

Inspired by research.  
Driven by compassion.

Inspiré par la recherche.  
Guidé par la compassion.

# CONCEPTS IN PLANNING AN ACADEMIC HEALTH SCIENCES CENTRE OF THE FUTURE

## TRANSFORMING HEALTHCARE ENVIRONMENTS

PRESENTED BY:  
**CAMERON LOVE**, EVP AND COO  
**JOANNE READ**, VP OF PLANNING AND SUPPORT SERVICES

MAY, 2017



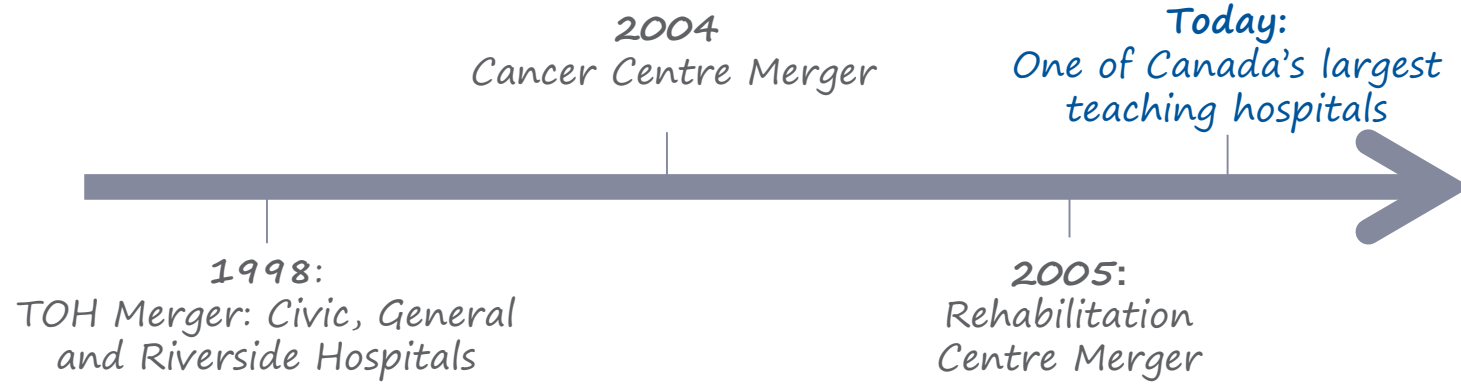
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[www.ottawahospital.on.ca](http://www.ottawahospital.on.ca) | Affiliated with • Affilié à



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# THE OTTAWA HOSPITAL (TOH)



# OUR FACILITIES

- 1,122 beds
- 172,445 Emergency Visits
- 50,862 Patient Admission
- 1,154,992 Visits to our Out-Patient Clinics
- 19 Sites 4,700,000 SQFT



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Hybrid Operating Room  
HDR Architecture

