

**AGENDA**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**Relocation Advisory Committee**

50 King Street, London  
Middlesex-London Health Unit – MLHU Boardroom  
Wednesday, December 12, 2018 4:30 p.m.

**1. DISCLOSURE OF CONFLICTS OF INTEREST**

**2. APPROVAL OF AGENDA**

**3. NEW BUSINESS**

- 3.1 Design Consultation Feedback (Report No. 004-18RAC)
- 3.2 Demolition Updates (Report No. 005-18RAC)
- 3.4 Project Status Update (Delegation)

**4. OTHER BUSINESS**

- 4.1. Next meeting - TBD

**5. ADJOURNMENT**



**PUBLIC SESSION – MINUTES**  
**MIDDLESEX-LONDON BOARD OF HEALTH**  
**RELOCATION ADVISORY COMMITTEE**

399 Ridout Street, London  
Middlesex County Building, MLHU Boardroom  
Thursday, October 18, 2018, 6:00 p.m.

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**Committee Members Present:**      **Mr. Ian Peer, Chair**  
Ms. Joanne Vanderheyden  
Mr. Trevor Hunter  
Mr. Michael Clarke  
Mr. Marcel Meyer

**Others Present:**                      Mr. Kurtis Smith, Board member  
Mr. Jesse Helmer, Board member  
Dr. Christopher Mackie, Secretary-Treasurer  
Ms. Elizabeth Milne, Executive Assistant to the Board of Health  
and Communications (Recorder)  
Ms. Laura Di Cesare, Director, Healthy Organization  
Mr. Joe Belancic, Manager, Procurement and Operations  
Ms. Kendra Ramer, Manager, Strategic Projects

Dr. Mackie called the meeting to order at 6:00 p.m. He noted that this was the first Relocation Advisory Committee meeting and then opened the floor for nominations for Chair of the Relocation Advisory Committee. The Chair will be nominated until the committee ceases to exist, as per the Terms of Reference.

It was moved by Mr. Clarke, seconded by Mr. Meyer, *that Mr. Peer be nominated at Chair of the Relocation Advisory Committee.*

Carried

Mr. Peer accepted the nomination and agreed to let his name stand.

Dr. Mackie called for further nominations three more times.

Hearing none, it was moved by Mr. Meyer, seconded by Mr. Hunter *that nominations be closed and that Mr. Ian Peer be named Chair of the Relocation Advisory Committee.*

Carried

At 6:05 p.m., Mr. Peer took over as Chair.

**DISCLOSURE OF CONFLICT(S) OF INTEREST**

Chair Peer inquired if there were any disclosures of conflicts of interest to be declared. None were declared.

**APPROVAL OF AGENDA**

It was moved by Ms. Vanderheyden, seconded by Mr. Hunter, *that the **AGENDA** for the October 18, 2018 Relocation Advisory Committee meeting be approved.*

Carried

**NEW BUSINESS**

**Location Project – Demolition Decisions (**Report No. 001-18RAC**)**

Dr. Mackie provided context to this report and advised the Committee on the items brought forward for discussion this evening, namely the carpet, elevator and conveyor belt.

Ms. Di Cesare noted the first piece for direction, which is the elevator and outlined the recommendations staff have for its demolition plan.

Discussion ensued about the following items:

- Demolition plans for the conveyor belt; the functionality and risks tied to it
- Plans for the elevator and costs associated with it.
- Why the elevator is important and what would happen if there was no access to the elevator.
- If the cost to fix to the elevator should be a leasehold improvement versus an MLHU-associated cost.
- That additional improvements in the bottom line will be sought in order to try to reduce the costs associated with replacing the items outlined in this report.
- Discussion about the condition of the carpet, the replacement plan, the type of flooring that will replace the carpet, the life expectancy and longevity of the type of flooring chosen.
- That the life expectancy of the replacement carpet tiles would be 15-20 years.
- How the current holes in the subfloor will be filled when carpet is replaced.

It was moved by Mr. Hunter, seconded by Ms. Vanderheyden, that *the Relocation Advisory Committee recommend that the Board of Health:*

- 1) *Receive Report No. 001-18RAC, re: “Location Project –Demolition Decisions” for information;*
- 2) *Approve extension of the elevator to the basement and replacement of the existing carpeting at Citi Plaza; and*
- 3) *Direct staff to pursue all reasonable options to mitigate these costs.*

Carried

### **Decision-Making Matrix – Relocation Project (Report No. 002-18RAC)**

Dr. Mackie introduced this report and provided context to the request to approve a decision making matrix for MLHU staff.

