multidisciplinary company with over 2,500 staff. Mr. Pankiw specializes in land use planning, facilities planning, public consultation and project management for public- and private-sector clients. He has worked with IBI Group for more than 35 years, at offices based in Calgary, Regina and Edmonton, and on

projects for clients such as the Edmonton International Airport, University of Alberta, City of Edmonton, Environment Canada and the National Energy Board. He has been a member of the Canadian Institute of Planners since 1980 and a member of the Alberta Professional Planners Institute since 1981. Mr. Pankiw has a BA in Urban Studies from Cornell University and a Master of City and Regional Planning from Rutgers University.

Julian Smith, MArch, OAA

Julian Smith is an architect, conservator, scholar and educator, who is internationally recognized for his contributions to heritage conservation, and particularly to cultural landscape theory and practice. Julian has been executive director of Willowbank since 2008, responsible for design and development work involving significant cultural sites in Canada, the United States, France, Italy, India, Sri Lanka and Japan. His projects include the restoration of the Vimy Monument in France and Aberdeen Pavilion in Ottawa, and master plans for Toronto's Parliament Buildings, Ottawa's Central Experimental Farm and a new campus for a historic college in south India. He has also developed policy documents for federal and provincial agencies in Canada, and has been Canadian delegate to UNESCO for the drafting of the new Recommendation on the Historic Urban Landscape. For six years, Julian served as chief restoration architect for the National Historic Sites program, later establishing his own architectural and planning practice, and founding and directing Carleton University's graduate program in Heritage Conservation. Julian has been architectural advisor to the trustees of Queen's University, a past member of the Advisory Committee to the Minister of Canadian Heritage and a frequent contributor to international forums. He is a recipient of Heritage Canada's Gabrielle Léger Award and the Architectural Conservancy of Ontario's Eric Arthur Award, both for lifetime achievement. In 2012, Julian Smith was invested as an honorary member of the Canadian Society of Landscape Architects, in part in recognition of his work on cultural landscape theory and practice. Julian holds a Master of Architecture from MIT, as well as a certificate in preservation planning from Cornell University.

Kay Stanley

Kay Stanley is a retired professional with extensive experience in educational and government environments, and expertise in the areas of domestic and international affairs, federal-provincial relations, and citizen engagement. She retired from the federal public service in 2002, after a distinguished career in senior management positions at Treasury Board of Canada Secretariat, Health Canada, Solicitor General Canada and Status of Women Canada. Much of this work focused on employment equity, health promotion and programs, and gender equality issues. Ms. Stanley began her career in the educational field, where she worked for 25 years. She also served several terms as president of teachers' federations, two of which she was instrumental in founding. Ms. Stanley is past president (1996–1999) and member of the alumni of the Association of Professional Executives of the Public Service of Canada. She has also been active in volunteer work, including serving in leadership positions with the Government of Canada Workplace Charitable Campaign, on the Board of Governors of The Ottawa Hospital (2002–2011), and in an advisory capacity with the University of Ottawa and Carleton University. Currently, she is involved with the Hospice at May Court, Eldercare Foundation (formerly Prosperity Fund) and the Ottawa Hospital Foundation. Kay Stanley holds a BA in political science from Carleton University, as well as a Teacher's Certificate.

Evaluation Criteria and Indicators (Final)

CAPITAL INTEREST OBJECTIVES			
CRITERIA	INDICATORS	INDICATOR MEASURES	RATING
1. Federal planning framework	Conformity with the Plan for Canada's Capital (1999)	Conforms, no amendment required	Very Good
		Partially conforms, requires minor amendment	Good
		Partially conforms, requires major amendment	Poor
		Does not conform, requires major amendment	Very Poor
	Conformity with applicable master plans (NCC and other federal plans)	Conforms, no amendment required	Very Good
		Partially conforms, requires minor amendment	Good
		Partially conforms, requires major amendment	Poor
		Does not conform, requires major amendment	Very Poor
2. Cultural heritage	Impact on cultural heritage resources including: - National Historic Sites /UNESCO World Heritage Site; - Federally, provincially or municipally recognized heritage properties; - Cultural landscapes (e.g., NCC parks or parkways); and - Known or potential archaeological sites.	No identified cultural heritage resources	Very Good
		Minor impact, potential for mitigation	Good
		Major impact	Poor
		Irreversible impact resulting in loss of cultural heritage value	Very Poor
3. Federal government facilities and functions including research	Displacement of existing or planned future federal employment facilities (e.g., office accommodations)	No displacement	Very Good
		Displaces planned future federal employment facilities	Good
		Displaces existing federal employment facilities that can be relocated to another site	Poor
		Displaces existing federal employment facilities that are difficult or impossible to relocate to another site	Very Poor
	Displacement of existing or planned public science facilities (e.g., agricultural research facilities)	No displacement	Very Good
		Displaces planned public science facilities	Good
		Displaces existing public science facilities that can be relocated to another site	Poor
		Displaces existing public science facilities that are difficult or impossible to relocate to another site	Very Poor
4. Cost implications for federal government	Value of land (opportunity cost)	Each cost factor is evaluated to be high, moderate or low in comparison with the other potential sites	
	Costs of demolition of federal buildings/infrastructure		
	Cost of relocating federal facilities or functions to other sites		
5. Views protection	Presence of identified federal views (as per federal plans, policies and/or visual assessments)	No identified federal views on site	Very Good
		Presence of federal views that are not formally protected and rated 'Low' or 'Medium to Low'	Good
		Presence of federal views that are not formally protected and rated 'Medium', 'Medium to High' or 'High'	Poor
		Presence of formally protected views	Very Poor
		None on the site	Very Good
6. Natural environment	Presence of a greenspace and/or natural habitat (e.g., forests, woodlands, lakes and wetlands, abandoned fields, parks)	On site with low significance	Good
		On site with moderate significance	Poor
		On site with major significance	Very Poor
		Site outside an ecological corridor or not considered a natural link	Very Good
	Fragmentation of ecological corridor	Site within an ecological corridor or considered a natural link	Very Poor
		Low impact	Good
	Impact on water quality (based on permeability)	Moderate to significant impact	Poor
		Low probability for potential habitat within the site.	Good
		Known presence of a potential critical habitat and/or the residence of a species at risk	Poor
	Presence of species at risk and critical habitats	Presence of a proposed and/or confirmed critical habitat.	Very Poor

Evaluation Criteria and Indicators (Final)

7. Agriculture	Impact on existing and potential agricultural use and function including quantity of productive land, infrastructure (farm buildings, tile drainage, etc.) and farm operation	No impact	Very Good
		Low impact	Good
		Moderate impact	Poor
		Significant impact	Very Poor
	Soil capability	No impact (soil class 7 & unclassified and/or very limited capability for agricultural production)	Very Good
8. Capital public uses	Impact on recreational greenspace	Low impact (soil class 6)	Good
		Medium impact (soil class 4 & 5)	Poor
		Significant impact (soil class 1, 2 & 3)	Very Poor
		No impact	Very Good
	Impact on Capital pathway system	Low impact	Good
	Moderate impact	Poor	
	Significant impact	Very Poor	

REGIONAL/LOCAL INTEREST OBJECTIVES

CRITERIA	INDICATORS	INDICATOR MEASURES	RATING
1. Municipal planning framework	Conformity with the City of Ottawa Official Plan	Conforms, no amendment required	Very Good
		Partially conforms, requires minor amendment	Good
		Partially conforms, requires major amendment	Poor
		Does not conform, requires major amendment	Very Poor
2. City building	Proximity to commercial amenities	Site has significant surrounding amenities within 500m	Very Good
		Site has moderate level of surrounding amenities within 500m or significant amenities within 500m-1km	Good
		Site has limited surrounding amenities within 1km distance	Poor
		Site has no surrounding amenities	Very Poor
	Integration in existing urban fabric	Highly integrated	Very Good
		Somewhat integrated	Good
		Somewhat isolated	Poor
		Highly isolated	Very Poor
3. Roads	Road access (people and goods)	Access from two or more arterial roads	Very Good
		Access from one arterial road	Good
		Access from at least one collector road but no arterial road	Poor
		No access from either an arterial or collector road	Very Poor
4. Active transportation	Pedestrian and cyclist access	Significant pedestrian and cyclist facilities are currently provided	Very Good
		Modest pedestrian and cyclist facilities are currently provided	Good
		Limited pedestrian and cyclist facilities are currently provided	Poor
		No pedestrian and cyclist facilities are currently provided	Very Poor
5. Transit network integration	Proximity to existing or proposed rapid transit network	Site is within 400m of existing or planned (2031 Affordable Network) LRT station	Very Good
		Site is within 400m of existing and planned (2031 Affordable Network) BRT station/stop	Good
		Site is between 400m and 800m of existing LRT or BRT station/stop or within 400m of planned (2031 Network Concept) LRT or BRT station/stop	Poor
		The site has no existing or planned (2031 Network Concept) rapid transit access	Very Poor

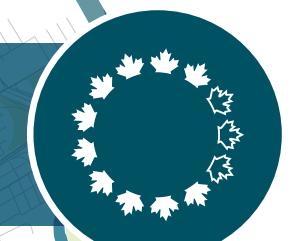
Evaluation Criteria and Indicators (Final)

6. Infrastructure servicing	Potential for servicing	The site can be provided with municipal infrastructure and utilities comparable to typical development projects	Very Good
		The site can be provided municipal infrastructure and utilities, but it would involve moderate complexity and costs	Good
		The site can be provided municipal infrastructure and utilities, but it would be complex and costly	Poor
		Municipal infrastructure and utilities could not be provided to the site	Very Poor
7. Preparedness/ responsiveness to major emergencies	Susceptibility to vulnerabilities	Site has no known vulnerabilities (e.g., flood prone, unstable soils or geology, proximity to active industrial rail line, fire risk from adjacent uses, security issues- proximity to targets) that cannot be mitigated	Very Good
		Site has limited known vulnerabilities (e.g., flood prone, unstable soils or geology, fire risk from adjacent uses, security issues) that can be mitigated	Good
		Site has significant known vulnerabilities (e.g., flood prone, unstable soils or geology, proximity to active industrial rail line, fire risk from adjacent uses, security issues) that can be mitigated	Poor
		Site has known vulnerabilities (e.g., flood prone, unstable soils or geology, proximity to active industrial rail line, fire risk from adjacent uses, security issues) that cannot be mitigated	Very Poor
	Number of access points	Site has multiple access points (redundancy)	Very Good
		Site has single access point (no redundancy)	Very Poor
FUNCTIONAL HOSPITAL OBJECTIVES			
CRITERIA	INDICATORS	INDICATOR MEASURES	RATING
1. Site size	Adequate site area for TOH proposed functional program	50 acres or more / 20 hectares or more	Very Good
		40 to 49 acres / 16 to 19 hectares	Good
		30 to 39 acres / 12 to 15 hectares	Poor
		Less than 30 acres / less than 12 hectares	Very Poor
2. Site location	Distance from Central Area (defined by the City of Ottawa Official Plan)	Site is within the Central Area	Very Good
		Site is within 5 km of the Central Area (straight line distance)	Good
		Site is within 5-10 km of the Central Area (straight line distance)	Poor
		Site is beyond 10 km of the Central Area (straight line distance)	Very Poor
3. Site configuration	Parcel shape	Parcel shape is regular (approximately square) and would accommodate projected functional program	Very Good
		Parcel shape is slightly irregular and functional program would require minor modifications	Good
		Parcel shape is irregular and functional program would require major modifications	Poor
		Parcel shape is irregular and functional program would require fundamental modifications	Very Poor
4. Optimal hospital distribution	Distance from other hospitals	Site is beyond 10 km of another urgent care hospital (straight line distance)	Very Good
		Site is within 5-10 km of another urgent care hospital (straight line distance)	Good
		Site is within 5 km of another urgent care hospital (straight line distance)	Poor
		Site is within 2 km of another urgent care hospital (straight line distance)	Very Poor
5. Emergency access	Road access	Site has potential for access from at least two arterial roads	Very Good
		Site has potential for access from one arterial road and/or multiple collector roads	Good
		Site has potential for access from one collector road and no potential for access from an arterial road	Poor
		Site has no potential for access from an arterial or collector road	Very Poor

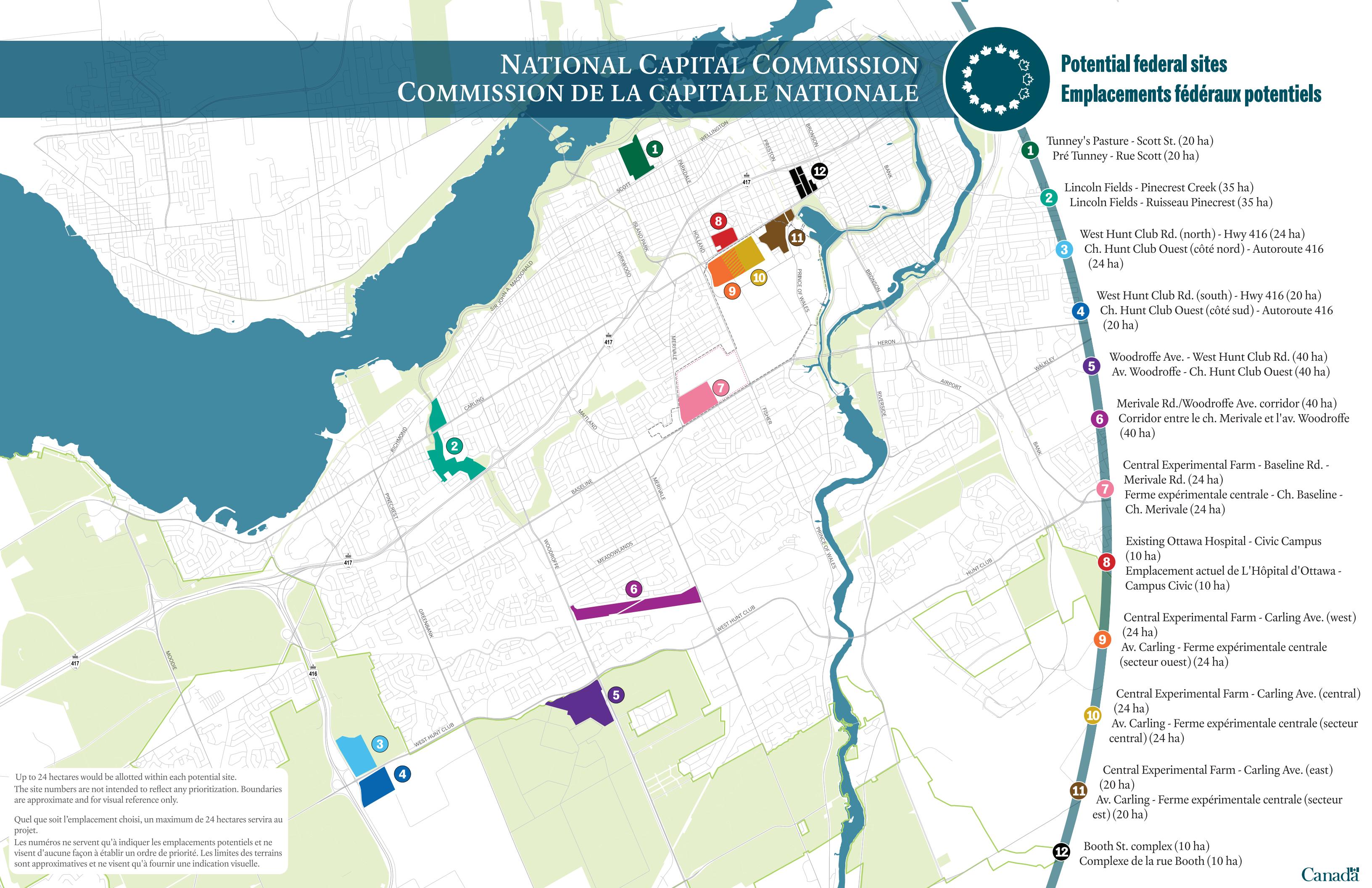
Evaluation Criteria and Indicators (Final)

6. Constructability	Access to 400-series highway	Site has multiple access points to a 400-series highway within 2.5 km	Very Good
		Site has a single access to a 400-series highway within 2.5km and a second access between 2.5km and 5km	Good
		Site has multiple access points to a 400-series highway between 2.5km and 5km	Poor
		There is one access point or less between 2.5km and 5km	Very Poor
	Suitability for air ambulance	Site is suitable for air ambulance	Very Good
		Site is not suitable for air ambulance	Very Poor
	Contamination	No contamination	Very Good
		Minor contamination	Good
		Moderate contamination	Poor
		Significant contamination	Very Poor
	Geotechnical conditions	No geotechnical issues	Very Good
		Minor geotechnical issues	Good
		Moderate geotechnical issues	Poor
		Significant geotechnical issues	Very Poor
	Demolition	Little or no demolition required	Very Good
		Minor demolition required	Good
		Moderate demolition required	Poor
		Significant demolition required	Very Poor

NATIONAL CAPITAL COMMISSION COMMISSION DE LA CAPITALE NATIONALE



Potential federal sites Emplacements fédéraux potentiels



APPENDIX 5A – NCC Public Engagement Report



Public Engagement Report: Review of Potential Federal Sites for the New Civic Campus of The Ottawa Hospital

November 2016

I. Description

Background

The National Capital Commission (NCC) was asked on May 20, 2016, by the Honourable Melanie Joly, Minister of Canadian Heritage, to undertake a review of potential federal sites for a new Civic Campus of The Ottawa Hospital, and to provide a recommendation, as well as justification for the NCC's preferred site.