# OUR PEOPLE

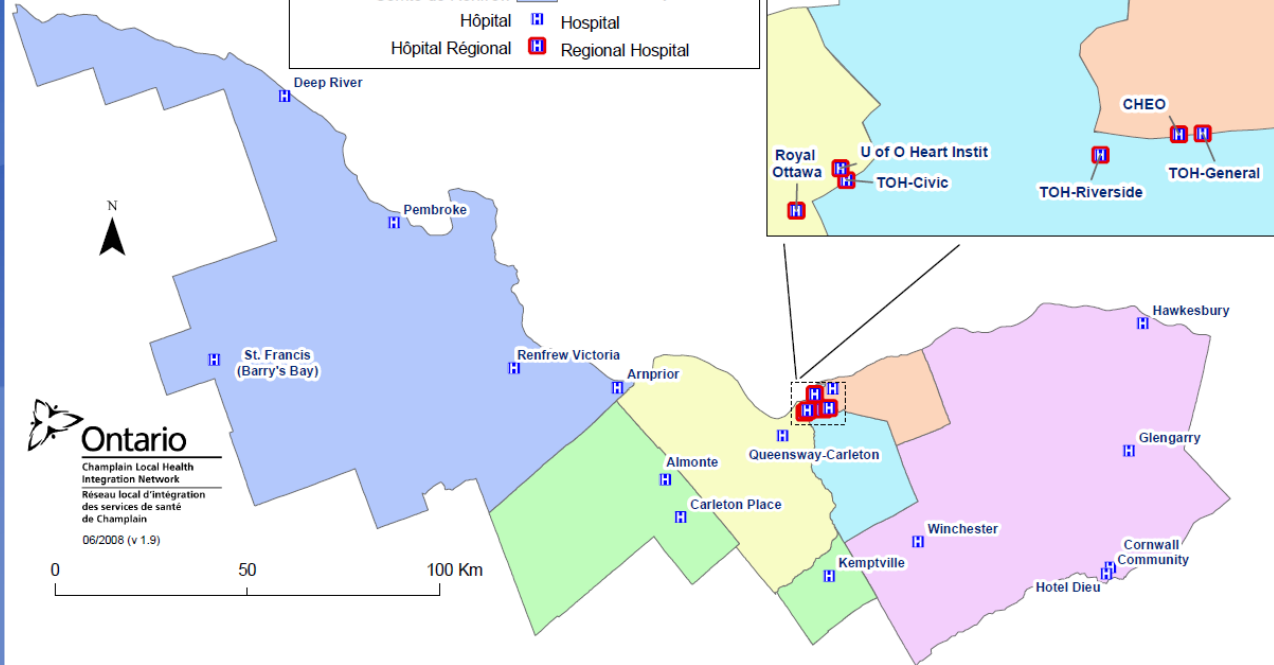
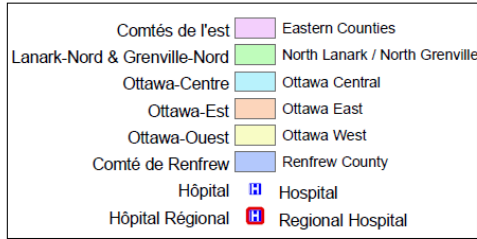
- 11,500 Employees, including 4,500 Nurses
- 1,400 Physicians
- 1,200 Volunteers
- Hundreds of residents, fellows and students