Discussion ensued about the following items:

- That it is critical to keep the committee apprised as decisions are made going forward.
- That both staff and the committee members work to avoid conflict of interest when working with this large a budget on such a large project.
- What staff think they might need by requesting decision making authority through this report.
- That the estimate of build costs was done some time ago, and the costs associated with work will have gone up by now, since initial quotes were received.
- That the MOH/CEO currently only has a \$50,000 dollar sending authority/limit.
- That this is best practice, the only thing missing would be a delegation of authority, if necessary, which MLHU staff will consider.
- How the added flexibility of the decision making matrix will assist with adhering to project timelines.
- That staff will keep the committee and board up to date on a monthly basis with regards to the location project budget, as it changes and if items come in over budget.
- That staff are still awaiting funding from the provincial government to help fund the location project.
- That the delay of decisions will actually increase costs, which could push the project over budget.
- That part of the overall project plan will include hiring a cost consultant to ensure that MLHU has funds to support design ideas going forward.
- That language in all tenders should be strong regarding timeline and budget.

It was moved by Mr. Clarke, seconded by Mr. Hunter, that *the Relocation Advisory Committee:*

- 1) *Receive Report No. 002-18RAC re: “Decision-Making Matrix – Relocation Project”;* and
- 2) *Recommend that the Board of Health approve the Decision-Making Matrix.*

Carried

**Location Project Plan (Report No. 003-18RAC)**

It was moved by Mr. Meyer, seconded by Mr. Hunter that *the Relocation Advisory Committee recommend that the Board of Health receive Report No. 003-18RAC, re: "Location Project Plan" for information.*

**OTHER BUSINESS**

Discussion ensued about the date of the next meeting and the committee decided to meet next month before the Governance and Board of Health meeting on November 15, 2018.

**ADJOURNMENT**

At 6:41 p.m., it was moved by Mr. Meyer, seconded by Mr. Hunter, *that the meeting be adjourned.*

Carried

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**IAN PEER**  
Chair

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**CHRISTOPHER MACKIE**  
Secretary-Treasurer



## MIDDLESEX-LONDON HEALTH UNIT

REPORT NO. 004-18RAC

TO: Chair and Members for the Relocation Advisory Committee

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 December 12

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### DESIGN CONSULTATION SUMMARY

#### ***Recommendation***

*It is recommended that the Relocation Advisory Committee receive Report No. 004-18RAC re: “Design Consultation Summary” for information.*

#### **Key Points**

- The Design Consultation Schedule was prepared by the Health Unit in collaboration with Endri Polletti Architect (EPA) Inc.
- A Needs Assessment Questionnaire (see [Appendix A](#)) was distributed to teams for completion in advance of consultation meetings.
- Design consultations occurred between October 29 and November 20, 2018. A summary of the findings is included in [Appendix B](#).
- Twenty-six consultations were completed, and more than fifty-five percent of employees participated in the meetings with EPA.
- These consultations updated the Space Needs Assessment completed in 2015.

#### **Background**

At its September 18, 2018 meeting, the Relocation Advisory Committee approved the Project Schedule submitted by Endri Polletti Architect (EPA) Inc. Consultations will occur in two phases to allow for minimal disruption to the project schedule over the December holiday season.

#### **Design Consultations**

The architectural team proposed an aggressive consultation schedule in order to have a finalized design for the first floor created by end of year. A needs assessment questionnaire (see [Appendix A](#)) was distributed to teams, and staff were asked to collate responses in advance to maximize the efficiency and effectiveness of the consultation meetings. The questionnaire also created an opportunity for staff unable to attend consultation meetings to provide input and feedback on the process.

All consultation meetings were facilitated by the Architectural Team, with assistance from BES Consulting Services. Members of the Organizational Structure and Location (OSL) 2.0 Committee were invited to attend the team consultation meetings to gather information required to be brought forward to the OSL committee for consultation.

Twenty-six consultations were completed between October 29 and November 20, 2018, and more than fifty-five percent of staff participated in the meetings with EPA. During the consultations, information was gathered on the role of the teams, required adjacencies, storage needs, and other considerations. A summary of common themes emerging from the design consultations can be found in [Appendix B](#). The consultations were also an opportunity for the project team to update the Space Needs Assessments that were completed in 2015.

### **Next Steps**

With the first round of consultations completed, creation of the block plans is underway. Block plans are outlines of the spaces that provide broad, general features of the space. These plans will be broken down further via detailed design development in order to subdivide the spaces into smaller segments. As part of the next stage in the design development process, representatives from various teams will be called upon to complete a secondary review of the plans. At this stage, change management and clinical process improvement consultants will be brought in to provide expertise that will help in finalizing the designs.

Health Unit staff will provide regular updates to the Board of Health, including on key decisions stemming from the consultation meetings, which will be required for finalization of the design plans.

This report was prepared by the Healthy Organization Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health / CEO



ENDRI POLETTI ARCHITECT INC.

