



## Ottawa Hospital Site

Intro, who I am, why I am here, why I was interested in understanding the scale of the proposed hospital site.



## NCC Criteria and Review



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Assessed 12 site based on 21 criteria including size (functional needs), urban location close to amenities, flexibility, optimal distance from other hospitals, emergency access to roads major highways and air ambulance, soil conditions, proximity and synergies with complementary functions, impact on capital green spaces and recreational paths, cultural resources and world, national or historic sites, archeological sites or designated buildings, integration with the character of existing communities, public transit, major municipal infrastructure and impact on agricultural land.



## NCC Criteria and Review



For these reasons, the NCC recommended the Tunney's Pasture location.

In a nutshell:

- This land is flat and geologically stable.
- Much of the land is occupied by buildings or physical infrastructure that are ready for significant replacement, including parking lots and services
- It has good access to natural views that promote health and well being
- It's connection to a major highway is not great, but no worse than the selected site and actually has good access to Scott Street, the Ottawa River (Sir JAM) Parkway
- It is located directly on the multi-billion dollar transit investment Ottawa citizens have made in LRT and is already a hub (and has been for decades) for bus transit.
- This is a 20 hectare site, a quarter larger than the site currently selected.



## Proposed Civic Hospital Site



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16 hectare site

Geologically challenging

On edge of Unesco world heritage site

Ill served by transit in its current form; cost increases to make it connected to transit

Significant added traffic impact to community; poorly connected to major highway (via Preston/Rochester etc)

It ruins a park and greenspace while running roads thru the middle of centertown west

As I go thru these next few slides keep these figures in mind: that it is 16 hectares and 640 beds with over 2500 parking spaces in an above ground structure. For scale, that is about the size of the parking garage at the airport.



## Existing Civic Hospital Site



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It is worth pointing out that the existing Ottawa Civic Hospital site is, in itself, a significant site for a number of reasons; the hospital itself is 8.9 hectares, with another .5 for the residential tower and 1.16 hectares for the parking lot to the north; in total, the existing site is 9.55 hectares and includes numerous buildings, many of which are part of our cultural heritage. The existing hospital is already 549 beds so all this work will actually gain only about 100 beds. Numerous surface and above grade parking garages populate the site. Plans for the site after a new facility is built include rehabilitation and long term care. It is important to note this because it needs to be clear that the site will not be redeveloped wholesale into new housing, for example.

This is of particular note as we think about the preferred site which is subject to a Canada Lands Corporation redevelopment strategy for mixed use development, in partnership with PSPC. The goals of this include new housing, park and open space as well as reimagined federal office space. While these are laudable goals, there is no reason to think that a Tunney's Pasture site with a moderately dense new civic hospital could not ALSO accommodate housing, offices, research campus and other key elements of a well designed city.

So what is 16 hectares? What does that look like and how does it compare to other sites, or places, or other hospitals. Do we need 16 hectares for a 640 bed hospital? Do we need

2500 or more parking spaces?



## St Paul's Hospital, Vancouver



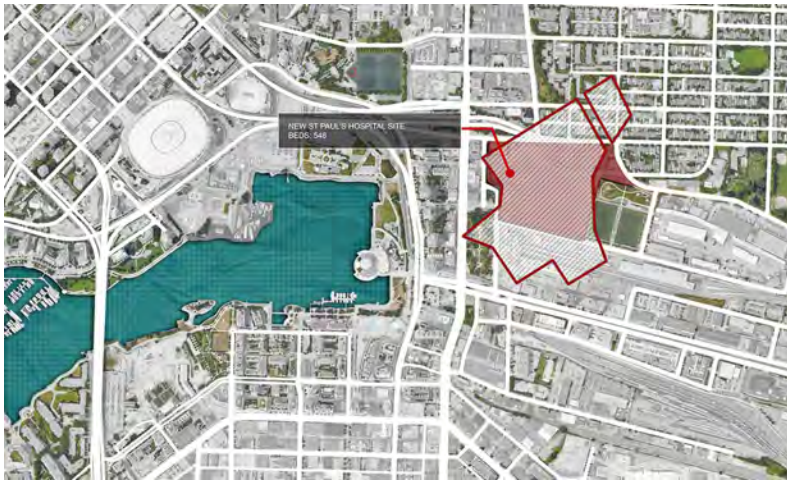
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Current St Paul's has 550 beds...