# OUR REGION

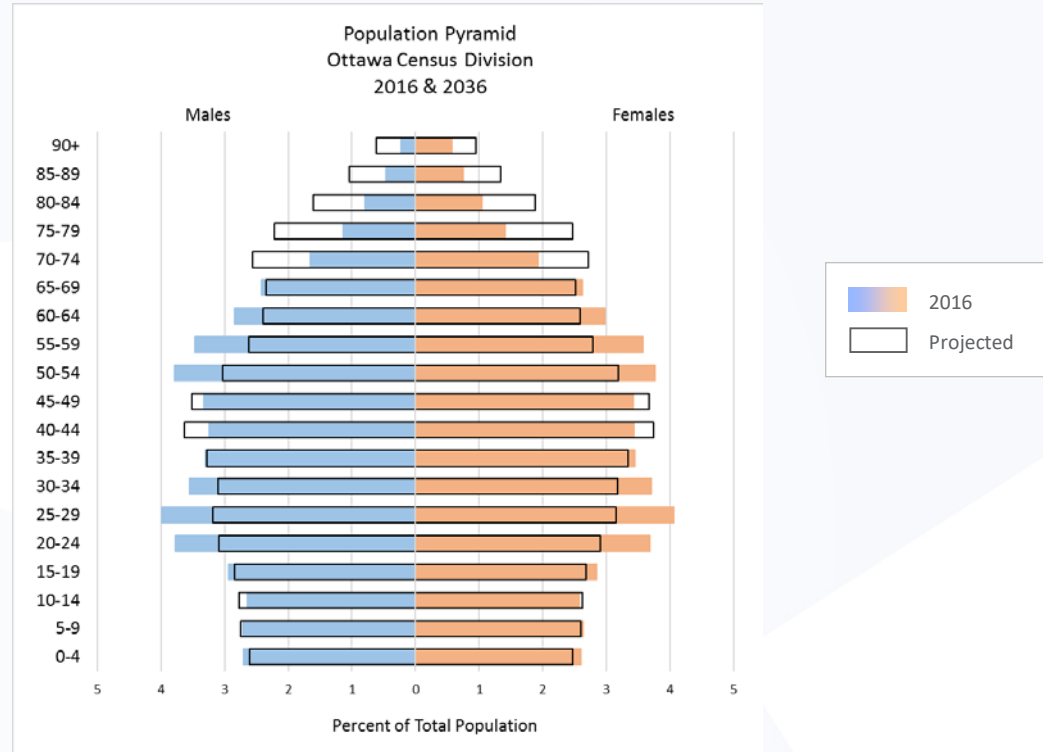
- Champlain LHIN

## Hôpitaux Hospitals



 **Ontario**  
 Champlain Local Health  
 Integration Network  
 Réseau local d'intégration  
 des services de santé  
 de Champlain  
 06/2008 (v 1.9)

# OUR CITY : OUR PATIENTS



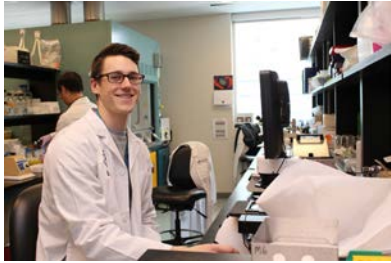
Source: Ministry of Finance (Spring 2016 Release)

# OUR MISSION



## Clinical

a compassionate provider of patient-centred care



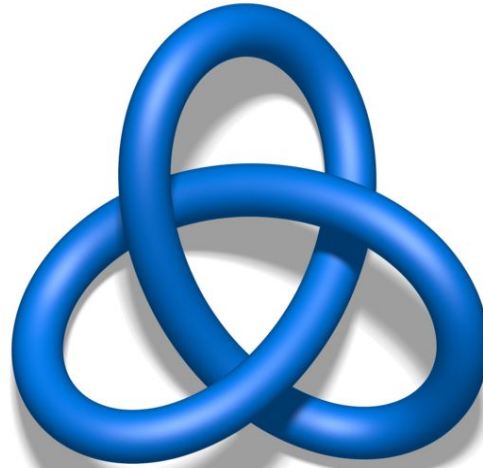
## Education

educate future healthcare professionals



## Research

develop, share and apply new knowledge and technology through world-leading research programs



# WHAT DOES IT MEAN TO DEVELOP A 21<sup>ST</sup> CENTURY HOSPITAL





# THE OTTAWA HOSPITAL STRATEGY

## Corporate Vision

To provide each patient with the world class care, exceptional service and compassion that we would want for our loved ones

## Corporate Goal

To become a top 10% performer in quality and patient safety in North America

## Corporate Strategies

Better patient experience

Better staff experience

Better quality at less cost

Healthier Populations

## Strategic Directions

Quality

People

Academics  
(Education and Research)