## Needs Assessment Questionnaire

Please complete this questionnaire as a team. When the questions refer to “you”, please collate any differing answers from different roles on the team. This questionnaire should reflect what you **need** to do your work effectively. Please use point form or keep answers short. The answers will be expanded on during the consultations with the architect and representatives from your team. In order to facilitate the consultations, please return the completed questionnaire to Amanda Harvey by *noon the day before your team’s scheduled consultation*.

Please note that not all recommendations (or wish list items) will be incorporated into the design, however this questionnaire is the opportunity for all staff to provide input into the needs of the new space.

As you fill out the questionnaire please keep the vision for the new location in mind:

*The time is right to create a centralized accessible location for all MLHU clients and employees. An optimized layout and workflow will allow for improved client experiences. A safe and healthy work environment will contribute to productive and collaborative team performance. Numerous infrastructure improvements will allow MLHU to effectively and efficiently meet future client needs and public health standards.*

### 1. Personal work spaces

a. What type of work do you perform at your workspace? What is the percent of time spent in each type of work?  
e.g. on the phone, computer, hard copy work

b. Aside from winter boots/coats, briefcases and rolling bags are there any other personal storage needs?

c. What facilities do you need if you bring your lunch? How often would you use those?

d. Adjacencies are an important component of the design. Please think about any important adjacencies (department, team, work space, activity) and list any that apply below including the reason why.

i. Need to be adjacent to:

ii. Would like to be near:

iii. Should not or can not be adjacent to:

2. Storage of materials (including: client files, business records, program resources, etc.)

a. How do materials arrive and what size of container are they in?

b. How do the materials need to be stored? (in/on what, how long do you need to keep them, # of linear meters of storage needed)

c. How often do you retrieve the material and where should it be stored? (consider confidentiality and workflows)

e.g. how often: daily, weekly, monthly, less than monthly

where: off-site storage, on-site storage, close to proximity to desk, easy access but not at desk

d. Any special considerations that need to be considered. e.g. Locks, sign-out procedures, etc.

3. Public facing spaces (clinics, reception, teaching rooms, etc.)

Please describe the flow of clients through MLHU:

Please include:

a. The initial contact with the public. (how many clients/hour)

b. What are the physical space needs for you to provide the best service? (consider flow, safety and accessibility)

c. What are the physical space needs for the clients to be satisfied? (consider flow, safety and accessibility)



d. Describe any other requirements

4. Equipment

a. Describe equipment that is located on the floor or counter space (please include the measurements, use and need)

b. Describe equipment that is self supporting or by stand – e.g. smart board (please include the measurements, use and need)

c. Describe equipment that is wall mounted (please include the measurements, use and need)

d. Any manufacturers data sheets (if available) providing specification details for planning

e. Are there any medical gases used? If so, describe how they arrive and are stored.

5. Collaborative spaces

a. What size and types of collaboration spaces do you need for your work? (# of people, technology requirements)

b. How often would you use each type of space?

6. Other considerations

a. Are there any government regulation that will have an impact on designing your space and the function that you perform?

b. Are there any safety considerations not previously mentioned?

c. Anything else that should be considered?

**Design Consultations Summary  
First Round: October 29, 2018 – November 20, 2018**

- 1. When staff were asked what they wanted to see in new space, common themes that emerged were as follows:**
  - Space to collaborate with their team, manager and teams that they work with closely.
  - Adequate number of meeting rooms and ensuring the proper adjacencies.
  - Quiet space for focused work.
  - Dedicated space to make private/confidential phone calls.
  - Amenities such as a staff lunch room as well as coffee/tea stations throughout.
  - Adequate storage space for supplies and program materials and personal items – the idea of centralization of storage was well received by the teams.
  - Need for natural and better lighting, sound dampening and improved HVAC system.
  
- 2. When asked about the clinical areas, staff frequently responded with the following comments:**
  - The space needed to be large enough to accommodate high volume clinics.
  - Waiting area design needs to maintain client confidentiality.
  - A larger exam room(s) is needed to accommodate up to 4 people for clients that bring families in with them.
  - Space needs to be AODA compliant.
  - Adequate number of washrooms for clients.
  - The need for creating a welcoming and safe environment.
  - Most clinical teams noted that they would like to be seated near the clinic.
  
- 3. Staff that are currently in Activity-Based Workstations (ABW) or will be moving into ABW requested the following:**
  - Enough storage for their personal belongings and active files.
  - Ease of getting to a workstation since they are in and out of the office frequently.
  - Dedicated space to make private/confidential phone calls.
  - Space to meet with clients on occasion.
  
- 4. The following items were highlighted during the consultation meetings to go forward to the Organizational Structure and Location (OSL) Working Groups for consultation:**
  - Develop procedures for booking common spaces.
  - Examine changes required to shipping/receiving operations.
  - Establish an accessible location for a centralized storage and resource lending requirements.
  - Review clinic scheduling to accommodate a shared space.
  - Evaluate technology requirements/equipment requested for the meeting rooms.
  - Incorporate workplace wellness into the new space (e.g. meeting room that can be an exercise space over the lunch hour).
  - Assess security measures in the new location.