St. Pauls' relocating to new 18.4-acre Station Street site in the heart of Vancouver  
This parcel of land — about the size of roughly 15 football fields — is one of the largest undeveloped sites in Vancouver

Ref:  
<https://thenewstpauls.ca/about/>



## New St Paul's Hospital, Vancouver



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St. Pauls' relocating to new 7.4 hectare Station Street site in the heart of Vancouver  
This parcel of land is one of the largest undeveloped sites in Vancouver and will be home to a new 548 bed hospital, institutional, office, research, hotel, retail-service and indigenous cultural use, plus rental housing for health care workers in buildings ranging from 24 to 61m height; the hospital itself is 11 stories built over a 4 storey 1,170 parking space underground garage.

<https://vancouver.ca/home-property-development/new-st-pauls.aspx>





## BC Place, Vancouver



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B.C. Place is the world's largest air-supported domed stadium, covering **4 hectares** in all with a circumference of 2,500 feet (or 760 metres)

Ref:

<https://www.theglobeandmail.com/news/national/bc-place-at-a-glance/article676154>



## Bridgepoint Active Healthcare, Toronto



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Purpose-built, 10-storey, 404-bed Bridgepoint Hospital building

The site is located on the north side of Gerrard Street East and is bounded by Broadview Avenue to the east, Riverdale Park to the north and the Don Valley to the west. The site area is approximately 4.24 hectare

Includes a 0.83 hectare public park

So as an example of scale: this hospital is about  $\frac{2}{3}$  of the number of beds but on  $\frac{1}{4}$  of the site; put another way, its  $\frac{2}{3}$  of our new hospital beds on half the site area of our current civic hospital with a comparable number of beds.

Ref:

(<https://www.toronto.ca/legdocs/mmis/2009/te/bgrd/backgroundfile-17931.pdf>)



## Humber River Hospital, Toronto



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Purpose built 722 bed hospital on 14 levels with 2 levels of underground parking.



## McGill University Health Centre, Glen Site, Montreal



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McGill University Health Center, Glen site, a 1379 bed facility in the heart of montreal with 1582 parking spaces; interestingly, parking is free for the first 2 hours and caps at \$10/day



## New York Presbyterian, New York



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Two hospitals on this site provide nearly 1000 beds



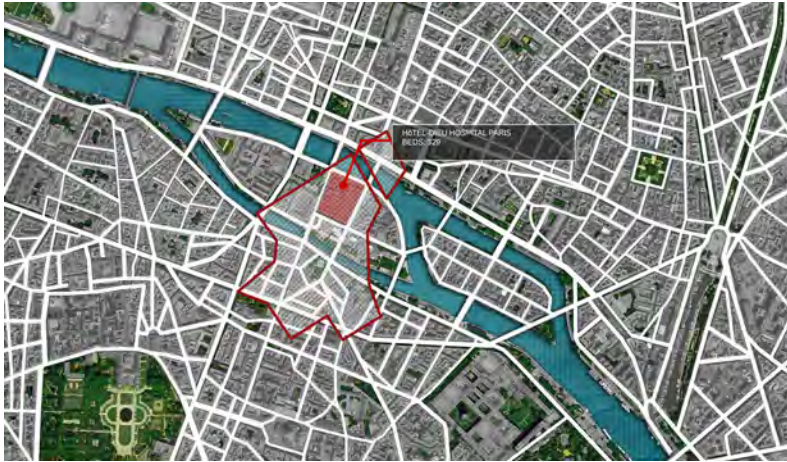
## Governor's Island, New York



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An island between manhattan and brooklyn



## Hôtel-Dieu Hospital, Paris



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Located on the 22 ha Ile de la Citie in Paris, this hospital provides about 330 beds.



