

# Project Innovation to transform Real Estate Investments

## *Moving from Sick Care to Wellness Care*

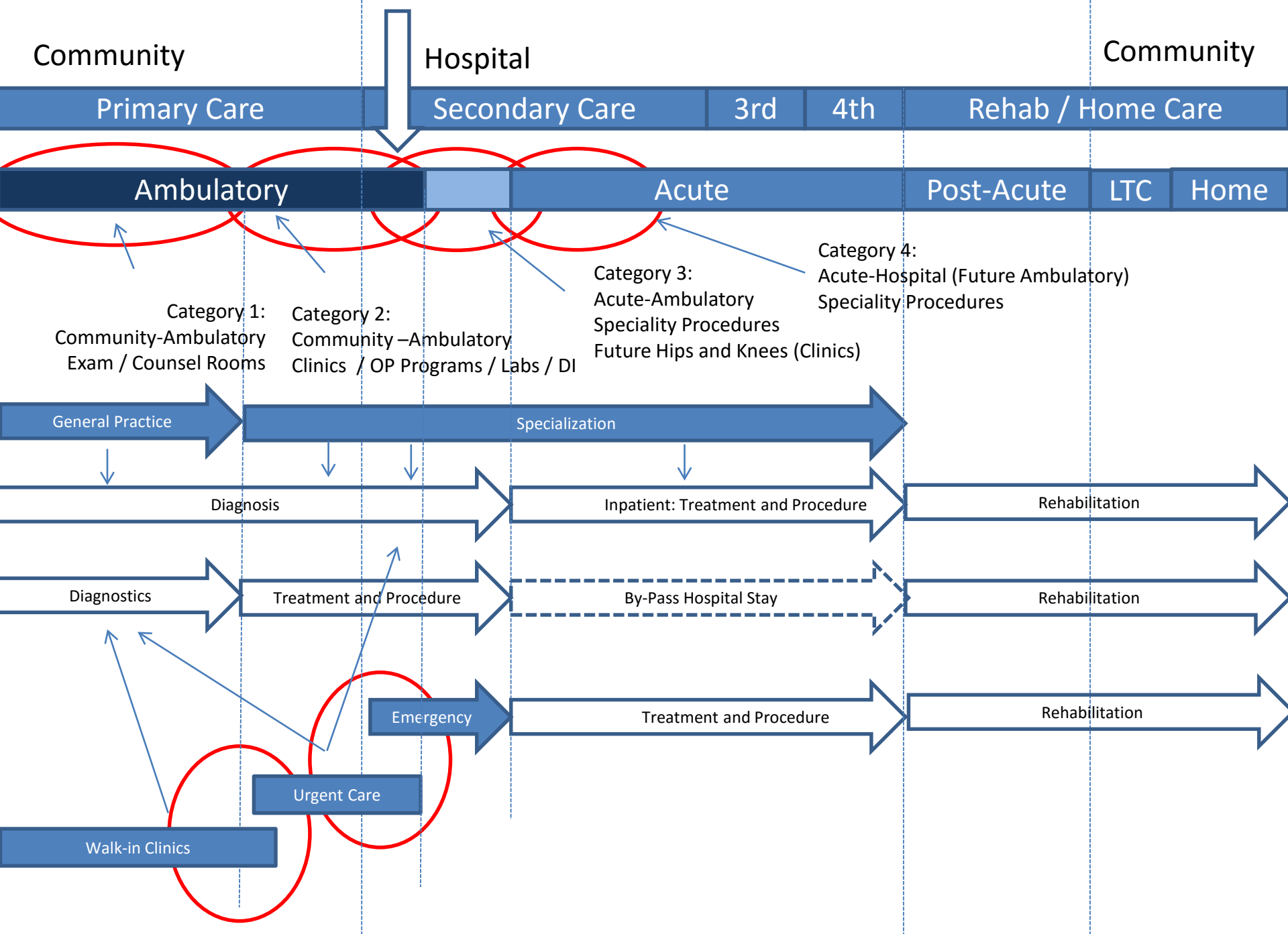
Investment strategies into real estate across Canada are transforming from focusing only on acute care sector to encompassing all health care which includes wellness. As a result health care buildings are evolving to be more flexible in design and offer an increased variety of services. They are becoming places where people in the community congregate, play and work, and in doing so these innovative developments are transforming the traditional meaning, purpose and uses of healthcare facilities.

