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TOPIC: Discussion on Potential Single Site Hospital for Windsor

CKLW (Lynn Martin): Good morning everyone and welcome. Joining us in studio today, Windsor Regional Hospital CEO David Musyj, Hotel-Dieu Grace Hospital CEO Ken Deane. Management, as you know, at both hospitals yesterday announced a coming together. And today they are here to explain a little bit about the latest regarding a potential state-of-the-art new hospital for Windsor and how that will work. So as I said, joining us today, two presidents and CEOs of both of our hospitals and we welcome Ken Deane and David Musyj. Thank you very much for being with us today. We appreciate it.

DAVID MUSYJ (Windsor Regional Hospital President and CEO): Good morning Lynn.

KEN DEANE (Hotel-Dieu Grace Hospital President and CEO): Good morning Lynn.

CKLW: So an agreement on a model has been reached, and I know obviously a news conference was held yesterday and we heard little bits and bites of what was happening. And I thank you both very much for coming in today and explaining really to the city and to the county, to our entire region, of what this might look like and what agreements, I guess, have been reached so far. So why don't we start a little bit with that, with what--how we've gotten to this point, how we've reached this point so far, and where we are right now.

DEANE: The starting point, Lynn, the government's recommendation about proceeding with planning for a new hospital. The Minister of Finance, the Honourable Dwight Duncan, wanted to consider whether we should be investing in the existing facilities, or whether we should consider investing in a new single, state-of-the-art hospital. There was a process that was engaged in, co-chaired by Teresa Piruzza, Tom Porter, and Dave Cooke from

the Local Health Integration Network. They went through community consultations and discussed this with different stakeholders. And over the course of about a year, conducted this review. Their recommendation to government was that in fact, the community supports a new single site, state-of-the-art, acute care hospital. Rather than investing in the existing two, it was more cost effective to have a new state-of-the-art hospital. Once that was decided upon and recommended, then the Ministry of Health and Long Term Care released money to the two hospitals, a \$2.5-million planning grant, which would then be followed by another \$35-million planning grant for a formal capital planning process. In order to qualify for that \$35 million, there were two things that needed to be done by the hospitals. First was to develop what's called a preliminary capital plan, which would identify the core services and programs that would be located on the new hospital site. The second condition was that the governance of the new organization or new hospital had to be decided upon. That then becomes the local decision or at least hopefully the local decision. So the two boards of Hotel-Dieu Grace and Windsor Regional Hospital discussed that over the past year internally. As people were anticipating and envisioning what this new hospital might look like, the question of governance was always there. So each organization considered what that might look like and thought about their respective roles in a reconfigured hospital system around a new acute care hospital. And then when we received the letter from the Minister with the request that we actually have to respond with what that model might look like, then the two boards came together and having had the benefit of a year of consideration, were able to think about it and come to a conclusion that Windsor Regional would be responsible for acute care services in the city, and would manage and govern the new acute care hospital. Hotel-Dieu Grace would then assume a more focused role in the community, which would involve two things -- continuing to operate the Ouellette site with non-inpatient care. So that would be things like ambulatory care, diagnostic services, day surgery. And also the recognition that we needed a downtown presence. We wouldn't have an emergency department because that would be at the new acute care hospital, so we would then have an urgent care centre. An urgent care centre is somewhere between a walk in clinic and an emergency department. The second part of that, and this is really important from the standpoint of the mission of the Sisters and the mission

of Hotel-Dieu Grace, was that we would take responsibility for the Tayfour site, which has programs that are particularly important. Women, specialized mental health, children's mental health, addictions, rehabilitation, and complex continuing care. Hotel-Dieu's deliberations were what services were really reflective of the mission of the founding Sisters. And the founding Sisters were committed to the disenfranchised, the disadvantaged, and the needy. And so that program array really spoke to the heart of the organization and where the board felt we could make the contribution going forward with the construction of a new acute care hospital.

CKLW: Okay. So the governance, then, was left, obviously, up to the two hospitals to come together and to figure out how things were going to work.

DEANE: The request was that that be done locally, however if it wasn't done locally, one of two things would happen -- either somebody might come into the community to facilitate that, or the government might say 'well, if you can't decide locally, we're not going to put money into your capital infrastructure'. And so the real question for us is the new acute care hospital has many benefits and advantages, but it really comes down to the need for capital investment in our infrastructure. And then there are two ways that that can be done -- renovate, or build new. And the calculus is that if you build new, it's more cost effective, plus you get better facilities. To renovate what we have, we would never achieve the level that you would achieve with a new state-of-the-art hospital.

