

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

**The Civic Hospital Neighbourhood Association (CHNA)** has invested countless hours in the past few years in working with The Ottawa Hospital (TOH) to ensure that the new Civic Campus is a success. Like most people in Ottawa and the region, our members have benefited from the exemplary healthcare provided by TOH and the University of Ottawa Heart Institute.

This document provides our initial observations and recommendations on the recently available TOH Master Plan. Given the limited time for analysis, we have focused our response based on our many years of experience living alongside the current Civic Campus as well as its future home. We look to community partners such as Bike Ottawa, CEFAC (Central Experimental Farm Advisory Committee), Council on Aging of Ottawa, Friends of the Farm, Greenspace Alliance, Heritage Ottawa, Ottawa Disability Coalition, the TOH Patient and Family Advisory Council, and all the surrounding Community Associations for their expertise and their submissions for more in-depth research on topics we were unable to properly research and provide meaningful input.

***For the preparation of this document, we wish to pay a special thanks to our Transportation Committee led by Luanne Calcutt, our Planning and Development Committee led by Linda Niksic, and to Christina Cameron CM, FRSC, Professor Emerita, Canada Research Chair on Built Heritage, Université de Montréal, for her evaluation of the cultural heritage impacts.***

As changes to the application and public open houses are expected before this Master Plan goes to Planning Committee, we may provide further comments, clarifications, and recommendations in subsequent submissions.

***Karen Wright*** – President Civic Hospital Neighbourhood Association

***Peter Eady*** – VP and Chair of the Civic Hospital Relocation Committee

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **Content**

### **1. Transportation Impacts**

- 1.1 Increased Traffic Demands
- 1.2 Neighbourhood Traffic Management
- 1.3 Signage from/to the 417
- 1.4 Sustainable 417 access alternatives to Parkdale Avenue
- 1.5 Transit
- 1.6 Parking
- 1.7 Preston-Carling Secondary Plan (PCSP)
- 1.8 Maple Drive
- 1.9 Cycling
- 1.10 Central Experimental Farm
- 1.11 Summary of Transportation Recommendations
- 1.12 Peer Review Services Request – Response Required

### **2. Environmental Impacts**

- 2.1 Creation, Maintenance, Access and Use of Green Roof
- 2.2 Tree Retention
- 2.3 Noise

### **3. Cultural Heritage Impacts**

- 3.1 General Comments
- 3.2 Above Ground Parking Garage
- 3.3 Maple Drive
- 3.4 Road E
- 3.5 Views to and from the William Saunders Building

### **4. Planning and Development Impacts**

- 4.1 Special District Designation
- 4.2 Design Brief and Functional Analysis

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **1. Transportation Impacts**

*Prepared by the CHNA Transportation Committee*

### **1.1 Increased Traffic Demands**

The Traffic Impact Assessment (TIA) for the New Civic campus of the Ottawa Hospital (the “**New Hospital**”) informs us that the New Hospital site will: (i) include 3100 parking spaces *with the potential for adding more spaces*, (ii) have a much larger patient capacity, and (iii) employ more individuals than are currently employed at the Civic Hospital. In addition, we have become aware that the site of the current Civic Hospital will remain with the Ottawa Hospital for continued health use once the New Civic on the Experimental Farm is operational.

In light of this information, it is necessary for the City of Ottawa, MTO and the planners of the New Civic to assess the additional traffic demands this development will have upon neighbourhood road infrastructure as it stands presently. It is also necessary to keep in mind that the current traffic demands of the Civic Hospital on Parkdale Avenue, Sherwood Drive, and community roadways will remain into the future once the campus becomes operational. Surprisingly, this information is lacking from the TIA.

***CHNA position: The City must make a commitment at this planning stage to proactively address the additional traffic demands resulting from the new hospital.***

***CHNA position: Establish a transportation monitoring oversight committee with representation from the CHNA.***

### **1.2 Neighbourhood Traffic Management**

Provision for parking and traffic impact are addressed below:

*Section 5.5.2 – Needs and Opportunities*, contains a key passage that recognizes both concerns:

*Our understanding of the area road network... have confirmed that the two adjacent arterial roadways to the new Civic Development, Carling Avenue and Prince of Wales Drive are both heavily utilized*

## **Civic Hospital Neighbourhood Association**

### *Comments and Recommendations regarding D07-12-21-0059 and D07-21-2007 The Ottawa Hospital Site Plan Control (Master) and Lifting of Holding Zone*

*corridors particularly during the peak periods. Reducing the number of trips by personal vehicle will be critical to maintain reasonable operation of the adjacent road network.*

*Current parking demand projections suggest that while the proposed 3,099 parking space supply may be adequate, it would not provide an opportunity to address the parking availability pressures experienced by existing hospital employees and visitors. Therefore, TOH should endeavour to reduce person vehicle use by staff as much as possible to avoid this outcome. (p.70).*

1. A fundamental underlying principle is the fact that the Study does not appear to have adequately accounted for the fact that the “New Hospital” will have approximately 2x the number of employees of the “Current Civic” campus on opening date (6631 employees = year 2028) and approximately 3x the number of employees at full build out (10,439 = year 2048) (Table 5 – page 25).
2. As the Report states, its results are contingent on “achieving ambitious target mode shares for employees and visitors; approximately 50% auto-drivers at Opening Day 2028, and approximately 35% auto-drivers at Full Buildout 2048” (page 89) whereas the Current Civic auto-driver share is 85% (page 28).”

***CHNA position: The reduction of auto-driver share from the existing 85% to 50% and 35% appears extremely overly optimistic. Projections should be restated with accurate data.***

3. Another factual error that is not properly accounted for in the Report states the existing Current Civic hospital traffic will be removed (page 48). This is contrary to statements that the existing campus will continue to house the Heart Institute for the next 20 years and other parts of the Current Civic site will be repurposed for other provincial medical or long-term care uses.

***CHNA position: It is incorrect to remove the existing Civic Hospital traffic from the projections. The current site will still be used for medical purposes and hence will still need to support employee and visitor car traffic and parking. How will this be accommodated as the existing site is grossly deficient?***

# Civic Hospital Neighbourhood Association

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

The projected traffic impact on the Civic Hospital Neighbourhood is alarming. The report states that “A significant concern heard early in the public consultation process was ‘shortcutting’ through the adjacent communities”. Yet, the application identifies no measures to proactively address increased traffic volumes or safety concerns in the neighbourhood.

