



# **Lakeridge Health Site Selection Process: Site Selection Criteria Stakeholder Feedback Report – Summary**

September 2021

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# Section 1: Introduction

## 1.1 Purpose of this Document

This document is intended as a support to the independent Expert Panel as it finalizes the site selection criteria for a proposed new hospital in Durham. The report presents the key inputs received from the stakeholder engagement activities undertaken in summer 2021.

***NOTE: The full report has been summarized below for brevity. This Executive Summary identifies the key themes that came out of the consultation process and highlights the activities undertaken to gather this feedback on the draft site selection criteria.***

## 1.2 Engagement Objectives

The following objectives for engagement were developed by the project team and aligned with the Board of Trustees Site Selection Committee.

- Engage with stakeholders at a specific point in the site selection process to get input on the criteria best used for site selection.
- Build support from key stakeholders for both the selection process and the site selection criteria.
- Ensure engagement methods selected reflect the diversity of stakeholders across Durham Region that are being consulted.

# Section 2: Feedback Summary

Engagement undertaken included:

- **15 focus groups/interviews** with subject matter experts and Lakeridge Health internal audiences.
- **12,702 community survey responses**, which given the approximate 700,000 population of Durham Region imputes a margin of error of +/- 0.83% at a 95% confidence level (19 times out of 20).
- **Facebook Live Townhall viewed almost 900 times**. The video also had 220 engagements (likes, shares, comments) as of September 2, 2021.
- **1,602 responses from population-weighted telephone poll** conducted by Mainstreet Research of adults, aged 18 and over, living in Durham Region. As this survey used non-probability sampling to collect this sample, a margin of error cannot be applied to the sample. However, the margin for error for a probability sample of this size would be +/- 2.5% at the 90% confidence level.

- **Written feedback from the Durham Region Planning Department and three municipalities** (Pickering, Oshawa, Whitby).

## 2.1 What We Heard: Key Themes

Four key themes emerged from the stakeholder engagement process across all activities.

They are presented below without any prioritization or ranking.

### Theme 1: Accessibility

***The hospital should be in an area that is accessible by all methods of transportation (vehicle, public transit, active transit).***

- How long it takes me to get to the hospital – weighted average 4.44 (out of 5) in community survey (top rated response).
- Of over 4,000 open-ended responses received, 1,155 mentioned “access” or “accessibility” as a factor that should influence the location decision.
- Weighted average of 4.32 (out of 5) in Mainstreet Research poll.
- Accessibility, regardless of how one chooses to travel, was a major consideration for various subject matter experts. Many pointed to the need for the proposed future hospital to be accessible to everyone in Durham Region, regardless of how they travel. Emergency transportation providers also flagged this as an important consideration.
- Many subject matter experts noted that a preferred location would be somewhere that is accessible by major road corridors/arteries that travel north-south and east-west to ensure people can access the hospital regardless of where they are located in Durham Region.
- Subject matter experts also noted that the site should have two entry and exit points.

***The site itself should be easily accessible for people with mobility issues.***

- The ability to easily access the hospital if you have mobility issues – weighted average 4.23 (out of 5) in community survey (top 3).
- Weighted average of 4.12 (out of 5) in Mainstreet Research poll.
- Several community groups noted the importance of ensuring the eventual site is accessible to all people, regardless of their physical abilities. A priority for many groups is choosing a location that will be accessible to people with mobility issues, such as seniors.

***Parking should be affordable.***

- How easy it is for me to park at the hospital – weighted average 4.40 (out of 5) in community survey (top 2).

- Weighted average of 4.35 (out of 5) in Mainstreet Research poll (top rated response).
- One of the top concerns unearthed in open-ended questions in community survey and Mainstreet Research poll.
- Parking affordability was a major concern for individual members of the community and community groups. Subject matter experts were less concerned with parking affordability as it has less of an impact on them.

## **Theme 2: Local Need**

### ***The hospital should be in an area that is currently underserved.***

- Choosing an area where a hospital isn't already located in Durham Region – weighted average 4.05 (out of 5) in community survey.
- Weighted average of 4.1 (out of 5) in Mainstreet Research poll.
- Comments in the survey and from several focus groups spoke to the need to ensure vulnerable communities (e.g., seniors, low income, and others) are able to access the hospital. Many respondents pointed out specific high growth neighbourhoods that currently have a far distance to travel to the nearest hospital.

