

Questions and Answers About The New Acute Care Site

Posted: 2013 04 02

Q - I am wondering if we will be able to choose which program we go to. If I want to stay an employee of SMH would I have to become a Hotel Dieu employee, and if I want to stay with WRH would I go to the Hotel Dieu site?

A – As stated previously issues of impacts on employer/employee relationships are being worked through during this “due diligence” phase to implement the realignment of acute and sub-acute services approved by the two hospital Board of Directors.

Once the host Board of Directors approves the “model” of moving forward exact employer/employee implications will be resolved via current collective agreement process(es) and/or legislative process(es).

The current due diligence process should be completed around June 2013.

Posted: 2013 03 27

Q - How will patient records be handled once the services are realigned? Will it be similar to when the psychiatric floors were at the "Western" Campus prior to moving to HDGH? The employees were HDGH and the records were WRH? Thank you in advance for your response.

A- Years ago when we had smaller scale realignments there was little support legislatively with respect to health records transfer and responsibility. That has now been resolved by legislation. In addition, the scope of the realignment we are currently undertaking will allow us to learn from how we reconfigured operations before and some of the complications that had happened last time.

The main difference this time, which should make things easier, is the transfer is of all acute or sub-acute services and not just one program and also operations at a full site as compared to parts of a site.

Posted: 2013 03 13

Q - I understand that administration, management and of course the CEO have extensive "leadership" training but my question is this: First a statement. I find it frustrating that often changes are incorporated without consulting "front line" staff for their ideas, suggestions or brainstorming efforts. Will front line staff be consulted for any conceptual ideas, streamlining, design or efficiency based ideas? WRH has proud, eager and intelligent staff who are willing to contribute.

A - Once we have completed the transition phase we need to look forward to the actual planning to the new state of the art acute care site. This will involve extensive planning that will involve everyone and require everyone's knowledge and expertise both internal to the organization and external to the organization. It will involve the community because this is their hospital. It is not one person or grouping of individuals that the great ideas come from.

In addition we will need to standardize and optimize the patient experience to the highest level possible. We will need to ensure that well before we move into the new site we are operating as one even on different acute care sites. That will make the transition smoother and achieve the gains necessary for the patient.

How do we become "one experience" from the patient's perspective ? We will be working as teams within and across programs of all staff between the two acute care sites and not only draw upon what everyone is doing well but ask the question - who in the world is doing this the best? That is what we need to move together to implement. If for some reason there is a physical plant limitation in our way now we recognize that but use that idea as we plan for the new acute care facility.

This standardization and optimization process will drive the design not the other way around. Please refer to my March report to the Board of Directors that is circulated to everyone and posted on the hospital website for more details on this process and how Seattle Childrens' Hospital used this process with success.

So yes, similar to the changes going on in the Operating Room now, and across WRH for many years now, front line will be directly involved - along with many others internal and external - and we ensure we not only standardize but also optimize the patient experience in this process.

More to come on this concept.

I look forward to you putting your name forward to support this exciting project that will be with our community for generations to come.

Posted: 2013 03 13

Q - I would like to stay working at the Tayfour Campus in Mental Health. Does that mean I would become a Hotel Dieu employee? If I wanted to stay with Windsor Regional, I would move to the Hotel Dieu Campus?

A - HDGH and WRH are jointly starting the Due Diligence process we referred to in the written announcement and during the Town Halls. This process will take approximately 3-4 months to complete. Details regarding exactly what is involved and how it will occur will be announced shortly.

The process will determine how we realign programs and services in the immediate term that will result in WRH being responsible for all acute care services and HDGH being responsible for all sub-acute services.

The exact scope of what needs to occur to implement this realignment will be sorted out over the next 3-4 months. How that impacts individual employment will be outlined during that process. However, before anything is actually implemented, the various unions and non union staff will be engaged to ensure that the relevant collective agreements and relevant legislation is adhered to.