For example, the application model states “forecasted aggressive traffic growth on Sherwood Drive” (Appendix L), with expected increase in volumes to a total of 400 vehicles per hour (p. 74). The increase in volumes is expected regardless of any upcoming traffic calming measures that will be implemented on Sherwood Drive.

The TIA itself makes no reference to volumes on most CHN streets such as Parkdale Avenue, Sherwood Drive, Fairmont Avenue, or Bayswater Avenue. Neither the City nor TOH have engaged in any meaningful manner to address ongoing traffic management related to the existing campus.

The report states that “If area traffic management concerns are raised in the future, it is recommended that the City’s established protocol be used to review and assess the concerns, and lead the discussion on appropriate mitigation. TOH would be expected to participate as an active stakeholder in the area.”

It is unacceptable mechanism to address concerns after the fact when there is current well established data to require proactive measures. The described approach to resolving – problems has not worked for the community for the past many years and would likely be just as ineffective going forward.

***CHNA position: Provide traffic counts in summarized table form for CHN streets (such as in 3.1.3.6 Existing Peak Hour Travel Demand) in table form; particularly for those intersecting with intersect with Carling Avenue.***

***CHNA position: Provide traffic counts in summarized table form for all trip assignment data illustrated in Fig. 23, Fig 24.***

Sherwood Drive is identified as an in/out bound traffic route for the New Hospital yet the calculated site-generated traffic volume that might use Sherwood Drive is not indicated (page 39). Fairmont is not considered in the traffic analysis at all. The streets in the adjacent residential communities should not be the primary access for emergency vehicles or any hospital traffic.

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

***CHNA position: Traffic should not be permitted to pass through the existing residential neighbourhoods. Significant mitigation measures will be requested.***

## **1.3 Signage from/to the 417**

Directional signage to the hospital (H-sign) on Highway 417, and from the hospital to the 417, should be strategically placed to ensure traffic volumes are appropriate for the different routes to the hospital.

The current traffic burden in the CHN has been exacerbated over the years partially due to the relocation of the H-sign from its original location on 417 eastbound at Carling (Kirkwood), to Parkdale resulting in increased traffic burden on Parkdale. This matter is well known to TOH officials as residents have been advocating for years to have the sign reinstated.

The trip distribution assumptions (based on the 2011 OD Survey, TRANS model select link analysis, and existing traffic volume counts) should be reviewed.

***CHNA position: Provide revised trip distribution assumptions reflecting proposed signage placement.***

***CHNA position: The 417 EB-Carling (Kirkwood) exit should serve as the primary access from the west end rather than Parkdale. The H-sign on the 417 EB at Carling (Kirkwood) should be reinstated as a condition of the site plan approval. This will optimize the use of Carling for higher traffic volumes and avoid the risk of congestion on Parkdale.***

***CHNA position: The 417 EB Rochester exit should serve as the secondary access route, being closer to the Carling-Champagne entrance to the campus.***

***CHNA position: The 417 WB-Bronson exit should serve as the primary access from the east end, and the H-sign placed at that exit. Vehicles from the east end would then continue to Raymond and Booth to Carling. This route should be prioritized over Parkdale and Sherwood, which are residential streets. In fact, in the past when construction was taking place around the current Civic campus, TOH itself recommended that motorists use the Bronson exit.***

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

***CHNA position: The 417 EB Metcalfe on ramp should be the main access route to the 417 from the hospital. Signage at the hospital exits should direct traffic leaving the hospital accordingly.***

## **1.4 Sustainable 417 access alternatives to Parkdale Avenue**

The Parkdale 417 interchange and Parkdale Avenue are highly used roadways: they are often grid-locked to a standstill, with frequent accidents and collisions occurring. Parkdale is also a difficult route for emergency vehicles to travel: cars cannot pull out of the way because there is no shoulder to move to. Sidewalks are narrow and right next to the roadway, making it very dangerous for pedestrians: one slip by an elderly individual or a child would result in potentially landing in front of a moving vehicle. In addition, it is impossible to bike safely, as the narrow road makes sharing with vehicles difficult and dangerous.

Clearly the usage demands on Parkdale today already exceed its single-lane capacity. Therefore, it is illogical for the New Hospital planners, MTO, and the City of Ottawa to assume that it could handle the additional traffic of the proposed 'super hospital', which is designed to house a large amount of parking spots, care for more patients, and employ more individuals.

The responsibility of the New Hospital planners does not stop at designing and building the New Hospital. Seconds matter when transporting the sickest individuals to hospital. A patient must be able to reach the hospital in the most efficient and safest way from the 417. Therefore, access from the 417 to the New Hospital must be viewed with a broader perspective. Relying on current infrastructure (i.e. Parkdale) without looking at other ways to access the New Hospital is not diligent, reasonable, or well thought out. In fact, it is dangerous.

It is imperative that the MTO and the New Hospital planners strongly consider adding a ramp at Rochester or Booth to enable the quickest arrival and exit to the New Hospital. The location of the New Hospital is much further east from the 417 Parkdale exit than the current hospital, adding additional travel time. In particular, the distance between a potential 417 Rochester/Booth exit via Carling to the proposed New Hospital site would be considerably shorter, in time and distance, than the current 417 Parkdale exit via Carling.

In any event, alternative solutions to improve traffic flow on Parkdale must be planned for and ultimately implemented. Such alternatives must be part of the plan now. It is not acceptable for Parkdale to remain in its current state while

## **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

adding the additional traffic demands of the New Hospital. Parkdale must be eliminated as an access road for the new TOH campus.

A compromise alternative would be to redesign Parkdale as a one-way road northbound from Carling to the 417 interchange. This has merit for two reasons:

i) vehicles arriving from the west would access the new campus from the 417 EB-Carling exit or the 417 EB-Rochester exit; vehicles arriving from the east would use the 417 WB-Bronson exit, which would be consistent with H signs position; and