The NCC conducted the review with the aim of ensuring that this world-class health-care facility benefits from a strong planning foundation.

To meet the needs of all Canadians who will depend on The Ottawa Hospital in the coming decades, the NCC engaged the public and stakeholders in consultations, as part of the site review process.

Objective

The objective of the public consultation was as follows:

- To receive input from the public and stakeholders on the draft selection criteria and the potential federal sites.

These comments informed the evaluation committee's assessment.

Consultation overview

To begin the consultation process, the NCC held two targeted stakeholder meetings: in August and September. A variety of stakeholder groups were invited, including Ottawa's post-secondary institutions, professional associations representing urban planners and landscape architects, Ecology Ottawa, Ottawa Council on Aging, Ottawa Chamber of Commerce, Heritage Ottawa, Greenspace Alliance, and community association representatives.

The NCC then held a public consultation event at the Canadian War Museum, on September 22, 2016, which included an open house, presentation, and question and answer session. Members of the public could participate in person, by attending the public consultation, or online, by viewing the YouTube live webcast of the presentation and question and answer session. Questions from the public were submitted in person and online through social media channels.

An online consultation was conducted to gather public feedback from September 22, at 3 pm to October 6, at 11:59 pm.

II. Consultation process

Targeted stakeholder consultations

More than 20 local stakeholder groups were invited to meet with NCC staff on August 31 and September 14, 2016, for an overview of the selection process and draft criteria themes. Participants shared their views, identified issues and criteria that were important to them, and provided the NCC with information that they felt would support the overall process.

In-person public consultation

The public was invited to attend an in-person public consultation at the Canadian War Museum (1 Vimy Place, Ottawa, Ontario).

Date and format

Thursday, September 22, 2016

Open house: 3 pm to 9:30 pm

Presentations: 7 pm

Questions and answers: 7:30 pm

Both the presentations and question and answer sessions were broadcast live on YouTube.

Presentation to elected officials

A presentation was given at noon on September 22 at the Canadian War Museum for approximately 30 elected officials, and their representatives, from all levels of government.

Online consultation survey

The online survey was conducted by Environics Research Group.

The complete online survey report is included in the Appendix.

Date and time: September 22 at 3 pm (EDT) to October 6 at 11:59 pm (EDT)

Methodology

The online survey was conducted by Environics Research Group, using the online survey platform *Sparq*. The survey was available in both French and English. The complete survey questionnaire is included as part of the online survey report. Access to the survey was provided through the following channels:

- Pre-programmed onto iPads, which were made available to participants at the in-person sessions at the Canadian War Museum on September 22
- Through the use of a URL, provided on postcards to participants at the in-person session on September 22
- Paper copies of the survey, which were also available at the in-person session; once completed and submitted to NCC or Environics representatives, the data was input through the open survey link on the NCC Ottawa Hospital site review website
- An open-link to the survey, which was provided through the NCC Ottawa Hospital site review website (<http://nccconsultationccn.environics.ca/>).

In total, 7,695 surveys were submitted during the fielding period through the various channels. The survey landing page described the purpose of the survey, and provided respondents with a link to the project website, where more information about the NCC's review process was available.

Invitations and promotion

The public was invited to participate in the in-person and online public consultations through an email mail-out, social media engagement, advertising, web content and a proactive media approach. An advertising campaign was held in the weeks prior to and during the public consultation period, and included the following channels: *Ottawa Citizen*, *Le Droit*, Twitter, Facebook and Google. Email invitations were sent to the NCC Public Affairs database (over 4,000 subscribers). The online survey was available through an open link, the NCC website and social media, as well as via iPads at the public consultation open house and presentation events, in addition to being available through the URL which was provided on postcards at the in-person session.

Participants

Over 400 people attended the in-person consultation or viewed the webcast, while 7,695 submitted the online survey. All members of the general public were welcome to participate in the online survey. Availability through the NCC website meant that interested participants who were unable to attend the in-person session (as a result of timing or physical location) had the opportunity to review materials and provide feedback. The online survey was provided in both French and English.

III. Consultation highlights

The following are high-level summaries of the input received through analysis of the online survey, the in-person consultations, and feedback received through social media and the NCC's Contact Centre.

Feedback from targeted stakeholder consultations

Participants shared their concerns about a number of important issues, including site size, the need to ensure that citizens are engaged at every step of the process and the need to share as much information as possible. Suggestions were made that it would be important to look elsewhere in the province and across the country for similar hospital construction projects that the NCC could learn from. Concerns were also raised about the potential loss of important research work with building a hospital on part of the Central Experimental Farm, as well as the impact that this would have on adjoining farmland.

The NCC also received feedback on the importance of ensuring that the new site be mindful of the environment, that it be as accessible as possible via public transit or cycling, and that the configuration of the new site be mindful of existing traffic patterns. Some participants suggested that the information provided through the online questionnaire should be easy to understand and include visual aids such as maps. A majority of participants were grateful for the opportunity to contribute early in the process, and looked forward to participating in the next steps. The NCC benefited greatly from this exchange, and used the information gathered to inform its work in identifying the selection criteria and building the next steps in the public engagement process.

Feedback from the online survey

According to Environics Research, awareness and familiarity with the plans to establish a new Ottawa Hospital Civic Campus in the National Capital Region is strong. Of the 7,671 surveys included in the analysis of the consultation, nearly all (96%) report that they were previously aware of the plans, and nine in ten (89%) report that they were at least somewhat familiar with those plans.

Overall, most of the draft criteria proposed by the NCC were deemed to be important to participants. *Functional* and *Operational* draft criteria, and *Regional* and *Local Interest* criteria were generally viewed as important, while *Capital Interest* criteria were among the criteria considered to be least important by participants.

As per the results of the Environics survey, the top three rated criteria are related to accessibility of the site itself. Of all criteria, emergency access to arterial roads, major highways and air ambulance is considered to be the most important, with 85% of participants ranking it as imperative (8, 9 and 10 on the 10-point scale). Preparedness and responsiveness to major emergencies, including number of access points, is the next most

vital criterion, with 84% of participants ranking it as important. The third most important criterion, with 81% ranking it as important, is integration with the transportation network, including access for vehicles, pedestrians and cyclists.

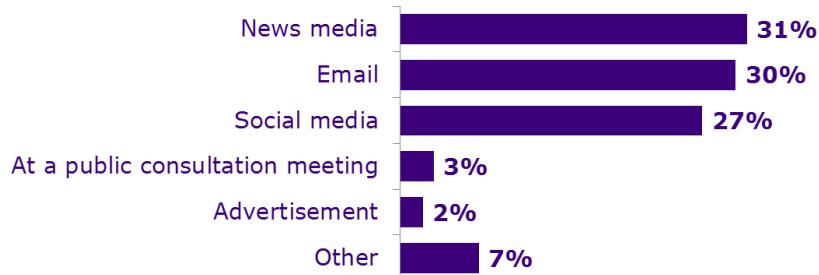
Survey participants offered a variety of suggestions for additional criteria that they felt may be important to include as part of the review. The most common themes that participants felt should be considered include general and specific needs of the hospital (e.g. proximity for patients, staff and other facilities), access to the site itself, evaluation of the proposed sites and current uses of the sites, and future growth and expansion.

Finally, according to Environics, when participants provided an assessment on all 12 proposed federal sites using open-ended comments, much of the focus was on the suitability of the four proposed sites at the Central Experimental Farm. Many of those who advocated for using these lands argued that Ottawa requires a centrally located hospital that is close to the main transportation network links and is situated near other health-care facilities, such as the Heart Institute. However, those who argued against using lands at the Central Experimental Farm emphasized that important agricultural research will be threatened if one of these sites is chosen, and that a unique urban green space will be lost. Those who advocated for other sites typically mentioned Tunney's Pasture and the Booth Street Complex together, because these locations offer available land and are close to transportation links.

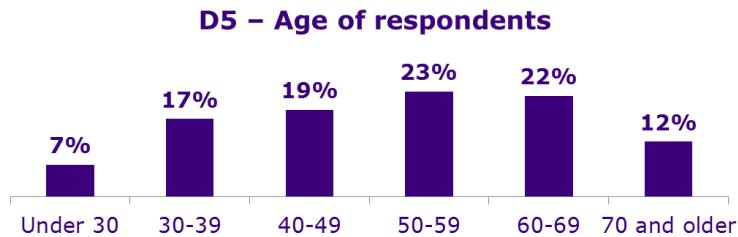
Discussion about sites in southwest Ottawa (such as West Hunt Club Road) was divided between those who argued that population growth in this area makes it well suited to accommodate a future hospital, and those who argued that these sites are too close to the existing Queensway-Carleton Hospital.

A majority of online survey respondents found out about the survey through news media (31%), email (30%) and social media (27%). Of those who selected “other,” word of mouth via family, friends, colleagues and other organizations (e.g. community associations, The Ottawa Hospital and the NCC) was the most common.

D6 – Method of finding survey



It is also worth noting that the majority of respondents were over the age of 50.



Feedback from in-person public consultation

Almost 400 individuals attended the consultation event. Twenty people provided input during the question and answer session. Questions and comments covered a range of topics, including the following:

Transportation/Access/Parking

- The importance of ensuring that future city plans, traffic patterns and travel times are considered
- Proximity to future light rail transit (LRT), bus services and proximity to the Queensway
- The new campus should be as accessible as possible, from all parts of the city.

Architecture/Design

- The issue of site size (footprint) was raised on a number of occasions
- The suggestion that additional engineers and architects be consulted, and that research be done on comparable construction projects elsewhere in the country

Environment/Agriculture

- Opposition to the use of agricultural land for this type of project
- Need to distinguish between agricultural land and the importance of the research that is being undertaken at the Central Experimental Farm
- Concerns were expressed over the permanent loss of research capacity in the context of climate change, environmental sustainability and food security
- Need to ensure that a complete picture exists of the research being carried out on the farm

Role of the NCC / Process

- Public input in the process is important
- Questions were raised regarding the federal government's role, the process that led to the identification of the 12 sites and the possibility of considering private, non-federally owned sites

The complete in-person consultation is available online via the NCC's YouTube channel: <https://www.youtube.com/watch?v=Eh8APy8VIpE>. In-person participants were also able to complete the online survey via iPads at the consultation session, or were given a postcard with the information to complete the survey.

Other comments received

Emails and contacts

The NCC received approximately 130 emails, letters and phone calls from the public, through its general email address (info@ncc-ccn.ca) and Contact Centre (telephone and correspondence). Many respondents provided significant information with regard to the historical importance and scientific significance of the Central Experimental Farm, including research materials and pictures. The site at Tunney's Pasture was frequently mentioned as an ideal site for its downtown location, proximity to transit and size. The Ottawa Hospital's preferred site on the Central Experimental Farm was referenced on numerous occasions by some as being ideal, while others worried about the impacts of construction on research.

The comments covered a wide variety of topics, with the majority falling into the following categories:

Access/Transportation/Parking

- Proximity to the LRT, OC Transpo and highways
- Easily accessible by all users, regardless of their point of origin
- Need for parking in relation to accessibility to public transit

Size/Architecture/Design

- Proposed size of the campus; a horizontal versus a vertical model
- Future layout and services of the campus
- Eventual campus factors in the needs of the elderly

Agricultural land / Scientific Research / Environment

- Current and historical role of the Central Experimental Farm in scientific research, significance and importance
- Loss of important research
- Importance of agricultural research in food production and security

Sites

- Importance of accessibility, and concerns over traffic congestion for some sites
- Future link between the new campus and the Heart Institute

Process

- The community wishes to continue to be involved in future steps of the process
- Feedback regarding the online survey's structure and ease of use

NCC's role

- How public input will be used in the process
- The NCC's mandate as it relates to this planning exercise

Social media

Social media (Twitter, Facebook) also offered the public an opportunity to provide their opinion, and generated feedback similar to the input received via email and telephone. The debate among users on social media often centred on the proposed sites at the Central Experimental Farm, with a majority of social media comments being in favour of using these sites.

Comments were expressed about the survey format, the NCC's role in this project, the need for a significant number of parking spaces and a proposed site not being located in the eastern part of the city. In addition, a large number of comments were made about the Heart Institute and its future links to the new campus.

Access (LRT, bus lines, highway access) was far and above the most frequently mentioned concern on social media, and was seen by the majority as being a very important factor.

IV. Next steps

In order to incorporate the public and stakeholder input in the review of each site, prior to its deliberations, the evaluation committee was provided with a draft of this public consultation report, along with a verbal presentation highlighting the principal findings. The results of the committee's evaluation will be presented to the NCC Board of Directors during its public meeting on November 24, 2016. Following a decision by the Board, the NCC's recommendation will be submitted to the Minister of Canadian Heritage for the federal government's decision.

Appendix

Environics Research – Online consultation Report (Full version)



Public Consultation on the Ottawa Hospital Site Review – Final Report

November 4, 2016

Public Consultation: Ottawa Hospital Site Review

Table of Contents

Public Consultation: Ottawa Hospital Site Review	1
I — Description	2
Background	2
Objective	2
Consultation Overview.....	3
II – Consultation Process	4
In-Person Public Consultation.....	4
Online Consultation Survey.....	4
III — Consultation highlights.....	8
General Findings Regarding the Ottawa Hospital Site Review.....	8
IV — Detailed feedback.....	9
Online survey feedback:	9
A note on additional analysis.....	12
V — Next Steps.....	41
Appendices.....	42
Appendix 1	43
Appendix 2	45

I — Description

Background

The Ottawa Hospital provides health care services within Canada's Capital Region, serving Eastern Ontario, Western Quebec and Nunavut. As the third largest employer in the region, the hospital is an important resource. The National Capital Commission (NCC) was asked on May 20, 2016 by the Honourable Melanie Joly, Minister of Canadian Heritage, to undertake a review of potential federal sites for a new Civic Campus of the Ottawa Hospital, and to provide a recommendation, as well as justification for the NCC's preferred site.

On June 28, 2016, the NCC Board of Directors approved a process for selecting the site of the new Civic Campus of The Ottawa Hospital. This process included stakeholder and public consultations. A committee comprised of members of the NCC's Board of Directors and the NCC Advisory Committee on Planning, Design and Realty (ACPDR) was established to conduct the evaluation. The steps for the process include:

1. Revalidation of The Ottawa Hospital's requirements
2. Development of site selection criteria
3. Confirmation of a list of potential federal sites
4. Qualitative comparison of each site by criteria
5. Ranking of sites

The NCC commissioned Environics Research to facilitate an online public engagement exercise to help inform the evaluation committee and retrieve the public's input as part of this process.

Objective

The objective of the public consultation is:

- To receive input from the public and stakeholders on the draft selection criteria and the potential federal sites. These comments will inform the evaluation committee's assessment;

Consultation Overview

The NCC held an open house and public consultation at the Canadian War Museum on September 22, 2016. This gave the public an opportunity to review materials related to the consultation, as well as ask questions and converse with representatives from the NCC. The open house also included a formal presentation, followed by a question and answer session.