Our  
Community

Finance

## Enablers

Technology, Engagement, Process, Capital

## Core Values

Respect for the individual

Compassion

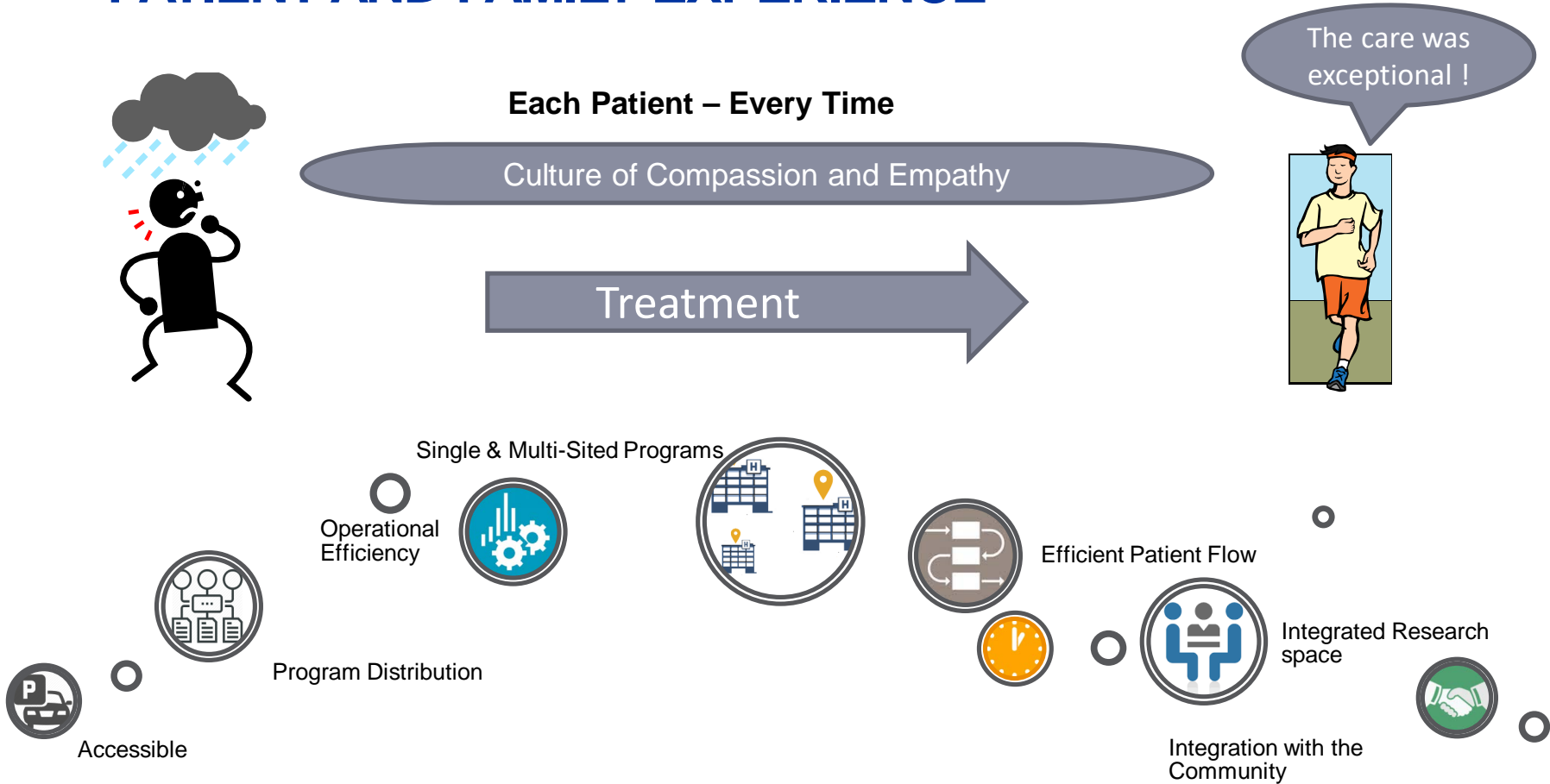
Commitment to quality

Working together

# ALIGN OURSELVES TO CORPORATE STRATEGIES



# PATIENT AND FAMILY EXPERIENCE



# Patient/Family Experience

## Key Drivers

1. Communication with Nurses
2. Communication with Doctors
3. Pain Management
4. Continuity at Transitions
5. Quiet (Noise)

## Key Enablers

1. Nurse Hourly Rounding
2. Bedside Shift Report
3. Care Boards
4. Leader Rounding on Patients
5. Post Discharge Phone Calls

## Key Supports

1. Easy Access
2. Parking - Transit
3. Food
4. Indoor - Outdoor Wellness Spaces
5. Clean, Safe.



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# PATIENT AND FAMILY EXPERIENCE