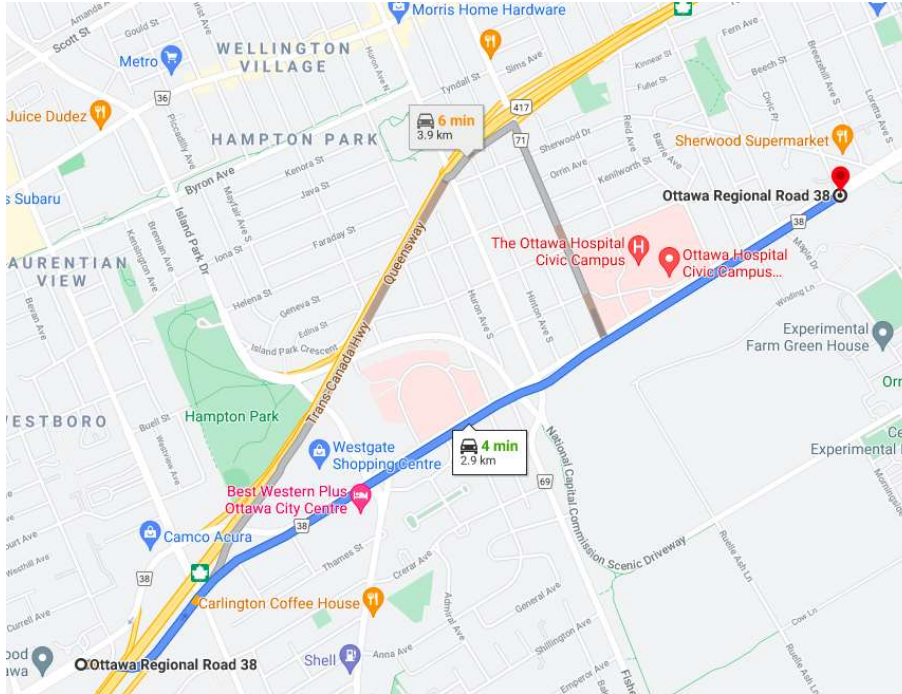
ii) this design would likely have more support from the community because people generally access the 417 from the neighbourhood. Residents may rather compromise on taking another road when exiting 417 to get home (southbound) rather than when they are going places from home (north bound).

Removing the 417 EB Parkdale exit as an access route to the hospital from the west end in favour of the Carling/Kirkwood exit will ensure more reliable access for emergency traffic. As is, there is frequent congestion on southbound Parkdale, and the narrow road makes it impossible for vehicles to move out of the way for ambulances. Southbound Parkdale traffic would also have to contend with a left turn at Carling to proceed to the hospital, adding to delays. The Carling/Kirkwood exit would instead direct traffic to Carling, which is a straight shot to the new hospital, and with plenty of road width throughout for vehicles to make way for passing ambulances to skip intersections when necessary. Even in uncongested conditions, Carling is a faster route: 4 min or 2.9 km from the Carling/Kirkwood exit, vs 6 min or 3.9 km staying on the 417 to Parkdale and turning left on Carling, as per the attached route:



# Civic Hospital Neighbourhood Association

## *Comments and Recommendations regarding D07-12-21-0059 and D07-21-2007 The Ottawa Hospital Site Plan Control (Master) and Lifting of Holding Zone*



A redesigned Parkdale would allow for wider sidewalks, bike lanes, and ultimately result in a safer road for pedestrians, cyclists and drivers.

***CHNA position: Make Parkdale a one-way northbound road from Carling to the 417 interchange.***

***CHNA position: Implement any and all measures necessary to ensure current and future safety of residential Parkdale Avenue.***

### **1.5 Transit**

The CHNA has a strong interest in maximising public transit use by staff, patients and visitors to and from the new Civic campus. The more people take public transit, the fewer the number of vehicles travelling through, or parking in nearby neighbourhoods. This can be encouraged by making public transit the more convenient or least costly option, and making driving the least convenient or most costly choice.

Table 8 shows modal shares for the existing hospital. These data are highly influential in what the models of traffic flows will forecast. However, as the title reveals, these data are nothing more than assumptions and should not constrain

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

expectations for what can be achieved at the new site. Effective public transit, and congested traffic and costly parking will naturally change the commuter's calculus towards the more sustainable option. Such gross approximations of modal shares could readily have been avoided with research. The staff on the existing campus could have been surveyed directly using a fairly small sample drawn from the personnel records of the hospital. A short questionnaire (less than six questions), and the self-interest in the outcome by the respondents, would have ensured a low non-response rate.

While assumptions rarely yield accurate data, they can be positively influenced by the quality of the data informing the assumptions. The relevance of the estimates in Table 12 is highly questionable. Just the range of the estimates speaks to this weakness. For example, the auto-driver share goes from 88% to 9%.

When using input data known to be weak, the sensitivity of the model's predictions to the input data should have been measured. Slightly different values, clustered around the assumed modal shares, should have been run through the models to determine how susceptible the predictions are to the input data.

***CHNA position: A survey of commuting modes should be conducted with hospital staff. Failing that, sensitivity analysis should be conducted to determine the susceptibility of the models' predictions to the modal share input data.***

The interface between the campus and public transit occurs in two places:

- Along Carling, and
- At the Dow's Lake Station (formerly Carling Station) of the O-Train Line 2 in the northeast corner of the campus.

The issues relating to public transit arise:

1. In the physical interface with public transit at the Dow's Lake Station and along Carling, and
2. In how those who use public transit will get to and from the main hospital building located at the top of the embankment; the pedestrian infrastructure within the campus.

These issues are detailed below.

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **1. Interface with Public Transit**

### **a. Interface with the LRT**

The Dow's Lake Station is located north of Carling . The new Civic campus is on the south side. There is currently a crosswalk between the station and the south side of the street.

The Parsons Consulting report proposes extending the Dow's Lake Station platform under Carling, such that Line 2 would be directly accessible from the hospital. It is doubtful that this will happen for years, if ever.

The Carling bridge over the LRT is very narrow. Extending the platform under Carling would probably necessitate cutting through the eastern abutment of the bridge – necessitating the replacement of the entire bridge.

This would almost certainly require shutting down Line 2 for the duration of the work.

With the two-year shutdown of the Line 2 already in effect, the City may be reluctant to shut it down again, or to extend the current shutdown well beyond 2022.

As an alternative, an enclosed pedestrian overpass across could be built across Carling, which might be done without shutting down the Line 2. Without such an overpass, the new Civic campus will be separated from the LRT by Carling – which is being designed by the City to become substantially busier.

In contrast, there are no public streets separating parking on the campus and the main hospital building, which gives driving to the campus a meaningful advantage over using public transit.

***CHNA position: Dow's Lake station should be built to provide transit users direct access to the hospital without crossing Carling. If the station itself cannot be extended under Carling to connect with the hospital, consider an enclosed pedestrian overpass across Carling.***

### **b. Interface with Buses Along Carling Avenue**

The walk from the stop at Maple to the entrance of the hospital is level but it is the equivalent of several city blocks – not accessibility enhancing.