Posted: 2013 03 10

Q - Are we as a City going to provide a Burn Unit for our population? As I recall, when our Burn Unit closed several years ago, we were told that we are not closing our Burn Unit just transferring our services to another Unit 7N and 4N. As unionized workers, we were denied bumping on that basis. My question is, is there consideration for another Burn Unit in Windsor? it is a shame our Burn patient families have to travel to

Hamilton or London..and have lengthy stays in hotels eating out etc. It's time we brought our Burn Unit back HOME.

A - The discussion and decisions that will be made about what programs and services will be found in the new acute care facility will be part of the capital planning process that will occur in the next phase and over the next 18-24 months.

It would be great to have all services locally for patients and our community. However, at the same time, we have to be concerned about having programs or services where volumes are not sufficient to support planning, training, staff retention, expertise and ongoing capital equipment investment at the expense of much larger programs that service greater volumes of local patients. This is referred a lot of times as sufficient "critical mass". A general document that describes the concept in Ontario Public Health delivery can be found at http://www.health.gov.on.ca/en/common/ministry/publications/reports/capacity_review06/define_cmass_110105.pdf

Transferring to centers with this greater expertise and overall volumes (more critical mass) although stressful initially for the patient and family are in the long run beneficial as to the patients' outcomes. You might hear the term many times "we cannot be everything to everyone" when describing this concept. It is not meant to be negative but to state we need to focus on the services our population requires in larger numbers, do it exceptionally, continue to invest in that service and allow centers that have a specialized focus on a certain service attend to the needs of various regional area needs.

This is the same discussion we are having currently with MoH with our ICU. We are clearly identifying that any given year we would have 40 plus babies and over 200 moms having to travel outside of Windsor to London at great stress and expense when these services can and have been provided locally for years with very good outcomes and to large volumes of patients. In our NICU's case we have sufficient "critical mass".

Posted: 2013 03 10

Q - Do you think WRH will start up the program that was in place a few years ago for RPN's to go to school and take the necessary courses to get their RN Certificate? At the present time RPN's have to do it online and it takes 4 years. A bridge program should only take 2 years since we already took the 2 years necessary at the College. Would it be possible for that program to be offered again?

Please refer to answer to question answered on 2013 03 08.

Posted: 2013 03 08

Q - When can we expect bumping of staff to occur?

A – The Hospitals have to complete their Due Diligence process on the transition plan. Details of that process will be released early next week. During that Due Diligence process, which should take 3-4 months, it will be “business as usual”. We are just examining what has to be addressed to realign all acute care under WRH and all sub-acute care under HDGH. After that process is completed we will be working on how to implement that process.

We have to continually remember that until the new state of the art acute care facility is operational we have to operate and care for all the current patients and possibly more in the various sites operated and governed by both WRH and HDGH.

Posted: 2013 03 07

Q - Will the organization of Mental Health staff from Hotel Dieu and SMH start earlier than the actual new acute care site being built?

A – I do not fully appreciate your question. However, the Hospital Boards have announced a long term vision of all acute care services being operated and governed by WRH and sub-acute operated and governed by HDGH. Both hospitals recognize that in order to properly plan for the new acute site, standardize the patient experience and to gain advantages associated with a specialized focus on sub-acute and acute care the corporations are moving forward on the due diligence exercise to realign services in the immediate term. This will include mental health services. I hope this answers your question.

Posted: 2013 03 06

Q - The question as to if there was going to be a lot of job losses wasn't really answered. I know jobs will be created by the construction of the actual building, but what about all the different health care workers such as Nurses, Laboratory staff and Occupational Therapists? Where does this leave us?

A – Until the new acute care facility is operational we still have the same amount of physical sites to operate. In addition, there does not seem to be any change in the volume or increased acuity of patients attending the Hospitals. However, healthcare delivery is transforming. Whether you agree with the transformation or not, the current Ontario government, similar to many other jurisdictions across the world, are moving from hospital based delivery to non-hospital based delivery for certain procedures. Can a certain procedure be performed outside of a hospital with the same quality standards? If the answer to that question is yes, then over the next 5-10 years expect it to move to a non-hospital based centre.