CKLW: Alright. So Ken, thank you very much for examining what would fall under Hotel-Dieu's governance. And then David, what follows, as far as Windsor Regional is concerned? What role would they play in this acute care hospital?

MUSYJ: Yeah so as Ken indicated, the role Windsor Regional would have is it would operate and govern the new acute care site, and the acute care services and supports that are necessary to support those acute care services in the new facility. What the core services are initially and the detailed planning about the services that would go into that facility, that's

the work to be done. So as Ken indicated, the boards needed to come up with a local solution with respect to governance first. We then do not move on to the detailed planning until we solved that issue or at least came up with a resolution to that issue locally. So it's kind of like you can't get past go until you move -- until you do that. So that's what our boards did. Our boards then are submitting that to the Ministry of Health and the Erie St. Clair LHIN for hopefully approval and support to move forward to the next phase, which is this detailed planning. And that detailed planning will involve the clinicians from all the sites, the non-clinical staff, and our community is going to have a voice with respect to what services go into this new acute care facility. And that's the work to be done.

CKLW: Okay. And there is a lot and we should, you know, once again remind people this is planning that will be done in the years to come. It begins now and has begun already but this is something that continues to be done. And a lot will fold out as the process continues. And I know a lot of people have a lot of questions and I'm sure, you know, staff does, community does, everybody has questions but these are things that will be worked out in this entire process, with this entire process.

DEANE: The challenge for both David and I is that the boards having made this decision, you then have to make the choice as to when do you communicate that. You communicate it when you have more answers and more information, or do you let people know right out of the gate that this is what the boards have decided. So the boards and David and I decided that was the right thing to do, recognizing full well that there would be many unanswered questions. And the more unanswered questions there are, there are anxieties and stresses and uncertainties. Our obligation and responsibility is to try to help people through that process by keeping them informed all along the way, letting them know that as this process unfolds, there will be what we call due diligence, there will be inclusion of folks to make sure that we get it right as we move forward. But again, it's one of those things -- if you communicate early, there are many, many unanswered questions and that creates stress, anxiety, and many questions about me as an individual and about my program, my service, my organization.

CKLW: Okay. We will come back and explain more of what was said and what is to come, as we continue this hour with Windsor Regional Hospital CEO David Musyj, Hotel-Dieu Grace Hospital CEO Ken Deane. We are talking about this whole new state-of-the-art hospital that we hope and we'll talk a little bit about why this would be a good thing for our area, if you still need convincing. There are people that are right on board with this. When we had Tom Porter and Dave Cooke on from the LHIN, we spoke about that and a lot of people were very excited about this proposal. We'll talk about why we are looking at this as a community and what still is to come.
[Commercial Break]

CKLW: We are talking about the possibility, the very real possibility, at least many of us hope, of a single site state-of-the-art hospital with both CEOs from Hotel-Dieu Grace David Musyj, and Ken Deane. And we are talking a little bit about what has happened so far, what needs to continue to happen. And so you explain, Ken and David, what has happened so far, why we are where we are. What is the next step? What happens next?

MUSYJ: So what we've done is we're submitting this bigger vision, longer term vision to the Ministry of Health and Erie St. Clair LHIN for their review and approval. At the same time, we talked about as boards and the boards supported this, what do we do between now and the time the new facility is up and running? It could be approximately seven to 10 years, we're hoping it's less than that. But there's a lot of work that needs to be done and planning for that new facility. And there's a lot of benefits that can happen if we do something in the interim. And we have some experience in this community in the past where one hospital would start managing and operating a program, even if it is located at another hospital site, waiting for it to actually be moved together or transitioned in one site. So we did that with women's and children's years ago, where we had a partial program operated at the Grace site. It was operated and managed by Windsor Regional Hospital, while the Metropolitan site was under construction. What we're able to do in that interim period is work out common protocols, have staff training, work towards one chief of the department of OBGYN. So when the actual move date came, everyone could focus on the move and we didn't have all those other planning issues in the way or coming together and once, and becoming an overwhelming

situation. So we have the benefit of some time, so let's use it properly and let's do things in parallel. So what we talked about is the ability to transition to this future model now, and do that work now, and get planning together towards the new facility. So what we're proposing in the interim plan is that while we're working towards the new acute care site, all acute care services would be operated and managed at both the Metropolitan and Hotel-Dieu Ouellette site by Windsor Regional Hospital. At the same time, all of the programs at the Tayfour site would be managed and operated by Hotel-Dieu Grace Hospital. So we don't have a date set for that. We have a lot of work to do to move towards that. So we have the longer term vision and the shorter term transition plan that we're working on putting in place.