## Le Mont-Saint-Michel, France



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A medieval monastery 1 km off the northwest coast of France containing more than 60 buildings and is a UNESCO World Heritage site





## Walled City of Lucca, Italy



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75 hectares within city walls

120 hectares includes surrounding meadows + lower wall

Ref:

[https://books.google.ca/books?id=VZowqTafiacC&pg=PT265&lpg=PT265&dq=walled+city+lucca+hectares&source=bl&ots=vf0WgNsMhi&sig=ACfU3U29SbiCI8Zf\\_\\_iLGtk7KoN8weNpPQ&hl=en&sa=X&ved=2ahUKEwjBtrXtw9nyAhVmk-AKHRelAi4Q6AF6BAGjEAM#v=onepage&q=walled%20city%20lucca%20hectares&f=false](https://books.google.ca/books?id=VZowqTafiacC&pg=PT265&lpg=PT265&dq=walled+city+lucca+hectares&source=bl&ots=vf0WgNsMhi&sig=ACfU3U29SbiCI8Zf__iLGtk7KoN8weNpPQ&hl=en&sa=X&ved=2ahUKEwjBtrXtw9nyAhVmk-AKHRelAi4Q6AF6BAGjEAM#v=onepage&q=walled%20city%20lucca%20hectares&f=false)



## Florence, Italy



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The site of the Duomo and historic centre of the renaissance.



## Disneyland, CA



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The site area of the new hospital is equal to Main Street USA, Fantasyland and Tomorrowland; almost half the total area of the original Disneyland theme park.



## Ontario Place



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Keeping to the park theme but closer to home, this is Ontario Place.



## Pyramids of Giza, Egypt



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### Fun Facts:

The base of the Great Pyramid (Pyramid of Khufu/Cheops) is a square with each side measuring 230 m (756 ft) and covering an area of 5.3 hectares (13 acres).

Nearly 10 football fields could fit within the base. The area of the base is also equal to about seven city blocks in New York City.

### Ref:

<https://www.pbs.org/wgbh/nova/pyramid/geometry/base.html>

# Procurement Model

- What we've seen isn't necessarily what we'll get
- P3 (Public Private Partnership) is model used by Infrastructure Ontario
  - Design-build-finance-maintain
  - Build-Finance
  - Design-Build-Finance



<https://www.architectsdca.com/lrt-a-discussion-on-public-interest-and-p3/>



Katherine Cotton, Chair of The Ottawa Hospital's Board of Governors



“We got a building but not necessarily the one we wanted.”

PUBLIC SPENDING

### The hidden price of public-private partnerships

Barrie McKenna | ECONOMICS EDITOR  
OTTAWA  
PUBLISHED OCTOBER 14, 2012

PUBLISHED OCTOBER 14, 2012  
This article was published more than 8 years ago. Some information in it may no longer be current.

0 COMMENTS 46 SHARES 10+ TEXT SIZE

Public-private partnerships are all the rage in Canada for big infrastructure projects — roads, bridges, waste-water plants and the like.

Federal Finance Minister Jim Flaherty is a huge fan. So is Ontario, which has done more public-private partnerships, including 40 hospitals, than any other government in Canada.

Virtually every province and the federal government now have special agencies dedicated to funding and promoting so-called P3s.

Tens of billions of dollars have been sunk into some 180 projects, dating back to P3's Confederation Bridge and Toronto's Highway 407 in the late 1990s. And many more are in the works, drawing investors from Europe and beyond.

Governments insist they're "leveraging greater value" and generating "efficiencies" by offloading risk on the private sector. P3s are also more likely to deliver projects on time and on budget.

But at what price? Disturbing new research highlights some serious flaws in how governments tally the benefits of public-private partnerships versus conventional projects. Too little is known about how these contracts work, who benefits and who pays.

*Lost in the fog is the real risk that current and future taxpayers are paying way too much for vital public infrastructure.*

**Barrie McKenna – Globe and Mail Oct 2012**

### The problem with public-private partnerships: mediocre buildings

Barrie McKenna | ARCHITECTURE EDITOR  
OTTAWA  
PUBLISHED OCTOBER 14, 2012

This article was published more than 8 years ago. Some information in it may no longer be current.

0 COMMENTS 46 SHARES 10+ TEXT SIZE



The new East Vancouver campus of Emily Carr University of Art and Design should be a showpiece. The site is an old school, after all, converted to residential. You'd think local architects and designers would get a chance to do something great for the theatre and students.