TO: Chair and Members of the Board of Health

FROM: Christopher Mackie, Medical Officer of Health / CEO

DATE: 2018 December 12

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## LOCATION PROJECT – DEMOLITION UPDATE

### **Recommendation**

*It is recommended that the Relocation Advisory Committee recommends to the Board of Health receive Report No. 005-18RAC re: “Location Project – Demolition Update” for information.*

### **Key Points**

- Unanticipated additional space has been provided by the landlord as a result of the elevator relocation.
- Employee stair designs have been finalized.
- A new stairwell was situated by the landlord during the demolition process.

### **Background**

The Relocation Advisory Committee (RAC) approved the location Decision-Making Matrix on October 18, 2018, which outlined the overall cost of the project, the various cost categories, and situations where the approval of the Board of Health would be required. In addition, a Demolition Decision report was approved to authorize the elevator extension to the basement and procure new carpeting. All significant issues are reviewed and discussed on a weekly basis in meetings between Avison Young (landlord) and MLHU staff.

### **Updates**

Following consultations with the architect and landlord, it has been confirmed that the elevator pit in the basement will be situated in a room adjacent to its location in the original plan. As a result, MLHU will receive some bonus additional space in the basement to accommodate the revision. In the drawings (see [Appendix A](#)), the earlier elevator location was Suite F9. The new location will include Suite F11A, as well as Suite F7. This relocation requires removal of an existing partition wall between the two identified suites and installation of a larger access door. Removal of the wall will improve access and flow to the elevator during transportation of large or bulk items to the first and second floors. The cost of the renovation is estimated at \$10,000 (a one-time fee). Lease costs will not be impacted. The Health Unit will gain square footage as a result of this change.

In addition, the stair design was also finalized as part of the landlord’s work to connect the north side of the mall corridor on the first floor to the second floor (see [Appendix B](#)). The stair will be constructed using a mix of steel banisters and glass partitions, which will provide an open and welcoming entrance for employees as they access the second floor.

Furthermore, a secondary stairwell—uncovered in the course of the landlord’s demolition work—is located adjacent to Clarence Street on the south side of the mall corridor. One set of stairs connected the rear of the basement storage area to the first floor, while a secondary set of stairs connects the first floor to the second.

The architect is currently investigating the design and budget costs to connect these two sets of stairs to our location and provide an exit onto Clarence Street (a requirement under the Ontario Building Code). The current stairs, which connect the basement to the first floor, do not meet code and will require replacement if they are to be maintained. These stairs are also located centrally within the space, which may affect the first-floor layout. The new stairwell is located on an exterior wall and will not impede the layout. It will also connect staff located along the south side of the mall corridor to the second floor. The cost of upgrading the current stairs will be assessed against the opportunity to utilize the new stairwell. Clarification of the design and cost implications will be provided at the Relocation Advisory Committee meeting.