**Clifford Harvey**, MSc (HQ), OAA, FRAIC, *Vice-President, Planning, Facilities and Support Services, North York General Hospital, ON*

Traditional acute hospital designs are being disrupted by innovative practices and technology that in turn create new and innovative spaces and buildings that can be scaled to meet the community's needs, and how traditional design process and standards are responding, or not! What to watch for.



Note: These procedures have moved to the community – cataracts – once done in hospitals



Value

C

D

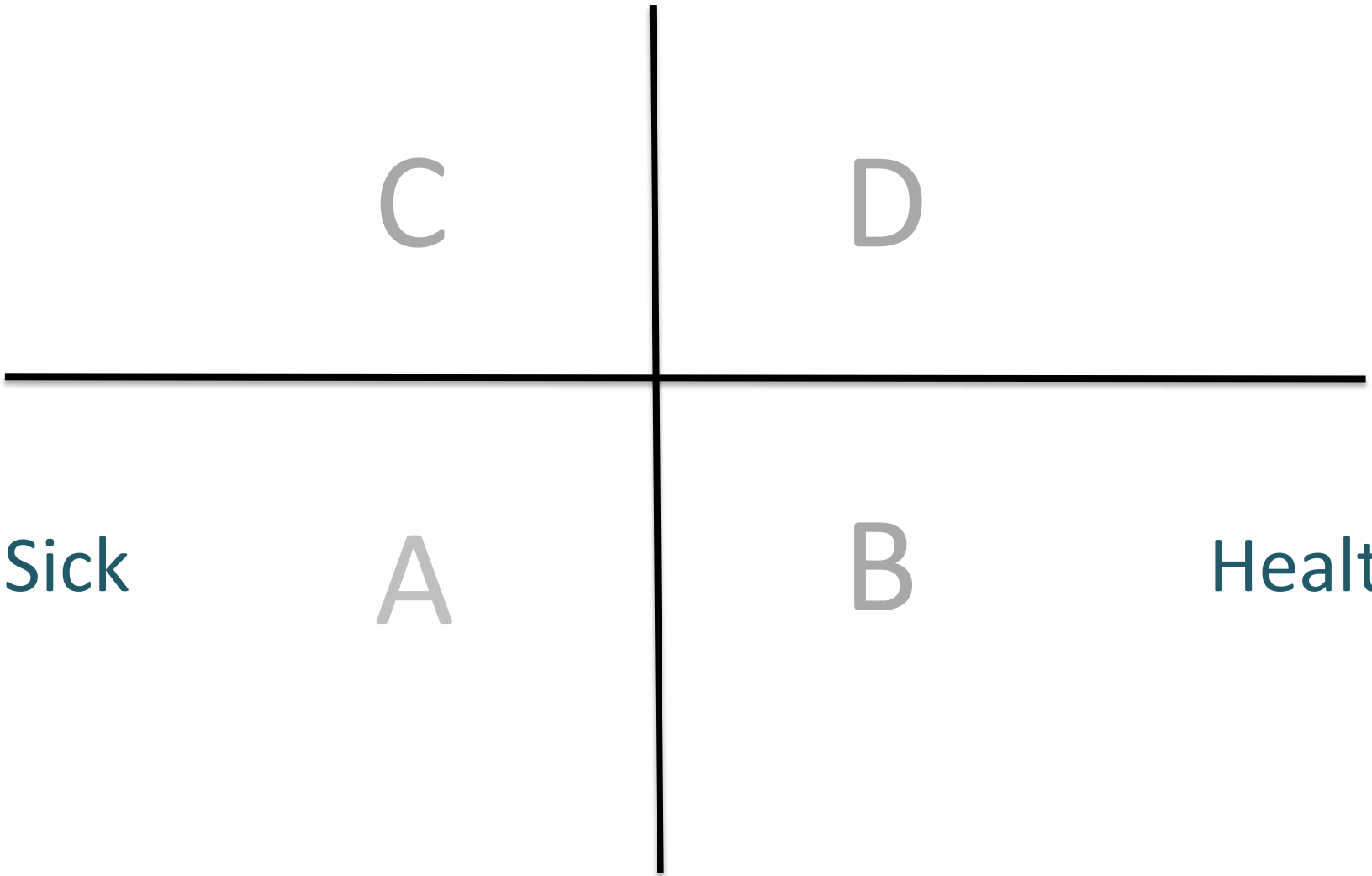
Sick

A

B

Health

Volume



# 1. Closing the Implementation Gap

From Strategy to Tactics

*Do not mistake a clear view for a short Distance (Paul Saffo)*

*Get on the Bus (Jim Collins)*

*Music happens between the Notes (Claude Debussy)*

*If I had an hour to solve a problem I'd spend 55 minutes thinking about the problem and 5 minutes thinking about solutions (Albert Einstein)*