Members of the public were able to participate in person by attending the public consultation at the Canadian War Museum, or online by viewing the live webcast of the presentation and question and answer session. Questions from the public were submitted in-person or online through social media channels.

The online consultation survey was conducted to gather public feedback on the draft selection criteria and potential federal sites from September 22, 2016 at 3 pm to October 6, 2016 at 11:59 pm.

II – Consultation Process

In-Person Public Consultation

The public was invited to attend an in-person public consultation held at the Canadian War Museum (1 Vimy Place, Ottawa, Ontario).

Date and format:

Thursday, September 22, 2016

Open House: 3:00 pm to 9:30 pm

Presentation and Question and Answer session: 7:00 pm to 8:30 pm

Description:

More than 500 people attended the open house and presentations or viewed the webcast.

Online Consultation Survey

Date and Time: September 22, 2016 at 3PM (EST) to October 6, 2016 at 11:59PM (EST)

Methodology: The online survey was conducted by Environics Research, using the online survey platform *Sparq*. The survey included seven (7) subject-specific questions: five closed-ended questions; three (3) of which included batteries for ranking selection criteria. Two (2) subsequent open-ended questions were included for participant feedback. An additional six (6) questions were included to collect information on demographics and how participants found out about the survey. The survey was available in both English and French.

Access to the survey was provided through the following channels:

- Through the use of a URL, provided on postcards to participants at the in-person session held at the Canadian War Museum on September 22, 2016;
- Pre-programmed onto two (2) iPads which were made available to participants at the in-person session on September 22, 2016;
- Paper copies of the survey were also available at the in-person session. Once completed and submitted to Environics Research, the data was entered through the open survey link;
- An open link to the survey was provided through the NCC Ottawa Hospital Site Review project website (<http://www.ncc-ccn.gc.ca/property-management/what-we-manage/ottawa-hospital-site-review>), which was also communicated and shared via the NCC's social media accounts.

Example of Survey Link on Ottawa Hospital Site Review Project Website

The screenshot shows two side-by-side web pages from the National Capital Commission (NCC) website. The left page is titled 'What We Manage' and features a green banner for 'OTTAWA – GATINEAU: CANADA'S CAPITAL REGION'. It includes a map of the Ottawa-Gatineau area and a 'Take the survey' button, which is circled in red. The right page is titled 'Ce que nous gérons' and features a map of the same region. It also includes a 'Répondre au sondage' button, which is also circled in red.

In total, 7,695 surveys were completed during the fielding period through the various channels.

Completed surveys came primarily from the National Capital Region (NCR), with the balance from outside the region and across the country:

Region	Completed surveys	Percentage
NCR	7,440	97%
Outside NCR	255	3%
Total	7,695	100%

Of the final total of completed surveys, 24 were removed from the data set as they contained incoherent feedback (including symbols, numbers, straight-lining). The analysis that follows in this report is based on a final base size of **N=7,671 completed surveys**.

Of all the surveys included in the following analysis, **7,358 were submitted in English (96%)**, and **313 in French (4%)**.

The survey contained a link to the NCC website with additional information about the site selection process, as well as a link to an interactive map of the potential federal sites.

Participants wishing to review the information were able to visit the links in separate browser windows or tabs and then continue with the survey. The batteries for questions 3, 4, and 5 (potential criteria) were generated in random order to ensure equal opportunity of

ordered review by survey participants. The open-ended text boxes for questions 6 and 7 were limited to 1,000 characters based on past online survey volume and best practices.

An online survey was selected over other methodologies for the following reasons:

- Online surveys can be accessed broadly by the public. The tool was deemed appropriate to accommodate the (anticipated) large volume of public interest and commentary on the proposals;
- Reporting for this consultation had a relatively short timeline. By allowing participants to input their commentary directly into the online data base, resulting text analytics and analysis of comments could be expedited to accommodate reporting deadlines;
- Online surveys can accommodate supporting information/materials. If interested members of the public were unable to attend in-person meetings on September 22 to review proponent proposal information and presentations, similar information was made available online through the survey.

The complete survey questionnaire is included in Appendix 1.

Invitations and promotion

The public was invited to participate in the public consultation through email, social media engagement, advertising, web content, as well as a proactive media approach.

Email invitations were sent to the NCC Public Affairs database (more than 4,000 subscribers). The online survey was available through an open link, the NCC website, social media, and on postcards and via iPads at the public consultation open house and presentation events.

Participants

More than 500 people attended the in-person consultation or viewed the webcast, while 7,695 completed the online survey.

All members of the general public were welcome to participate in the online survey. The open link format did not exclude any participant and availability through the NCC website meant that interested participants who were unable to attend the in-person sessions (whether as a result of timing or geography) had the opportunity to review materials and provide feedback. While the overwhelming majority of survey participants were from the National Capital Region, feedback was also provided by participants from across the country.

The survey was provided in both French and English.

Text Analytics

The methodology of text analytics was selected to review and analyze all of the open-ended responses submitted as part of the online consultation (using text boxes for participants to input their comments, as opposed to providing closed-ended response categories). In addition to text analytics analysis, verbatim comments were reviewed to ensure analysis accuracy and provide a fulsome view of the input received from the public.

It is important to note that text analytics involve the use of automated algorithms to count and sort words used in responses. Text analytics techniques assist in identifying themes when analysing a large volume of survey responses that are often unstructured due to the open-ended format of responses.

The text analytics application used for the purpose of this project was KH Coder (<http://khc.sourceforge.net/en/>). KH Coder is used for quantitative content analysis or text mining and provides various types of search and statistical analysis functions. The output from KH Coder assists in summarizing themes and displaying results as data visualizations.

The text analytics output used for this analysis includes two formats:

- Listings of most common words, displayed as frequencies (counts); and
- Data visualization of common themes, patterns and relationships between words, displayed as diagrams (co-occurrence networks)

These outputs are accompanied by verbatim comments that are indicative of the frequencies and patterns that are observed in the data. Environics researchers were responsible for the detailed review of all verbatim responses for each survey question and the selection of comments to help contextualize consultation findings.

Both French and English responses were included in text analytics analysis. French comments were manually translated and the English version was included in the data set used for text analysis. French translation of the final report occurred after analysis and the English report were completed.

Co-Occurrence Network Diagrams - *a note on interpretation*

In this report, text analytics output is provided in the form of a co-occurrence network diagram. These illustrate the relationship between the top words mentioned by participants for each question. The size of the word “nodes” or circles indicate frequency of use (larger nodes = more frequently used words). The lines connecting the nodes indicate the strength of the relationship between words (number of times which these words are used together in comments). Thicker lines suggest stronger relationships, while lighter or dotted lines indicate a weaker relationship. Nodes are grouped by colour to demonstrate frequent trends and themes in the comments.

III — Consultation highlights

The following summary outlines the key findings from the ranking of draft selection criteria, as well as high-level summaries of the comments and themes uncovered through analysis of the two open-ended questions. Detailed findings of participant verbatim comments follow in the sections below.

General Findings Regarding the Ottawa Hospital Site Review

Awareness and familiarity with the plans to establish a new Ottawa Hospital Civic Campus in the National Capital Region is strong. Of the 7,358 surveys included in the analysis of the consultation, nearly all (96%) report they were previously aware of the plans and nine in ten (89%) report they were at least somewhat familiar with those plans.

Overall, most of the draft criteria proposed by the NCC were deemed to be important to participants. *Functional* and *Operational* draft criteria and *Regional* and *Local Interest* criteria were generally viewed as important, while *Capital Interest* criteria were among the criteria considered to be least important by participants.

The top three rated criteria are related to accessibility to the site itself. Of all criteria, **emergency access to arterial roads, major highways and air ambulance** is considered to be the most important, with 85% of participants ranking it as imperative (8, 9 and 10 on the 10-point scale). **Preparedness and responsiveness to major emergencies, including number of access points** is the next most vital criterion, with 84% of participants ranking it as important. The third most important criterion, with 81% ranking it as important, is **integration with the transportation network, including access for vehicles, pedestrians and cyclists**.

Survey participants offer a variety of suggestions for additional criteria that they feel may be important to include as part of the review. The most common themes participants feel should be considered include **general and specific needs of the hospital** (e.g. proximity for patients, staff and other facilities), **access to the site itself, evaluation of the proposed sites and current uses of the sites**, and **future growth and expansion**.

Finally, when participants provide an assessment on all 12 proposed federal sites using open-ended comments, much of the focus is on the suitability of the four proposed sites at the **Central Experimental Farm**. Many of those who advocate for using these lands argue that Ottawa requires a **centrally-located hospital** that is close to the main transportation network links and is situated near other health care facilities, such as the **Heart Institute**. However, those who argue against using lands at the Central Experimental Farm emphasize that **important agricultural research** will be threatened if one of these sites is chosen, and that a unique urban **greenspace** will be lost. Those who advocate for other sites typically mention **Tunney's Pasture** and the **Booth Street Complex** together because these locations offer available land and are close to transportation links.

Discussion about sites in southwest Ottawa (such as **West Hunt Club Road**) is divided between those who argue that population growth in this area makes it well-suited to accommodate a future hospital, and those who argue that these sites are too close to the existing **Queensway-Carleton Hospital**.

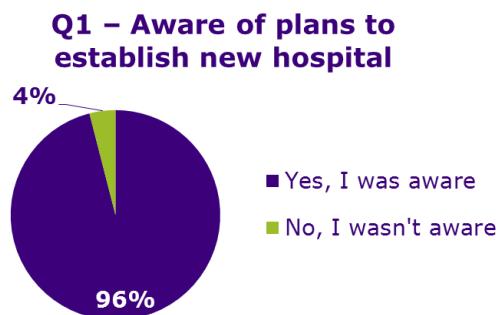
IV — Detailed feedback

Online survey feedback:

Summaries of comments received through the online survey are provided throughout the following section. Quantitative responses (closed-ended questions) have been illustrated using graphs. Comments provided in open-ended questions have been summarized and themed using text analytics (see methodology section) and rigorous review of all comments submitted through the online survey.

Question 1: Awareness of plans to establish a new Ottawa Civic Campus in National Capital Region

Nearly all who took part in the consultation report they were aware of the plans to establish a new Ottawa Civic Campus in the National Capital Region. Although awareness of the project is near-universal among those who completed the survey, awareness with the project was closely linked to age, with self-reported awareness increasing from 90 percent among those under the age of 30 to 99 percent among those 70 and older.

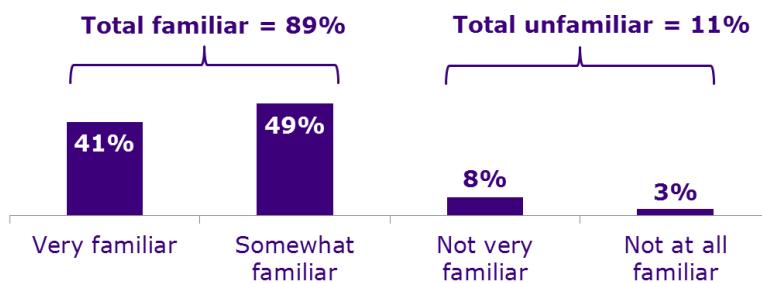


AWARENESS BY AGE GROUP						
<30	30-39	40-49	50-59	60-69	70+	
90%	93%	95%	98%	98%	99%	

Question 2: Familiarity with plans to establish a new Ottawa Hospital Civic Campus in National Capital Region

Nearly nine in ten (89%) report they were at least somewhat acquainted with the plans to establish a new hospital, with two in five (41%) saying they are *very familiar* and an additional 49 percent indicating they are *somewhat familiar*. Familiarity is slightly higher among those who recently used the Ottawa Civic Hospital (91%, vs. 86% who have not), and those who work or have family members employed at the hospital (93%, vs. 89% who do not). As with awareness of the plans, familiarity is also linked to age; 78% of those under 30 report familiarity compared to 95% of those aged 60 and above.

Q2 – Familiarity with plans to establish new hospital



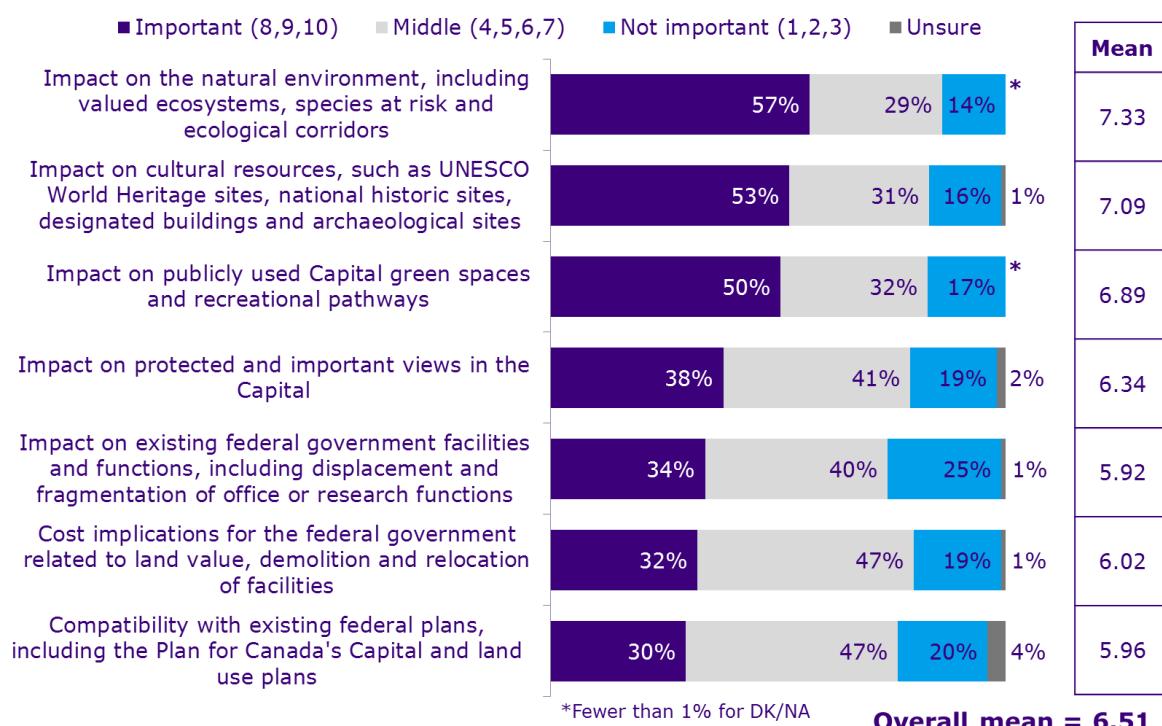
Question 3: Ranking of Capital Interest draft criteria

Participants were asked to rate selection criteria, beginning with those considered of *Capital Interest*. This was defined as “*those criteria that best address the federal interests in the Capital region*”.

Of the *Capital Interest* draft criteria, participants said that the impact on the natural environment was the most important with more than half (57%) ranking it as important. Impact on cultural resources, publicly used Capital green spaces and recreational pathways were also deemed important (53% and 50% respectively). Less importance was placed on the other criteria, including impact on protected and important views in the Capital (38%), impact on existing federal government facilities and functions (34%), cost implications for the federal government (32%), and compatibility with existing federal plans (30%).

It is important to note that “impact on existing federal government facilities and functions...” receives the lowest overall mean score of all of the criteria tested (5.92 on the 10pt scale).

Q3 – Rating importance of Capital Interest criteria



- Younger adults are more likely to attribute a higher importance on the impact on the natural environment (68% *important* among those under the age of 30 vs. 53% among those 70 years and over) and the impact on green spaces and recreational pathways (56% vs. 48% respectively).
- Older adults, meanwhile, are more likely than younger counterparts to place importance on the impact on existing federal government facilities/functions (41% among those over the age of 70 vs. just 28% among those aged 30-39) and on compatibility with existing federal plans (35% vs. 24% respectively).