So where does this “leave us” ? Whether we proceed with a state of the art new acute care hospital or not, these changes and transformation will continue to occur. It will impact hospital services and the location of their delivery. That is work we need to do as we plan for the new facility. This is an opportunity for all of us to be involved in that planning rather than having it dictated to us. That is the great opportunity we have before us and our community.

This idea that there will some major job loss as a direct result of moving to one facility is rumour, speculation and fear-mongering. At the end of the day we have a community to care for. We need to care for our community and do our best to focus on as many resources as we can at the bedside.

Posted: 2013 03 05

Q - Just curious. What will happen between the two fundraising arms (Foundations) at the two facilities. Will they merge and become one, or remain autonomous ?

A - There is no planned merger of any of the existing Foundations that support both HDGH and WRH hospitals.

However, as we move forward towards the state of the art acute care hospital it will require all of the Foundations to work closely together to achieve the local fundraising goals.

Posted: 2013 03 03

Q- How will the I.S. department be affected by the new acute care site? Will CHIS be asked to supply services to the new hospital as it does WRH and HDGH currently? Or will the new site be it's own entity?

A - Nothing changes in regard to CHIS/Procure (now Transform). WRH and HDGH will remain shareholders of that organization and use its services.

Posted: 2013 02 28

Q - I have been reading with great interest the questions that have been asked over the last few weeks. I realize that change is difficult for most people, but sometimes change, in the long run, is best for all, including the residents of Windsor/Essex. One only has to visit the 2 hospitals that serve our population to realize that we as a community deserve better!!!! When my cousin visited from Chicago (originally from Windsor) and witnessed the state of our hospitals she felt like she was in a "third world" facility. In conclusion, I hope that those of us working for both hospitals realize that in the end, we and future generations will be much better off in the long run.

A - I agree 100% that our facilities are not to the standards new facilities are being built today. Lack of parking, hard to navigate once inside the facility, patient rooms too small, not enough private rooms, no storage etc etc. In fact, in ten years they will be darn near awful. You are exactly right. We deserve better. If we say no some other community is going to get a new facility and WE are going to pay for it. Again, thanks for your comments 100% right on.

Posted: 2013 02 27

Q - You have not told us if the mega hospital will utilize RPNs to their full scope. If the hospital doesn't, will you give the RPNs a chance to further their education like you allowed a few years ago?

A – Discussion and decisions on the actual programs, services and staffing models in the new state-of-the-art acute care hospital will be made during the capital planning process. It is premature to speculate at this point on any of these issues.

A few years ago when we moved to an all RN staffing model in acute care at Met there was a program in place locally that allowed RPNs to return to school and take the necessary educational courses to get their RN certificate. From my understanding that local program is not in place anymore. It was a time limited program. There are some courses available through “distance learning” (for example Nipissing University) which do provide for some transitional courses for RPN staff looking to return to school for the BSCN degree which provide for on line course work and local placement and which we support through our corporate tuition assistance program.

Posted: 2013 02 26

Q - At present I work as a Speech-Language Pathologist on the Neuro Rehab Unit at the Tayfour campus, which is presently an in-patient program. I do not believe Rehab will be in the new mega-hospital, so who will manage it HDGH or WRH? If it is HDGH that manages Rehab, will their allied health staff become unionized like the WRH allied health staff or will we lose our Union? (HDGH allied health staff are not currently unionized)

A - Sub-acute services currently operated at the Tayfour campus will remain there in short and long term. This includes Complex Continuing Care, Rehabilitation, adult Specialized Mental Health and children's mental health.

Employment issues including union/non-union representation and status will be sorted out once a timeline is set for the short term realignment. There is a legislative framework for this process.

Please keep in mind we have to operate all the existing services on the existing sites with the same if not increased volumes.