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

The section of Carling closest to the main hospital building (between Maple/Irving and Sherwood) is a steep incline, unsuited to bus stops.

At Sherwood and Carling, the distance to the hospital is less but involves climbing the embankment. The embankment is up to 15 m in height. No path to facilitate this is proposed. The straight-line distance from the main Hospital entrance and the nearby bus stops at Sherwood and Champagne are roughly 200m and 300m, respectively

The further east on Carling one goes, the greater distance from the hospital. In all cases, the escarpment remains a challenge. The straight-line distance from the main hospital entrance and the nearby bus stops at Sherwood and Champagne are roughly 200m and 300m, respectively

A bus stop close to Dow's Lake station would allow the use of the proposed pedestrian infrastructure in the campus but still necessitates crossing the six lanes of Carling to catch a westbound bus, if the station is not integrated with the hospital either underground or a pedestrian overpass.

***CHNA position: Dow's Lake station should be designed to serve bus users as well, with access to westbound buses facilitated by extending the station under Carling, or an enclosed pedestrian overpass across Carling.***

## **2. Pedestrian infrastructure within the campus**

The Parsons report proposes an elevated pedestrian walkway running from near the northeast corner of the campus (Dow's Lake Station) to the southeast corner of the hospital which sits on the top of the embankment.

***CHNA position: Provide further details as to the nature of the elevated walkway (i.e., temperature controlled?; moving sidewalks?; fully enclosed?).***

## **1.6 Parking**

While the goal should be to encourage public transit and discourage private car use as much as possible, it is understood that a need for parking is inevitable, and critical to assure access for those unable to use active or public transportation for medical reasons.

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **The following specific concerns are identified:**

- i) The failure to provide adequate parking for the New Hospital is compounded by the fact the Current Civic is going to continue to operate in some capacity as a medical facility but with the loss of the “Satellite Parking Lots” (identified on page 61).
- ii) The Current Civic provides 2500 parking spaces on site and off-site in the Satellite Parking Lots. The Report then acknowledges the current demand for parking, including the Satellite Parking Lots, greatly exceeds the parking supply. The Current Civic is significantly under served in parking which is why the Satellite Parking Lots, including the area where the New Hospital is to be located, in addition to other sites that will be developed in the future and hence not available for parking, are leased.
- iii) The Study has not accounted for the fact that the New Hospital will have approximately 2x the number of employees of the Current Civic hospital on opening date (6631 employees = year 2028) and approximately 3x the number of employees at full build out (10,439 = year 2048) (page 25) but an increase in the number of parking spaces is not being provided.
- iv) The Report also does not account for the on-street parking that occurs in the adjacent neighbourhoods (current and future parking spillover) and the corresponding safety concerns experienced by residents and the cost to the City to address the complaints and non-compliance caused by employees and visitors to the hospital.
- v) The New Hospital is only proposing to provide 3099 parking spots, this satisfies the minimum amount of parking according to current parking rates in the zoning by-law as opposed the maximum that could be provided 7,209 (page 63).
- vi) The number of parking spaces being provided for the New Hospital is not adequate. The Report states 4350 spaces would be required to satisfy the calculated need on opening day (year 2028). If the 0.70 parking ratio (reflecting current insufficient parking conditions at the existing Civic campus) was assumed, approximately 3050 spaces would be required. The Report states “the planned 3,099 parking spaces supply would be adequate but does not substantially improve the current parking situation” (page 65).

## **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

- vii) The Report acknowledges full build-out (year 2048) requires even more parking, 4700 spaces, even with an adjusted modal split. Applying the Current Civic parking ratio indicates 3,260 parking spaces are required (page 65).
- viii) The parking spillover mitigation measures to address on-street parking in the adjacent neighbourhoods, section 5.2.3 (page 66), are not adequate -only ½ a page is devoted to addressing a significant problem. Mitigation relies on measures to encourage alternate forms of commuting, new Satellite Parking Lots and/or the construction of another parkade.
- ix) The City of Ottawa is currently considering revising parking space dimensions in the zoning by-law to require some spaces to be wider [Zoning By-law Amendment – General Zoning Provisions (Parking and Secondary Dwelling Units), ACS2021-PIE-EDP-0028.] It proposes to amend section 106 (2)(c) so parking spaces adjacent to walls, pillars etc. must be wider. The effect of this increased width will result in a reduction in the number of spaces the planned parking garage can provide. ***The effect of the proposed city-wide zoning amendment is the parking space deficiency will be even more significant.***

***CHNA position: It is strongly recommended that more underground parking should be provided now because there is not enough land to construct an additional parking facility in the future. Also, land should not be taken from the Agricultural Farm for parking in the future when it is possible, and necessary, to develop the required underground parking now.***

The parking garage, originally intended to be built underground, is now reimagined as an above ground structure, with 2,500 parking spaces over 4 to 5 levels. The report states that if future demand modal share targets are not met, parking 'spill over' onto neighbourhood streets will occur, resulting in a need for satellite parking locations, shuttle services, temporary overflow parking on-site, or even construction of a second parkade. This 'spill over' is unacceptable as it will further exacerbate the burden of an already alarming number of cars on nearby streets.

The goals of minimizing the impact of parking on the site as a whole while preserving public open space and screening views from the CEF, will not be met by the construction of a potentially 5-storey above ground garage. A parkade, albeit with a rooftop garden and open space, is not good enough and does not meet the promises made in the original design and as identified through public

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

consultations. The public did not envision one, let alone possibly two above ground parking structures.

If the common goal is design excellence, then building an underground parking structure is the right thing to do. Since the province will not pay for this structure, the differential cost should be covered by the federal government. As an advocate for the location of the New Civic on Federal land and the MP for our riding, Catherine McKenna, Minister of Infrastructure and Communities (and previous Minister of the Environment), should assist the project and commit the funds required.

***CHNA position: The construction of an underground garage must be pursued. The federal government has an obligation to ensure the success of the New Civic campus and should support the construction of an underground garage by committing the necessary funds.***

## **1.7 Preston-Carling Secondary Plan (PCSP)**

Traffic data for the large residential/commercial developments immediately north of the campus site is omitted from the TIA.

A 600m radius from all corners of the future site represents the catchment area from which known developments of relevance are highlighted, as shown in Figure 19. The trips generated from these future area developments were layered on to background traffic volumes to estimate future traffic volumes within the study area.

