

# Kitchissippi WARD

New Civic Hospital Location

## **What We Heard Report**

Civic Hospital Neighbourhood Association Meeting

Hosted by Councillor Jeff Leiper

February 6, 2017.

# Table of Contents

- Background ..... 3**
- In Attendance ..... 3**
  
- Neighbourhood Concerns**
- Design for neighbourhood ..... 3**
- Site Location ..... 4**
  - New Site ..... 4
  - Existing Site ..... 4
  - Transition from Existing Site to New Site ..... 5
- Transit.....5**
- Queensway Access.....6**
- Traffic.....7**
  - Area Traffic Management and other studies.....7
  - Cut-through traffic ..... 7
  - Sherwood Avenue ..... 7
  - Parkdale Avenue..... 8
  - Holland Avenue ..... 8
  - Bayswater Avenue..... 8
  - Fairmont Avenue ..... 8
- Parking ..... 8**
  - Site parking..... 8
  - Street parking ..... 9
- Pedestrian Issues ..... 9**
- Greenspace ..... 9**
  - Queen Juliana Park..... 9
  - Arboretum ..... 10

## **Background**

The Civic Hospital's relocation to the old Sir John Carling site on the Central Experimental Farm, while still years off, is a subject of great concern to residents of the Civic Hospital Neighbourhood Association. They have numerous concerns with the overall design for their neighbourhood, Queensway access, effective transit, and traffic implications to their residential streets. To that end, Kitchissippi Councillor Jeff Leiper, in cooperation with Ottawa Centre MPP Yasir Naqvi, convened the first of what will be many meetings with the association on this topic. The purpose of this meeting, in the very early days of the project, was to determine the main concerns the residents have related to the hospital's move.

## **In Attendance**

Kitchissippi Councillor Jeff Leiper

Ottawa Centre MPP Yasir Naqvi

Kate Eggins, Director of Communications and Engagement, The Ottawa Hospital

About 50 members of the Civic Hospital Neighbourhood Association

## **Neighbourhood Concerns**

### ***Design for the neighbourhood***

- My biggest concern is every time I see pictures of the new hospital, I feel like I see Mississauga, Barrhaven, suburban London. I don't see something that fits in the neighbourhood. I think most people would say this is not their first choice but they would probably sleep a lot easier if they thought this is something that is actually going to add to the neighbourhood. (They were stock images and not actual design plans)
- Ultimately, I think if we build something that looks like the General, Carling is just going to be like Smythe. It's going to continue to be a traffic sewer. Now we actually have a six-lane street that is under-capacity that we can actually start making a more liveable street but as soon as this comes in and we haven't done the things we need to make Carling Preston and all those other streets stay liveable, essentially inoculate from what's coming, we've got years of ho-hum at best.
- I feel that the sense of community has been lost over the last several years since we've been here.
- I hope the design will take into consideration that the Canal is a UNESCO site. I hate seeing giant swathes of land at Carling, Champagne, Beech and Rochester taken up for hospital parking. Wouldn't it be great if those were developed and became part of the neighbourhood.
- What is going to take the place of the green space and the other things we are losing in the neighbourhood?
- I think there are real opportunities here - people talked about treasures of the neighbourhood - I think there's a huge opportunity to connect those spaces better to our neighbourhoods and to make these sites have more green infrastructure - they can be teaching places.
- Intensification coming to Carling/Preston will bring a lot of noise/traffic to the neighbourhood which has to be factored in

- Strongly encourage each of you - where there are possibilities to be smart with decisions, like the Carling E-E ramp closure,- these imminent decisions can be indications of the attitudes - lets be smart about it and make smart decisions in favour of the whole community
- Want to remain part of the process, be a stakeholder in continuing consultations