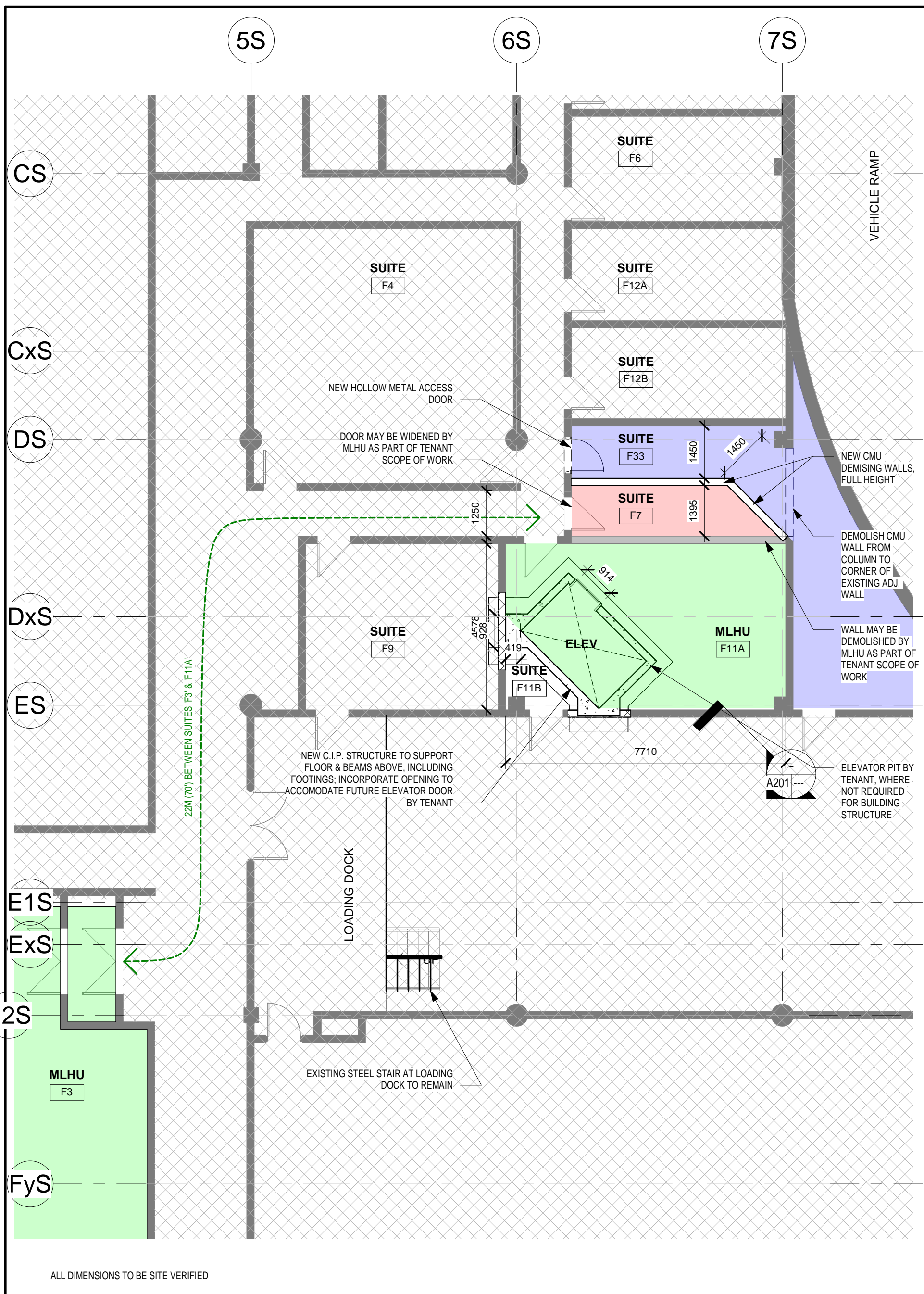
### **Next Steps**

MLHU staff will continue to inform the Relocation Advisory Committee of expenditures related to the project and request approval for any costing decisions that require Board of Health approval.

This report was prepared by the Healthy Organization Division.



Christopher Mackie, MD, MHSc, CCFP, FRCPC  