*There are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns – the ones we don't know we don't know (Donald Rumsfeld)*

## 2. Framework

### *Strategic Capital Investment & Development Plan. (SCIDP)*

Table of Contents

Prologue

Chapter 1: Today, Tomorrow and Beyond: A Vision for NYGH Environments of Care

Chapter 2: NYGH Strategic Facilities Plan: Lifeline for the next 5 Years

Chapter 3: Programming and Beyond: A Top-Down Bottom-Up Approach to Capital Planning

Chapter 4: Make No Small Plans: A Master Plan for NYGH

Epilogue: Projects

Appendix

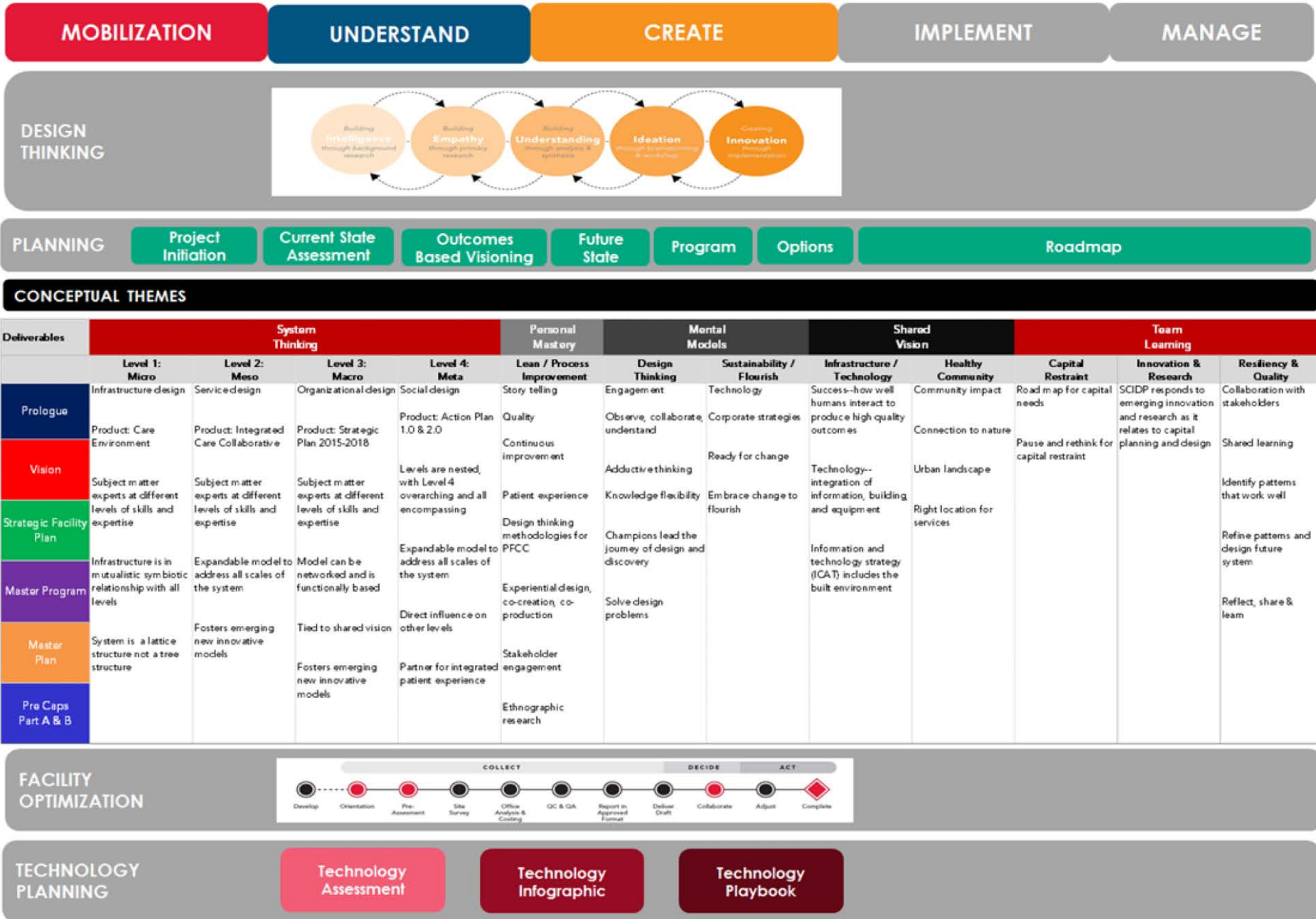


Figure B — Giga Diagram of Integrated Project Planning Process

# 3. Collaborative Team

## Process

- A. RFQ for a Collaborative Team
- B. RFP
- C. Competitive Dialogue
- D. Selection

## THE SOCIO-ECONOMIC MODEL

To create a vision for the care environments that supports the NYGH Strategic Plan, governmental priorities, population health needs, and stakeholder expectations, the project team (NYGH/CannonDesign) utilized the socio-economic model framework (Figure 1.2) and other planning methodologies supporting a comprehensive approach. The socio-economic model of the health care system dictates all stakeholders, researchers, and designers joining together for a collaborative process of inquiry, discovery, and co-creation. From this process emerges four levels of design that inform clinical, cultural, operational, and structural models of health care delivery that meet the needs of current patients, families, and providers while anticipating and planning for the health care model of the future. We integrated internal and external stakeholders' visions while ensuring NYGH's future health care model was informed by and responsive to the wealth of work already completed by various agencies (Task 1.1), including:

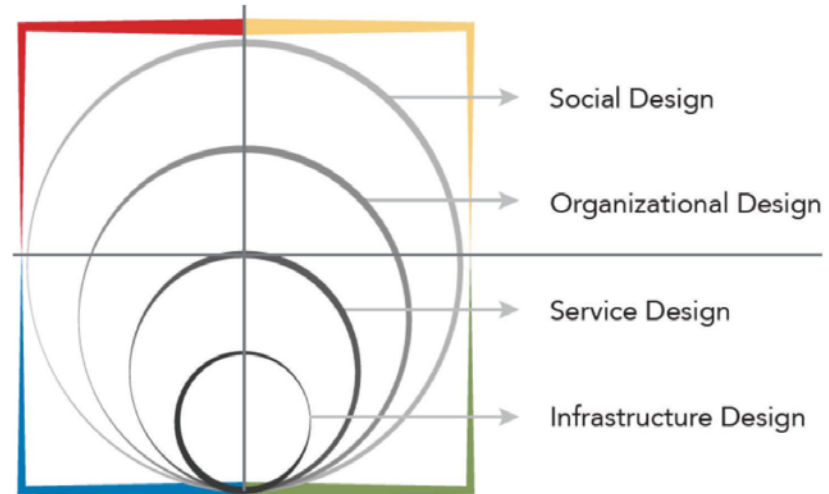
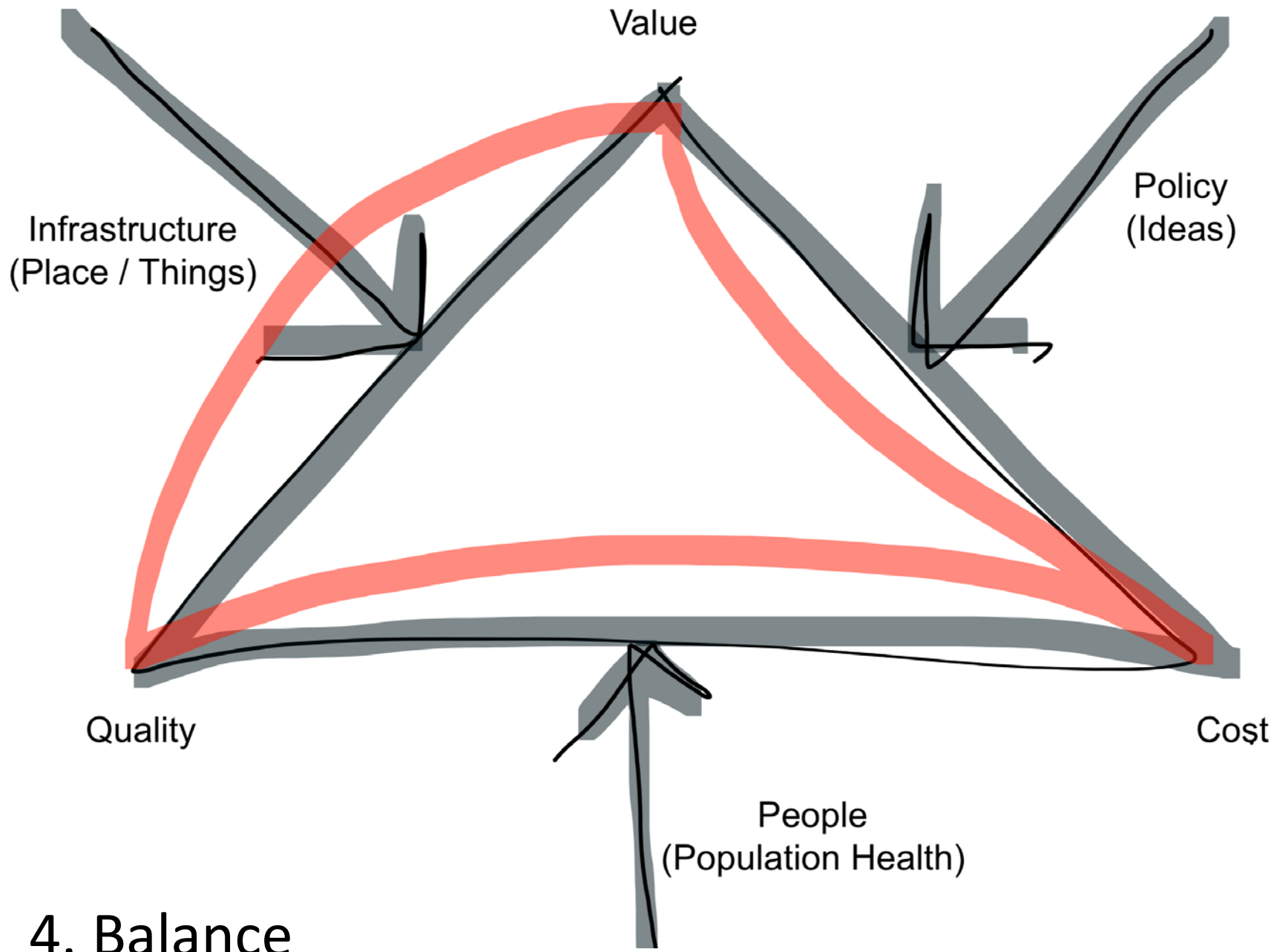