This approach was used to assess the current state of traffic and risk of collisions however, there is no similar analysis for future traffic load. Unless predictive analytics can be used to predict and assess future volume of traffic as opposed to cyclists and pedestrians, there is nothing in the above approach that would directly and convincingly manage increased traffic in the area as a result of the new hospital. The only future estimation is the number of person trips as a ratio to the increased number of employees and hospital beds. In other words, the surrounding planned developments were not taken into account in estimating future traffic load. Appendix Q appears to be the detailed statistical analysis of person trips 'upon opening day 2028' but this again, does not take into account other variables and there does not appear to be any summary and analysis of the data in the report itself.

## **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

The document notes that there is a plan for a related development area referred to as Carling Village (situated along the south side of Carling Avenue, west of Preston Street, and serving as the active frontage of the parkade). Carling Village is expected to consist of three towers comprised of ancillary office, commercial, and residence uses, including a proposed access to Dow's Lake LRT Station. The estimated gross floor area by full buildout is approximately 4.95M ft<sup>2</sup>. It is unclear whether this plan has been formally approved and if so what the timing is for development. In addition, it is unclear what the impact of this compound would have on traffic load.

The Secondary Plan promotes a "pedestrian-first" development with accessible sidewalks and pedestrian paths connecting neighbourhood amenities. **The Secondary Plan aims to reduce passenger vehicle dependency while maintaining appropriate vehicle connections for businesses and residence uses.** It aims to provide the appropriate amount of on-street/public parking spaces to serve the area's local commercial businesses while deterring a car-oriented neighbourhood.

Anticipated developments near the future Corso Italia (former Gladstone) LRT Station have been identified for information, since their overall size and location outside the 600m development radius, removed them from consideration in the following analysis. These developments constitute the recently approved Corso Italia Station District Secondary Plan, and include Gladstone Village, Trinity's proposal at 951 Gladstone Avenue and 145 Loretta Avenue, 1040 and 1050 Somerset Street among others. These developments include mixed-income housing, office, retail, and institutional uses. Again, it is unclear what the impact of these developments would have on traffic load.

Built form images were requested for the developments listed in S. 3.1.4.2 Other Area Developments however, this information has not been received from the City planner.

***CHNA position: Traffic impact data is required for the developments approved in the Preston Carling Secondary Plan.***



# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

***CHNA position: Provide built form images for the developments listed in S. 3.1.4.2 Other Area Developments, as requested.***

## **1.8 Maple Drive**

### **Maple Drive (north end) and Dominion Observatory Campus**

The TOH plan calls for an entrance for emergency vehicles coming south from Carling Ave to turn left at the junction of Maple Drive and Winding Lane. This access will pass close to the Dominion Observatory campus, a heritage group that is composed of three Classified Federal Heritage Buildings (Observatory, South Azimuth and Photo Equatorial) and a number of Recognized Federal Heritage Buildings. The Cultural Heritage Impact Statement (CHIS) identifies the following impacts:

- “a minor, reversible, and frequent adverse impact to the CEF NHSC when Maple Drive is converted to use as the primary ambulance route;
- risk of major, irreversible, and infrequent adverse impact to the South Azimuth Building when Maple Drive is converted to use as the primary ambulance route.”

The mitigation proposed in the CHIS is inadequate:

- to install non-visually intrusive bollards on the northwest, west, and southwest sides of the South Azimuth Building to remove the risk of collision by an emergency vehicle.”

The Dominion Observatory campus is projected to return a museum/educational use and should have more space around it to enable safe and educational visitor experience.

***CHNA position: Given the heritage significance of the Dominion Observatory campus, CHNA recommends a reconfiguration of the Carling to Maple Drive/Winding Lane junction to better protect the Dominion Observatory campus and provide appropriate access to the heritage campus, as well as a robust landscape plan that softens the road edges and buffers the entrance to the TOH with trees and other greenery.***

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **Maple Drive (south end)**

Maple Drive connects vehicles on Prince of Wales Drive via the roundabout and Driveway to Carling Avenue. One can anticipate increased vehicular use by staff and patients to access the proposed Parkade at Carling/Champagne entrance. Increased traffic will have an adverse impact on the Maple Drive Main Greenhouse Range, designated as a Recognized Federal Heritage Building. Mitigation measures are needed to reduce speed and volume of traffic in this area to enable safe and educational visitor experience.

***CHNA position: Implement significant measures to reduce the speed and volume of vehicles on Maple Drive. One possible measure could be restricting Maple Drive north to emergency vehicles.***

## **Road E**

A new emergency vehicle access point is a proposed road exiting west from Prince of Wales Drive and entering directly onto the TOH site. Road E will pass close to two buildings, Nutrition Building (Building #59) and Heritage House residence (Building #60). In addition to being Recognized Federal Heritage Buildings, both are level 1 resources as part of the CEF National Historic Site designation. They contribute to the CEF cultural landscape that “reflects the 19<sup>th</sup> century philosophy of agriculture and carefully integrates an administrative core in a picturesque composition.” The introduction of Road E effectively isolates these two building between Road E and the existing Driveway to the south. Further west, Road E passes close to another Recognized Federal Heritage Building (Saunders Building).

***CHNA position: Reconsider the design to inset Road E from the property line and to buffer it from the NHS by a berm, trees and other landscape features to improve landscape setting for buildings #59 and #60 and the William Saunders Building. To further support the environment around buildings #59 and #60, CHNA recommends that the future Heart Institute site remain in a natural state, perhaps as an opportunity for a wellness garden or Indigenous medicine garden until the HI is ready to move.***

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **Distinctive Trees in Surface Parking Lots**

In the site plan, the proposed surface parking lots have old trees listed on the city's register of Distinctive Trees that are scheduled for removal.

***CHNA position: The cutting of any Distinctive tree in parking lot areas should be fully justified.***

***CHNA position: Redesign parking lots, particularly the lot on Maple Drive, around Distinctive Trees.***

## **1.9 Cycling**

Disappointedly, the current plan as described is clearly and overwhelming car-centric. Simply put, the sections pertaining to provisions for cars are more developed than, for example, cycling or for pedestrians. With the proposed placement of the 4-5 storey above ground parkade, it is evident that car infrastructure receives a privileged placement on the site.

As stated elsewhere in this response document, the modal shares are too low to sustain active transportation in fact, 0% at the existing Civic campus is demonstrably inaccurate as stated above (see **Transit**). Further the proposed shares for 2028 and 2048 do not meet the targets of the Official Plan--even though the proposed campus is a well-connected urban area.