Posted: 2013 02 26

Q - My question is a little different. I am wondering about the physical space of the new hospital. When we went through the "Win Win" several years ago we were promised the state-of-the-art hospitals. But we really didn't get that. For example, the NICU does not have any space to store their isolates or other supplies. There are no rooms to interview in order to discuss private confidential information. The Paediatric Unit's nursing station is so small the nurses, doctors, interns and allied health do not have space to chart or make phone calls. Allied health are always trying to find rooms to interview people. Will this new facility accommodate the physical needs of the patients and the staff.

A – This is a great example on why we need to move towards a new state-of-the-art acute care hospital. With the Met site redevelopment we were stuck with the existing building layout and shell. As a result we did the best we could with the space we had and the layout we had within that shell. We have run out of options to renovate on the current site without major disruption and once again ending up with a suboptimal solution at great expense.

With planning towards a new state-of-the-art acute care hospital, these issues will be addressed. We are starting from a clean slate and not stuck within a current footprint or layout.

Posted: 2013 02 26

Q - How long do you estimate this to take? Where are we getting the money to do this? I am sure that the government will not be paying 100% of the cost. The construction alone will be in the millions (this is not including equipment in the hospital). Is this really a realistic "dream"?

A - From January 2013 (the date the government approved the commencement of the capital planning project) to eventual occupation of a new state-of-the-art acute care facility generally takes 7-10 years. We will not be sitting on our hands and waiting for that date to come. There is a substantial amount of planning that needs to

take place before the shovel actually hits the ground.

Under current funding legislation the government pays for 90% of the capital cost of the construction. 10% has to be raised locally.

Is this a realistic "dream" ? This is about capital reinvestment in hospitals in Windsor. The issue is as follows. Does the government continue to reinvest in the existing old, land locked, jig saw puzzled facilities at great cost and upset or build a new state-of-the-art acute care facility ?

If you assume we do no capital reinvestment in existing facilities and do not spend \$7 - \$10 million a year in equipment renewal then the cost difference is great. Once you factor these normal annual costs as compared to moving to a new facility it is actually less expensive. You have to remember doing nothing is NOT an option.

The Task Force that was appointed last year and who completed a 7 month review concluded a new acute care site is the avenue to pursue and that there is great community support for that concept. Please review the Task Force's report at <http://windsorhospitalsstudy.com/wp-content/uploads/Windsor-Hospitals-Study-Final-Report-Dec-7-2012.pdf>

Posted: 2013 02 25

Q - Where is the proposed site of this new acute care hospital?

A - There is a going to be a full process to determine the physical site of the proposed new state of the art acute care hospital. In other jurisdictions that have gone through a similar process there was a selection committee created that did not have any possible conflicts, a detailed description of what size and characteristics of the property was created, a formal request for proposals asking for people to respond with proposals of property that would fit the description and finally a formal selection/negotiation of a deal.

Therefore, at this point, we have not even started this process and actual site will be determined in the future.

Posted: 2013 02 25

Q - This is really not a question, more of a concern. I really do not want to work for HDG, never have, I have always been a "Met" nurse, this whole thing really bothers me. WRH has a good reputation, and as far as I am concerned a great CEO leading the way. Will I have a choice? I do need to continue to work to provide for my family, but my heart and sole belongs to Windsor Regional.

A - Thank you very much for the comments.

Both organizations are committed to determining solving issues anyone might have in changing their employer. It cuts both ways. The only way we are going to get through all of the current and future pressures on healthcare is if everyone is on the same page and are just as proud and comfortable to work for anyone. The working environment as well as the patient experience should be the same. The best. Nothing less.

Once the interim human resources plan is determined the various bargaining agents and non-union staff will be involved in implementation. At that time the collective agreements and legislative provisions provide a detailed

outline of the process that needs to be followed. As soon as an overall plan is developed both organizations will inform staff members asap.

Posted: 2013 02 22

Q - I have heard that the Hotel Dieu site on Ouellette is going to be known as WRH Ouellette site. Is this true because I keep hearing that there is no merger?