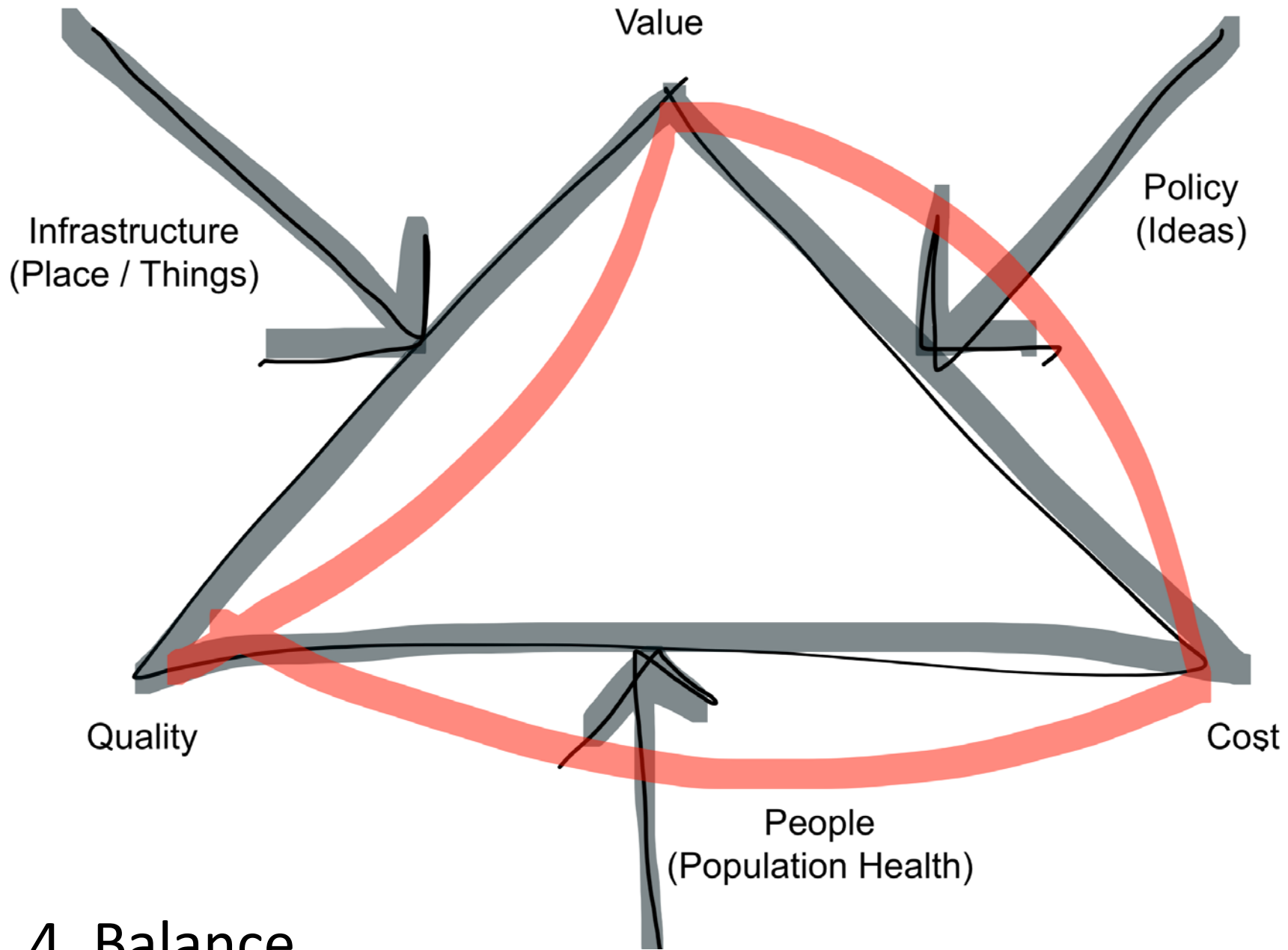