CKLW: And what does this mean to patients? Like how would this ferret out to patients in the meantime? I mean, you know, if I'm hurt, you know, what happens? Or if I, you know, if it's a trauma situation, what happens?

MUSYJ: In the short term, nothing changes and that's what we said to our staff. From the patients' and community's point of view, they still need health care, they still need to come to both facilities, and they will continue to come to both facilities until the new acute care site is built. And then things naturally evolve to that new facility. But what this does in the meantime, it allows us to plan towards the new facility. So I'll give you an example, a simple example that just shows the magnitude of what we're talking about. Both hospitals right now at their two acute care sites perform cancer surgeries. With the volumes we currently have together, if it was happening under the umbrella of one organization, we would be able to get an extra \$800,000 in revenue from Cancer Care Ontario. But since it's taking place in two facilities operated by two separate corporations -- even though it's in the same city -- Cancer Care Ontario is saying, and rightfully so, they're saying it's not under the umbrella of one organization, because it's meant to provide that revenue for one organization in order to offset some of the costs or defray some of the costs associated with those surgeries. So by moving towards this interim plan, we get access to that money, which could be reinvested into health care, into other services, into probably more cancer surgeries, into more surgeries or more health care at the front line, then we do now. So that's just one example of the benefits, aside from being able to plan. And also for the focus. It's very difficult for organizations

when you know into the long term that you're not going to have responsibility for that particular program and you have to still make short-term decisions with respect to those programs and services. So to have, for instance, Hotel-Dieu Grace Hospital have a focus on beyond important services, and it's technically the future of health care, on the sub-acute services being chronic care, rehab, addictions, specialized mental health, children's mental health. If there is a "demand" right now in the system, that's where the demand is and that demand is going to be there, projected out even greater in the next 10 to 15, 20 years.

DEANE: As you can appreciate, when we start talking about this, it creates a number of questions on the part of staff. What we've said to our staff is that however we do this, it will be done based on a significant amount of due diligence, we'll sort out timelines, we'll sort out all the details, and it will be fair, equitable, and provide equality of opportunity for people, because that's really what has to underpin this. The confidence of our staff, the trust of our staff, is paramount for us because we as leaders in the organization need to make sure that we create that environment for our staff as we move forward, because they are the ones who provide patient care. So it's all about, for us, making sure that people have trust and confidence in the process going forward.

CKLW: All right. When we come back, with your calls here on AM800. We'll come back with more about why this may be beneficial for the city and really finding out a little bit more about what will happen, what it means for you, the patient, for the staff as well.

[Commercial Break]

CKLW: We are speaking with both presidents and CEO of Windsor Regional and Hotel-Dieu Grace Hospitals, David Musyj and Ken Deane joining us here on AM800, to talk about the latest regarding a potential mega-hospital or a state of the art hospital for us here in Windsor. And Lynn has a question. Good morning Lynn.

LYNN (Caller): Hi Lynn. I've got a couple of concerns. I would be concerned about the number of beds. If you build a mega-hospital or a super hospital

or whatever it is, I'm concerned that there might be fewer beds there, in the combined facility, than there are now in both hospitals put together. And the other thing is location. It would have to be somehow centrally located so that everybody could get there if they needed to rush because the worst thing would be, you know, having a long, long, long way to go. And what are they going to do with the brick and mortar building of the Metropolitan Hospital?