A - The long term vision and short term (interim) transition plan never results in Windsor Regional Hospital owning the current HDGH Ouellette site. HDG will continue to own the land and the buildings both short and long term.

WRH will operate and govern the acute care programs and services located at the HDG Ouellette site. Once the new acute care facility is operational WRH will leave the HDG Ouellette site completely.

There is no corporate merger happening during any of this process. Currently, during this process and at the conclusion of this process there will be two hospital corporations in existence as there is today.

This is a realignment of operations and governance of hospital programs and services in Windsor.

Posted: 2013 02 20

Q - I am a RPN working at the Tayfour campus in the Complex care unit. During the interim transfer of chronic care to HDGH who's name is going to be on my pay cheque? HDGH or WRH?

A – This issue is a work in progress as discussed at the Town Hall and outlined in all of the materials. Before we do anything we need to obtain LHIN/MoH approval of the governance/realignment changes. Once that occurs we will be actively involved in working towards the interim changes of having all acute care services in the City under the governance and management of WRH and all sub-acute care services under the governance and management of HDGH.

What employer/employee changes will occur as a result of this is still to be determined. Any such changes will result in the bargaining units being involved, collective agreement provisions being followed and any legislative requirements being adhered to.

So, in the meantime, your cheques will continue to be from WRH. In fact, if that does change they still will be cashable.

Posted: 2013 02 18

Q - All this talk about this state of the art facility but no government has promised Windsor anything yet. Have we even written a formal proposal to Toronto yet? Does Toronto even realize we need a newer facility? How long did it take them to approve a new bridge and the new roads leading to it? We are still not in the clear on that one.

A - To the contrary.

In November 2012, after months of community engagement, the Windsor Hospitals Study Task Force concluded that “there is strong interest and enthusiasm” from the Windsor-Essex community for the development of a new, state-of-the art, single site acute care hospital, which would be at the centre of an integrated health care system.

The Task Force recommended that “the Provincial Government, with this community involvement, proceed immediately in working with the Ministry of Health and Long-Term Care (MOHLTC) and the Erie St. Clair Local Health Integration Network (ESCLHIN) approving a plan to move forward on a new single site acute care hospital for the Windsor Essex region”.

Further, as a result of the Task Force’s strong recommendation, the (MOHLTC) took action in January 2013 by providing an initial advance of \$2.5 million to commence the capital planning process to achieve this vision. They also promised an additional \$35 million for detailed planning.

Yes. It will take time. However, you have to start the process or you will never get there and you will forever say "geez I wish we had thought about starting the planning for the new acute care hospital years ago".

Both Hospital Boards are very cognizant that this process is about infrastructure/capital investment in the hospitals in Windsor. If we do not move swiftly yet thoroughly forward with this process towards a new state of the art acute care hospital, then there is little chance and/or rationale from both a clinical and financial basis to support the continued capital investment by the government in the two existing acute care facilities.

Posted: 2013 02 16

Q- What is the future of outpatient programs within the hospital? If the program actually nets positive dollars does it increase it's chance of survival?

A - The review of outpatient and inpatient acute care services that will populate the new state of the art acute care facility will take place in the next two Phases of the capital planning process.

The current focus and transformation of healthcare in Ontario and across North America is to move services outside of a hospital that need not have to take place in a hospital but possibly near a hospital.

Again, these decisions will be made with a lot of clinical and community stakeholder input and dialogue along with experts in the field. We are not only building an acute care facility for the next decade but for decades to come.

Posted: 2013 02 15

Q - Currently, the RRTs rotate between both campuses to care for both Acute Care patients (at Met) and Chronic patients (at Tayfour). We also are involved with SMH (ECTs, ECGs)as well as Pulmonary Rehab. I am wondering when HDGH takes control of Tayfour Campus, does this mean job losses for our Therapists (sic)?

Meaning, staffing at those buildings would be taken over by HDGH? Other disciplines rotate through Tayfour as well such as Lab and X-ray. Is the same true for them?