The following aspects of the plan raise concerns:

1. The plan is inadequate for people cycling to or through the campus; specifically
  - the plan removes a key segment of the Trillium MUP, a high-use, low-stress facility
  - the plan effectively removes the Queen Juliana Pathway, which currently serves as an alternate north-south bike connection
  - the plan's western portion features no bike infrastructure
  - the plan's road cross sections are over-designed for local vehicular access; these should be narrowed, with improved, segregated active-transportation facilities provided

***CHNA position: Incorporate the Trillium MUP into the campus site plan and redesign a plan reinstating a north-south bike connection.***

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

***CHNA position: Create cycling infrastructure on the western portion of the site.***

***CHNA position: Redesign campus road cross sections for vehicular access including segregated active transportation facilities.***

2. The share of travel by sustainable modes—walking, cycling, transit and automobile passenger described in the Official Plan—is targeted to reach 50 per cent of the total trips in the city by 2031. Yet, the TIA, time after time, provides modal share data that continues to fall short of the strategic direction of the Official Plan. It is an unacceptable admission that results stated in the TIA are contingent on “achieving ambitious target mode shares for employees and visitors; approximately 50% auto-drivers at Opening Day 2028, and approximately 35% auto-drivers at Full Buildout 2048” (page 89) whereas the Current Civic auto-driver share is 85% (page 28).

***CHNA position: The reduction of auto-driver share from the existing 85% to 50% and 35% appears extremely overly optimistic and must be further justified.***

## **1.10 Central Experimental Farm**

The impact on the Central Experimental Farm will surely be great and irreversible yet there is little contained in the TIA to address this. For example, what measures will be put in place to ensure that Farm roads are not used as parking areas? What safety measures are being considered for pedestrians and cyclists using the Farm roadways?

***CHNA position: A traffic impact assessment must be conducted on the Central Experimental Farm, west of the proposed campus.***

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **1.11 SUMMARY OF TRANSPORTATION RECOMMENDATIONS**

1. The City must make a commitment at this planning stage to proactively address the additional traffic demands resulting from the new hospital.
2. Establish a transportation monitoring oversight committee with representation from the CHNA.
3. The reduction of auto-driver share from the existing 85% to 50% and 35% appears extremely overly optimistic. Projections should be restated with accurate data.
4. It is incorrect to remove the existing Civic Hospital traffic from the projections. The current site will still be used for medical purposes and hence will still need to support employee and visitor car traffic and parking. How will this be accommodated as the existing site is grossly deficient?
5. Provide traffic counts in summarized table form for CHN streets (such as in 3.1.3.6 Existing Peak Hour Travel Demand) in table form; particularly for those intersecting with intersect with Carling Avenue.
6. Provide traffic counts in summarized table form for all trip assignment data illustrated in Fig. 23, Fig 24.
7. Traffic should not be permitted to pass through the existing residential neighbourhoods. Significant mitigation measures will be requested.
8. Provide revised trip distribution assumptions reflecting proposed signage placement.
9. The 417 EB-Carling (Kirkwood) exit should serve as the primary access from the west end rather than Parkdale. The H-sign on the 417 EB at Carling (Kirkwood) should be reinstated as a condition of the site plan approval. This will optimize the use of Carling for higher traffic volumes and avoid the risk of congestion on Parkdale.
10. The 417 EB Rochester exit should serve as the secondary access route, being closer to the Carling-Champagne entrance to the campus.
11. The 417 WB-Bronson exit should serve as the primary access from the east end, and the H-sign placed at that exit. Vehicles from the east end would then continue to Raymond and Booth to Carling. This route should be prioritized over Parkdale and Sherwood, which are residential streets. In fact, in the past when construction was taking place around the current Civic campus, TOH itself recommended that motorists use the Bronson exit.

## **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

12. The 417 EB Metcalfe on ramp should be the main access route to the 417 from the hospital. Signage at the hospital exits should direct traffic leaving the hospital accordingly.
13. Make Parkdale a one-way northbound road from Carling to the 417 interchange.
14. Implement any and all measures necessary to ensure current and future safety of residential Parkdale Avenue.
15. A survey of commuting modes should be conducted with hospital staff. Failing that, sensitivity analysis should be conducted to determine the susceptibility of the models' predictions to the modal share input data.
16. Dow's Lake station should be built to provide transit users direct access to the hospital without crossing Carling. If the station itself cannot be extended under Carling to connect with the hospital, consider an enclosed pedestrian overpass across Carling.
17. Dow's Lake station should be designed to serve bus users as well, with access to westbound buses facilitated by extending the station under Carling, or an enclosed pedestrian overpass across Carling.
18. Provide further details as to the nature of the elevated walkway (i.e., temperature controlled?; moving sidewalks?; fully enclosed?).
19. It is strongly recommended that more underground parking should be provided now because there is not enough land to construct an additional parking facility in the future. Also, land should not be taken from the Agricultural Farm for parking in the future when it is possible, and necessary, to develop the required underground parking now.
20. The construction of an underground garage must be pursued. The federal government has an obligation to ensure the success of the New Civic campus and should support the construction of an underground garage by committing the necessary funds.
21. Traffic impact data is required for the developments approved in the Preston Carling Secondary Plan.
22. Provide built form images for the developments listed in S. 3.1.4.2 Other Area Developments, as requested.

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

23. Given the heritage significance of the Dominion Observatory campus, CHNA recommends a reconfiguration of the Carling to Maple Drive/Winding Lane junction to better protect the Dominion Observatory campus and provide appropriate access to the heritage campus, as well as a robust landscape plan that softens the road edges and buffers the entrance to the TOH with trees and other greenery.
24. Implement significant measures to reduce the speed and volume of vehicles on Maple Drive. One possible measure could be restricting Maple Drive north to emergency vehicles.
25. Reconsider the design to inset Road E from the property line and to buffer it from the NHS by a berm, trees and other landscape features to improve landscape setting for buildings #59 and #60 and the William Saunders Building. To further support the environment around buildings #59 and #60, CHNA recommends that the future Heart Institute site remain in a natural state, perhaps as an opportunity for a wellness garden or Indigenous medicine garden until the HI is ready to move.
26. The cutting of any Distinctive tree in parking lot areas should be fully justified.
27. Redesign parking lots, particularly the lot on Maple Drive, around Distinctive Trees.
28. Incorporate the Trillium MUP into the campus site plan and redesign a plan reinstating a north-south bike connection
29. Create cycling infrastructure on the western portion of the site.
30. Redesign campus road cross sections for vehicular access including segregated active transportation facilities.
31. The reduction of auto-driver share from the existing 85% to 50% and 35% appears extremely overly optimistic and must be further justified.
32. A traffic impact assessment must be conducted on the Central Experimental Farm, west of the proposed campus.