### ***The hospital should be in an area where population growth is expected to occur.***

- Ensuring a new hospital will be located where the greatest amount of population growth is expected to occur – weighted average 3.83 in community survey and 4.20 in Mainstreet Research poll.
- Very frequently referred to in open-ended responses in community survey as a logical place for a new hospital to be located.
- Subject matter experts, especially from the municipalities and the Region, believe that areas where population growth is expected to occur are fitting for a future hospital given the anticipated need that will continue to grow.

## **Theme 3: Ample Land for Ancillary Features**

### ***The hospital should be in an area that allows for a rooftop helipad.***

- This was raised by Ornge, understanding Lakeridge Health's intention to have the proposed future hospital be focused on trauma.
- Location must be able to be compliant with all Transport Canada regulations for a helipad and the eventual operator's operational requirements.
- A rooftop helipad is preferred over a helipad located on the ground. Rooftop helipads

have a longer lifespan and are less intrusive to surrounding community. In addition, a rooftop helipad would have less of an impact on the operations of paramedics.

- Factors to consider include proximity to a residential area (e.g., noise, potential obstructions), space to take off and land, winds, and protected airspace.
- It was raised that municipalities can enact by-laws to protect the airspace utilized for a hospital helipad.

***The hospital should be in an area that is close to greenspace for patients/families to access.***

- Ranked fairly low in community survey (weighted average of 3.10 out of 5) but was something that was raised frequently in open-ended questions, in focus groups with community groups, and with internal Lakeridge Health audiences.
- This factor ranked comparatively low compared to other factors, with a weighted average of 3.24 (out of 5) in Mainstreet Research Poll.
- Qualitative feedback demonstrated that this was something important to people but is not reflected in the weighted averages.

***The hospital site should be large enough to include ample parking.***

- How easy it is for me to park at the hospital – weighted average 4.40 in community survey (one of top responses) and 4.35 (out of 5) in Mainstreet Research poll.
- Frequently referred to in open-ended questions and focus groups, as people generally find parking at hospital locations in Durham Region in short supply and expensive.

***The hospital site should be large enough to include other ancillary facilities (e.g., for research, education, other health-care facilities, etc.).***

- Something that was raised often in focus groups and interviews was the importance of having a site large enough that could contain other facilities beyond the hospital, such as labs, research facilities, and education buildings, for example.
- Ancillary support services like these were more important than being located somewhere close to local businesses, as the thought is that the future hospital would help spur further development around it, including businesses.

## **Theme 4: Planning and Environmental Considerations**

The following bullet points are high-level suggestions that were made by Durham Region, the municipalities, planners, and conservation authorities that were consulted. They include specific recommendations on how to adjust the wording of criteria, suggested new criteria, and additional considerations.

To review detailed feedback on the site selection criteria, please refer to the table in Section 2.2.

Complete feedback from these groups can also be reviewed in *Appendices C and G*.

***The hospital site that is selected should align with regional and municipal official plans when it comes to land use.***

- This was something that was consistent in feedback from Durham Region, the municipalities that provided written feedback, and planners that participated in a focus group.
- The site selection criteria should weigh properties that fit within regional and municipal local plans, specifically when it comes to growth areas, public roads, environmental lands, traffic, etc.

***Language used in the site selection criteria should be consistent with the Durham Region Official Plan.***

- An example of this includes the phrase “environmentally sensitive.” Two municipalities and Durham Region noted that this phrase is no longer contained in the Official Plan and should instead be referred to as “key natural heritage or hydrologic feature.”
- Another example given is phrasing used when referring to Regional Corridors and 400 series highways.

***Assessment of ‘nominal’ site selection criteria should be flexible.***

- Feedback received on assessment of nominal criteria was around flexibility, specifically with respect to the size of the property and distance from other acute care facilities.
- The concern around these criteria seems to be that strong land proposals might be excluded if they fall just outside of the nominal cut-off and thus may not meet the mandatory criteria and be excluded from consideration. For example, a site being just under 50 acres in size.

# Appendices

This section contains additional information about the engagement activities undertaken and methodology used to collect feedback.

## Appendix A: Engagement Activities

To achieve the identified engagement goals, the site selection team aligned on the following engagement activities.