MUSYJ: Well, thanks Lynn. So I'll start with the last one first, which is what's going to happen to the Metropolitan campus. So that's part of the next step of the planning process, is with respect to once you start planning for the new acute care facility, it's what happens to the existing facilities and what happens with respect to the buildings on that property. So what happens to the Metropolitan campus? That will be part of the next phase with respect to the planning process. The good thing about it though, it will be on the agenda to talk about and a decision will be made before you move to the new acute care facility. So whatever is decided in the next set of planning, which involves the community and it involves the individuals who live around the current Metropolitan campus, it involves the broader community, a decision is made and whatever is decided upon as we move forward with the capital funding for the new project, whatever is decided for the Met campus is part of that funding, and that is there, so you don't have to after the fact look for funding to do any type of partial re-designation of it or do something like that. The great thing about the Metropolitan campus right now, a great thing and a negative thing, which is requiring us to have a new facility, it's landlocked. It's in a heavy residential area. But that's also a positive as we move forward because there is a possibility that it could be used, that property is a great property for future residences. So we'll look at that, that's going to be part of the planning, everyone is going to be involved in that discussion, especially the individuals living around it want to be involved in that because they want to make sure there is a definitive plan for that property, that it's not an afterthought, and trust me, it won't be because that's the last thing either organization wants, is if we move forward to have that issue not dealt with or continue to be not dealt with while we're focusing on the new facility. The next question with respect to the number of hospital beds, again, similar is that's a question to be answered as we move forward. I can

guarantee you if there is one less bed in this planned facility than what we have currently, combined, there will have to be a rather thorough discussion on why that is, for this community, again. But I can tell you that our experiences over the years, because there is far greater--there's been a major shift, not in just Ontario and Windsor, but across North America, across the world, from surgeries to go to day surgeries from surgeries that require in-patient with the advance in technologies. So the numbers of acute beds overall has decreased across the world. Now, does that mean we should have a decrease in beds locally? Of course not. That's not first and foremost. Because there is a need for beds. Right now, it's not so much acute care beds that we need, we need more complex continuing care beds, more rehab beds, more long term care beds, and that's what we're looking at. So again, that's part of the planning process going forward on those two issues.

DEANE: Hi Lynn, it's Ken. Just to echo David's comments about the beds, for example today we have about 90 patients in our hospital that are classified as ALC -- alternative level of care. They don't need to be there for acute care. So the point really is not simply acute care beds but the whole spectrum of beds that we need in the community. So your point is very well taken, and our goal going forward is to make sure that we have the right balance and the right mixture of beds to satisfy the needs in the community.

CKLW: Okay. And once again, that comes from the province. I mean, the funding for beds comes from the province as well. I mean, that is not something that's decided by hospitals on the local level?

MUSYJ: Well, the planning with respect to the numbers of beds and how those beds are staffed will be part of this planning. That plan is then submitted to the Ministry of Health for review and approval, and then once construction is completed, the concept is the operating funding flows to pay for those beds that were agreed upon and the staff that was agreed upon. So that would be part of the process. But the planning involves initially Ministry of Health officials, community, hospitals, clinicians, other hospitals, other agencies, projects with respect to population, with respect to the acuity of that population, with respect to the needs of that

population. Because we have to remember, this facility, let's assume it's 10 years from now, 2023, when it's up and running -- just to get round numbers -- we're not building the facility just for 2023, we're building the facility that's going to be with us for decades after that. So it has to meet the demands and the needs of our community going forward. And the ability when you build it, if it says in 2023 we don't particularly need that service but we envision twenty years from now we need that service or we need that facility, then it has the opportunity to grow. So one of the questions was location. That's part of the process going forward. There's other models in the province of Ontario that there's a very detailed process because that can be very charged, as an issue, on where the physical location is. So there is a very thorough process that is followed with respect to individuals in the community having an opportunity to come forward and say I have, I meet the specs of the RFP, I want to throw my property in as a possibility future site, here are the benefits, and then there's a detailed committee that's put into place with respect to making those decisions, and then again, recommendations are made. But again, a lot of factors are looked at with respect to site. And that's, again, the next phase. That's part of the planning that has to be done in the next phase of work.

DEANE: And it's a challenging process to go through because you look at, as David said, changing population, you look at changing demographics, the aging population, you look at the impact of new health technologies, new drugs, and all of those things need to be considered in this, as well as the other services that need to be available in the community. So it's not just about the acute care hospital, it's about the hospital and health care system.

CKLW: Alright. We take a break, come back with more, here on AM800.

[Commercial Break]

CKLW: Our guests today Windsor Regional Hospital CEO David Musyj, and Hotel-Dieu Grace Hospital CEO Ken Deane, talking about a state-of-the-art, single state of the art hospital. One of the questions and it will lead us into our caller's question as well, concerns staffing and administration staffing. With the coming together, or the thought of a single site hospital with

multiple campuses, would we see layoffs as far as administration would be concerned?