But for this 200,000-square-foot campus on Great Northern Way in East Van, the university didn't have a choice. The brief against local partners, a consortium of private companies that includes architects, builders, developers and building strategists (such as Cleverton, Thompson, Fitzpatrick Architects, CH2M and Woodward Clyde Architects) also will finance, design, construct, operate and maintain the facility for 30 years.

1. The building is a prime example of the mediocre architecture that is the result of public-private partnerships.
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These deals are politically seductive. Governments like them because they push spending down the road, pointed out business professor Aidan Vining of Simon Fraser University, who argued in a recent study with University of British Columbia business professor Anthony Boardman that taxpayers are too often getting a raw deal. Essentially like leasing a car or TV, rather than paying cash up front. At the end of the day, governments pay substantially more, but if something goes wrong, someone else is responsible.

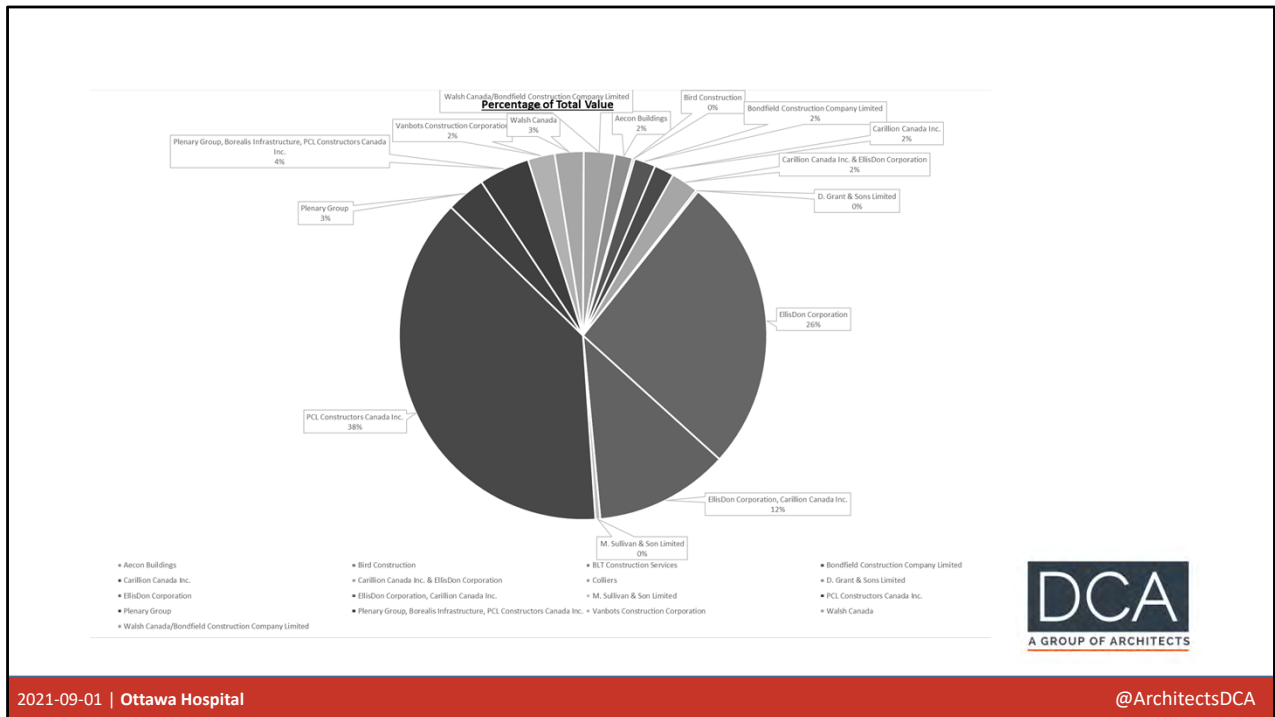
Governments are essentially "renting money" they could borrow more cheaply on their own because it's politically expedient to defer expenses and avoid debt, Prof. Boardman added. P3 has become a "slogan" with often dubious benefits, he said.

Based on a new study of 28 Ontario P3 projects worth more than \$7-billion, University of Toronto assistant professor Matti Siemiatycki and researcher Naeem Farooqi found that public-private partnerships cost an average of 16 per cent more than conventional



tendered contracts.