A note on additional analysis

Additional analysis was performed on ranking data from Questions 3-5 using a re-coding of participants according to their support for or opposition to certain proposed sites. Tables used in the following sections of the report make reference to the following categories of participants (based upon manual review/interpretation of site-specific remarks in Q7):

Opposed to CEF: Respondents who provide comments in Q7 expressing opposition to one or more of the proposed Central Experimental Farm sites (Sites 7, 9, 10 and 11). These responses were identified by searching for the words “Farm,” “CEF,” “Site 7”, “Site 9,” “Site 10” and “Site 11” (N=1,550);

Support for CEF: Respondents who provide comments in Q7 which express support for one or more of the proposed Central Experimental Farm sites (Sites 7, 9, 10 and 11). These responses were identified by searching for the words “Farm,” “CEF,” “Site 7”, “Site 9,” “Site 10” and “Site 11” (N=1,390);

Support for Tunney’s Pasture: Respondents who provide comments in Q7 which express support for placing the hospital at Site 1 – Tunney’s Pasture. These responses were identified by searching for the key words “Tunney’s” and “Site 1” (N=871);

Support for Booth Street Complex: Respondents who provide comments in Q7 which express support for locating the hospital at Site 12 – Booth Street Complex. These responses were identified by searching for the key words “Booth” and “Site 12” (N=685)

It is possible that some comments in Q7 included both opposition to one site and support for another, in which case they would be coded into both applicable categories. For this reason, the total number of coded participants exceeds the final number of participants in the consultation.

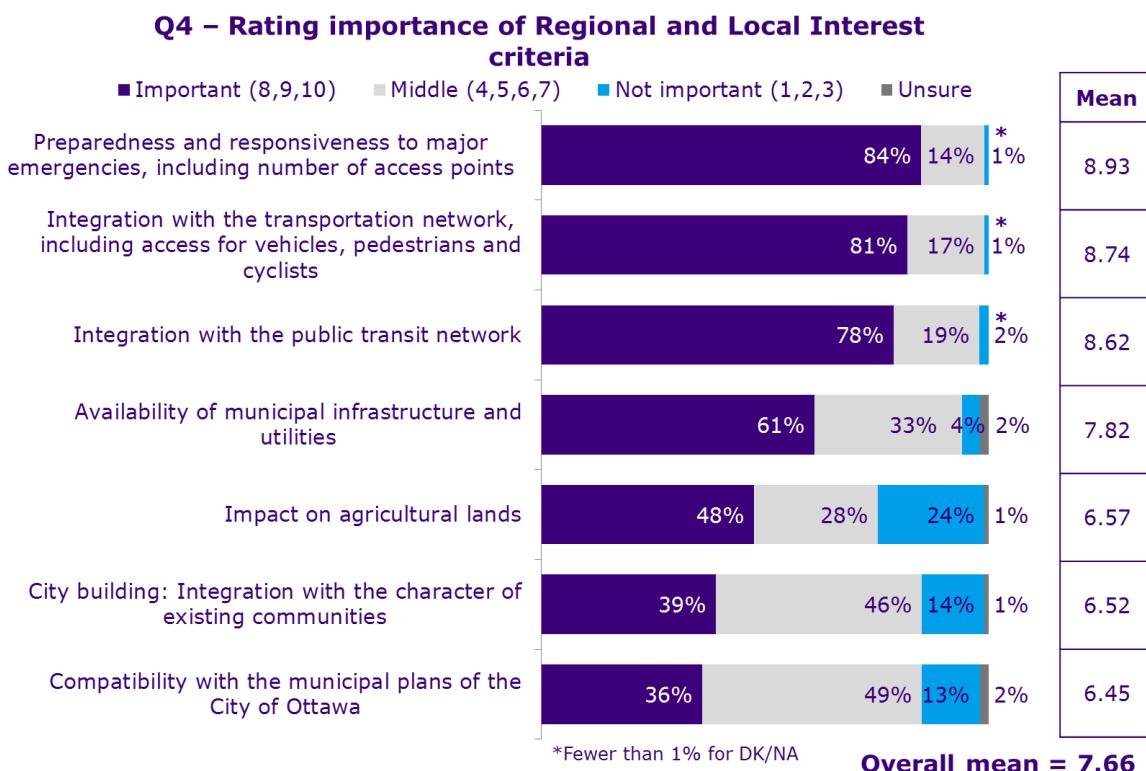
The table below indicates that there are significant differences between those who are opposed to placing the new Ottawa Hospital on one of the Central Experimental Farm sites and those who are in favour of locating the hospital there. The following table shows that for six of the seven *Capital Interest criteria*, those who do not want the hospital to be built at the CEF are much more likely to prioritize these criteria as important, particularly those related to the impact on the natural environment, green space and cultural resources. The only exception is on the cost implications for the federal government related to land value, demolition and relocation, in which case both groups perceive this criterion to be relatively unimportant (32% each).

	Total Important (8,9,10)	
	Opposed to CEF Sites (N=1,550)	Support CEF Sites (N=1,390)
Impact on the natural environment, including valued ecosystems, species at risk and ecological corridors	89%	31%
Impact on cultural resources, such as UNESCO World Heritage sites, national historic sites, designated buildings and archaeological sites	87%	29%
Impact on publicly used Capital green spaces and recreational pathways	85%	23%
Impact on protected and important views in the Capital	65%	20%
Impact on existing federal government facilities and functions, including displacement and fragmentation of office or research functions	61%	19%
Compatibility with existing federal plans, including the Plan for Canada's Capital and land use plans	45%	19%
Cost implications for the federal government related to land value, demolition and relocation of facilities	32%	32%

Question 4: Ranking of Regional and Local Interest draft criteria

The second set of criteria that participants were asked to rate was those related to *Regional and Local Interest*. This was defined as “*those criteria that best address the municipal and regional interests in the region*”.

The *Regional and Local Interest* draft criteria were generally rated as important, with 84 percent indicating that preparedness and responsiveness to major emergencies is most important overall. Integration with the transportation network, integration with the public transit network, and availability of municipal infrastructure and utilities are all seen as important by majorities of survey participants (81%, 78% and 61% respectively). Fewer than one half (48%) feel that the impact on agricultural lands is important, with city building and compatibility with municipal plans identified as the least important criteria (39% and 36%, respectively).



- Older participants are much more likely to prioritize the availability of municipal infrastructure and utilities (70% among those 70 years and older vs. 51% among those under the age of 30).

The following table shows there are significant differences between those who are in favour or opposed to building the hospital at the CEF, as well as with those who are in favour of siting the hospital at Tunney's Pasture or the Booth Street Complex (which were alternatives frequently mentioned by those opposed to building the hospital at the CEF):

- Protecting agricultural lands is significantly more important to those opposed to building at the CEF, while relatively few of those who want to put the hospital at the CEF say this is an issue (91% vs. 18%). Relatively high numbers of those in favour of locating the hospital at Tunney's Pasture (77%) or the Booth Street Complex (75%) say protecting agricultural lands is important.
- Preparedness and responsiveness to major emergencies is a more important priority to those who want to build at the CEF than for opponents of building at that location (89% vs. 74%), with a similar gap between pro- and anti-CEF advocates regarding the importance of municipal infrastructure and utilities being available (66% vs. 53%).
- Those in favour of placing the hospital at Tunney's Pasture or the Booth Street Complex are more likely to prioritize how the hospital will integrate with Ottawa's public transit system (88% and 85%, respectively, versus 72% among those who want the hospital built at the CEF).
- Advocates for Tunney's Pasture and the Booth Street Complex are also likely to say it is important for the hospital to be integrated with the broader transportation network (86% and 85% respectively).
- Integration with the character of existing communities and compatibility with the City of Ottawa's plans are also less important to those who want the hospital built on one of the CEF sites.

	Total Important (8,9,10)			
	Support CEF Sites (N=1,390)	Opposed to CEF Sites (N=1,550)	Support Tunney's Pasture (N=871)	Support Booth Street Complex (N=685)
Preparedness and responsiveness to major emergencies, including number of access points	89%	74%	79%	81%
Integration with the transportation network, including access for vehicles, pedestrians and cyclists	80%	76%	86%	85%
Integration with the public transit network	72%	79%	88%	85%
Availability of municipal infrastructure and utilities	66%	53%	60%	60%
Impact on agricultural lands	18%	91%	77%	75%
City building: Integration with the character of existing communities	32%	49%	49%	49%
Compatibility with the municipal plans of the City of Ottawa	32%	40%	41%	41%

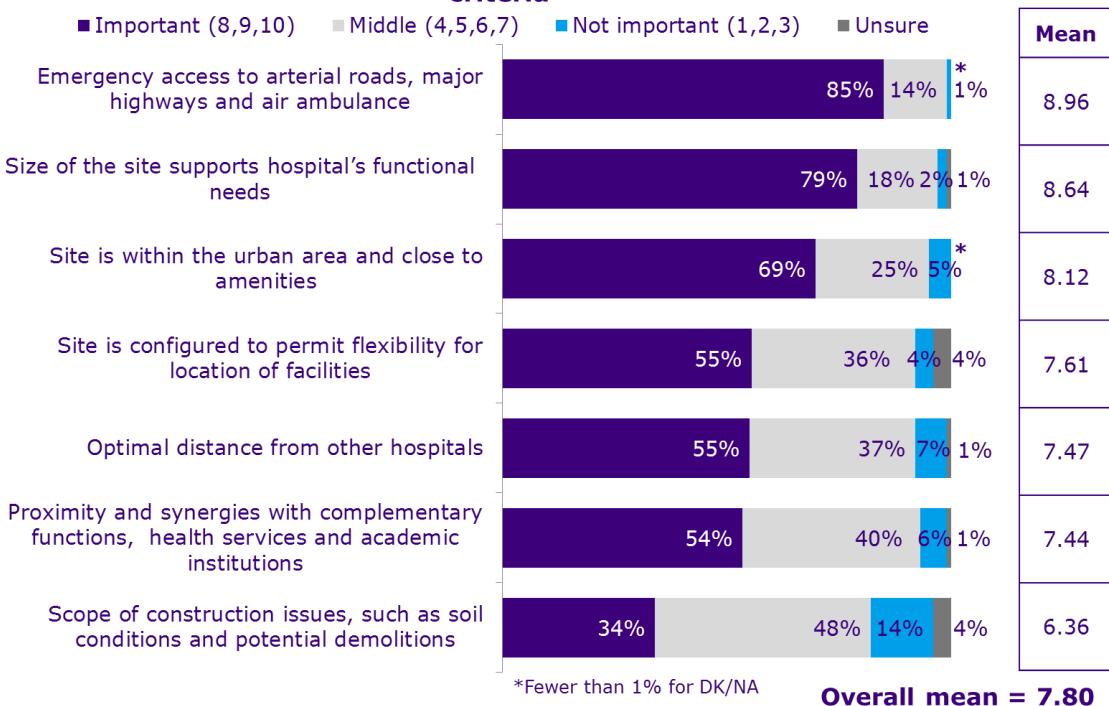
Question 5: Ranking of Functional and Operational draft criteria

The third and final ranking question involved evaluating the importance of Functional and Operational draft criteria. This was defined as “*those criteria that are important for the effective and efficient functioning of a hospital facility*”.

Several of the *Functional and Operational* draft criteria also scored very high on the importance scale. The most important among these criteria was emergency access to arterial roads, major highways and air ambulance, with 85% of participants saying this is critical. This was also the criterion that achieved the highest overall mean importance score of all the criteria tested.

Eight in ten (79%) report it is important for the size of the site to support the hospital’s functional needs, while seven in ten (69%) say it is important for the site to be within the urban area and close to amenities. Slight majorities of participants report it is essential for the site to permit flexibility for where facilities are located (55%), to be an optimal distance from other hospitals (55%), and to be in proximity and have synergies with complementary functions (54%). Just one third (34%) say the scope of construction issues is important.

Q5 – Rating importance of Functional and Operational criteria



- Older adults rate all of these criteria higher (more important) than their younger counterparts.
- While similar in orientation to other participants in most other respects, Ottawa Civic employees (as well as those who have hospital employees in their household) are more likely to rate these criteria as being higher in importance than those who do not work at the hospital. This is particularly pronounced for proximity/synergies with complementary functions, health services and academic institutions (68% among Ottawa Civic employees and their households compared to 50% among those who do not personally work and/or do not have a family member who works at the hospital).
- Those who live in the NCR are more likely to care about the site being within the urban area and close to amenities (70% vs. 56% among those from outside the NCR) and being the optimal distance from other hospitals (55% vs. 48% respectively).

The following table shows that those who want the hospital built at one of the four CEF sites are significantly more likely than opponents of using these sites to prioritize all but one of these *Functional and Operational Criteria*.

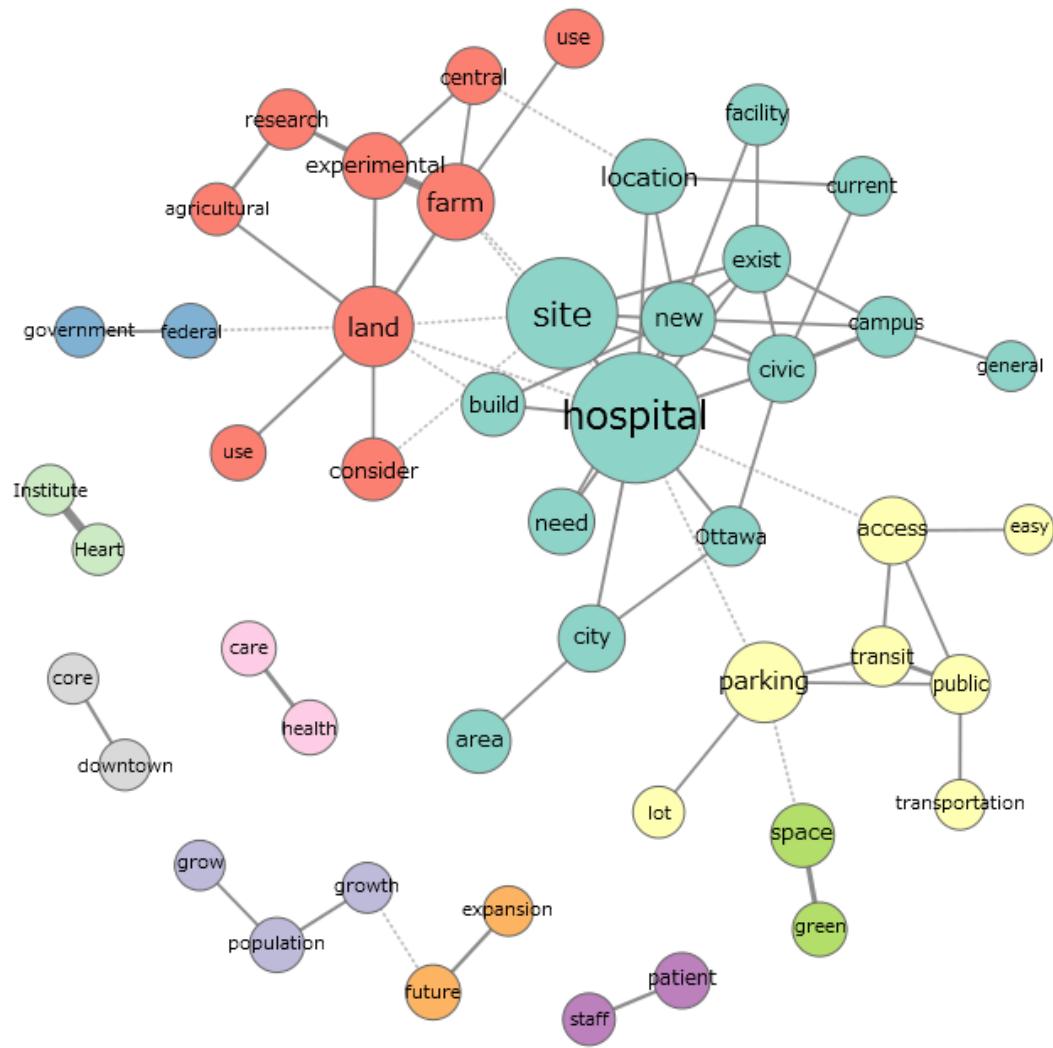
Those who are in favour of building at the Booth Street Complex also place a high level of emphasis on some of these functional criteria, particularly emergency access to arterial roads and major highways, its location within an urban area, distance to other hospitals and synergies with other complementary functions.