- **Community Survey:** accessible online in ten different languages from July 16 to August 6.
  - The survey was promoted in Durham Region media each week through paid advertisements, shared on Lakeridge Health’s social media channels and website, and shared directly with key stakeholder groups who, in turn, were asked to share with their respective networks.
- **Mainstreet Research Survey (weighted public opinion polling):** telephone call and online panel survey to reach representative sample across Durham Region.
  - The survey was conducted by Mainstreet Research, one of Canada’s top public opinion and market research firms.
- **Facebook Live Townhall:** community townhall to provide an overview of the site selection process, the criteria, how to participate in the survey, and to answer questions.
- **Focus Groups with Subject Matter Experts:** provide an overview of the site selection process and facilitate a discussion with individuals and groups that will be impacted by the site selected. Solicit technical feedback on site selection criteria.
- **Outreach to Community Groups:** communicate regularly with community groups (multicultural, LGBTQ+, education, special interest, etc.) about the site selection process, request their participation in the survey, and request that they amplify the public survey within their networks.
- **Outreach to Mississaugas of Scugog Island First Nation:** provide an overview of the site selection process and facilitate a discussion with Chief LaRocca on the site selection criteria.
- **Outreach to Durham Region and Municipalities:** provide an overview of the site selection process and request consolidated feedback from relevant departments and municipalities.



## Appendix B: Methodology

Lakeridge Health and StrategyCorp worked together to identify key stakeholder groups that were important to consult with on the draft site selection criteria. This section outlines the activities undertaken to receive feedback from various stakeholder groups in Durham Region.

Throughout the public consultation period, which began in late June and concluded in early August, a variety of engagement activities were conducted. These included interviews, focus groups, a public survey, polling through Mainstreet Research, and a Facebook Live community townhall.

Some of these stakeholders were internal Lakeridge Health groups and others were external groups with subject matter expertise in key areas relevant to Durham Region such as emergency response, health care, environment, and commerce. The public was engaged through an online survey and through a virtual town hall event.

### Principles of Engagement/Research

The survey followed these three principles of engagement.

**Consistency:** Ensure the engagement/research process is consistent overall so the Expert Panel can credibly say that everyone in Durham had a similar opportunity to provide input.

**Substantiveness:** Ensure the engagement/research methodology is one driven by substantive questions meant to elicit useful feedback and input that will help the Expert Panel shape the site selection criteria. This is accomplished by avoiding engagement/research questions that give the appearance of engagement but are not substantive; avoiding questions for which the answers would be already reasonably known; and providing significant opportunities for respondents to offer qualitative answers to questions.

**Transparency:** Widely sharing details on the overall process and the draft site selection criteria and ensuring that all feedback received by the Expert Panel (from this survey, as well as focus groups/interviews with experts) is made publicly available so people can see the input received by the Expert Panel that was subsequently used to develop the site selection criteria. This also includes clearly communicating with respondents who participate and closing the feedback loop with them if they have consented to allow us to update them.

### Approach: Interviews / Focus Groups

Regardless of the group being consulted, the questions about the draft site selection criteria that formed the basis of the discussion were consistent to ensure a fair process.

Responses varied depending on the stakeholder's subject matter expertise, level of understanding, level of interest, and area of interest. Interviews and focus groups were one-hour in length and included a short presentation about the site selection process given by Scott McLeod, followed by a discussion about the draft criteria, led by consultants from StrategyCorp.

The complete list of draft criteria and discussion questions were provided in advance in a discussion guide and included the following:

- *Are there any criteria you believe are missing?*
- *Are there any criteria you believe should not be considered mandatory, or not be considered at all?*
- *How should the Expert Panel prioritize the additional consideration criteria as they assess potential locations?*
- *Are there any other considerations regarding the site selection criteria that you would like the Expert Panel to know about?*

### **Approach: Community Survey**

The goal of the community survey was to give a voice to residents in the new hospital site selection process by obtaining meaningful feedback that the Expert Panel could use to shape the draft site selection criteria.

The approach taken was a survey methodology that relied on substantive questions focused on the site selection criteria – avoiding out of scope topics such as programs or services.

The survey was eight questions in length – including three demographic questions (municipality, age, gender), an email verification question, an opt-in to future communications question, two matrix-style questions to score the importance and prioritization of certain site selection factors, and an open-ended question about the site selection criteria for respondents to include any additional considerations or suggestions.

The survey was hosted on Survey Monkey and was made available to respondents in ten different languages.

### **Approach: Community Townhall**

The goal of the community townhall, hosted on Facebook Live on July 28 from 6 – 7 PM, was to provide an overview of the site selection process, provide clarity as to the purpose of the engagement, answer questions about the site selection process, and encourage members of the community to complete the survey.

It was determined that a one-hour community townhall, held in the evening after work and promoted heavily in the media (print) and on social media in the weeks leading up to it, would help generate as many attendees as possible in the middle of summer.

To account for a potential low turnout due to the timing of the public consultation in the summer, Facebook Live was chosen as the preferred method of holding the townhall because it

is an engaging format and a recording of the townhall can be posted on the website/online for people to view after the live event ends if they were not able to attend the live event.

