



Land and Municipal Alignment

1. Parcel (Size and Shape)

The Site should be large enough to accommodate the Hospital as well as space to accommodate parking and loading requirements, additional ancillary buildings, internal access roads, separation of access to public and service areas as well as amenities such as landscaped garden areas.

A minimum of 20 acres of developable land (i.e. not constrained with environmental features) is required with 30 + acres being preferred. Ideally, sufficient land will be available for the Hospital to realize its vision of a Health Care Campus with additional related services.

The parcel size must allow for potential expansion and facility renewal. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements. The shape should be regular, square or rectangle.

2. Service Catchment Area

Proximity to the majority of persons served is an important consideration to minimize distance of travel and access services a greater number of people within a smaller area). Future population within an area should be considered to ensure that proper services will be available. Consideration should also be given to distance to hospice, long term care homes, and other health services such as police, fire and EMS.

3. Alignment with Planning Policies

The official plan designation for the proposed site should permit a hospital.

It is important to consider the compatibility of nearby land uses (existing and future) to determine if the hospital will be adjacent to a compatible land use.

The zoning by-laws regarding proposed uses, building location, lot size, dimensions, parking requirements, building heights and setbacks need to be permissive for the proposed hospital development.

4. Impact of Restrictions

There should be no restrictions on the use of the property, such as easements, municipal drains, or hydro right-of-ways that will limit the potential of the property to be developed into a hospital. The property should have clear title.

5. Land Availability

Availability of Site. Potential Expropriation Required?

6. Parking Potential

The by-law requires hospital parking at a minimum rate of 3 spaces per bed, which translates to 315 spaces in 2023 and 405 spaces in 2033. Additional guidelines prescribe loading, barrier free parking, and bicycle parking rates and will need to be considered as the proposed options are developed further.

The current hospital infrastructure provides around 5 parking spaces per bed. This development option has been designed to meet this higher parking ratio, with 525 spaces in 2023 and 675 spaces in 2033.



Connection to Surrounding Community

7. Connection to Nature

The site should have the potential for trails and walkways as well as proximity to parks and greenspace. Adequate green space should be available to set the hospital apart from nearby occupancies.

8. Ease of Wayfinding

Access to the site and within the site should be highly visible

9. Campus of Care

Ability to accommodate Campus Partners (e.g. Long Term Care, Pharmacy, Professional Office Building)

10. People Focused

The Facility and location should reflect a welcoming and dignified presence that is both complementary to and complemented by the surrounding occupancies.

11. Community Support

The Hospital should be located to achieve positive support in both the short and long term from the surrounding community. As the region continues to grow and future growth in patient, staff, visitor and service vehicles will result, traffic volumes, noise and other impacts need to be considered. As well, the impact of ancillary structures such as the heliport and parking facilities need to be considered in addition to main building height and proximity to nearby occupancies.

12. Relationship to Other Supportive Institutions

The Facility should be located in an area where other supporting institutions are within reasonable proximity, such as houses of worship, long term care facilities, medical, clinical and allied health education and research facilities.

13. Neighbourhood Compatibility

The Site is surrounded by prestige commercial or institutional occupancies. Residential, industrial or other occupancies may be possible if separated by greenspace or arterial roads.

**14. Proximity to Amenities
(trails, parks, restaurants, shopping)**

Nearby amenities can enhance patient recovery and wellbeing, The Site should have the potential for trails and walkways within the Site, Nearby parks and commercial uses can be of great value for visitor and employee convenience.



Patient Focus & Accessibility

15. Visibility

The Facility must have good visibility from major roads.

16. Traffic & Service Vehicles

Impact of additional traffic. Road & intersection capacity. Ability to accommodate large trucks for service delivery

17. Proximity to existing Fire / EMS / Police / Patient Transfer / Disaster Preparedness

Access to the Facility must be well defined, meet required standards for redundant access (two road), provide ease of access for EMS, Fire and Police and support access for large emergency vehicles (Ambulance bus, Fire aerial apparatus). Response time from Fire Hall should enable achievement of applicable OFM/NFPA response time standards. The location should support post-disaster requirements (ie not located in an area likely to flood).

18. Roadway Capacity

The road network must be able to support or have potential capacity to support patient, visitor and support vehicle traffic including transport trucks.

19. Arterial / Collector Road Access

The Facility should be located with close access to major transportation corridors to support access to Regional communities and be located on an arterial road (four lane municipal, county or provincial roads).

20. User Access (roadway, drop-off, loading)

Access, drop off requirements and shipping and receiving are required

Specifically access for wheel-trans, patient transfer vehicles, emergency vehicles as well as personal vehicles will need protected drop-off at main and secondary entrances. Loading bays plus refuse/recycling facilities are

anticipated as well as a discrete area for funeral home vehicles.