	Total Important (8,9,10)			
	Support CEF Sites (N=1,390)	Opposed to CEF Sites (N=1,550)	Support Tunney's Pasture (N=871)	Support Booth Street Complex (N=685)
Emergency access to arterial roads, major highways and air ambulance	92%	71%	76%	80%
Size of the site supports hospital's functional needs	90%	60%	65%	65%
Site is within the urban area and close to amenities	85%	50%	67%	70%
Site is configured to permit flexibility for location of facilities	70%	38%	42%	43%
Optimal distance from other hospitals	71%	37%	43%	51%
Proximity and synergies with complementary functions, health services and academic institutions	71%	35%	39%	45%
Scope of construction issues, such as soil conditions and potential demolitions	35%	35%	32%	31%

Question 6: Feedback on additional criteria that should be considered as part of the review

After ranking the three sets of draft criteria, survey participants were asked if there were any criteria that may have been missed and that should be considered as part of the review process. Participants had a variety of suggestions for additional criteria that they feel may be important to include as part of the review.

Below is analysis of the results of this feedback using text analytics, as described in the methodology section of this report. The following co-occurrence network diagram highlights the relationship between groupings of words (themes) in the responses to this question. Thicker lines signify stronger relationships between words.



The above co-occurrence network diagram identifies the most common themes regarding the additional criteria that survey participants feel should be considered. These themes include:

- **General discussion of the needs of the hospital:** Participants feel there is a need to meet the primary needs of the hospital, concerning its proximity to its current patient population, access for staff, and other facilities it works alongside.
- **Access to the site:** Also of importance to many survey participants is how patients, staff and visitors will be able to access the hospital itself. Easy access by major roads and public transportation is emphasized here as important. Some highlight a requirement for adequate parking.
- **Proposed sites:** A number of participants report that the current use of proposed sites should be taken into account, with many on either side of the debate involving sites located on the Central Experimental Farm.
- **Future growth:** Some survey participants feel it is necessary to address the *current* needs of the growing population, while others note the need to plan ahead for *future* growth and possible expansion of the site.
- **Specific and various needs of the hospital:** Other participants point at a need to focus on the provision of health care in general, or to consider the relationship of the proposed site with the Heart Institute. Some say the patients and staff of the hospital are an important consideration, especially concerning access and relocation.

The following table highlights verbatim comments associated with these groupings of words that are often used in combination with one another:

Word Grouping	Quote
Hospital, site, location, current, build, exist, new, civic, facility, campus, general, need, Ottawa, city, area	<p><i>"A view to the future growth of the city and rural areas. Ottawa is growing outward, south, east and west, and there is a need for quick and easy access to medical facilities."</i></p> <p><i>"The city's demographics and unmet medical needs in outlying areas."</i></p> <p><i>"The need to have the new hospital as close as possible to the facilities of the existing hospital, heart institute and neighbouring clinics."</i></p> <p><i>"The need to be able to transition to the new facilities while maintaining patient care. The ability to move to the new facilities in an organised manner one department at a time. The ability to prioritise departments in need to fast track new facilities so they can move sooner while still having access to the rest of the Hospital."</i></p> <p><i>"The necessity of an urban hospital that serves the needs of those that if they were to drive themselves or arrive by ambulance to the Montfort, Queensway-Carleton, or General they would die. In other words, Ottawa-Centre needs a hospital that is close to the LRT, and other access points; as well as does not disrupt vital ecological land reserved for research for the betterment of the human race."</i></p> <p><i>"Need of the community must outweigh concerns of a few. Civic campus is old and in need of a new facility. Heart institute expansion and close proximity of new civic is a "no brainer"!"</i></p>

	<p><i>“Functionality for the actual hospital itself. What is important to the experts in the hospital field for their operations.”</i></p> <p><i>“The length of time it will take to construct the hospital due to the location current status. For example does one site take 10 years later to finish than other site?”</i></p> <p><i>“Proximity to current location so as to minimize the negative impact on people who have built aspects of their lives around this site (e.g. Health care, real estate investments, employment, volunteer work, etc.).”</i></p> <p><i>“What impact does site selection have on the General Campus? Could the General Campus be expanded, add floors to create one super hospital? There is plenty of land, and the Campus is central enough.”</i></p> <p><i>« La proximité avec les autres campus de l’hôpital d’Ottawa (Riverside et Général) est essentielle si on veut maintenir une cohésion à l’intérieur de l’Institution. On a qu’à regarder la popularité des navettes reliant entre 3 campus. Un site trop éloigné des 2 autres pourrait nuire à cette cohésion. »</i></p> <p><i>“Should be as close to existing facility as possible in order to utilize existing staff. In cases emergency having staff and workers close by is invaluable.”</i></p> <p><i>“Transition from the existing facility needs to be as simple as possible.”</i></p>
Parking, lot, transit, public, transportation, access, easy	<p><i>“Proximity to public transport, and the need to minimize parking and avoid big spread out parking lots.”</i></p> <p><i>« La facilité d'accès et les places de stationnements sont importants. »</i></p> <p><i>“The importance of rapid and easy accessibility for people in urgent need of life saving medical aid.”</i></p> <p><i>“Access to transit (bus or LRT). The current site is easy to access by bus or car so the new location must also be easy to access.”</i></p> <p><i>“Physical accessibility for people with disabilities and seniors. Needs to be easy to get to for persons with disabilities.”</i></p> <p><i>“The cost involved in providing public transportation options to each site.”</i></p> <p><i>“Accessibility by air, ambulance, vehicle and public transit are key elements to deciding where the new Civic Campus should be located as is distance to other hospitals within the city's core.”</i></p> <p><i>“Adequate parking facilities and reasonable public transportation for both patients, families and staff.”</i></p> <p><i>“Parking- lots of it for visitors and patients with proper sized spots. Most people do not take public transit to the hospital.”</i></p> <p><i>“The importance of rapid and easy accessibility for people in urgent need of life saving medical aid.”</i></p>

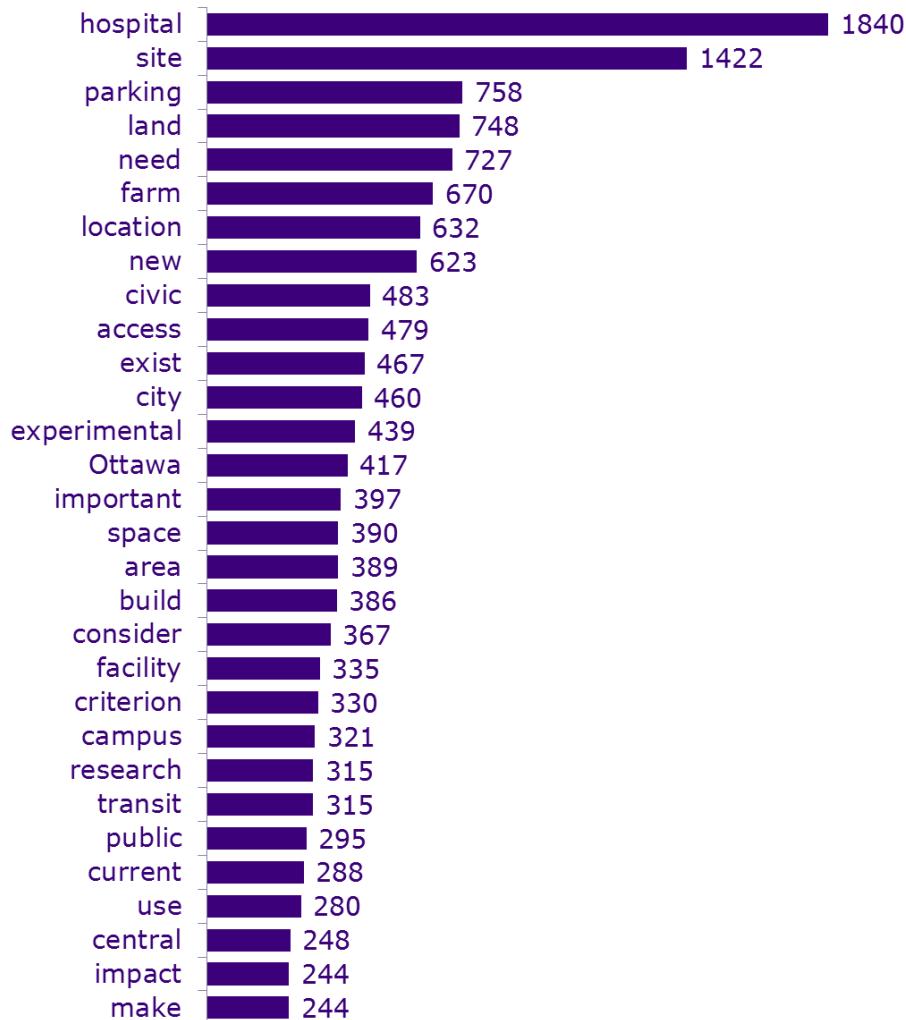
	<p><i>“Regarding public transit, you should have made a distinction between future light rail and existing bus service.”</i></p> <p><i>“There has to be lots of room for parking, both for employees and patients.”</i></p>
Space, green	<p><i>“On doit tenir compte de nos espaces verts, de nos zones écologiques sensibles, du respect des espaces verts pour les générations futures. Ottawa est reconnu pour son cachet vert. Il faut le protéger. Pensons à nos enfants et à nos petits enfants. »</i></p> <p><i>“The important and ongoing research done on the experimental farm and the proximity and benefit this green space and research has for the citizens of Ottawa.”</i></p> <p><i>“The importance of preserving green space in the centre of the city for the benefit of both local residents and of Canadian and other visitors to the capital city of Canada.”</i></p> <p><i>“The negative Impact on Green Belt development, and other priceless nature spaces.”</i></p> <p><i>“Green space on site for patients.”</i></p>
Farm, use, land, consider, agricultural, research, experimental, central, use	<p><i>“Other potential uses of the proposed land / site.”</i></p> <p><i>“Utiliser des terrain privés. »</i></p> <p><i>“There should be a criteria to indicate how readily the purpose for which proposed sites are currently being used can be accomplished in another site. Offices can be relocated to other buildings; but living, breathing green space and experimental lands cannot simply be picked up and resumed elsewhere as readily.”</i></p> <p><i>“Would the site cause irreversible change from the existing use of the land?”</i></p> <p><i>“Total cost of land and building should be considered.”</i></p> <p><i>“Yes, there should have been a criteria related value of current use of land related to long-term research.”</i></p> <p><i>““Agricultural use” does not describe the current use of the Experimental Farms land.”</i></p> <p><i>“How important is it for the preservation of the central experimental farm.”</i></p> <p><i>“The city first and foremost needs a new Civic campus and ideally close to its current location. An area within the Experimental Farm is most promising. There are surely opportunities for increased farmland outside of the city - this is not an option for a hospital and people like me in the city that need to use the hospital regularly.”</i></p> <p><i>“I think there should have been a clear question on whether or not to use Central Experimental Farm lands.”</i></p> <p><i>“L’importance des capacités de recherche en matière d’agriculture dans un contexte mondial où la population de la planète est en perpétuelle croissance. »</i></p>

	<p><i>"Experimental farm is more than "agricultural land". It is a critical part of research facilities which should be clarified in the criteria."</i></p>
Federal, government	<p><i>"Should the federal government, in extension all Canadians, be responsible in finding/paying for land required a hospital that is a provincial responsibility."</i></p> <p><i>"Does the federal government have to provide a property; what about municipal and provincial lands, or even private property?"</i></p> <p><i>« Le choix du site ne fait pas mention de terrains appartenant au secteur privé ou autre que le gouvernement fédéral ou la CCN. »</i></p>
Grow, population, growth	<p><i>"The population growth within the city of Ottawa and rural areas."</i></p> <p><i>« Tenir compte de l'accroissement de population à l'Ouest et l'Est et Sud de la ville d'Ottawa! »</i></p> <p><i>"Focus on growing population areas; a focus on where people will be living not where they are living."</i></p> <p><i>"A new facility is required to provide emergent time sensitive health care to a growing and aging population."</i></p>
Future, expansion	<p><i>"Adequate size for future expansion needs."</i></p> <p><i>"Future expansion of the city has not been taken into account."</i></p> <p><i>« Le caractère durable et d'expansion de l'hôpital s'il faudrait l'agrandir dans le futur. Il doit y avoir du terrain de libre à côté. »</i></p>
Patient, staff	<p><i>"Adequate access to parking for patients and staff."</i></p> <p><i>"Impact, ease and cost of transition from old facility to new facility for patients and staff."</i></p> <p><i>"Relocation of staff and having parking for staff and patient."</i></p> <p><i>"How easy it will be to relocate the patients once the new site is done. The impact of staff working at the civic, how a change in location could effect their ability to perform required needs (living within a certain distance for emergencies)."</i></p> <p><i>"If The Ottawa Hospital is requested such a large space I think it would be important to ensure a portion of that land is kept as green space for patients, families, and staff. The added value of such has been proven time and time again by numerous studies."</i></p> <p><i>"The most important factor is ease of access for all citizens by public transport - bus or subway system. For staff, patients and visitors. This is more important than floors of parking spaces."</i></p>
Health, care	<p><i>« Les besoins de l'hôpital et de la population en terme de soins de santé spécialisés devraient être le premier critère. »</i></p>

	<p><i>“More weight should be given to the health-care requirements for the new hospital.”</i></p> <p><i>“Adjacencies or planning for adjacencies to existing sub-acute healthcare facilities such as old-age homes, nursing homes, palliative care spaces. Our population is aging and planning a hospital for the next 100 years should recognize this.”</i></p> <p><i>“Extending health care access to underserved communities.”</i></p>
Heart, Institute	<p><i>“Proximity to existing Heart Institute.”</i></p> <p><i>“Proximity to existing related hospital institutions such as heart Institute, intern residences, doctors’ offices, research centres etc. should be a factor considered in site selection.”</i></p> <p><i>“Currently the Heart Institute uses some of the civic campus facilities; If the Civic is moved far away, the Heart Institute will have to build the facilities that they are losing. Also when you have heart problems you have other problems that require tertiary care-- nephrology, endocrinology etc. -- all at the civic. Also this is vice versa-- you may have kidney problems, diabetes etc. and require heart specialities (Heart Institute). These are important issues that need to be addressed when establishing a new site for the Civic campus. This is an added expense we do not need also duplication of services.”</i></p>
Downtown, core	<p><i>“Ottawa needs a centrally located hospital...ambulances must have easy access from the downtown core.”</i></p> <p><i>“Ability to serve the population outside the downtown core.”</i></p> <p><i>“Yes, the fact that this will be the only hospital within easy reach of the downtown core. This is very important.”</i></p> <p><i>“Centralized - It should be part of Ottawa's downtown core.”</i></p> <p><i>“I think the Civic needs to remain somewhat in the core/close to downtown of Ottawa. This is partly due to transportation considerations. i.e. can you get to it on foot, bike, tram/train/bus. Pls do not move it somewhere that is impossible to get to on public transport from suburban areas.”</i></p>