Figure 1.2 — The Socio-Economic Model

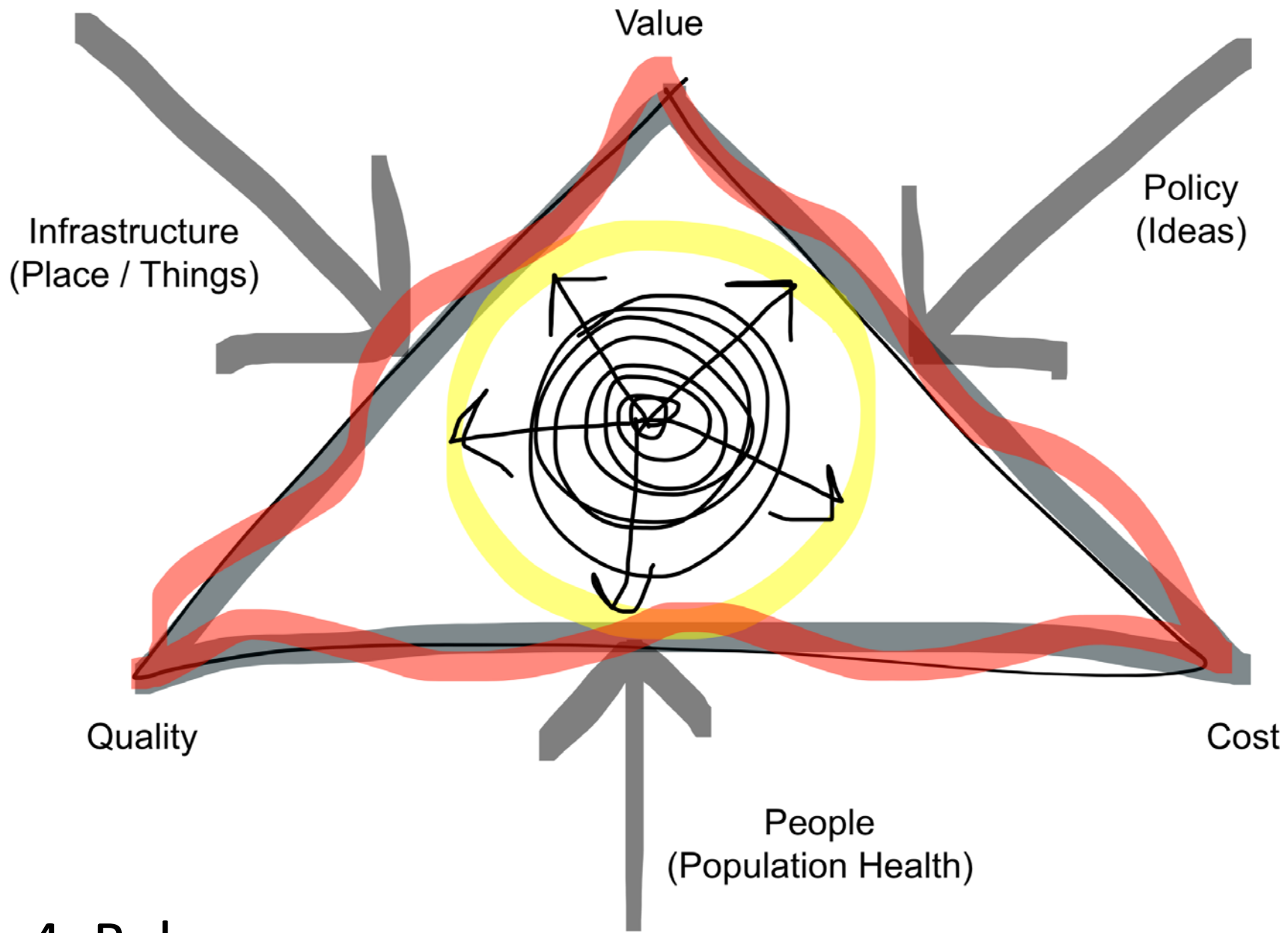


## 4. Balance





## 4. Balance



# 4. Balance

# 5. Insight: Brilliant Ideas

## Design Principles

Knowledge Centre

Campus

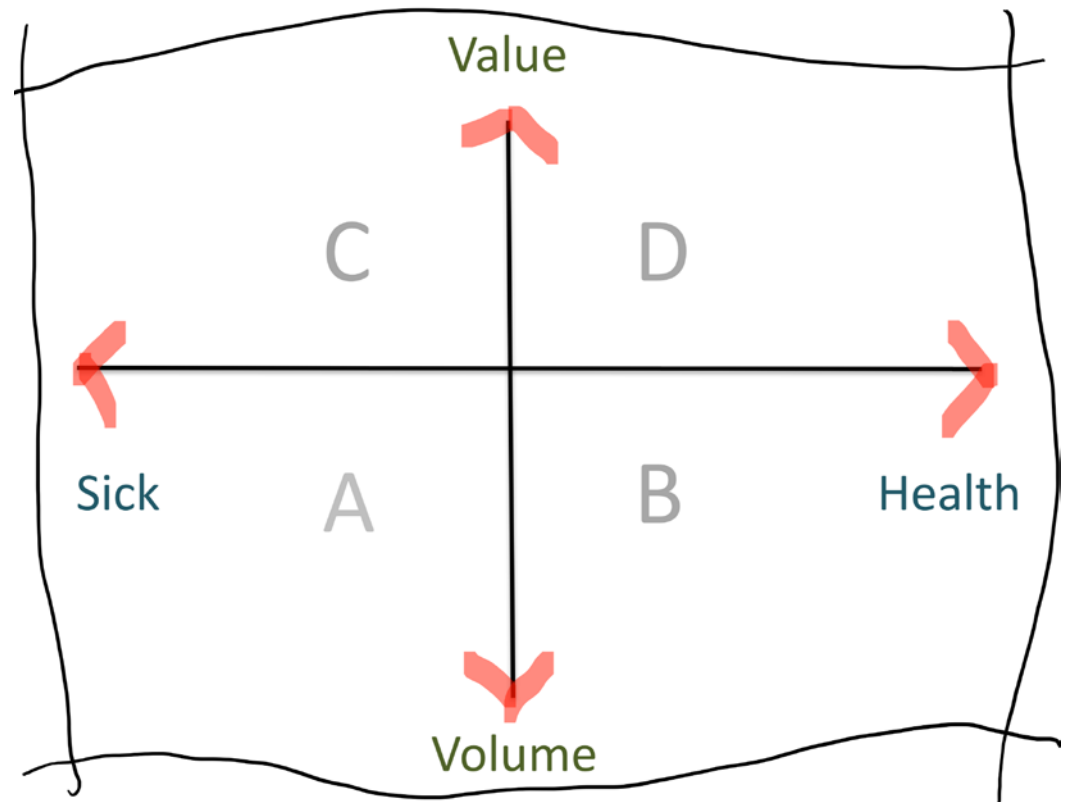
Satellites

Innovation Labs

Production

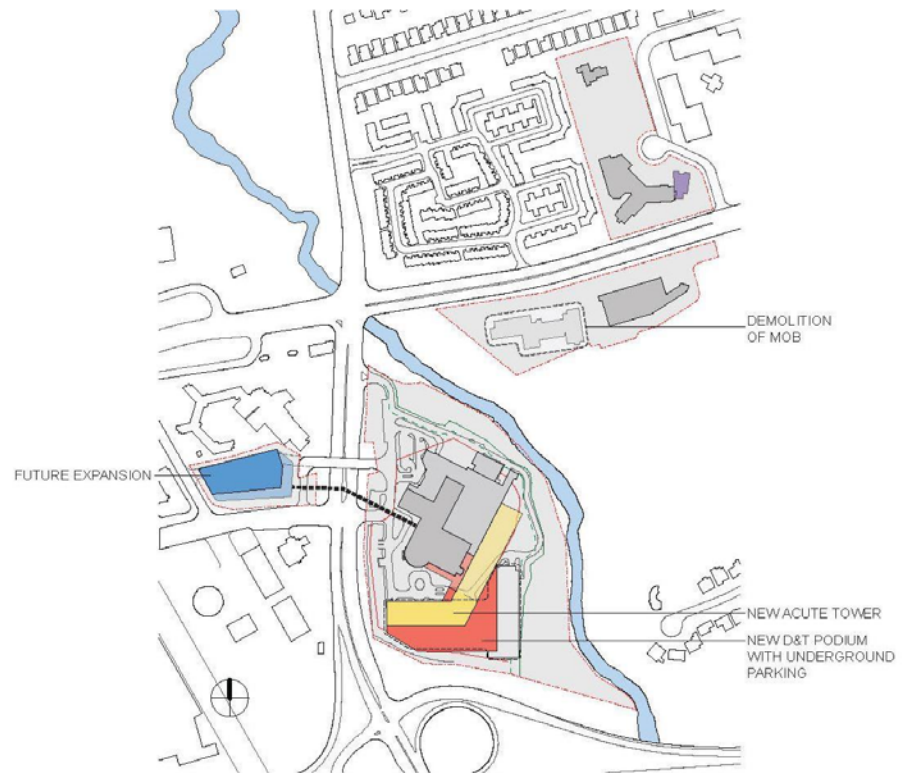
Factories

Hotels



### PHASE TWO (11-20 YEARS):

Continued developments at 4000 and 4001 Leslie Street will add to the Phase One constructions to consolidate acute and ambulatory programs on 4001 and 4000 Leslie Street respectively. Together, they create a strong urban presence and renewed identity for the campus along Leslie Street. The urban realm will be enhanced significantly with improvements to vehicular access and pedestrian connectivity, and the notion of NYGH expressing itself as a key civic node and gateway feature at this important node will start to take shape. Further, the presence of new street edges and contemporary building masses at Leslie Street and along Esther Shiner Boulevard will channel vistas, give civic presence, and greatly improve the urban fabric and experience at this junction. The demolition of the existing medical office building at 1333 Sheppard Avenue will enable future development at that site.



## 6. Lesson Learned

1. Collaboration is not Integration
2. New tools are needed to co-create
3. Teams instead of groups
4. Follow through with the getting yourself out of the valley
5. Remain flexible and scalable to work with new ideas
6. Storytelling is hard!