Unfortunately, quantifying those risks requires a bit of accounting hocus pocus – a concern highlighted by Ontario's auditor-general. Or, as Mr. Siemiatycki and Mr. Farooqi put it: "No empirical evidence is provided to substantiate the risk allocations, making it difficult to assess their accuracy and validity."



In Ontario, through the P3 model we have built about \$17b worth of hospitals over the last decade or so. Of these, 82% have been built with two firms involved; those two firms have, directly, built 76% of the hospitals and 12 firms share the remaining projects. They are all through various forms of Design-Build-Finance-maintain models in which these firms hire the consultants, design, construct, maintain and finance the construction. These are simply enormous projects that have resulted in virtually eliminating competition in the design and construction industry. As a result, hospital design and construction is effectively sole sourced to these two firms.

Don't get me wrong: hospital design and construction is complex and difficult and not anyone can do this, but, as these projects become bigger, and merged, the capacity of other firms to be able to work on projects like this shrinks. Loss of marketplace capacity means that fewer firms can qualify for this work because only recent experience is counted – no recent experience means no access to work, so the market shrinks further.

Even bidding is expensive. It can cost an architectural practice a million dollars to pursue a project, money they lose if they don't win the job. That incentivizes the bidders to bid as low as possible to win the job, and, once they win it, to deliver the work as cheaply as possible, meeting the minimum requirements and doing the least effort.

# Critical Issues

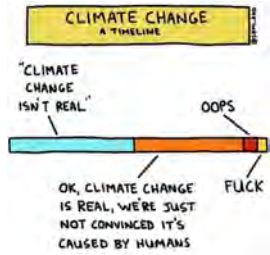
- Climate Change
- Siting
- Procurement



Architecture is a political act, by nature. It has to do with the relationships between people and how they decide to change their conditions of living.

— Lebbeus Woods —

AZ QUOTES



Graphic by @semi\_rad



Decision Making and Investment Planning

Selecting a Professional Consultant

The consultant will assist in making the best decision that balances cost and technical expertise for the project and provides the best value for the client and provides the best quality work product.



There are some critical issues ahead of us. In this I think we need to be cognizant of the challenges, and realistic about what we can and cannot change.

For example, climate change is a known issue and is significant. Can we ask for/demand a better approach to climate change for this building? yes, to some extent, if we argue for a better building standard, but how much will that affect the site selection? In asking for a different site, we may be opening the door to a worse site, such as the one across from the current hospital which was opposed then, and would, arguably be worse than this site. The reason we need to think of this is that the site selection, like so many of the decisions about the built environment, is political.

Architecture is politics. If we see a significant change in both federal and provincial political parties, we may see change, but it may not be the change we want.

Is IO likely to change their procurement model and not have this be a P3? Unlikely. They are, as is the provincial government of today (and yesterday) full married to the P3 model. Unless there is a Premier Horvath (and Minister Harden), P3 is likely to be part of our make up for years to come. Even though we have much better procurement models, like the infraguide published by the Federation of Canadian Municipalities, we're not using them and its costing society not only more money, its also costing us good will, quality of life,

community wellbeing and destroying small and medium businesses across not only the province, but across the country.

# Raise your voice!



2005:

*The time has passed when square boxes with minimal features and lame landscaping are acceptable. Our tolerance for crap is now zero.*

Edmonton Mayor **Stephen Mandel** in state-of-the-city speech.



Canadians are still **too little aware** of the **power** of the architect to **enliven** and **enrich** their lives.

*Massey Report (1951)*



So not to end on a low note, we have to wonder what we can do to make change.

Other than voting, which is obviously of critical importance, we have to advocate for ourselves. This means events like this, which I am so very grateful have been organized. We need to talk to our municipal, provincial and federal officials and make our voice heard; contribute to a public dialogue on the built environment and advocate for better places for people, not parking. Our voices matter.

As a broad discipline that includes urban design, planning, sustainability and many other design fields today were traditionally led by architects; given the right framework, time, mandate and scope, architecture has the power to affect, enrich, and enhance quality of life. We can, to some extent, influence the decisions made to date, and push for change, for better. We can continue to hold out hope for improvement and petition for a change in approach. And when the P3 is issued, we can ask to become involved in the process, make our voices heard and ask for better.