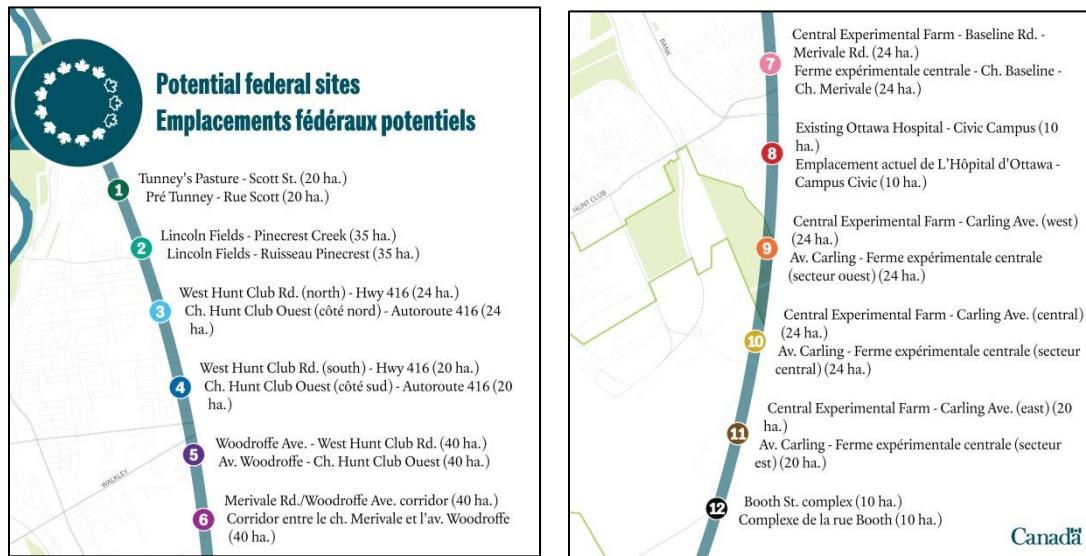
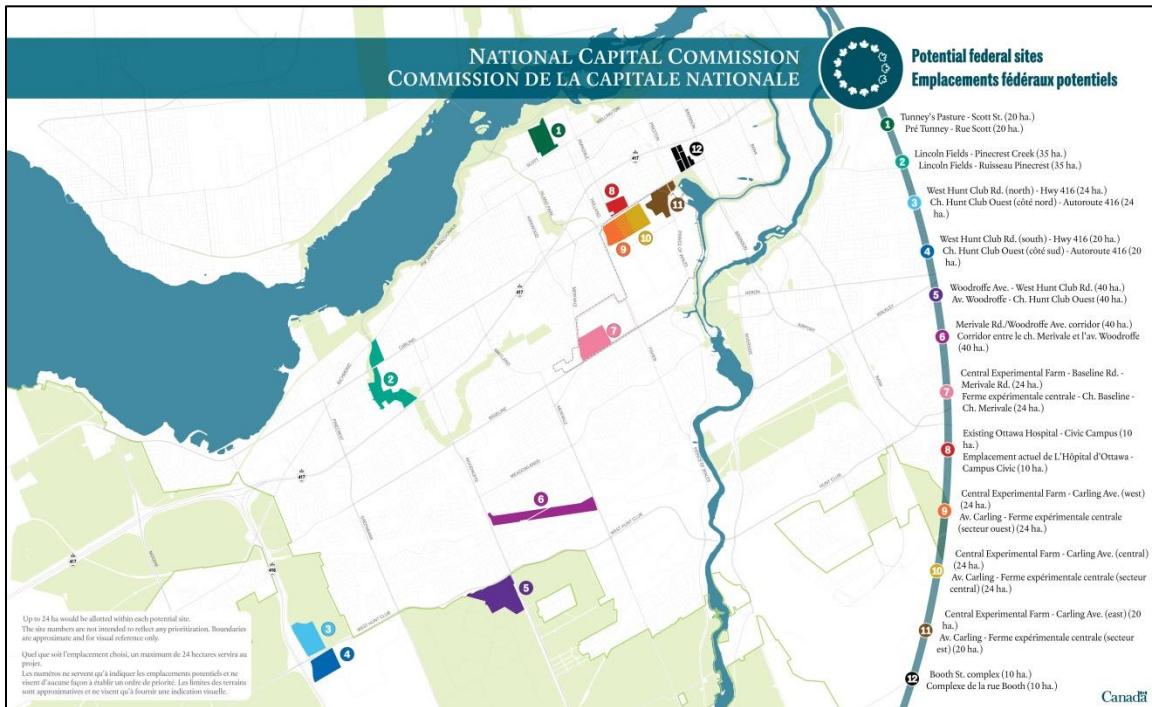
The following chart lists the top 30 words mentioned by participants in response to this question. Many of the same terms are shown in the preceding co-occurrence network diagram.

Q6 – Top 30 words by frequency



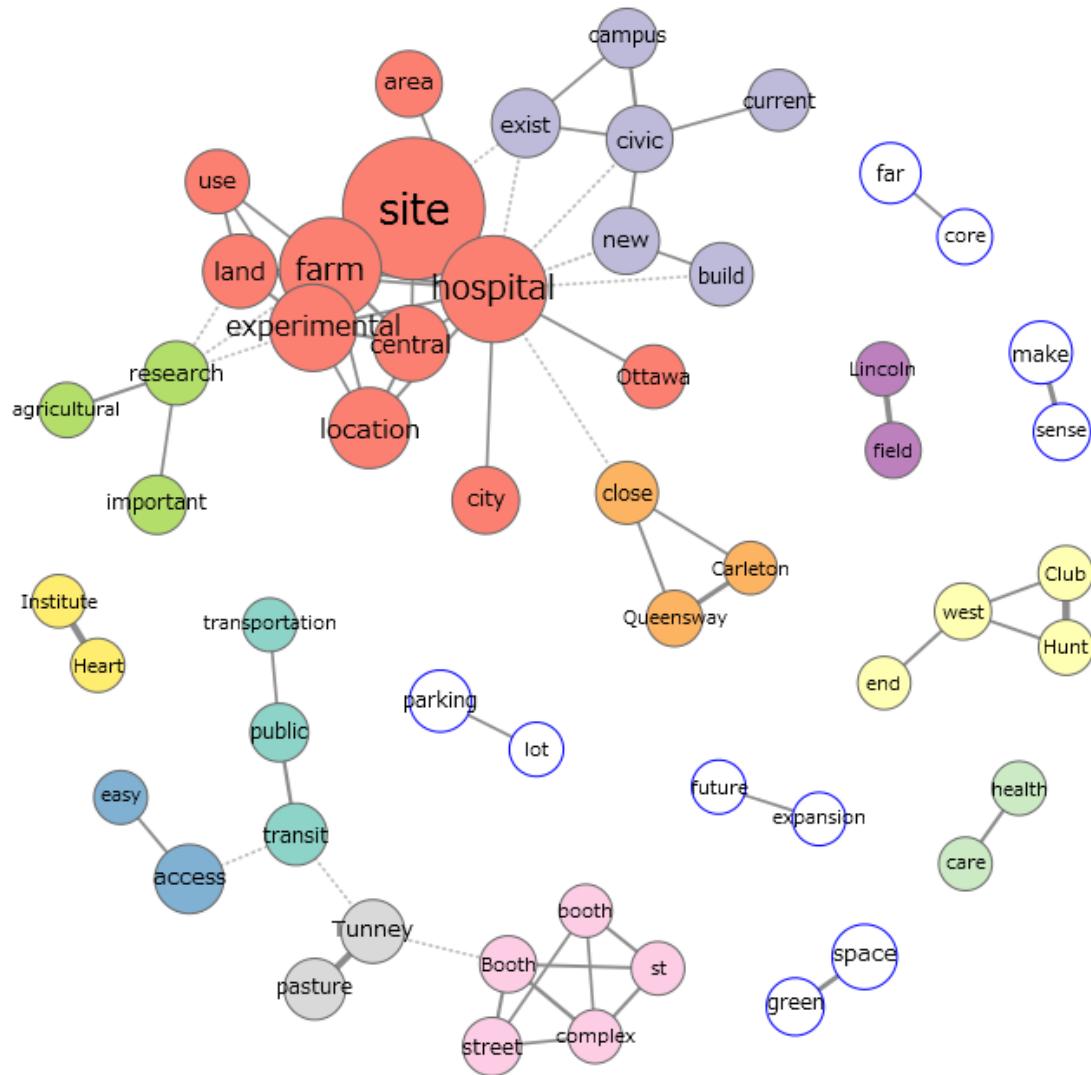
Question 7: Additional feedback on sites

For the last question of the survey, participants were shown an interactive map with all 12 proposed federal sites for the Ottawa Hospital's Civic Campus and asked to share any additional feedback regarding the sites.



Below, we analyze the results of feedback to this question using text analytics.

The following co-occurrence network diagram highlights the relationship between groupings of words in the responses to this question. Thicker lines signify stronger relationships between words.



The co-occurrence network diagram identifies the most common themes regarding the 12 proposed sites. These themes include:

- **The role of the Central Experimental Farm:** The Central Experimental Farm and its potential use as a new site for the hospital is the main point of contention in this discussion.
 - Those who favour using the site argue that it is the optimal location for a new hospital and that Ottawa's need for a new, accessible, centrally-located hospital makes this the right place to put this facility.
 - Those who argue against this location point out that siting the hospital at this location will be a great detriment to the CEF's historic role as an important agricultural research facility. This role, these advocates argue, is particularly important if climate change impacts future food security.
- **Accessing the new hospital:** A critical consideration that emerges in many comments is the accessibility of the hospital. Several participants comment that the facility should be accessible by public transit and located near major highways. Some also question the proposed parking requirements for this new facility, with others arguing that hospital staff (particularly those who need to go to other health care facilities) will need ample parking.
- **Other proposed sites:** Tunney's Pasture and the Booth Street Complex are both mentioned frequently (and often together) as desirable alternative locations for the new hospital, mainly because they are perceived to offer enough land to meet the hospital's requirements while also being relatively central and accessible.
- **Future growth and health care needs:** Another corollary discussion with respect to proposed sites has to do with locations in south and west Ottawa, such as those on West Hunt Club Road and Lincoln Fields. While some say that these sites are not desirable because they are too far from central and eastern neighbourhoods, others say that current and projected growth patterns in this part of the NCR make it more desirable to place this proposed hospital in this area.

The following table highlights verbatim quotes associated with these groupings of words that are often used in combination with one another:

Word Grouping	Quote
Site, hospital, central, build, new, area	<p><i>"I hope that the existing Civic Hospital could continue to be used in conjunction with the new one and therefore I feel it best suited to be either #9 or #10 with a tunnel going under Carling Ave. allowing easy access to each other. This central location is crucial to this area of Ottawa for easy access to a hospital when needed."</i></p> <p><i>"The Civic Hospital needs to stay centrally located in downtown Ottawa, easily accessible to ambulances, buses, cars and pedestrians."</i></p> <p><i>"I feel strongly that the hospital should remain in a central location; I feel that the West hunt club area is much too far, leaving a large majority of Ottawa's population with too far to travel to get to (emergency), attend follow up appointments, come for tests and imaging, and to visit loved ones."</i></p> <p><i>"I definitely favour the existing Ottawa Hospital site. It is central ... and a few expropriations of adjacent houses would be a better plan than taking an important part of the farm."</i></p> <p><i>« Je crois que l'hôpital doit rester aussi central que possible, incluant près de l'autoroute. Les emplacements 8-12 sont les meilleures options, avec 8, 11 et 12 comme idéal puisque ça remplace des édifices existants sans éliminer trop d'espace vert. »</i></p> <p><i>"I believe the site across from the existing Civic Hospital offers the best chance to leverage existing buildings, have the kind of central location required, and access to major transportation corridors."</i></p> <p><i>"Ottawa has (an) opportunity not available to most cities to build (a) new 'dream' hospital on (an) empty field in a central location with layout deemed best by hospital planners, with room for future expansion and with adequate affordable parking."</i></p> <p><i>"A central location is very important for access, should be easily accessible for public transit, and pedestrian and cyclist friendly. It would be lovely to have the hospital situated in a pleasant location ... especially for patients admitted for a longer term."</i></p> <p><i>"Please choose the site directly across from the existing civic hospital. Corn can grow anywhere but we need to have a central hospital."</i></p> <p><i>"Really, only sites 1 and 8-12 are at all worth considering, in my opinion. Ottawa needs a central hospital that is accessible to the downtown core, broadly defined."</i></p> <p><i>"I think too much focus has been on keeping the hospital central. The city is expanding incredibly so no matter where it goes it will be far for some."</i></p>

	<p><i>"I think it's really important to keep in mind that the current Civic hospital is actually no longer centrally located as the city has grown so much."</i></p> <p><i>"Given (the) location of other campuses, I favour a central location - but not in the Experimental farm (precious mandated green space) and not along the river (prime location for recreational uses)."</i></p>
Central, Experimental, Farm, location, land, use, important, agricultural, research	<p><i>"Please do not break up the Central Experimental Farm. As the Nation's Capital we should have a "Central Park" and the Farm is the only land that is not yet developed."</i></p> <p><i>"Don't touch the farm. Ottawa has the Central Experimental Farm, which is an invaluable green and agricultural space located inside the urban core. It is unique. What other urban centre wouldn't wish to have such a treasure?"</i></p> <p><i>"The Experimental Farm research benefits all Canadians, both farmers and consumers. The hospital should not be built on the Farm."</i></p> <p><i>« La disponibilité de terre vierge est essentielle à l'agriculture et ne peut pas augmenter, donc les édifices et stationnement devraient ré-utiliser des terrains déjà ruinés pour l'agriculture. »</i></p> <p><i>"The hospital should not be built on the land of the Central Experimental Farm. It is very valuable land used for research that has served the local and distant farming communities for over 150 years and developed some of the most important crops for Canada."</i></p> <p><i>"Placing the new facility on the Central Experimental Farm site is not acceptable. It will destroy important research facilities and greenspace."</i></p> <p><i>« Outre le fait que la ferme expérimentale soit le second attrait touristique après le parlement, c'est un lieu de recherche scientifique qui ne doit pas être altéré. Les besoins d'agrandissement de l'hôpital détruiront la Ferme. »</i></p> <p><i>"(I) would prefer not to have it located on Central Experimental Farm, it's an important agriculture and research site, as well as green space/pathway/public recreational area."</i></p> <p><i>"I would like to see the new site using part of the Experimental Farm and a tie in with health and agricultural research."</i></p> <p><i>"The Experimental Farm seems to be a sacred cow in this city. It doesn't make sense to me that there should be a huge and apparently untouchable patch of agricultural land in the centre of a major city."</i></p> <p><i>"I ride across the Farm daily and work using agricultural field data. However, I recognize that it is not 1955 anymore. A 1,000-acre farm in the centre of a city of one million makes no sense in terms of urban development/intensification/infrastructure."</i></p>

	<p><i>"The Central Experimental Farm is the best choice. Taking a small percentage of the total area to build a new hospital makes sense. Especially when any sort of research that was done on this parcel hasn't been done in years."</i></p> <p><i>"Any of the central experimental farm sites are the best. You can grow corn in Carp! No need to use this prime land for research."</i></p>
Civic, campus, current, new, hospital, exist(ing)	<p><i>"Sites 9 and 10 are my preferences. The areas are close to (the) existing Ottawa Hospital, Civic Campus and the existing hospital can continue to be utilized while construction can be done in stages. ... Once a new hospital is built the current site can continue to be used as a medical facility."</i></p> <p><i>"I don't think any of the proposed sites make any sense to me other than option 9. The existing Civic Campus can be used during the construction of the new Campus and services can be moved over slowly as areas are completed."</i></p> <p><i>"As (someone) who transports patients from the Civic Campus (through) a tunnel to the Heart Institute on a daily basis I can't stress enough how important it is for the well-being of future patients that the new site is as close to the current one as possible."</i></p> <p><i>"The new Civic needs to be proximate to where the existing Civic campus is in order to best serve the city. There are times when an extra 15+ minutes it could take to get to the new hospital campus could potentially be the difference between life and death."</i></p> <p><i>"Separating the existing Ottawa Hospital -Civic Campus from its current location does not solve the issue of expansion. Expand east or west from the current site. See what can happen if some residential property is available for purchase and expand."</i></p> <p><i>"The Civic is one campus of the Ottawa Hospital, which includes the Riverside and General campuses. I don't see any reason to expand/encroach into the Central Experimental Farm sites ... A new Civic hospital could potentially be split into two sites with outpatients and non-emergency health care and research remaining at the Civic Parkdale Clinic, and emergency work going to Tunney's Pasture."</i></p> <p><i>"The Civic campus has always been well located! We need a new, improved, modern hospital now and the original farm sites should have been a go! This delay is completely unacceptable!"</i></p>
Tunney, pasture, booth, street, complex	<p><i>"Tunney's Pasture offers both a wide transportation network and federal land that could be re-developed. Unlike the Experimental Farm, Tunney's has little or (no) heritage value; buildings could be removed to create lands for the new hospital."</i></p> <p><i>"Tunney's pasture or Booth Street would be excellent choices. If space doesn't permit, build up rather than out, build underground or multilevel parking, and cut back on parking requirements."</i></p> <p><i>"Ideal sites would be Tunney's Pasture and the Booth Street Complex as they remain close to the existing hospital while allowing for the existing hospital to operate during hospital construction."</i></p>