The event featured a panel of subject matter experts from Lakeridge Health including Cynthia Davis, President and CEO; Dr. Tony Stone, Chief of Staff; and Mark Murphy, Senior Director, Capital Planning and Development. They spoke to the long-term vision of Lakeridge Health, the Master Plan, and how a potential future site fits into this vision.

On behalf of the Independent Expert Panel, Scott McLeod, Executive Lead, led a discussion about the site selection process, including timelines, information about the mandatory and additional site selection criteria, and how people could provide their feedback with specific instructions on how to complete the community survey.

Members of the community were encouraged to write their questions into the Facebook Live chat. John Perenack, Principal at StrategyCorp, served as moderator. He led the Q&A portion of the discussion and triaged questions to the appropriate spokesperson.

### **Approach: Mainstreet Research Poll**

Mainstreet Research was retained to conduct a random sample polling survey to complement the community survey available through the Lakeridge Health website. The survey was conducted from July 19 – 30 among a sample of adults over the age of 18 living in Durham Region.

The Mainstreet Research survey was conducted using live agent calling using computer-assisted telephone interviewing and online samples drawn from two panel providers. For the telephone interviews, respondents were interviewed on landlines and cellular phones.

The questions for the telephone and online random sample poll survey were informed by the online community survey – mirroring the same questions, but slightly adjusted for ease of facilitation over the phone.

### **Scope of Consultation: Stakeholders**

This section includes a breakdown of who was engaged throughout the public consultation process. They are segmented into high-level groupings.

#### **Community Safety Groups and Public Health**

**Method of Engagement:** Initial touchpoint and introduction, facilitated interview/focus group, shared community survey.

- Ornge

- Durham Region Fire Services
- Durham Regional Police Service
- Region of Durham Paramedic Services
- Durham Region Health Department

### **Local and Regional Governments (Elected Officials, Planners)**

**Method of Engagement:** Initial touchpoint and introduction, formal request for consolidated feedback from municipality via CAOs. Held a focus group for planning representatives from the Region and each municipality to ask more detailed questions and inform their feedback.

- Town of Ajax
- Township of Brock
- Municipality of Clarington
- City of Oshawa
- City of Pickering
- Township of Scugog
- Township of Uxbridge
- Town of Whitby
- Region of Durham

### **Broader Public**

**Method of Engagement:** Initial introduction to project through social media and local news media. Solicited feedback through a community survey and provided additional context and answered questions through community townhall and a project email address. Information catalogued on the Lakeridge Health website. Process, survey, and townhall advertising in local newspapers.

### **Mississaugas of the Scugog Island First Nation**

**Method of Engagement:** Initial touchpoint and introduction, request for interview with Chief LaRocca, conducted interview.

- Chief Kelly LaRocca

### **Conservation Authorities**

**Method of Engagement:** Initial touchpoint and introduction, request for focus group, conducted focus group with representatives from the five conservation authorities in Durham Region. Shared community survey.

- Toronto and Region Conservation Authority
- Lake Simcoe Region Conservation Authority
- Central Lake Ontario Conservation Authority
- Ganaraska Region Conservation Authority
- Kawartha Conservation Authority

### **Business Community**

**Method of Engagement:** Initial touchpoint and introduction, request for focus group, conducted focus group with representatives from Chambers of Commerce and Boards of Trade, shared community survey.

- Whitby Chamber of Commerce
- Ajax-Pickering Board of Trade
- Oshawa Chamber of Commerce
- Uxbridge Chamber of Commerce
- Scugog Chamber of Commerce
- Clarington Board of Trade
- Newcastle and District Chamber of Commerce
- Beaverton Chamber of Commerce

### **Community Groups, Charities, Non-Profits**

**Method of Engagement:** Initial touchpoint and introduction to the site selection process, shared survey and distribution within local networks.

- Distribution to a range of community groups, charities, and non-profits from across Durham Region, including cultural groups, education institutions and boards, recreational groups/clubs, and more.

### **Lakeridge Health Internal Audiences**

**Method of Engagement:** Internal communications to provide updates on the process, shared

and encouraged completion of public survey, and held focus groups where appropriate.

- Director's Committee
- Medical Advisory Committee (MAC)
- Leadership Forum
- Senior Management Team
- Patient and Family Experience Advisors / Auxiliaries
- Community Advisory Panels (CAPs)
- The four Foundations supporting Lakeridge Health's five hospitals
- Community Leaders Group (invitation to 30+ faith and multicultural leaders; coordinated with support of Lakeridge Health Board of Trustees)