Medical Officer of Health / CEO



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PROJECT:  
**CITI PLAZA - LANDLORD WORKS  
FOR MLHU: (PHASE L2) SUITES**  
355 WELLINGTON ST. LONDON, ON

SHEET NAME:  
**LOWER LEVEL - SUITE F11**

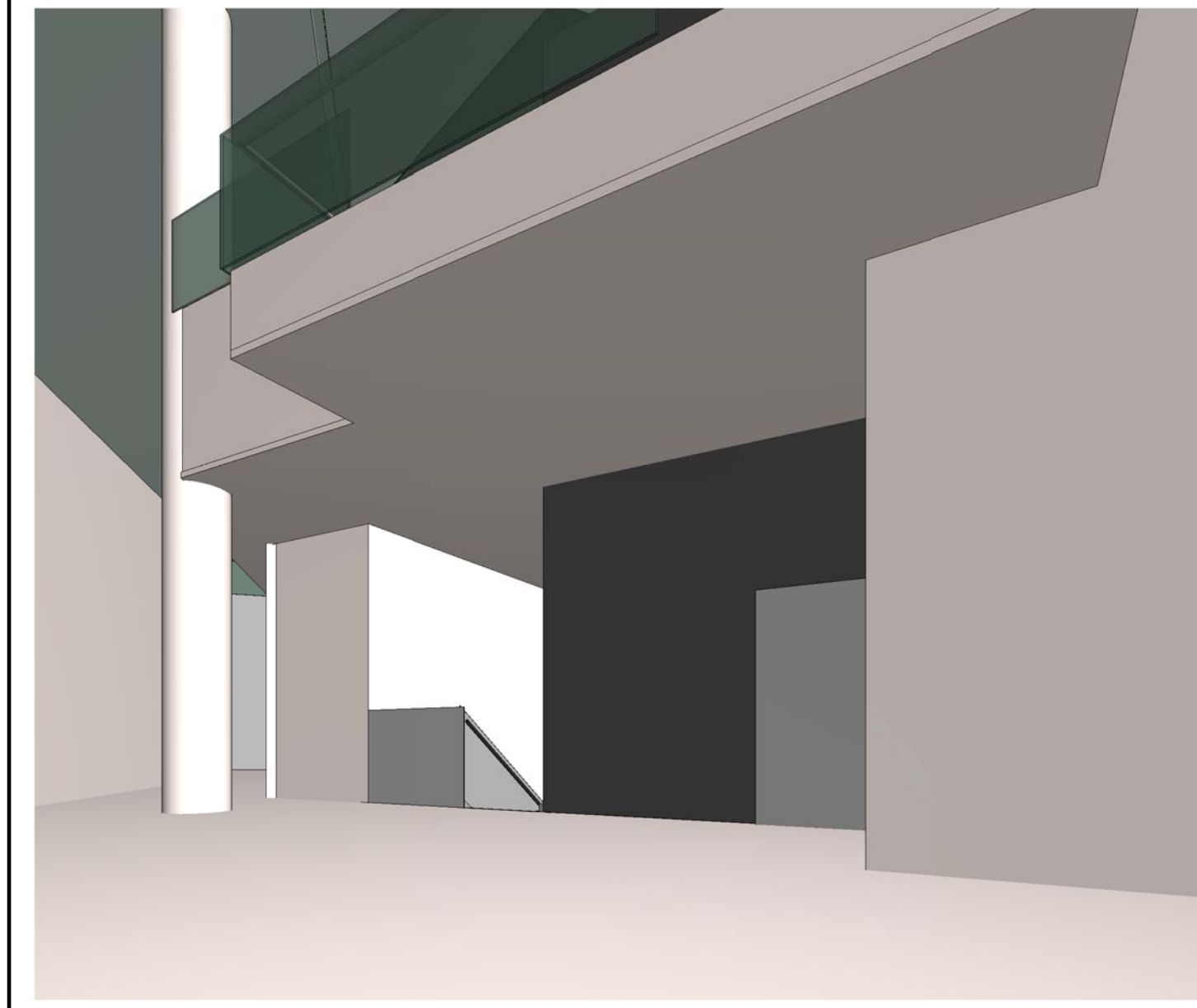
DATE:	2018-11-08
DRAWN BY: JC	SCALE: 1 : 100
PROJECT NO: 1715-LL	SHEET NO: <b>SK13</b>