## **Site Location**

### **New Site**

- One of the issues about Tunney's Pasture was to make it a quick in and out (for ambulances). I don't know how that's been discussed. I don't know how you're going to deal -- this particular site has problems in terms of getting from the high level up on the hill down to the very low of our O-train. How is that going to be connected?
- Who knows where the entrance is going to be for the hospital, but it's going to be somewhere around (Queen Juliana Park). I think that has to be part of one of the major issues that is dealt with in the study.
- If we put a lot of the buildings in the new design on the Queen Juliana Park or in the parking lot, then that brings a lot of the work stations much closer to the OTrain stop and I think that way maybe we can gain 10 or 15 per cent less car usage by the employees. If we just lay things out so that they're near the OTrain stop and I think there's going to be an urge from the hospital to take that existing parking lot area and reuse it as a parking lot area and I think the hospital should fight that urge and move that parking lot back away from Carling Avenue and back away from the OTrain stop.
- I think a lot of the concerns I'm hearing is about where will the entrance of the hospital be. And so, concerns with Sherwood and some of the other streets is if the entrance of the hospital is at Queen Juliana Park, well that's where the movability and traffic issues start to come into play. Whereas if the entrance is in fact on the hill, then there's opportunity for cars to come in off Prince of Wales and opportunity to come in off Maple or up at the top of the hill into the existing streets and protect the other streets around.
- Who is going to be held accountable for making sure all these good ideas get implemented and the hospital won't turn around and say "that's not our idea so we're going to say no."
- When will there be a better idea of design of hospital? If there are different options? (Two years) What is the capacity of Prince of Wales?
- Most effective access points to the hospital need to be figured out and studied to determine best placement of the hospital

### **Existing Site**

- Would like to see the planning for the site evolve so traffic moves away from that residential corner (Ruskin at Melrose) and that maybe, number one, the parking lot moves onto the hospital site and the (Ruskin) lot turns into parkland.

### ***Transition from existing site to new site, dealing with construction***

- Ambulance parked in front of our houses with huge trucks coming in and out. I just fear about the common sense of the transition. The common sense line has been crossed. There is something very disturbing about seeing old people getting out of ambulances in freezing weather with big trucks coming in. We have to address parameters to ensure common sense rules.

### ***Transit***

- Transit doesn't work in this town. Why build transit you don't plan to run? If you're going to put a Master Transit Plan, don't take out the 101 bus 8 o'clock on a Saturday. They take and build all this infrastructure and don't put any money on the operations side. I'd be happy if they left most of the hospital where it is and added other wings to the General. In Toronto we have like 12 hospitals downtown and people use them in the neighbourhoods. We don't drive to them. I just find it really weird that they want a supersize hospital. I mean if two people take me to the hospital, because they have staff parking, someone who have to park the car, someone would have to walk me in as if I'm in an airport. I find that not user friendly whereas right now I can walk to the Civic in an emergency because it takes me eight minutes.
- Transit is not great around there. There is an OTrain stop there but I just don't see it as crazy to think it is going to be separated from the hospital by a sea of parking. There's LRT in our plans for Carling. It would be awfully nice if that maybe got some funding in the nearer term.
- I think a lot of people talk about people going to the hospital in emergencies, but 90 per cent of people going there are the workers and I think we should encourage them to use transit. The new site is pretty darn close to the OTrain site, but if you're getting out of the OTrain and you have to march through Queen Juliana Park and up the hill to get to your work area at the hospital, you'll probably go 'I'd rather not. I think I'm going to drive.' But if we put a lot of the buildings in the new design on the Queen Juliana Park or in the parking lot, then that brings a lot of the work stations much closer to the OTrain stop and I think that way maybe we can gain 10 or 15 per cent less car usage by the employees. If we just lay things out so that they're near the OTrain stop and I think there's going to be an urge from the hospital to take that existing parking lot area and reuse it as a parking lot area and I think the hospital should fight that urge and move that parking lot back away from Carling Avenue and back away from the OTrain stop.
- The bussing system isn't ideal for people.
- What if hospital offering bus passes so we get people in the buses?
- Incentive program to buy bus passes at some hospitals (Seattle children's hospital) - subsidized bus pass?
- Transit, looking at improvements for transit. We're expected to absorb a fair amount in our neighbourhood right now. What is going to help us?
- OCTranspo - Carling bus lanes - doing it on the wrong parts. Keep an eye on this.
- What about light rail? Why can't hospital encourage employees to use light rail. That would solve, if we built it right with proper incentives to make people want to use it. We reduce traffic, increase safety, reduce pollution.