	<p><i>"Tunney's Pasture and the Booth Street Complex seem to be optimum sites. Their proximity to the existing Civic Hospital and possible transit, in addition to the fact that the NCC avoids the contentious development of the Experimental Farm make them desirable sites."</i></p> <p><i>"Both the Booth Street location and the Tunney's Pasture location represent ideal choices from my perspective. They remain centrally-located between the other main hospitals, well connected with existing and planned transit routes, and away from protected green spaces such as the experimental farm."</i></p> <p><i>"#1 Tunney's Pasture and #12 Booth St. Complex both fulfill the needs of the hospital and the community without major damage."</i></p> <p><i>"(The) Booth Street complex would seem to serve downtown well and be close to (Highway) 417 and old campus. (The) size is equal to what hospital has been fine with until now. We don't have room for urban sprawl in our downtown anyways. Tunney's (Pasture) also seems reasonable."</i></p>
Transit, public, transportation, access, easy, site	<p><i>"I would select a site with close access to public transit, preferably the LRT and with space with already existing unused buildings on it. I would not devote huge space to public parking but rather to hospital buildings. If (it is) near LRT, visitors and staff can use public transit."</i></p> <p><i>"The site selected should be easily accessible by public transit and from the Queensway, as well as from other major routes so that the public has several transportation options during periods of heavy traffic."</i></p> <p><i>"My hope is that the chosen site is based on accessibility for all transportation including public transportation and of course cycling. I believe Tunney's Pasture is the ideal location for the new hospital because of access for public transportation for patients and their families as well as for hospital employees."</i></p> <p><i>"I believe one of the most important components of locating the hospital is access. The current public transportation access to the Civic campus is slow and placing the hospital in the same general area seems like a poor decision."</i></p> <p><i>"Only 1 and 8 to 12 are within a reasonable distance with public transit for the population served. #2 is defensible given the availability of public and private transit. #7, although a shorter distance, is unacceptable since all public and private transportation is too indirect."</i></p> <p><i>"Numbers 1, and 12 are preferred ... (They are) near public transit, as many do not have access to vehicles, parking is often an issue. Staff, visitors could make good use of public transit. The general campus is difficult to access in non-peak hours."</i></p> <p><i>"I believe that site #11 is the best location. It is close to the old site, which makes for an easy transition. It's close to the downtown core. It's directly on the O-Train line with a station right across the street for easy public access."</i></p>

	<p><i>"The relative inaccessibility by public transit of the CEF locations compared to other sites along with the cost of relocation of the government facilities situated upon those sites seems to make them pale in comparison to sites that are not only more accessible by highway but are also closer to public transit. Proximity to major public transit stations such as Tunney's Pasture or Lincoln Fields at other sites would be more accessible to the public using the facility and to those visiting family in the hospital. By making the new hospital more accessible by main Transitway lines the city could cut down on the amount of parking and associated costs."</i></p>
Queensway, Carleton, close, hospital	<p><i>"I feel that we should not be close to another hospital (Queensway Carleton). The easiest and most efficient would be right across the street from the current location."</i></p> <p><i>"Geographically, Sites 2-6 do not make sense due to their proximity to another existing hospital, the Queensway-Carleton."</i></p> <p><i>"Sites 3 and 4 seem very close to the Queensway Carleton. Might be better to have something further East."</i></p> <p><i>"Why choose sites so close to the Queensway Carleton Hospital? Makes no sense."</i></p> <p><i>"I think some of the locations provided in the south of Ottawa don't make much sense considering the proximity to the Queensway Carleton Hospital. I would prefer a location closer to the downtown core and located near the LRT line."</i></p> <p><i>"Sites #3-6 are too far away from a core of people who need access to emergency services and west neighbourhoods already have the Queensway-Carleton Hospital nearby."</i></p> <p><i>"Barrhaven is growing and the western communities only have the small Queensway Carleton hospital."</i></p>
West, hunt, club, end	<p><i>"Given the location of the Ottawa Hospital General Campus, the optimal location for the Civic Campus ought to be in the west end. West Hunt Club may be ideal, given Ottawa's pattern of growth. However, it would require a big investment in infrastructure (public transit)."</i></p> <p><i>"My preference is to have the hospital in location 3 or 4 (West Hunt Club and 416). The reason being the southwest part of the city (South Barrhaven and South Kanata) has had substantial growth from new developments. The majority of the hospitals in Ottawa are in the east end (General, CHEO, Montfort), or central (ROH, Civic). Therefore, having an Ottawa Hospital Campus in the west end would serve a greater portion of the city."</i></p> <p><i>"My personal choices for top 3 are 1: #3&4 West Hunt Club; 2: Lincoln Fields - Pinecrest Creek; 3: Merivale Rd./Woodroffe Ave. corridor. The west end needs more hospital resources. #1 has great access and room to grow."</i></p> <p><i>"I am very concerned about the Pinecrest, Woodroffe and West Hunt Club sites (2, 3, 4, 5, 6). I live in Orleans and do not feel the eastern communities would be well served in an emergency given these west end locations."</i></p>

	<p><i>"The West Hunt Club area is too far from the core of the current site which serves a greater area of the west end."</i></p> <p><i>"I wouldn't want to be having a heart attack in Centretown and have to go all the way to Hunt Club or Woodroffe or Lincoln Fields (or even Smythe Rd.) for treatment. ... The west end already has a hospital. The Civic should stay exactly where it is and get renovated instead of rebuilt somewhere else."</i></p>
City, Ottawa, hospital	<p><i>"I think we should maximize the locations and services that are currently in place, and try to make easy ways to access all services efficiently. Also, it is important to take into account that some of the staff at the Ottawa Hospital work at multiple locations and require them to constantly move between sites. Therefore, locations should be in close proximity and not have multiple campuses all over Ottawa."</i></p> <p><i>"I am a physician on call at the Ottawa Hospital. This means that I am on call for emergencies at both the Civic and General campus at the same time. Having the campuses at the opposite ends of the city would dramatically reduce my ability treat both patient populations."</i></p> <p><i>"Considering the size of the city I think it is very important to consider building a hospital A) in an area where residents aren't already in close proximity to a hospital (all Ottawa's hospitals are central or east of the city) and B) easily accessible by public transit considering the exorbitant cost of parking at the hospital."</i></p> <p><i>"The City of Ottawa needs a new hospital. Agricultural research within the boundaries of the city needs to take a back seat. There are many research stations and experimental farms across Canada and over 90% of this farm on which research can be conducted."</i></p> <p><i>"I don't think the hospital should extend into the experimental farm and I think the hospital needs to respect that it is seeking a site in the middle of a capital city where land is valued and it needs to assess its requirements to reflect that."</i></p> <p><i>"Ottawa must have a hospital in the city, beside the highway. A world class institution does not belong in the suburbs or beyond. Ottawa is trying to densify, and become a true urban city - don't move a major institution away from the core."</i></p> <p><i>"Sites 3, 4, 5 and 6 are far too outside the city centre to be considered an 'Ottawa' hospital."</i></p>
Heart, institute	<p><i>"It is most logical and cost effective to build the new hospital across the road from the existing hospital on one of the Central Experimental Farm sites (9 or 10). The Heart Institute will be remaining in its current location and having the new hospital in close proximity is essential. It is important to have a stroke centre and trauma centre in a central urban location that is easily accessible to optimize patient care."</i></p> <p><i>"Are you going to move the Heart Institute and Civic at the same time? If not then the Civic and the Heart Institute must be close to support the patients at each complex. Physician and other health professionals support patients at both sites and</i></p>

	<p><i>will into the future.”</i></p> <p><i>“Thousands of dollars are currently being invested in enlarging the University of Ottawa Heart Institute … In my opinion, if the Civic Hospital were moved farther than the other side of Carling Avenue, on Experimental Farm property (#9-10), it would mean thousands of dollars wasted with the expansion of the Institute, which depends on the Civic Campus for many services and equipment.”</i></p> <p><i>“It is vital that the Civic be rebuilt close to the Heart Institute - they depend on each other so much.”</i></p> <p><i>“(The) new site should be located as close as possible to the Heart Institute and the existing Civic Campus.”</i></p>
Lincoln, field(s)	<p><i>“I would recommend avoid(ing) Site 2 (forest areas near Lincoln fields should be conserved) and Site 6 (only a small portion of the hospital faces an arterial street).”</i></p> <p><i>“The Lincoln Fields and Merivale/Woodroffe corridor sites are too close to existing health facilities and are not well suited to a hospital facility due to orientation and layout of these lands and their existing uses.”</i></p> <p><i>“Lincoln Fields seems to be the best option given its proximity to public transit and future LRT, as well as Carling and Richmond (arterial roads) and (the) SJAM Parkway. Additional space could be procured from private sector or integrated with the Lincoln Heights Mall.”</i></p> <p><i>“The old Walmart location by Lincoln Fields and other neglected commercial properties should have been considered.”</i></p> <p><i>“Site 2, Lincoln Fields, should be excluded as it would greatly affect the watershed of Pinecrest Creek, which flows in the Ottawa River. To locate a hospital there would endanger the ecological soundness of this watershed, and introduce additional pollutants in the Ottawa River, as the creek flows into the river.”</i></p>
Future, expansion	<p><i>“Je pense que les emplacements 3, 4 et 5 sont les plus appropriés car ils offrent les plus grandes surfaces, un accès autoroutier proche des 2 autoroutes 416 et 417, vers le sud ouest d’Ottawa et donc vers son essor le plus important. Ils sont dans un axe direct avec l’aéroport, proche de 2 autres grands axes (woodroffe et greenback). L'espace disponible autour permet une éventuelle expansion mais aussi le développement routier et les infrastructures de transports. »</i></p> <p><i>“Sites should also be considered that address future expansion of the city. While sites downtown may address current population centres, where will future population expansion primarily occur?”</i></p> <p><i>“Please provide a central location with enough room for future expansion and development. Let’s be proactive and plan in this city for once instead of thinking with our hearts.”</i></p> <p><i>“Pick a site that allows for easy future expansion. If you need 60 acres, get a site that has 120 acres.”</i></p>

	<p><i>"The current Carling campus is ideally located. Please expand across the street onto the experimental farm and allocate enough property for future expansion."</i></p> <p><i>"My preferred option is to stay away from prime farmland. We will never get the farmland back, and future expansion and parking will keep chipping away at a prime land resource."</i></p>
Green, space	<p><i>"It's fundamentally important that we protect the finite green space that we have within our urban boundary. We will never build/create more. If there are locations that require demolitions or a creative use of already paved areas, those options should be prioritized."</i></p> <p><i>"Pinecrest Creek and the Experimental Farm should not even be considered as they are providing essential green space/natural ecosystem to the city core."</i></p> <p><i>"Please don't destroy any more greenspace in the middle of the city."</i></p> <p><i>"People need green space. It reduces stress, encourages exercise and counteracts greenhouse gas emissions. I believe we will find more and more evidence on how important it is for peoples' mental and physical health. Ottawa needs to put more importance on preserving its existing green space, instead of viewing it as land available for development."</i></p> <p><i>"The key to better health is more green space, not more hospital."</i></p> <p><i>"I feel the Tunney's Pasture location would be the best choice for the new OCH campus. It has easy access with major roadway arteries and (is) close to transit. I most prefer this as it does not interfere with any of the treasured greenspace we have in our lovely city."</i></p>
Health, care	<p><i>"Need to keep location as close as possible to current site. What is more important: Health care or experimental food?"</i></p> <p><i>"My answers reflect the greater importance of health care to an agricultural research facility that can be relocated."</i></p> <p><i>"Please do not encroach on scientific uses of the experimental farm. Food security is as important as health care."</i></p> <p><i>"Pick the site that will provide the optimal healthcare to the citizens of Ottawa. That is the ultimate criteria."</i></p> <p><i>"The overwhelming criterion should be what makes most sense from the point of view of health care."</i></p> <p><i>"Need to ensure there is enough land to accommodate future growth and inclusion of health care centre of excellence clustering."</i></p>
Parking, lot	<p><i>"Having surface parking is a terrible idea. Either go underground or build a structure. Don't destroy green space for a parking lot."</i></p>

	<p><i>"All parking should be underground, and paid. This includes no free parking for staff. No surface parking, no free parking. Build a 21st century central hospital that supports active living, not a 20th century suburban parking lot with a hospital attached."</i></p> <p><i>« L'hôpital est urbain et doit donc avoir une structure compacte. Des hectares de stationnement asphaltés sont un anachronisme pour un édifice public en 2016! »</i></p> <p><i>"Given the parking woes at the current site access to the new site by LRT should be given top priority. Using a lot of valuable land for parking is not sensible."</i></p> <p><i>"It has to be somewhere easily accessible from the highways and have lots of parking."</i></p> <p><i>"I believe the Civic Campus should stay close to its existing location. 9, 10, 11 are all wonderful locations with great parking lot potentials as that is always a challenge for both patients and TOH staff."</i></p> <p><i>"There's no reason to 'pave paradise and put up a parking lot', even for a hospital. No more land is going to appear downtown for research. No more land is going to appear downtown period. Why wouldn't we re-use someplace we've already built on?"</i></p>
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In an effort to further explore sentiments regarding the sites located in the **Central Experimental Farm**, further analysis was performed with responses to Question 7 that mention this location. Out of 7,671 responses, a total of 2,940 (38%) make specific reference to the “Farm,” the “CEF” or Sites 7, 9, 10 and 11. Additional analysis of these verbatim comments reveals that a slight majority of those who completed the survey voice opposition to locating the new hospital on any of the four CEF sites. The balance express some degree of support for using one of these sites.

Comments regarding the CEF can be placed into three main categories:

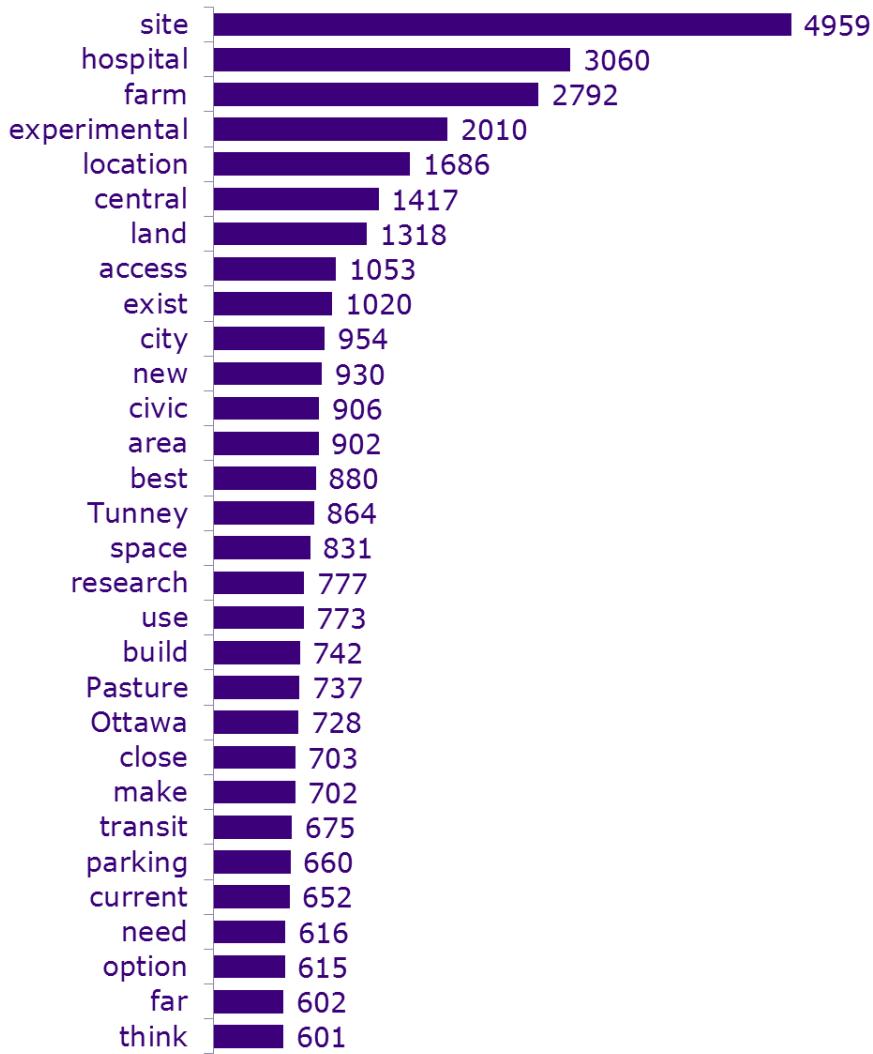
- Many of those who oppose locating the hospital on these lands are adamant that encroaching on the CEF will jeopardize longitudinal scientific research and eliminate important greenspace. Several of the participants who oppose the Farm sites in their comments recommend, instead, Tunney’s Pasture or the Booth Street Complex as centrally-located alternatives for the new hospital.
- Many of those who are in favour of building on the proposed CEF sites highlight the central location and proximity to transportation links, with many also indicating this is the most “logical” location.
- Further, a significant number of respondents express conditional support for Site 11 (at the location of the former Sir John Carling Building on Carling Avenue East) over Sites 7, 9 and 10 because they believe this would place the hospital on an under-utilized portion of the CEF and not encroach on areas currently used for agricultural research.