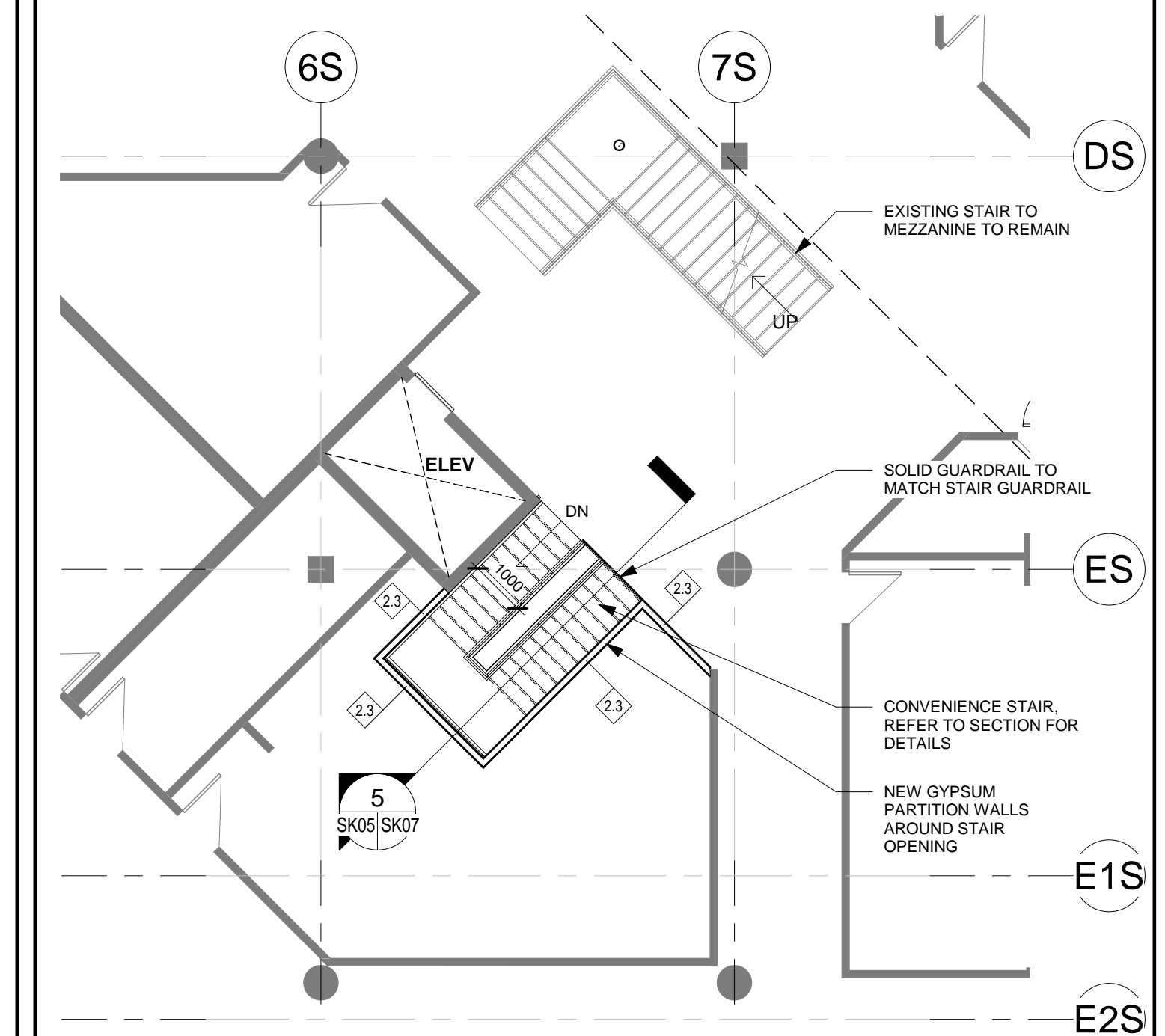
Report No.005-18RAC  
Appendix B



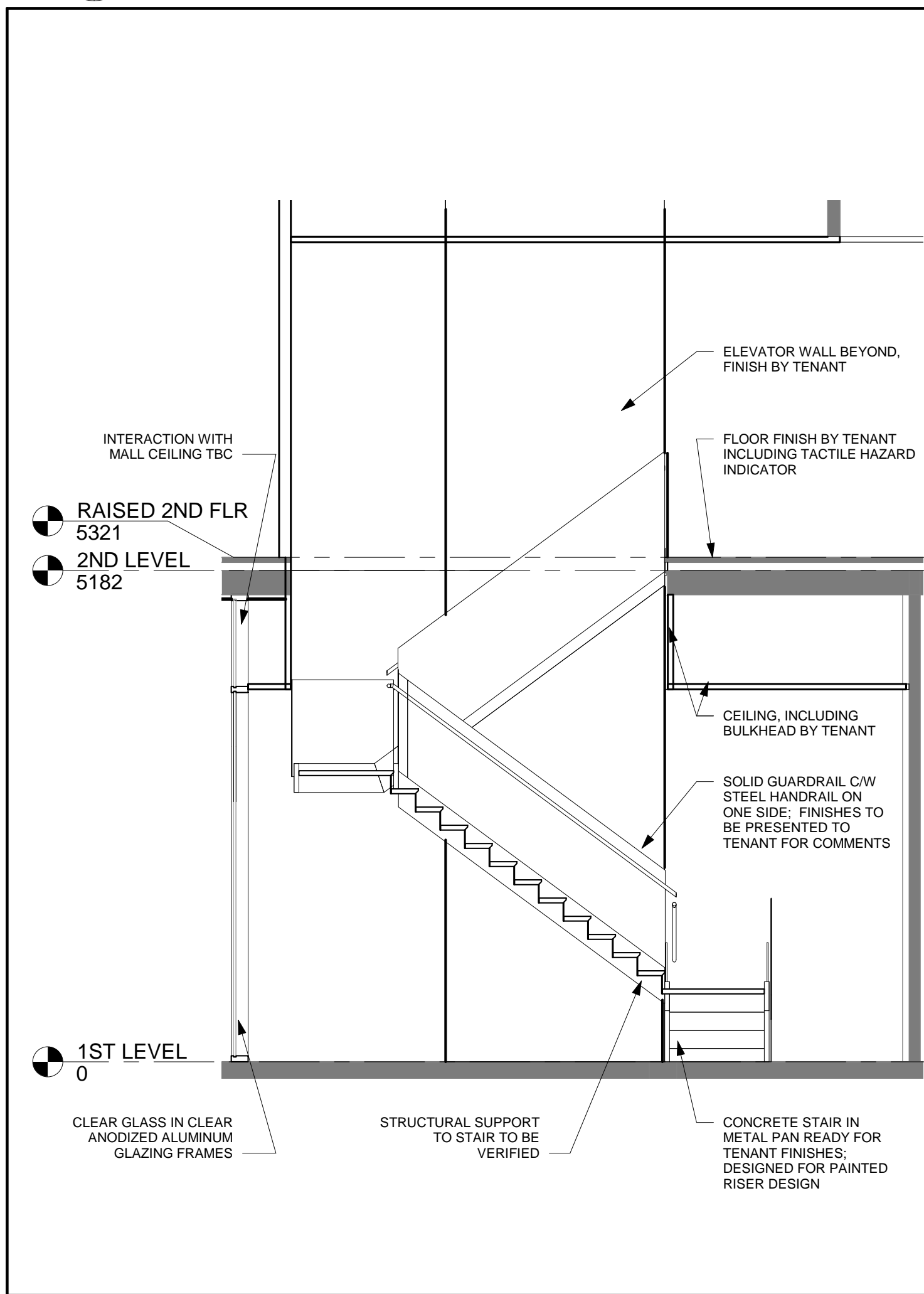
6 VIEW FROM 2ND LEVEL - FACING MEZZANINE STAIRS  
SK07 Scale: 1:100