MUSYJ: Well, initially, we have to remember we are still operating all of the same sites and all of the same services we would be operating now, even with our transition plan, that would continue. But what we do envision is that as you move towards the new acute care site, you look at first what services are going to be going into that site, and then you say okay, what type of staffing do we need to support those particular services? And then you look at your current state, you look at that future state, and you start making plans, taking into account you still are operating out of the current existing sites -- we're not eliminating sites in the short term -- and work towards that longer vision. Because on any given year, we have approximately between the two hospitals, five per cent natural attrition rate -- people retiring or resigning. Between the two hospitals, that's about 200 people a year. So you can gain a lot of efficiencies and make strategic decisions between now and the eventual new construction, on moving towards that new organizational structure and making those decisions. You have the flexibility to do that. So that's kind of the planning with respect to that and taking the opportunity to do that.

CKLW: Okay. Let's go back to our callers. First time caller Sarah joining us. Hi Sarah.

SARAH (Caller): Hello. My question is you mentioned that all staff will have a fair chance. Will Hotel-Dieu have that fair chance when the main hospital will be made?

DEANE: Sarah, it's Ken. The assurance that I've given to our staff, as David has given to his staff, is that this process will be fair, equitable, and there will be an equality of opportunity. There is a legislative framework within which all of this happens. In addition to that, our values of fairness, equity and equality of opportunity will guide how we make decisions. So I can guarantee you that everybody will have a fair opportunity, Sarah. But I'm really glad you asked that question because our staff need to know that they will be treated fairly and equitably. So I appreciate you asking that question.

MUSYJ: And I can echo Ken's comments, because one of the issues we want to ensure is that staff have a particular clear passion in the particular department they're working in. So I'll just use an example, say it's trauma, currently at Hotel-Dieu Grace Hospital. If your passion as a nurse or a clinician or nonclinical staff is in the trauma program, the last thing we want this process to do, is for someone to change that passion because of the badge they're wearing or because of the organization to which they—we've got to solve that. If that's the reason they want to leave that particular program and go into something else that they don't have that burning passion for, then that's up to Ken and I to figure out what can we do to resolve that issue. And both of us are committed to not have that happen. So individuals like Sarah, I don't know if she works at either of the hospitals, but other people in that position, they have to know not only is it fair and equitable, but we want to make sure if they want to work in a particular area that they don't think that because my badge is going to change, that somehow they have to make a change in their employment. That's not the case. We're going to figure that out.

CKLW: Yeah. And once again, it's just a different way of thinking about where you work or who you work for? I mean, can it be as simplistic as that? Like I still can, you know, I'm still a trauma nurse or a doc that works with mental health services. I'm going to do it here instead of doing it there.

DEANE: Yes. And also, from our point of view, I mean, that shouldn't-- hopefully that's not part of the decision making process. Also, as we go down this road, as we start talking about this longer term vision transition plan, even though we're going to have two corporations still, two volunteer board of directors, the relationship between the two hospitals, in my opinion, the board's opinion, is going to be unbelievably close. This -- even though it's going to have those two corporations, the issues we're going to be dealing with and how linked we're going to be with respect to the two organizations, is going to be amazing. I really see a lot of benefits moving forward, just because this transition -- the transition plan, will result in us being -- ending up being that much closer between the two organizations.

CKLW: Okay, we'll take a break. Thank you Sarah, for your call. We'll take a break, coming back with more, right here on AM800.

[Commercial Break]

CKLW: Joining us in studio, Windsor Regional Hospital CEO and president David Musyj, Hotel-Dieu Grace Hospital CEO and president Ken Deane. We are talking about hospitals coming together, if you will, and talking about the single site, state-of-the-art hospital for acute care, and then all of the other branches that we will continue to have. And into our next hour, we will spend some time talking about why this is beneficial to the community and the different campuses and what they offer as well. And one of the campuses that we have now, you know, I guess changes the name of recently, obviously, and added a lot more to it, is the Tayfour campus. And that will fall under the Hotel-Dieu Grace governance, if you will. Ken, so maybe you can explain to us in the remaining minutes that we have this hour and we can put it over into the next hour as well, what happens at the Tayfour campus and what would continue -- what may continue to happen there?