The following table provides a snapshot of these three sentiments, as expressed by those who discussed the Central Experimental Farm in their responses:

Comments opposed to the use of any CEF sites	Comments in favour of CEF sites	Comments in favour of Site 11 over Sites 7, 9 or 10
<p><i>"In my view, the Experimental Farm is untouchable! Food research/agriculture is the first 'health care' priority that a community and a nation must have. To build a parking lot on the Experimental Farm will be a travesty."</i></p>	<p><i>"(The) Experimental Farm has always been of marginal value for urban citizens. Why are we protecting a space no few get to use - currently growing crops that can be grown anywhere other than on prime development land."</i></p>	<p><i>"I support site 11 the greatest as it already was a previous building site on the farm, right next to expanding LRT, and has zero impact on the research conducted at the farm - zero."</i></p>
<p><i>"The Experimental Farm should be off limits. It is an important research site and should not be sacrificed."</i></p>	<p><i>"The original study that identified the Experimental Farm still makes the most logical case. I support this location."</i></p>	<p><i>"Sites 11 and 12 are the only viable options in my opinion. The Sir John Carling building site and adjacent land (Site 11) - including the air space over the O-Train corridor - are best of all. It's a shame these were positioned as 'Experimental Farm' as they are clearly different from the agricultural lands."</i></p>
<p><i>"It seems to me to be short-sighted to consider taking land from the Experimental Farm. Agriculture and agriculture research will continue to be important to our future. Choosing another location may cause inconveniences to the hospital, but that is all they are. Once that farm land and research is gone, it is gone forever."</i></p>	<p><i>"The Farm is the most logical choice, based on many technical criteria. The local community will resist it, as they do all change, but a hospital is an absolutely key piece of infrastructure that serves a very broad community: the patients, the residents, the medical staff, and the doctors of the NCR."</i></p>	<p><i>"I believe (Site) 11 represents the best option as it re-purposes space that was previously a Government of Canada office building and minimizes impact on research lands (of the Experimental Farm options)."</i></p>
<p><i>"I would be very disappointed if experimental farm lands were used for this new hospital. Ottawa has done a terrible job of protecting green space and it continues to be eaten up at an appalling pace."</i></p>	<p><i>"We do not need corn fields and or climate change research on prime land in the city centre. Please be realistic and build a hospital on the farmlands across from the existing hospital. Research and corn fields can be moved anywhere. Put people first."</i></p>	<p><i>"Of the Central Experimental Farm sites, only (Site) 11 should be considered. This site is not currently occupied and is not a site of valuable soils/crop research."</i></p>
<p><i>"It is inconceivable that any portion of the Experimental Farm would be compromised for the hospital. The Farm provides sustenance for the body to prevent hospital stays."</i></p>	<p><i>"In my opinion the site at the Experimental Farm is the best option. It is close to heart institute, It is a waste of money to continue to spend more money on this issue, just get it done."</i></p>	

The following chart lists the top 30 words mentioned by participants in response to this question. The word *site* is mentioned most often because in many of their answers, participants provide commentary regarding each of the 12 potential locations for the new hospital. The words *central*, *experimental* and *farm* are also frequently mentioned in responses as several participants made arguments regarding the benefits and drawbacks of building the new hospital at this location.

Q7 – Top 30 words by frequency



V — Next Steps

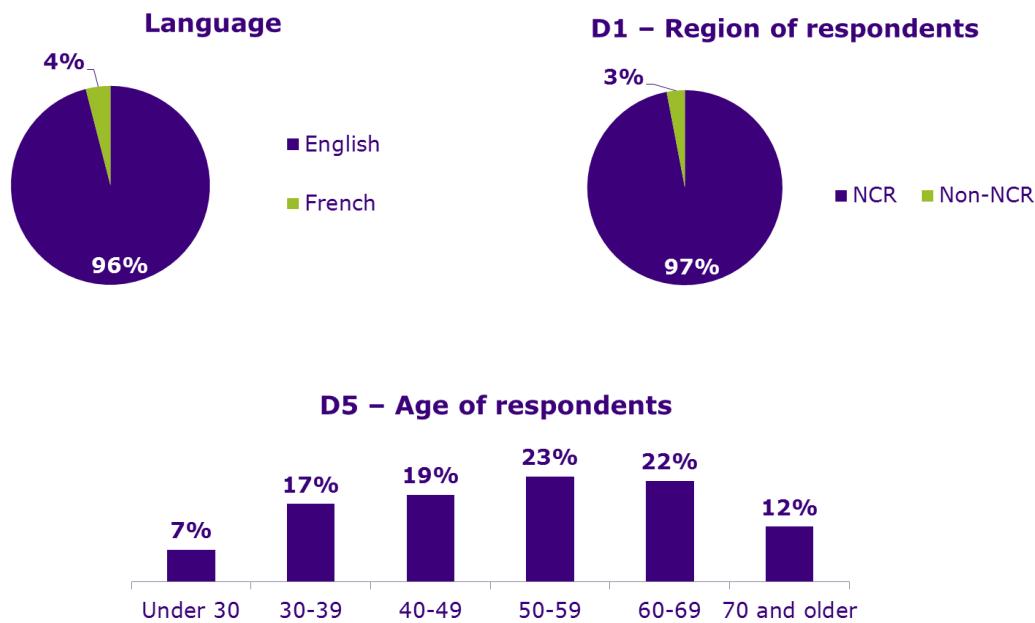
The evaluation committee was provided with a draft of this public consultation report prior to its deliberations in order to incorporate the public and stakeholder input in the review of each site. The results of the committee's evaluation will be presented to the NCC Board of Directors during its public meeting on November 24, 2016. Following a decision by the Board, the NCC's recommendation will be submitted to the Minister of Canadian Heritage for the federal government's decision.

Appendices

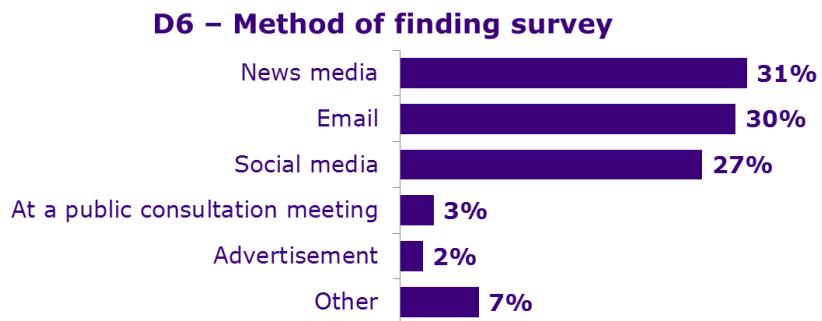
Appendix 1

Demographic Breakdown

The majority of those who participated in the consultation chose to complete the survey in English (96%). Nearly all (97%) were from the National Capital Region. Nearly six in ten participants (57%) were over the age of 50.



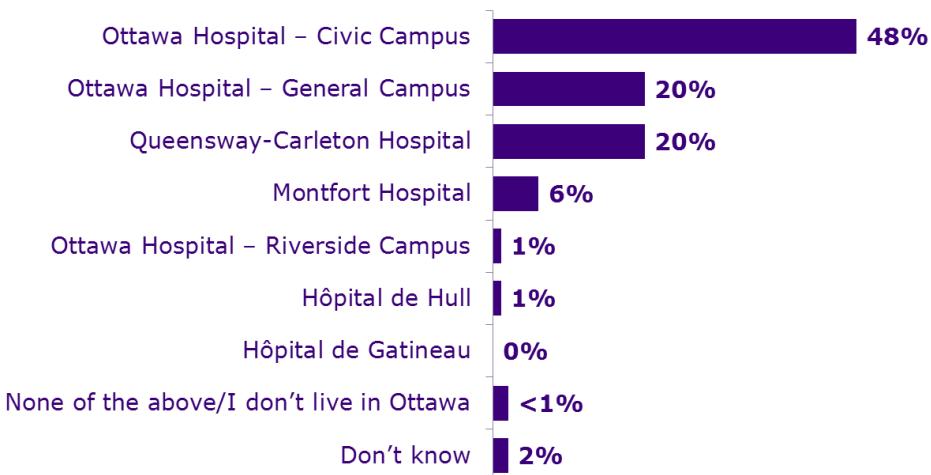
Majorities found out about the survey through news media (31%), email (30%) and social media (27%). Of those who selected “other”, word of mouth via family, friends, colleagues and other organizations (e.g. community associations, the Ottawa Hospital, and the NCC) was most common.



Use of National Capital Region Hospitals

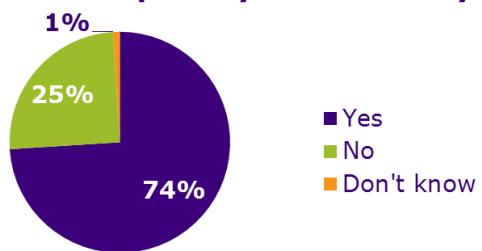
Half of participants (48%) said they would be most likely to visit the current Civic campus in the case of emergency, with one-fifth who would visit the General Campus and one-fifth who would visit Queensway-Carleton.

D2 – Hospitals likely to be visited in emergency



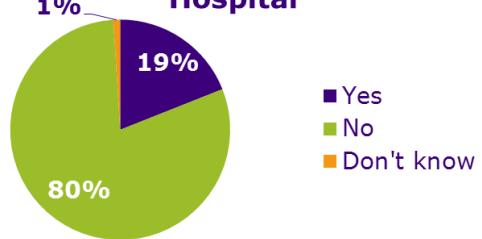
Three-quarters of consultation participants (74%) report they or a member of their family have recently used the Civic Hospital.

D3 – Recent use of Ottawa Civic Hospital by self or family



One in five (19%) say that they or a family member work or volunteer at the Civic Hospital.

D4 – Self or family member work/volunteer at Ottawa Civic Hospital



Appendix 2

Survey Questionnaire

Initial landing page 1:

The Ottawa Hospital (Civic Campus) Public Consultation Survey

English / Français

Introduction page:

Public Consultation Survey— The Ottawa Hospital

The NCC is conducting a [review](#) of potential federal sites for the new Civic Campus of The Ottawa Hospital to ensure that this world class health care facility benefits from a strong planning foundation. We want your input to ensure that the future site of the Ottawa Hospital's Civic Campus meets the needs of everyone that will depend on its health care services.

The NCC Board of Directors will be presented with the results of the site review process at its public meeting on November 23, 2016. The NCC's recommendation will then be submitted to the Minister of Canadian Heritage for the government's decision.

Please note that your answers will be confidential and that the personal information is only for the purposes of analyzing the results of this survey.

If you have any questions, please contact the NCC at 613-239-5000 or info@ncc-ccn.ca.

Button: Press [>>] to start the survey

Survey page 1:

1. Before today, were you aware that there are plans to establish a new Ottawa Hospital Civic Campus in the National Capital Region?

Yes, I was aware

No, I wasn't aware

2. How familiar are you with the issue of establishing a new Ottawa Hospital Civic Campus in the National Capital Region?

Very familiar

Somewhat familiar

Not very familiar

Not at all familiar

Survey page 2:

To help evaluate where the new Ottawa Civic Hospital should be located, the NCC has identified several criteria to be taken into consideration. These are tied to three broad themes:

1. Capital Interests : those criteria that best address the federal interests in the Capital region
2. Functional and Operational : those criteria that are important for the effective and efficient functioning of a hospital facility
3. Regional and Local Interests : those criteria that best address the municipal and regional interests in the region

Capital Interests

3. Please indicate using the scale below how important each of the following criteria are to you, with a 1 meaning this is “not at all important” to you personally and a 10 meaning it is “very important.” RANDOMIZE
 - a) Compatibility with existing federal plans, including the Plan for Canada's Capital and land use plans
 - b) Impact on cultural resources, such as UNESCO World Heritage sites, national historic sites, designated buildings and archaeological sites
 - c) Impact on existing federal government facilities and functions, including displacement and fragmentation of office or research functions
 - d) Cost implications for the federal government related to land value, demolition and relocation of facilities
 - e) Impact on protected and important views in the Capital
 - f) Impact on the natural environment, including valued ecosystems, species at risk and ecological corridors
 - g) Impact on publicly used Capital green spaces and recreational pathways

COLUMNS

1 – Not at all important

2

3

4

5

6

7

8

9

10 – Very important

99 - Unsure

Button: Back/Next

Survey page 3:

Regional and Local Interests

4. Please indicate using the scale below how important each of the following criteria are to you, with a 1 meaning this is “not at all important” to you personally and a 10 meaning it is “very important:” RANDOMIZE

- a) Compatibility with the municipal plans of the City of Ottawa
- b) City building; Integration with the character of existing communities
- c) Integration with the transportation network, including access for vehicles, pedestrians and cyclists
- d) Integration with the public transit network
- e) Availability of municipal infrastructure and utilities
- f) Impact on agricultural lands
- g) Preparedness and responsiveness to major emergencies, including number of access points

COLUMNS

1 – Not at all important

2

3

4

5

6

7

8

9

10 – Very important

99 - Unsure

Button: Back/Next

Survey page 4:

Functional and Operational

5. Please indicate using the scale below how important each of the following criteria are to you, with a 1 meaning this is “not at all important” to you personally and a 10 meaning it is “very important:” RANDOMIZE
- a) Size of the site supports hospital’s functional needs
 - b) Site is within the urban area and close to amenities
 - c) Site is configured to permit flexibility for location of facilities
 - d) Optimal distance from other hospitals
 - e) Emergency access to arterial roads, major highways and air ambulance
 - f) Scope of construction issues, such as soil conditions and potential demolitions
 - g) Proximity and synergies with complementary functions, health services and academic institutions

COLUMNS

1 – Not at all important

2

3

4

5

6

7

8

9

10 – Very important

99 - Unsure

Button: Back/Next

Survey page 5:

Additional Criteria

6. In your view, was anything missing from the proposed list of criteria for ranking and selecting a location for the new Ottawa Hospital Civic campus? Is there anything else that should be considered as part of the list? Please use the following text box to let us know (up to 1,000 characters).

OPEN END

7. The NCC examined all federal sites in the Capital Region's urban area that could be used for building a healthcare facility. Below are the 12 potential federal sites for the new Civic Campus of The Ottawa Hospital that are part of the review process.

[INSERT MAP]

Do you have any comments regarding any of the specific sites that you would like to share with the NCC? If so, please use the following text box to let us know (up to 1,000 characters).

OPEN END

Button: Back/Next

Survey page 6:

Demographics

Finally, please tell us a little bit more about you:

D1. What are the first three characters of your postal code? _____

D2. Which Ottawa-Gatineau area hospital would you be most likely to visit in an emergency?

Ottawa Hospital – General Campus

Ottawa Hospital – Civic Campus

Ottawa Hospital – Riverside Campus

Queensway-Carleton Hospital

Montfort Hospital

Hôpital de Gatineau

Hôpital de Hull

None of the above/I don't live in Ottawa

Don't know

D3. Have you or any of your immediate family members used the services of the Ottawa Civic Hospital in the past two years?

Yes

No

Don't know

D4. Do you or does a member of your family work or volunteer at Ottawa Civic Hospital?

Yes

No

Don't know

D5. In what year were you born? _____ CHOOSE YEAR FROM DROPODOWN

D6. How did you find out about this survey?

- a) Email
- b) Advertisement
- c) News Media
- d) Social media
- e) At a public consultation meeting
- f) Other: _____

Button: Submit

Survey page 7:

Thank you! Your feedback has been successfully received.

Should you have any further questions or comments, please contact the NCC at 613-239-5000 or info@ncc-ccn.ca.

Share this survey



Button: Exit Survey [REDIRECT TO: http://www.ncc-ccn.gc.ca/]

Upon clicking the Facebook or Twitter icons, users will be redirected to the social media site with a pre-populated post.