## Queensway Access

- My key issue is that there isn't adequate, or has never really been thought out well, how to get people off the highway to the hospital. We have them going down Parkdale, which was never intended or meant to be in that situation.
- This past summer, we did another test run to prove that it's shorter, faster, more direct to get off at Carling than to use Parkdale from the west end. And I invited both Councillor Leiper and Minister Yasir Naqvi. They sent their appointees to drive with us and it was demonstrated again. It is shorter, faster, more direct from the west end to get off at Carling. And with regard to the issue of coming from the east, there's no reason why you don't get off at Bronson. Do not take Bronson. Stay on Raymond, Booth and then you're on to Carling. And with this new hospital location, it seems to me it's time that Rochester be used as well as Carling to access because Rochester South is not interfering with any residential street. Coming from the west end, you get off at Rochester, you go to Carling and bingo, you are right where the hospital would be.
- Just one thing though, we did successfully get it changed off Parkdale and put onto Carling and it was there for five years and then it went back. I would like to know who suggested it goes back to Parkdale when we did have it on Carling. We went through all that with MTO, we went to meetings we met with the two counterparts at the time, simple fix, we thought it would work, it went up fine and then it got changed so excuse me if I'm just a little skeptical about the following through on these things and making them happen because we're exactly the same as where we were 25 years ago when I was a brand new resident.
- There is no exit on to Rochester from the eastbound Queensway. In fact, there's a few Queensway exits that are westbound/eastbound only but not double. If there's no exit on Rochester, you have Bronson or Parkdale. You don't have anything in between. If there's not adequate off ramps from the Queensway coming east, or in the right location, you automatically have them coming off on Bronson or Parkdale.
- Dalhousie Community Association board member - all of us want our children to be safe - that's what we want as well - our community has a plan for Rochester - want a complete street with bike lanes - our children use it to go south to green space. Full confidence you will work with us to find solutions. If we work together the solutions will be better.
- In one of its newsletters, hospital suggested Carling to get off the Queensway and Bronson/Booth/Raymond from the east.
- H sign would have a big impact on through traffic for a lot of these side roads. Closing of the Carling E-E ramp will have a huge impact as well.
- I would like to know right now what the hospital has in terms of who is coming and where are they are coming from. Do we have to wait two years? Ramps should be looked at now. Why do we have to wait? Twenty years ago, we talked about these ramps ad nauseum. The city is growing. What's going to happen is someone is going to die in an ambulance on Parkdale. There is nowhere for the ambulance to go. Why wait? Parkdale is dangerous and busy. I don't understand planning, particularly with the MTO. I would volunteer to sit with someone at the MTO to look at the bigger picture.

## **Traffic**

### **Area Traffic Management and other studies**

- Regardless of the hospital's move, the CHNA wants an Area Traffic Management study and hopes this can be expedited now that a new hospital is coming
- Without those parameters in place as a base line, will be difficult to determine what the community needs
- We already know, even without development, that we have failed streets
- Want the study for the whole area - don't want to pit one street against another. We really really have to work together. We need to know how people are moving through the neighbourhood and that we don't throw one street under the bus to solve it.
- Hopes ATM will be accelerated due to hospital and its move

### **Cut Through Traffic**

- Will increase if neighbourhood gets a "two-for-one" with a new hospital and the current site still fully operational
- Deliveries - delivery trucks coming down Melrose and not following rules so there has to be some thought to that and to how are you going to manage large vehicles that are making deliveries and which roads are they going to be allowed to use and not use.
- There's a lot of discussion about specific street problems. No one wants it in their backyard and we're all faced with that. My concern is that I haven't heard any commitment to some data. Something that is real. All these things have to go in a hat and we have to look at it all in one logical manner for that area. How can we create any solutions if you don't have any data?
- Cut-through a huge issue on Bayswater and the other streets as well. New site will not help the situation. Part of the traffic management study that we'd really like to have should address what times you can use the streets or can or cannot turn onto streets.

### **Sherwood Avenue**

- Disincentives for the use of residential roads.
- My main concern is there is a major issue north/south access to that site. I fear that even if you move that H sign to Carling, that's farther away from the people in the west so the logical exit is going to be Parkdale so everyone who knows Smythe Road knows that Alta Vista is a highway and that's what's going to happen to Sherwood. Even though the sign says you're not supposed to turn, everybody is turning down that street. Sherwood is a major issue for the neighbourhood. People speed down that street. There is a huge volume of traffic. Then from there, they are turning up and down Fairmont, Bayswater because you can go underneath the 417 to get where you want and now that's like the perfect route to hit Queen Juliana Park.
- Who knows where the entrance is going to be for the hospital, but it's going to be somewhere around (Queen Juliana Park). I think that has to be part of one of the major issues that is dealt with in the study. It is a beautiful wide street and as the city becomes more and more bike friendly, that actually hooks up to all these other beautiful bike paths and why don't we think about how to make this a working avenue.

- I think a lot of the concerns I'm hearing is about where will the entrance of the hospital be. And so, concerns with Sherwood and some of the other streets is if the entrance of the hospital is at Queen Juliana Park, well that's where the movability and traffic issues start to come into play.
- I was hit on Sherwood and Parkdale. Push button on the wrong side of the street.