DEANE: The Tayfour campus, in my mind, is one of the gems in our health care system. Because of the nature of the programs that it provides, it serves a very unique role. It provides complex continuing care, regional rehabilitation services, specialized mental health, children's mental health and addictions. As we have been discussing the management of the health care system, one of the things that became quite clear based on some literature that we looked at, and I'm going to quote you from this particular document, "organizations that focus on post-acute care and specialized continuing care services, provide better and more effective care than organizations that provide these services as an adjunct to acute care." And the reason for that is that acute care is 24-7, it's immediate, and it has a significant impact in the broader society. And so the needs are pressing and they're immediate. And so when you have organizations that do both acute care and post-acute care, there is a strong argument that has been made that the post-acute care doesn't receive the same attention as acute care because of the immediacy and demands of acute care. So from the perspective of the board of Hotel-Dieu Grace, by having a focused area like

this, it's a real privilege from the point of view of the board to be given responsibility for that patient population that is served on the Tayfour campus. There are a thousand staff who work on the Tayfour campus, providing all of those services, who do a wonderful job. In fact, when I came to Windsor in 2011, I had broken my hand playing hockey in a backyard and I ended up receiving rehab over at the Tayfour site. The service was excellent, it was effective, and it made a real difference. That's just one small example. There are many people, each and every day, who receive services on the Tayfour campus. So from the standpoint of the Hotel-Dieu Grace board, it was a real privilege as we looked at the system and as the board considered their role, to have responsibility for the Tayfour site, was considered to be a privilege and an opportunity to make a difference and have a specialized focus on that area.

CKLW: Yeah. It is an extremely important area and I think and we've talked about this more, and Ken into the next hour as well, when we talk about our aging population and what we will need in the future. And as we've been talking about all hour, where that will take us, you know, not only today but what we need to look at in the coming years. We will continue into our next hour. Speaking both with David Musyj and Ken Deane. If you have questions and comments, you can join us here on AM800.

[Commercial Break]

CKLW: Good morning everyone and welcome back. We are with the CEOs of our hospitals, Windsor Regional Hospital David Musyj joins us, along with Hotel-Dieu Grace Hospital CEO Ken Deane. And as you heard yesterday, management of both hospitals want you to know the latest regarding a potential mega-hospital or state-of-the-art hospital for Windsor and how that may look. And the process that it has taken so far and we did a little bit of history, if you will, in the first hour, on how we got to where we are right now, where we go from here, and what was decided. And what was decided--what has been decided so far, as far as who will be in charge, if you will, I mean, is that the proper way to put it, when it comes to things like trauma, which would fall under Windsor Regional, things like rehab, chronic care, mental health, addictions, that would fall under Hotel-Dieu Grace, at the Tayfour campus. Hotel-Dieu Grace. Let's talk a little bit about

why this is going to be beneficial for the city. And other cities certainly have done this. This is something that a lot of people at first blush, I think, think wow, really, one, one hospital? But it has the potential to be absolutely amazing. And we looked at it first of all and said that this would be something that would be -- that would make sense financially. And then it makes sense health care wise as well.

MUSYJ: Yeah. I mean, some of the points, number one, first and foremost, is the cost. Looking at the existing renovation plans or new build plans put forward by the two hospitals to the Ministry of Health, the thing that really brought this to a head, they totalled close to \$2 billion, and that's to in effect renovate the existing sites or to build a new site alone. And that, from an economic point of view, just didn't make sense when the estimates to build a new site together would be less expensive. At the same time, once you're done that renovation, you're still on the same physical site you're on now. So Hotel-Dieu has approximately seven acres, Windsor Regional's Met site is on approximately fifteen acres, as compared to the Tayfour site, which is currently on thirty acres of land, and which is proper for that, for the programs on that site, that's the new planning guidelines. When you just look at the existing facilities from a patients' safety, staff safety point of view, the rooms are small. The numbers of private rooms are -- it's the reverse of what they should be. So instead of having 80 per cent private, 20 per cent wards or semi-privates, it's the flip at both hospitals. Between the two acute care sites, we have approximately 20 percent private rooms, 80 per cent not private rooms. As a result, I'll just give you a concept. On any given day, we have 20 patients coming from the community, on average, just to the Met site, who have an acquired infection from the community. So an infection that they got from a nursing home or long-term care home or in the community, and they're coming into the hospital. We have to isolate them in private rooms. So they take up 20 of our 40 private rooms right off the bat. So then we have individuals who want private rooms, who can't have access to them. As a result, the phone calls we get with respect to I can't sleep, I come into the hospital, I'm supposed to get well, I can't sleep because my neighbour in the bed next to me snores all night or moans all night, and I'm getting sicker the longer I stay in this hospital. The maze that the two hospitals are as you walk into them, that wasn't by design, that's because we've renovated year, after

