



# Report of the President & CEO to the Board of Directors

**Date:** May 2012

## What Makes It Different this Time Around?

On April 21 2012, while addressing the Charter Class for the Schulich School of Medicine and Dentistry – Windsor Program, our local MPP, the Minister of Finance, the Honorable Dwight Duncan, provided a vision and opportunity for Windsor by announcing the creation of a Task Force to examine the possibility of a state of the art single acute care hospital.

This Task Force is identical in concept to the one created years ago that resulted in the Windsor Program of Schulich School of Medicine and Dentistry.

The Task Force will obtain feedback from our community to determine if it is in favour of a state of the art single acute hospital.

This concept has been discussed periodically over the past couple of decades.

### Met by the Numbers

Current Numbers	Current Standards
Built in 1927 – renovated 7 times over 9 decades	
14.4 acres	50-60 acres
29% private, 38% semi private, 33% ward	80% private
455,485 square feet	685,075 square feet
ER - 15,155 square feet	ER – 23,600 square feet
Medical/Surgical Units – 47,245 square feet	Medical/Surgical Units – 122,500 square feet
Critical Care Unit – 14,545 square feet	Critical Care Unit – 19,700 square feet
Surgical Suites – 22,445 square feet	Surgical Suites – 40,000 square feet

What is prompting the discussion to occur this time is the submission of a Master Site Plan from both Windsor hospitals to the Ministry of Health and the Erie St Clair LHIN. A Master Site Plan is a detailed review commissioned by the Ministry of Health of existing facilities, future demographic demands and the ability of the current facilities to accommodate those demands over the next 10-20-30 years.

As we have previously discussed, the Master Site Plan for the Metropolitan Campus identified three (3) options to address future demands.

1. Renovate the existing facility on the same site;
2. Build a new site on the current parking lot and turn the current site into a parking garage;
3. Move to a Greenfield site.

A great schematic I always like to look at is one that shows the various renovations/additions that have taken place at the Met campus since 1927 is as follows:



The options requiring renovation or moving the hospital to the current parking lot were:

- more expensive
- very disruptive to patients, families, staff and neighbours
- took some 6 years of renovation/construction time
- accessibility problems still exist
- resulted in the inability to expand in the future (still landlocked)

### Option 1 – Renovate Existing Site



**Option 2 – Place new Hospital on current parking and replace current hospital with parking**



The Greenfield site option was the least expensive, only 3 years of construction time, no/minimal disruption to patients, families, staff and neighbours, created “swing beds” for crisis issues, allowed for future development and allowed for a more state-of-the-art facility than the other two options.

**Option 3 – New Greenfield Site**



At the same time Hotel Dieu Grace has presented its own Master Site Plan which outlines renovations to their existing site.

When both Master Site Plans are tallied up they total some \$1.8 billion dollars. If both are implemented fully one results in a new site and the other results in a renovated site.

The question asked by our Minister of Finance is – instead of implementing both Master Site Plans could we move towards one state of the art hospital site that is less expensive and better for the patients, families and staff? Once we start down the road of implementing either of the current Master Site Plans any concept of moving towards a single site would be, at a minimum, delayed for years or possibly never occur.

What is different this time than in the past?

If you recall, back in 1998, the Health Services Restructuring Commission (HSRC) recommended the segregation/specialization of various clinical services at each of the Windsor hospitals.

The concept of moving to a new single site was briefly discussed back then but in the Directions issued by the HSRC, it was estimated that renovations to Windsor Regional Hospital to accommodate these clinical changes would cost a maximum of \$46.4 million dollars including equipment. In reality the Met expansion cost \$79 million and the recent Tayfour renovation/expansion cost \$82 million for a total \$161 million. Hotel Dieu Grace Hospital's HSRC estimate was \$54.8 million. I do not have numbers for HDGH's actual costs but they are similar to the Met experience.

The answer back in 1998 was easy considering the renovation cost estimate was approximately \$100 million dollars as compared to an approximate cost of \$400 million for a new facility. Unfortunately reality set in and the \$100 estimate was not even close.

Clearly what makes it different today is as simple as dollars and cents (or better yet "sense"). Can we do more for our community with a smaller or similar investment? It is the role of the Task Force to answer this question with the input from our community.

The hospitals are a valuable asset of the community. The community should be directly involved in any decision on what their hospitals look like and what clinical programs they provide. This is an opportunity for that input to occur.

If we look at what is best for the patients, families and staff in our community and cast aside any "red herrings" or historical "non-starters" we will answer this question correctly.

It is the responsibility of leaders to provide opportunity, and the responsibility of individuals to seize upon those opportunities and do their part to implement them. We have an amazing opportunity before us. Let us seize on this opportunity for our community and generations to come.