### ***Parkdale Avenue***

- Already under a lot of stress and even when the hospital moves, the Heart Institute will still be there
- Is consideration being given to improving movability along the roads that are already (arterial) roads.

### ***Holland Avenue***

- Already under a lot of stress and even when the hospital moves, the Heart Institute will still be there
- Is consideration being given to improving movability along the roads that are already (arterial) roads?

### ***Bayswater Avenue***

- Is consideration being given to improving movability along the roads that are already (arterial) roads. Disincentives for the use of residential roads.
- Drivers are turning up and down Fairmont, Bayswater because you can go underneath the 417 to get where you want and now that's like the perfect route to hit Queen Juliana Park.

### ***Fairmont Avenue***

- Drivers are turning up and down Fairmont, Bayswater because you can go underneath the 417 to get where you want and now that's like the perfect route to hit Queen Juliana Park.
- Verbally accosted by hospital residents. It has been emotionally traumatic for my kids. (Parked cars) project into driveways, (they) yell at us. (We have) concerns as to what is going to happen in the future. My kids have witnessed people yell at us. This happens from the Royal too. We have to talk about the parking and the safety on the streets.

## ***Parking***

### ***Site parking***

- If you put a parking lot at Sherwood and Carling, people are going to take Bayswater to get to work, whereas if you put the parking lot somewhere else, they'd take Preston maybe, or Parkdale or a street that is already equipped to accommodate traffic, not to say that Parkdale is equipped to accommodating traffic.
- Given that a lot of the site choice was driven by accessibility of parking and building roads, it does not lead toward a model - hospitals in downtown Toronto do not have acres and acres of parking



- Every new hospital will look at ways they can actually make money from a site they are developing. Parking is a major component of making money at a hospital. If you ask the people why they are parking on your front lawn its because its \$90+ every month to pay. Suggests graduated parking fees based on salaries. We are a car culture unfortunately. The bussing system isn't ideal for people.
- I would like the hospital to maybe make accounts for the people who work the midnight shift so they can be closer.
- Instead of acres and acres of parking, build up - save precious land of the farm
- If we just lay things out so that they're near the OTrain stop and I think there's going to be an urge from the hospital to take that existing parking lot area and reuse it as a parking lot area and I think the hospital should fight that urge and move that parking lot back away from Carling Avenue and back away from the OTrain stop.

### ***Street parking***

- We have to talk about the parking and the safety on the streets.
- One of the things we've learned is that people don't want to pay for parking, a natural behaviour. So my neighbours and I have witnessed lots of people who would rather not pay for parking so they park on Inglewood which is a very narrow street that shouldn't be used in that way. There are people entitled to park on city streets free of charge, people with handicapped signage. That can create an issue and it should be noted that if you're going to have people coming onto your streets because they don't want to pay for parking, they will look for those spaces and they don't understand the difference between no stopping and no parking signs, so there will be some spillover.
- An analysis of employee habits - ask them what they think could work and get them involved. They are part of the solution. They can be part of the problem and it can be, I agree, less than favourable to deal with people, but that's true with anyone who wants to park for free. We have an idling bylaw in this city - (some) idle for over an hour, waiting for someone to come out.

### ***Pedestrian issues***

- Four schools in our neighbourhood - hundreds of kids walk every day. We need to factor that in.
- I think our seniors - need quick access walking - maybe addressed in a different way.

### ***Greenspace***

#### ***Queen Juliana Park***

- It's our green space. Please keep it green. If not, give us a decent border of trees so we don't have to look at a parking lot.
- I bought specifically because I can see green while I'm sitting in my living room so your idea sort of blows me away, but the idea of using the park for cultural things like the powwow and fundraisers is very important. It's important for the community and for those organizations. I watch them play frisbee at 7am and I know they call come from NRCAN. So it's being used. If you start putting a parking lot there, you are destroying a lot of people's pleasures. I don't want to look at a parking lot. I don't mind looking at a hospital up on the hill. Please, don't touch the park.

- I would like to make sure that when the hospital, the city, the province looks at what we are getting and what we are losing that there's sort of a, almost like a cost-benefit thing - it's heartbreaking that we may lose Queen Juliana Park - what will make up for that. What will the mitigation be for that? Will we be looking for other green space in the neighbourhood? Are there opportunities for something else?

### ***Arboretum***

- Arboretum could be in danger. There's a chunk of that that is part of the arboretum, a lot of rare old trees. It is a national treasure. Will there be some kind of reassurance given that when they go in there, are they just going to clear-cut or will there be some kind of protection for these beautiful old trees? Old exotic trees, hedges by the tennis courts.