year, after year, and put a jigsaw puzzle together, so when you walk into the hospital, you can put up all the signage you want and all the road maps on the ground you want, the stickers on the ground, people get lost. It's just too complicated. So having to renovate the existing sites doesn't meet with the patients' needs, staffs' needs. In addition, the current rooms, what happens is because there is very little storage area, the hallways are very cramped, there's no place to store supplies, staff, in order to have access to supplies, bring them into the room--the patient's room. When that patient is discharged, for whatever reason, any supplies in that room have to be discarded. So the amount of waste that goes on as compared to the new planning, which is you have a, say a cubbyhole before you enter into the room, for every single room, that has shelves for supplies. So the supplies are immediately accessible for the staff but outside of the room. So the less waste, and people having to search for the supplies and stuff like that, is a dramatic benefit of a new facility.

DEANE: We've given our staff basically a really significant challenge by having to work in these facilities. The quality of our care, the safety of our care, is a direct result of their professionalism and their competency. But we challenge them each and every day because of the facilities that they have to work in. And David and I both deeply appreciate and respect what they do each and every day, and recognize that providing patient care in and of itself is challenging, and it's even more challenging if you don't have the right facilities -- if you don't have the right size rooms, if your corridors are crowded, if you don't have access to the right services and support services. So we owe it to our staff to give them the appropriate level of facilities to be able to provide the level of care that we want to provide. And patients deserve the same thing.

CKLW: Alright. We'll take a break and back with more.

[Commercial Break]

CKLW: Good morning everyone and welcome back. Our guests today include Windsor Regional Hospital CEO David Musyj and Hotel-Dieu Grace Hospital CEO Ken Deane. We are talking about the single site state-of-the-art hospital. Let's talk about chronic care emergency wards, because

whenever we talk about a single site hospital, if you will, single site hospital for trauma, people are concerned about emergency rooms. Have we envisioned this? How do we think this may work out? What work do we have, if you will, to take a look at this?

MUSYJ: Yeah, so part of the planning that's going to be done going forward, and this is part of the exciting work that can be done and I think energizes everybody and draws individuals to this community, be it physicians or nursing staff because they want to be part of the planning towards a new facility, is the opportunities we can talk about with respect to adult individuals having to attend an emergency department with children. Right now, we try to do our best at Windsor Regional Hospital's emergency department as well as Hotel-Dieu, to try to segregate those populations as much as possible, so children don't have to be next to an adult and not only have the issue of the child attending the emergency department but possibly see or overhear something involving an adult. So we do our best but because of our physical facilities, it's very difficult. So as we plan towards this new facility, a couple of things are going to happen. Number one, that will be part of the planning -- do we have a segregated children's emergency department from the adults? So that's clearly going to be on the table. The other thing too, that we've talked about, is the possibility of when you talk about and you put it in writing and you even get architectural drawings, anyone who has built a house knows that when you look at the drawings and you actually build your house and you walk through it and you stumble across a wall, you say, where did that wall come from? I've got to move that wall 10 feet. And you look at the drawings, and it's on the drawings. And you wish, I wish, I would have done that differently. So what we envision here as we move towards the planning, is once we get to the stage of the actual drawings, we can use existing empty warehouse space here, go inside of that warehouse space, and actually build it. Mock up the build, and bring the staff, bring the community in, walk through it, and make sure that wall is in the right place. Make sure all the equipment can fit as we planned, and that people when they're working inside of a particular area, don't stumble over stuff or have to crawl over equipment. And that's the exciting thing. So when we move into this facility, the last thing we want to do in the first couple of months is say oh, we've got to spend another half-million dollars because what we

designed there doesn't work. So those are kind of the exciting ideas that we can move forward with and have because this facility is going to be the community's facility. So we want to have the community involved in planning for it and being part of the plan, because they are the ones that are going to have to use it. They are the consumers of this facility, and as our chiefs of staff say and Ken and I say, eventually, we're going to be the consumers of this facility as well, so we want to make sure it's designed and operated in a way that we can be proud of and when we need to use it ourselves, we can be proud of using it as well.

DEANE: Build it and we will come.

MUSYJ: Yes.

DEANE: The other thing that we need to think about is that when we compete for health professionals, we're competing with other communities. And there are many communities now that have gone through this process and have rebuilt their hospitals. And Oakville is just close to opening their new hospital, St. Catharines just opened a new hospital, Brampton a year and a half ago or so opened a new hospital. So there are many new hospitals in Ontario, and if you're a health professional and you have a choice of different communities, one of the considerations is going to be what are the facilities and the services that are going to be available that allow me to achieve my professional goals, and at the same time find a community that I find liveable and hospitable. And I can't think of a better community than Windsor. And when you add a new hospital, I think it just enhances our competitiveness, in a very competitive market.