- Flexible family visiting hours
- Support evolving media & communication
- Safe and secure environment (Privacy)
- Amenities
- Access to indoor/outdoor areas and view
- Drop Off/Parking/Access
- Indigenous healing spaces



Source: [gettyimages-536907623](#)



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# IMPROVING HEALTH, WELLNESS AND RECOVERY

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- ▶ Looking Forward Clinically
  - Single patient rooms that have capacity to be converted to step down/ICU
  - Integrated rehabilitation spaces in acute care setting
  - Operative and procedural environments
  - Multipurpose recovery spaces
  - Robotics
  - Personalized Medicine
  - Clinics – Community Integration, Pop Health and the Family Physician

# IMPROVING HEALTH, WELLNESS AND RECOVERY

Support our staff  
by providing  
spaces that  
promote living our  
values



Respect for  
the  
individual



Commitment  
to quality



Compassion



Working  
together

Source: canadastop100

# IMPROVING HEALTH, WELLNESS AND RECOVERY

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- **What is Important to our Team.**

↑ **Engagement** = ↑ **Efficiency** = ↑ **Patient Experience**

- State of the Art
- Clean, Safe, Friendly
- Access to green spaces
- Team Based Workspaces
- Wellness amenities
  - Benefits: Dental, Pharmacy
  - Health: Food/Beverage, Gym, Showers, Bike Storage, Walking Paths
  - Other: Dry Cleaning, Groceries, Day Care
- Integrated Education spaces.
- Parking/Transit



# PROMOTE INNOVATION AND RESEARCH

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- ▶ Basic Science
- ▶ Clinical Research – Decentralized and/or Centralized
- ▶ Personalized Medicine (Wet labs with research space)
- ▶ Population Health Research
- ▶ Translational and Practice Changing
  - Flexible spaces for spontaneous collaboration
- ▶ IQ@TOH – Integrating Research and Operations



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# PROMOTE INNOVATION AND RESEARCH

- ▶ Economic Engine
  - Private Partnerships
  - Research Collaboration
  - Community Research
  - Innovation Hub – The World of App's



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# EDUCATING OUR FUTURE WORLD CLASS TALENT



<http://www.tonybates.ca/2014/07/27/why-lectures-are-dead-or-soon-will-be/>



<https://s-media-cache-ak0.pinning.com/564x/82/bc/69/82bc69111cb452fc9af7d9298575ec48.jpg>

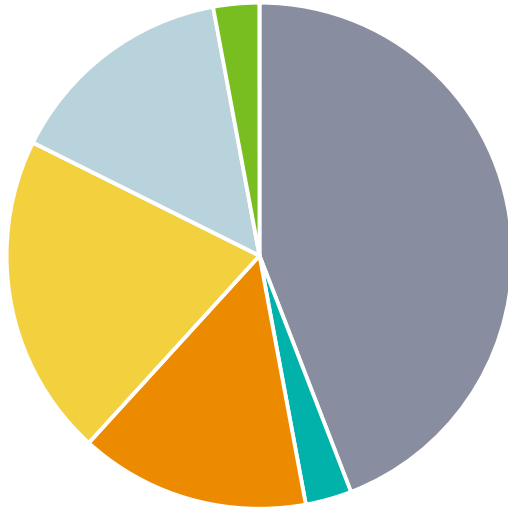


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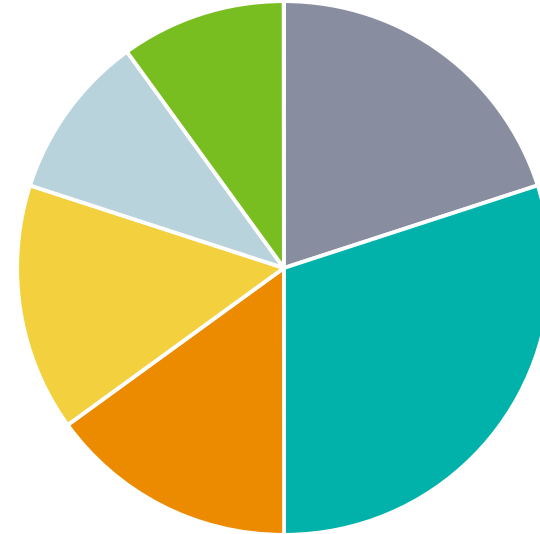
# EDUCATING OUR FUTURE WORLD CLASS TALENT