# Civic Hospital Neighbourhood Association

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## 1.12 Peer Review Services Request – Response Required



June 16, 2021

**New Civic Development for The Ottawa Hospital**  
Transportation Impact Assessment and Mobility Study, TIA Strategy Report (the "TIA")

**Subject: Civic Hospital Neighbourhood Association ("CHNA")**  
Peer Review Services

To whom it may concern,

I am a Transportation Engineer and have been practicing in the field since 2006. The CHNA has approached me about conducting a peer review of the TIA for the new Civic Campus of the Ottawa Hospital. Specifically, the CHNA is interested in exploring the following seven areas of concern:

1. Neighbourhood Traffic Management
2. Parkdale Avenue Traffic Levels and Functional Design
3. Highway Hospital Wayfinding Sign Location
4. Parking Supply and Transit Mode Share
5. Area Development Trip Generation
6. Maple Drive Traffic Calming
7. Cycling Facilities

I understand that the CHNA would like to be afforded the time and opportunity to explore these areas beyond the current public comment period. I am available to assist them in this endeavour should the requested time be granted.

Please advise the CHNA if you are amenable and feel free to reach out to me directly with any questions you may have.

Yours very truly,

Garrett Donaher, P.Eng.  
Senior Project Manager / Transportation Engineer (registered in NB, NL, NS)

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# Civic Hospital Neighbourhood Association

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **2. ENVIRONMENTAL IMPACTS**

*Prepared by the Civic Hospital Relocation Committee*

### **2.1 Creation, Maintenance, Access and Use of Green Roof**

Unlike a retained and enhanced Queen Juliana greenspace, by switching to an above ground parking structure with a green roof, **community access** to the roof has been unnecessarily complicated and may prove inaccessible to some members of the public. In addition, the vision seems to include a great deal of **hard paths** rather than open active greenspace. Part of the vision provided includes active amenities such as tennis courts. As **funding** is likely to be reserved for hospital needs, the responsibility for building and maintenance is unclear and may result in such facilities never being realized.

***CHNA position: Provide an underground parking garage rather than an above ground parkade with Green roof to retain and enhance the Queen Juliana greenspace.***

### **2.2 Tree Retention**

#### **Distinctive Trees in Surface Parking Lots**

The Environmental Impact Statement and Tree Conservation Report indicates that a total of 680 trees are to be removed and that 312 of these trees are designated distinctive trees. In the Master Site Plan Drawings, surface parking lots are shown with rows of new trees. But the proposed surface parking lot locations have old trees listed on the city's register of Distinctive Trees. **Why should old trees be removed, and new trees planted** in order to get typical rows of parking spaces? Also, National Capital Commission (NCC) has expressed how trees on NCC lands are not to be counted as part of City of Ottawa's New Official Plan to "aspire" towards 40% tree canopy. However, City of Ottawa New Official Plan has not accepted NCC's recommendation, and continues to include trees on NCC property in their count to meet 40% tree canopy target – Please explain why this is.

***CHNA position: The cutting of any distinctive tree, especially in parking lot areas, should be justified. Redesign proposed surface parking lots, particularly the lot on Maple Drive, to be built around existing Distinctive Trees.***

# Civic Hospital Neighbourhood Association

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## 2.3 Noise

### **Rooftop Helicopter and Cooling Towers**

The plans show that the helicopter pad will be on the roof of the main hospital and nearby will be cooling towers. As both these potential noise makers will be in close proximity to residential areas as well as the historical Central Experimental Farm, more data is required to ensure the noise levels will be acceptable.

***CHNA position: An acoustical engineer needs to evaluate and provide sound level forecasts and provide mitigation recommendations if required.***

## **3. Cultural Heritage Impacts**

*Prepared by the Civic Hospital Relocation Committee and  
Christina Cameron CM, FRSC, Professor Emerita, Canada Research Chair on  
Built Heritage, Université de Montréal*

### 3.1 General Comments

According to City of Ottawa planner, the Cultural Heritage Impacts Statement (CHIS) requires specific approval by the city. The document is 186 pages long. It follows the city template for CHIS: identification of buildings and landscapes potentially affected by the project, assessment of impacts, proposals of mitigation measures and recommendations. The TOH CHIS recommends approval of the project with some inadequate mitigation measures.

One weakness of the CHIS is the **subjective judgement** of the consultants who use words like “minor,” “infrequent” and “negligible” to assess the impacts. Among the impacts identified by the consultants are alterations to the CEF National Historic Site (NHS), shadowing, views from the Rideau Canal NHS, access route for ambulances, vehicles close to Azimuth building and land disturbances during construction. The consultants **failed to identify other important impacts** such as Views and Road E. Note that despite years of planning, the CHIS was put together so late that **some important stakeholders did not respond** including the Federal Heritage Buildings Review Office and Agriculture Canada.

Note that there are **errors in the CHIS text** that incorrectly calls the Saunders Building a Classified Federal Heritage Building (FHBRO) when it is Recognized

# Civic Hospital Neighbourhood Association

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

FHB and fails to note two additional Classified Buildings in the Observatory campus in addition to the Dominion Observatory (Photo Equatorial and Azimuth). This is curious because Appendix A has all CEF buildings correctly identified by FHBRO designation. It also incorrectly states that the Dominion Observatory has been designated under Part IV of the Ontario Heritage Act.

## 3.2 Above Ground Parking Garage

The community has been assured repeatedly that the new Civic campus would include **underground** parking for the vast majority of parking requirements with small exceptions for surface parking for service and emergency vehicles, patient drop off, etc. It is important to our community that existing greenspace be protected as much as possible, especially the much-used Queen Juliana Park. We were told during briefings held just prior to the release of the Master Plan that the new hospital would seem as if it were “**always there**”, and that the new campus would fit in seamlessly into its historic new home.