4 VIEW FROM 2ND LEVEL - BELOW MEZZANINE STAIRS  
SK07 Scale: 1:100



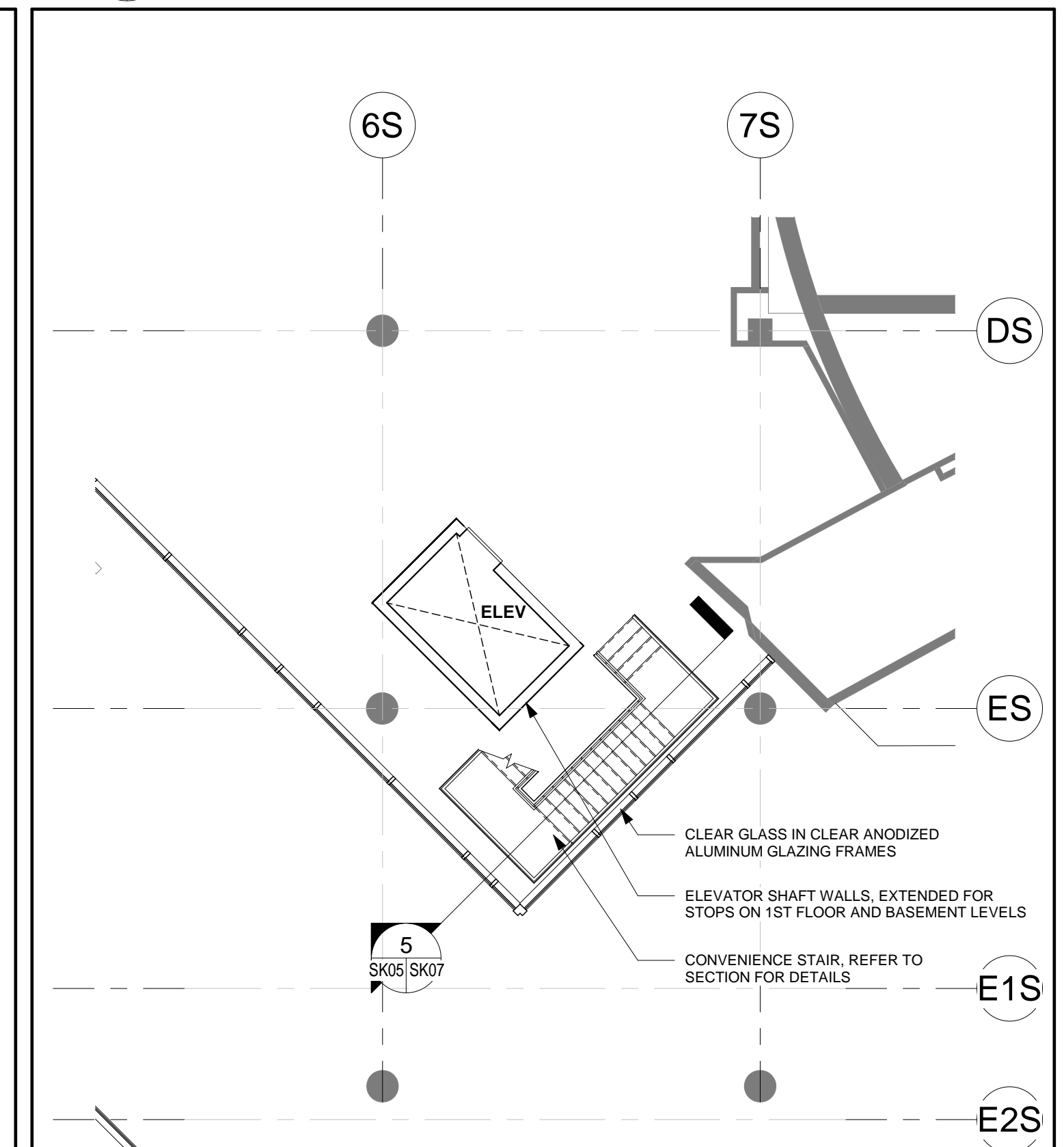
2 FLOOR PLAN (PHASE 2) - 2ND LEVEL  
A301 SK07 Scale: 1:100



5 STAIR SECTION (PHASE 2) - FACING ELEVATOR  
SK05 SK07 Scale: 1:50



3 VIEW FROM 1ST LEVEL - FACING ELEV ENTRY  
SK07 Scale: 1:100



1 FLOOR PLAN (PHASE 2) - 1ST LEVEL  
SK07 Scale: 1:100

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