CKLW: And that's a real bonus, that's a real plus, and another good reason for doing this. And we have the medical school, of course, and that adds to it, obviously, as well.

DEANE: The university, the medical school, the new hospital, St. Clair College, which is going to have a state-of-the-art, long-term care facility on its campus. So when you think of all those different ingredients and elements, you start to envision a very robust and strong system in the city of Windsor.

CKLW: I know people every once in a while get very confused, as patients or as families, it's like, 'I have a heart condition' or whatever, where do I go? Where am I going to end up, or I have to move from one facility to another because this is done at this facility, this is not done there. These are all things that will be worked out and people will be able to know, if it's trauma, this is the facility that I'm going to, if it's something else, I may be going to a different facility. I think what's really interesting as well, as far as Hotel-Dieu Grace site is concerned, the downtown site, if you will, that that will be used as like an urgent -- how did you describe it, Ken?

DEANE: Somewhere between a walk-in clinic and an emergency department. The closest model for that is St. Joseph's Health Centre in London, that has urgent care. And it's running from eight in the morning until 10 or 11 at night, staffed by emergency physicians who work at the other two emergency departments in the city. They have access to diagnostic imaging on site, they have a number of ambulatory clinics on site. So those services would all be available.

CKLW: Okay. So what's next? Like, what's the next step? Wrapping up, what do we do next? What do you do next?

MUSYJ: Well, the next step is submitting the actual resolutions and the long term plan and the transitional plan to the Erie St. Clair and the Ministry of Health for their review and approval. In the meantime, it's doing the due diligence, as we talked about before, on both the long-term plan and the short-term plan, doing the work that needs to be done to put those plans into place. And then also, now, starting, now that governance, if it's resolved and we get the green light, then we start doing the actual planning about the programming of the new acute care facility -- what the core services are going into the facility and then the detailed planning after that, with respect to the actual services, what's the square footage we need, what staffing we need, the detailed actual planning that's done. And then following that, once you have those words in place, you take those words, you hand it off to an architect, and then they start designing based upon those words. That work is going to involve all the clinicians, nonclinical staff across the city, and the community is involved in that planning.

CKLW: Okay. And as a patient, will I notice changes along the way?

MUSYJ: Well the goal, clearly, is not to make changes in the interim just for the sake of making changes, because that's just confusing. Unless we come across something that is clearly in the best interests of the patients and the community to make a change in the short term, we're not making changes, all right? Clearly we still have a community to take care of. We still have the existing facilities to do that in, we have the existing staff to provide that support and that work, and we don't see any short term changes, again, unless something jumps off the page that says it needs to be changed that will benefit the patient's journey to avoid this possible movement back and forth between campuses. But you have to remember, the hospitals have done a lot up to this point over the years, trying to minimize that as much as possible. But in order to eliminate that, practically speaking, that's one of the goals of moving to a new acute care facility, because there are some physicians that have to drive back and forth between the facilities now. They perform surgeries at one, then they run over to the other facility in their car in order to see patients, and back and forth. It would be great that they could show up to the hospital, park their car at the start of the day, stay in that hospital all day, jump in their car and go home at the end of the day and not have to drive back and forth across the city, because that just adds delay, adds stress to their life, and that's one of the benefits of moving towards a new acute care facility, is to eliminate that stress that is not needed and create a clear focus.

CKLW: So while a lot of what will go on over the next little while will happen behind the scenes ... As far as the community is concerned, what might we hear about? What can we look forward to hearing about or seeing?

DEANE: As we move along in each step of this process, we're going to be communicating that. And when we talk about due diligence, what that reflects is our obligation of the two boards and the leadership to get it right. So it's an in-depth examination of all the issues. So as people identify their concerns about this, that allows us to make sure that we're fleshing out all the details, looking at the right timelines, looking at the right

relationships and how it's all going to work together. So that's why this in-depth examination is so critically important, because we have to get it right. As David said, we're building not just for 10, we're building for 50 years.

CKLW: Okay. Gentlemen, thank you so much for coming in today. We appreciate it.

DEANE: Thank you, Lynn.

MUSYJ: Thanks very much Lynn.