Present



- Lecture
- elearning
- Simulation
- Hands on
- Case-Based
- Collaborative

Vision 2020



- Lecture
- elearning
- Simulation
- Hands on
- Case-Based
- Collaborative

# EDUCATING OUR FUTURE WORLD CLASS TALENT

- ▶ Distributive learning models
  - training comes to medical/staff team in-situ for simulation and debrief
- ▶ Targeted training to increase core competencies
  - Simulation, Procedural, and Objective, Structured Clinical Examination
- ▶ Animal Facilities
- ▶ Patient and Family Education
  - Mental and social education
  - Training for family home-care



# EDUCATING OUR FUTURE WORLD CLASS TALENT

- Centralized and Decentralized
- Professional and Support Service – Partnerships with Education Facilities
- Reduce learning silos via digital access
- Harness knowledge and expertise of our senior staff



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# LONG-TERM PLANNING AND REPURPOSING OF A MULTI-CAMPUS HOSPITAL





# BUILDING ON OUR REDEVELOPMENT SUCCESS



**2027**  
New Campus  
Opens



**2009 - 2013**  
Consultation with  
Gov't on Building and  
Land Requirements

**2006/07**  
Developed  
Master  
Program and  
Master Plan

**Spring 2008/9**  
Master Plan  
Approved by  
LHIN

**Fall 2014**  
Gov't announces  
intent to transfer  
TOH land for the  
new Civic Campus

**Fall 2015**  
New Minister  
Requests NCC  
re-evaluation of  
land options

**June 2016**  
MOHLTC  
Approval of  
Pre-Cap  
Submission

**Dec 2016**  
Gov't Approval  
of Sir John  
Carling Site

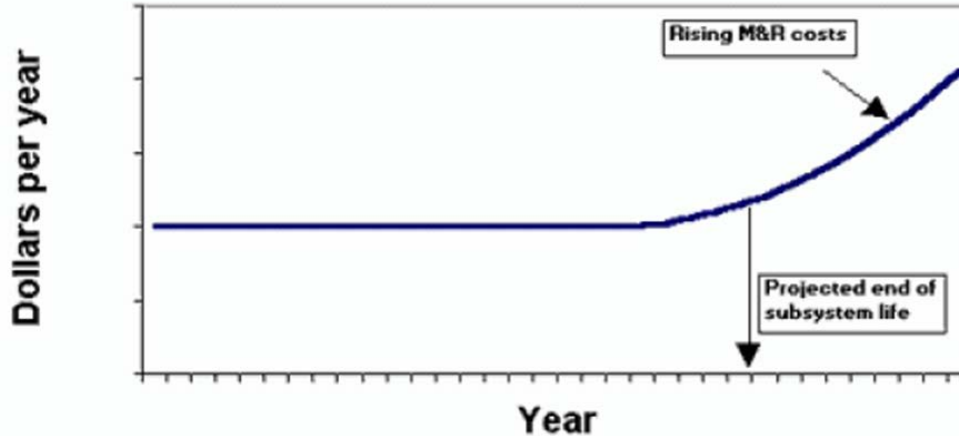
**2017**  
Long-term facility  
development of  
current sites



Source: Agnew Peckham, 2016

# STRATEGIC DEMANDS AND RISK

**Building Subsystem Maintenance & Repair Expenses Over Time**



## ▶ Physical Obsolescence

- Building Physical Plant does not meet min standards
- Cost benefit renovate vs replace
- Continuity of services

## ▶ Functional Obsolescence

- Building design and configuration not able to meet acceptable care delivery
- Life safety issues
- Accreditation or changes in regulated/legislated standards
- Technology changes