### **Views to and from Rideau Canal, Commissioners Park, Prince of Wales Dr.**

As per the Cultural Heritage Impact Statement (CHIS): “*Adjacent to the northeast corner of the Site is the Rideau Canal NHSC and UNESCO World Heritage Site (Rideau Canal NHSC/WHS), also recognized as a Canadian Heritage River. The Ottawa River, Rideau River, and Rideau Canal are identified under River and Canal Corridors and the City commits to ensuring that the shorelines remain accessible, and the **river landscapes are maintained and improved** in terms of their cultural heritage, scenic quality, and recreation and economic benefits (Section 4.6.3).*”

We are assured in the CHIS that “*The City reviews development applications adjacent to these rivers and the Rideau Canal to ensure that the visual quality of the waterway and **views** form the waterway, as well as any natural and cultural features **are evaluated.**” **Scenic-Entry Routes**, which include Prince of Wales Drive (Schedule I), have **heritage destinations**, and often follow historic routes. They are intended to create a **favourable first impression of Ottawa**. Guidelines for scenic entry routes promote the protection of views to cultural heritage features outside of the road right-of-way (S. 4.6.4[2c]). Multi-use pathways provide connections between cultural heritage features (S.4.6.5).*

**The Official Plan** also contains policies relating to urban design including objectives to: **Enhance the sense of community** by creating and maintaining places with their own distinct identity; and **ensuring that new development respects the character of existing areas**.

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

**However**, after years of assurances of an underground garage, the TOH Master Plan now features a **4 story above ground garage with a green roof** where Queen Juliana Park is today.

While we appreciate the efforts being made to include a green roof so that some of the function of the current greenspace could be replaced, a 4-storey parking garage will now face: **Prince of Wales Drive** - an historic Scenic-Entry Route, **The Rideau Canal**, a Canadian Heritage River, and a NHSC and UNESCO World Heritage Site, and **Commissioners Park**, home to the NCC Tulip Display as part of the annual Canadian Tulip Festival.

The massing, cladding and function of a 4 storey garage do not maintain nor enhance the views nor provide the desired positive first impression as one enters this historic area.

***CHNA position: Provide an underground parking garage to minimize the significant negative cultural impacts on nearby waterways, parks, and historic drives.***

## **3.3 Maple Drive**

Please refer to Transportation Section 1.8 Maple Drive for our identified Cultural Heritage Concerns.

## **3.4 Road E**

Please refer to Transportation Section 1.8 Road E for our identified Cultural Heritage Concerns.

## **3.5 Views to and from the William Saunders Building**

The Saunders Building is a key component of the surviving 19<sup>th</sup>-century landscape plan. The Commemorative Integrity Statement for the CEF NHS identifies the national significance of the central core that features science and administration buildings as well as a functional farm. To the north of the Driveway, the science and administration buildings are arranged around an expanse of lawn. Level 1 resources include the greenhouses, Heritage House and the Nutrition Building as well as the lawn and tree-lined roads and lanes. The

## **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

CHIS acknowledges significant adverse impact on views north from the Driveway towards the Saunders Building.

***CHNA position:*** In addition to the proposed set back and tree buffer of Road E, north of the Saunders Building, CHNA recommends that this area be further protected by a berm.

**Observatory House (Building #2) and Geophysical Laboratory (Building #3)**  
The CHIS identified an adverse shadowing impact on these two Recognized FHBs. The consultant judges that the impact is negligible, irreversible, and infrequent.

***CHNA position:*** CHNA recommends measures to reduce the shadowing of the Observatory House (Building #2) and Geophysical Laboratory (Building #3).

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

## **4. Planning and Development Impacts**

*Prepared by the Planning and Development Committee*

### **4.1 Special District Designation**

*Good Urban Design/"Place-Making" – Intent to create good and vibrant people places*

With new TOH serving as a *special district* contributing to the international image of our city and also an economic generator, City of Ottawa's New Official Plan has identified new TOH as a *special district*. Alain Miguelez, Manager, Planning Policy and Resiliency, City of Ottawa has shared with CHNA, this means TOH is "recognized to have a key role as a major health, academic, research, and employment hub that will generate a great amount of ancillary services, retail and other supports that will benefit the broader neighbourhood." This *special district* designation "today sets the stage for this to happen in the future", with City of Ottawa "at a later date and in consultation with communities and all relevant parties, proposed a more definitive mapping and special policies for these districts."

Alain Miguelez continues to inform CHNA of what this designation means and public consultations held in tandem for New OP and New TOH – "This designation does not interfere with the public process for the hospital site which is currently underway – the applications that are before the City are technically and legally under the authority of the current Official Plan and secondary plan. However, our lens as we tackle the design of the Hospital site is, and has been from the beginning, to consider this project as one of the most important in the city, as it will be (in addition to its important institutional role) an image-defining project for the district and for Ottawa. I would add, however, that the Preston-Carling secondary plan is being carried forward into the new Official Plan. It will be one of the chapters in the new West Downtown Core secondary plan."

**CHNA Position:** CHNA and our community are to be partners in the inclusive by design "place-making" about our future neighbourhood we live in. We welcome opportunities to co-develop with City of Ottawa staff working on New Official Plan, as well as, New TOH Development. This would include further understanding implications of Preston Carling

# **Civic Hospital Neighbourhood Association**

*Comments and Recommendations regarding  
D07-12-21-0059 and D07-21-2007  
The Ottawa Hospital Site Plan Control (Master)  
and Lifting of Holding Zone*

**Secondary Plan to be one of the chapters in the new West Downtown Core Secondary Plan, and other new policies and intensification in surrounding neighbourhoods that would have an impact on the future of our neighbourhood we live in. For instance, we need more information on the planned Booth Street Complex scheduled for new development in 2027-2028. This will have severe traffic implications, as well for our neighbourhood and flow of traffic corner intersection of Preston Street and Carling Avenue (Please see more on this in *Section 1 Transportation Impacts*).**

## **4.2 Design Brief and Functional Analysis**

A set of Design Principles were developed (by the City?) to inform the overall design and character of the hospital. Briefly, they are:

- Achieve Design Excellence in Urban Design
- Protect and Enhance Views
- Respect and Enhance the Cultural Experience
- Create a Sense of Place
- Ensure Accessibility and Connectivity for all Modes
- Provide Context-Sensitive Landscape Design.

***CHNA Position: There is nothing in Accessibility and Connectivity that refers to persons with disabilities requirements. The New TOH plans are solely a modal focus e.g. cyclists, pedestrians etc. Indeed, that appears to be the case for all the planning documents. There is also an absence of even the most basic information regarding mobility accommodations, e.g. estimated/planned travel distance from disability parking to the front entrance. There is also no mention of how seniors, persons with disabilities and families using strollers are to move safely around TOH campus that is vast. Also, especially during our harsh winters, and in the evenings, with no mention of lighting design and security measures. For instance, phones located across whole of TOH property, security patrols, lights throughout the property, security cameras, etc., similar lighting and security set up you would find on University and College campuses.***