Patient/visitors, Truck, Emergency Vehicles and Patient Transfer need to be separated. Signalized intersection to the access road will likely be required.

21. Transit Route To and On the Site

The main access areas for patients, visitors and staff should front an established or planned local transit route.

22. Safe & Convenient Access For Pedestrians / Bicycles / E-Bikes

Municipal sidewalks should be available or planned for the roads leading to the Site and in particular to the user access points. Bike routes should be safe and the preference is for dedicated on road bike lanes.

23. Two Road Access

The site should be located adjacent to two roads. The Site must have more than one main entrance route (established or potential) to serve as a secondary access route when required.

24. Helipad

Ability to accommodate a heliport that meets Part III of the Canadian Aviation Regulations Standard 325.



Site Conditions

25. Topography

The Site should be relatively flat to minimize cut and fill grading during construction.

26. Drainage and Flooding Risk

The Site must have the ability to provide for storm water retention on Site or in a nearby storm pond or in underground storm water pipes. The site should not be subject to flooding risk i.e. controlled conveyance of a 1 in 100 year rainfall event without risk of flooding.

Municipal and hospital operational guidelines for stormwater management will need to be accommodated.

27. Heritage & Environmental Features

The Site should have no heritage or environmental features, (rivers, streams) unless the Site exceeds the minimum size requirement. These types of features require additional study and may involve setbacks from the feature as well as flooding concerns in some areas. An archaeological impact assessment could be required where potential archaeological findings are identified.

28. Vegetation

The Site should not impinge on native wooded areas. Linkages to wildlife corridors, contain significant species, or provide breeding habitats for migratory birds.

29. Protected Wetlands

Wetlands may be protected in the municipal planning documents and may also be under the jurisdiction of the conservation authority.

30. Wind

The user access area should be free of downward draft from adjacent buildings or structures. The Site must also consider any required setbacks from existing wind farms.

31. Servicing

Electrical, communication, water, sanitary sewer, and gas capacity to support the Facility.

Two independent water mains are required to provide redundant water service. 400 gpm domestic and 1300 gpm fire flows are anticipated, dynamic flow pressure to nominally 60 psi. Sanitary drainage requirements are estimated at 500 gpm. Natural gas usage of approximately 25,000 CFH. Two high voltage feeders in a dual radial

configuration are required. Both HV feeders shall be connected and each feeder taking approximately 50% of the load; Each feeder shall have the capacity to support 100% of the hospital load to allow for 100% redundancy. This is a necessary to meet the requirements of CSA Z32. The total electrical load of the facility is estimated to be approximately 2MW. Two fiber optic and two copper feeders are also required to provide for communication between the hospital and outside. Two 12 pair single mode fiber and two 50 pair copper would be required from the local service provider (Rogers, Bell, etc.)

32. Noise

The Site should not be adjacent to any source of noise that may impact the quality of experience for patients and staff within the hospital or on the grounds.

33. Air Quality & Designated Substances

The Facility should not be proximate to any noxious fumes or subject to other flows of effluent. The Site should be free of designated substances



Clinical and Operational Excellence

34. Clinical Excellence

The spatial interrelationships of clinical and service functions need to support clinical excellence.

35. Alignment with CGMH Mission, Vision, Values

Vision:

Our vision is to be a high performing, patient-focused hospital serving our community by providing quality and excellence in patient care. We will strive to be a leader among peers by providing essential services founded on best practices, resourced with appropriate technology and delivered by a qualified, motivated, caring team. We will work to provide timely access to care and facilitate seamless care for our patients in collaboration with partners within and beyond the hospital.

Mission:

A dedicated team committed to your health and our community.

Values:

Six core values will govern our actions and decisions in ensuring mission effectiveness and the realization of our vision:

Caring, Accountable, Respect, Excellence, Adaptable, Teamwork

36. Alignment with MOHLTC Priorities

From the 2015-16 Ministry of Health and Long-Term Care Plan Overview

The next phase of the Patients First: Action Plan focuses on four key objectives:

1. Access: Improve access – providing faster access to the right care.
2. Connect: Connect services – delivering better coordinated and integrated care in the community, closer to home.
3. Inform: Support people and patients – providing the education, information and transparency they need to make good decisions about their health.
4. Protect: Protect our universal public health care system – making decisions based on value and quality, to sustain the system for generations to come.

37. Operating Efficiency

Operating and clinical efficiencies which may be enhanced or compromised due to building design.

38. Construction Duration & Phasing

Time for site preparation, new building construction, renovations

39. Code/Life Safety

Issues related to code compliance where there may be potential Authorities Having Jurisdiction challenges.



Project Cost Estimate

40. Cost

Costing should include land acquisition, relocation and temporary parking, allowance for demolition and site remediation, renovations, parking & roads , new building, heliport and site services.