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# THE OTTAWA HOSPITAL CURRENT STATE (TOH)



- 23 acres
  - No expansion capability
- 24 buildings
  - Range in age from 20 – 92 years

- 50 shared acres
  - 1980
  - Expansion capability

- 25 acres
  - 1967
  - Ambulatory Care Center
  - ORs – 100% Day Surgery

& 17 off-campus locations

# THE RE- PURPOSE GAME



- ▶ What Have We Successfully Done
  - Research Building ----- Education/Skills Simulation Centre
  - Nursing Residence ----- Administrative Offices
  - Cancer Centre ---- Ambulatory Clinics
  - Inpatient Units ----- Office Areas
  
- ▶ Considerations/Challenges
  - State of Infrastructure (\$)
  - Efficiency/Operating Cost of repurposed space
  - Code compliance (safety, infection control, building etc.)
  - Future Expansion Capability
  - Overall integration of campus plan.

# MASTER PLANNING: REDEVELOPMENT STRATEGIES

## Scenario 1

- One Campus model (Consolidate Riverside and Civic at General)
- Develop National Defence Medical Centre Land (Mental Health, Rehab, Research and future development)

## Scenario 2

- Two Campus model (Consolidate Civic at General and Expand Riverside)
- Develop National Defence Medical Centre Land (Mental Health, Rehab, Research and future development)

## Scenario 3/4

- Three Campus Model
- Redevelop and expand Civic, General and Riverside
- Civic development includes two options – develop on site and develop on new site.

# GREENFIELD VERSUS BROWNFIELD

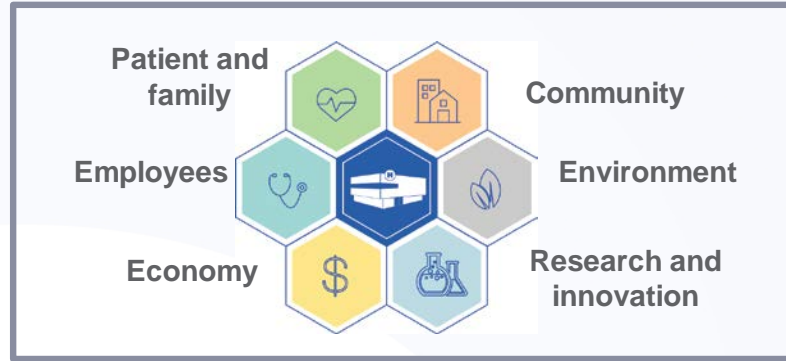
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## The Assessment Process

1. Requirements and Models
  - Design, wellness, access and parking
2. Development Phases and Timeline
  - 25+ years and 20+ phases
3. Cost – Capital and One Time Operating
  - \$800 M and \$150 M +
4. Risks: Operational, safety, clinical, etc.
5. Compromises to Efficiency and Effectiveness of Building Design
6. Flexibility for Future Expansion
  - 23 acres versus 50
7. Site Circulation and Access

# TOH - 21<sup>ST</sup> CENTURY HOSPITAL

- New
- Renovate
- Expand



# NEXT STEPS IN REDEVELOPMENT



- ▶ Renew our Master Program and Master Plan
  - Align to our Development Principles
  - Capability to install state-of-the-art medical technology on all campuses
  - Equitable provision of services (programming decisions)
  - Consistent quality of spaces and design at all sites
  - Enable staff to provide excellent patient care, regardless of their location



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# OUR KEY LESSONS LEARNED

- Master Program/Plan - flexible to meet changes in healthcare demand
- System wide infrastructure analysis and plan
- Forecast technology changes
- Impact of legislative and regulated changes



Stronach Regional Cancer Centre, Newmarket, On  
Source: Ben Rahn/A-Frame



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# PLAN FOR THE FUTURE, LIVE IN THE PRESENT

- ▶ Operate and maintain existing facilities
  - Capital investment and lifecycle management considerations
  - Plan to meet future needs in existing spaces

Repurpose, retrofit or renovate?



# Questions?



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