CONCEPTS IN PLANNING AN ACADEMIC HEALTH SCIENCES CENTRE OF THE FUTURE

TRANSFORMING HEALTHCARE ENVIRONMENTS

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THE OTTAWA HOSPITAL (TOH)

1998:
TOH Merger: Civic, General and Riverside Hospitals

2004:
Cancer Centre Merger

2005:
Rehabilitation Centre Merger

Today:
One of Canada’s largest teaching hospitals
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
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
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 21ST 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
- Improving Health, Wellness and Recovery
- Promoting Innovation and Research
- Educating our Future World-Class Talent
- Integrating with our Community
- Helping Sustain our Environment
- Enhancing the Economic Engine of our Community
The care was exceptional!

Each Patient – Every Time

Culture of Compassion and Empathy

Treatment

PATIENT AND FAMILY EXPERIENCE

Single & Multi-Sited Programs

Operational Efficiency

Efficient Patient Flow

Program Distribution

Accessible

Integrated Research space

Integration with the Community
<table>
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<tr>
<th>Key Drivers</th>
<th>Key Enablers</th>
<th>Key Supports</th>
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<td>5. Quiet (Noise)</td>
<td>5. Post Discharge Phone Calls</td>
<td>5. Clean, Safe.</td>
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**Patient/Family Experience**
PATIENT AND FAMILY EXPERIENCE

- Flexible family visiting hours
- Support evolving media & communication
- Safe and secure environment (Privacy)
- Amenities
- Access to indoor/outdoor areas and views
- Drop Off/Parking/Access
- Indigenous healing spaces
IMPROVING HEALTH, WELLNESS AND RECOVERY

- 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
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

- 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

- 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
PROMOTE INNOVATION AND RESEARCH

- Economic Engine
  - Private Partnerships
  - Research Collaboration
  - Community Research
  - Innovation Hub – The World of App’s
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.pinimg.com/564x/82/bc/69/82bc69111cb452fc9af7d9298575ec48.jpg
EDUCATING OUR FUTURE WORLD CLASS TALENT

Present

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
LONG-TERM PLANNING AND REPURPOSING OF A MULTI-CAMPUS HOSPITAL
BUILDING ON OUR REDEVELOPMENT SUCCESS

2006/07
Developed Master Program and Master Plan

Spring 2008/9
Master Plan Approved by LHIN

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

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

Dec 2016
Gov’t Approval of Sir John Carling Site

June 2016
MOHLTC Approval of Pre-Cap Submission

2017
Long-term facility development of current sites

2027
New Campus Opens

Source: Agnew Peckham, 2016
STRATEGIC DEMANDS AND RISK

- **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
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
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.
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.
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 - 21ST CENTURY HOSPITAL

- New
- Renovate
- Expand

Patient and family
Community
Employees
Environment
Economy
Research and innovation

Buildings and expansion: 25 acres

Exterior wellness areas: 7 acres

Access: 6 acres

Parking and transit: 15 to 20 acres
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
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
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?