A – There is no contemplation to change the programs and services offered at any of the sites operated and governed by either HDGH and/or WRH until the new acute care site is operational. In fact, our community still requires the same level of services being provided at all the sites currently in operation.

There is a legislative and/or collective agreement process we have to follow when employer(s) are eventually changed that provide choices for impacted staff. We will follow that process and there will be plenty of notice as we move forward.

Posted: 2013 02 15

Q - Will there be any buy out packages being offered on the near future? If so, will it include all employees or just certain departments.

A – Any discussion of “buy-out” packages is way too early and again is getting into rumour, speculation and fear mongering. There has been no discussion or contemplation of any reductions of staff whatsoever. Until the new acute care facility is operational we still have the same number of sites, same services and community to care for.

Posted: 2013 02 15

Q - In building this new site, aren't there going to be a lot of job loss ?

A - I will assume for this question it is meant to ask about the healthcare positions that will be required in the eventual state of the art acute care facility. During actual construction many jobs will be created to plan and construct that actual facility itself.

Posted: 2013 02 14

Q – Will Children’s Mental health become a free-standing service ?

A – At this point no. Children’s Mental Health will be part of the programs and services governed and operated by HDG. Throughout the years there has always been discussion by the WRH Board about whether Children’s Mental health programs should be attached to an acute/sub acute care hospital. However, as we became responsible for Specialized Mental health the synergies became more obvious. In addition, the last thing we would want to do is create more need for Children’s Mental health to invest their finite resources on more administrative staff to deal with human resources, finance and the like as a stand alone program/facility.

However, this will be finalized as we move forward. At this time HDG wants Children’s Mental Health to stay with the programs and services they will govern and operate and are excited about the opportunity and synergies that exist and will exist in the future for that program/service.

Posted: 2013 02 13

Q - Hello I noticed that as part of the new division of responsibilities, Hotel Dieu will be responsible for diagnostic services. Does that mean that WRH intends divest itself of diagnostic services ie. lab, pathology, etc.? If so, which ones? Is there any intention to keep some core services such as blood bank?

A - That is not the case. WRH will be responsible to govern and operate all acute care services and services required to support acute care services. This is the long term vision and short term transition plan.

However, when all acute care services leave the HDGH downtown site and move to the new state of the art acute care hospital there will need to be some diagnostic services downtown to support the urgent care centre and ambulatory services. In addition there will be diagnostic services at the Tayfour site to support those programs as well.

Posted: 2013 02 13

Q - Will the new Mega Hospital be hiring both RN's and RPN's? What does this mean for employment opportunities for both designations?

A – As stated during the Town Halls and contained in the materials (power point presentation) posted on the website Stage 1 and Stage 2 of the MoH Capital Planning Process (we are at pre-capital phase now) is when the detailed “functional” planning takes place with respect to the actual programs to be delivered, size of facility needed, staffing numbers/classifications etc.

It will be at this phase, after the outline of what acute care services will form a part of the new state of the art acute care hospital (I do not like to use the word “mega” because it is a misnomer and does NOT include all the healthcare services of the region whatsoever), that the appropriate staffing model is determined.

Again, this is a discussion that will be addressed in the future. However, as it stands now, there is no intention to change the staffing models at either acute care facility/site unless it benefits the patient. Change for the sake of change in the short term before the eventual move to a new state of the art acute care facility is not necessary.

Posted: 2013 02 13

Q - You have insisted that there is no merger. It appears that those of us at Tayfour will become HDGH employees, and the HDGH employees (who stay at that site in acute care) will become WRH employees. Is this right? If HDGH and WRH truly stay separate companies, this suggests that the Tayfour employees will be in seniority lists completely separate and independent from the Met/present HDGH employees. Is this the case?

A - When we say there is no “merger” what we mean operationally there is no combination of both Hospitals into one employer. In this plan there will continue to be two Hospital employers operating the programs that are agreed upon in the plan. We know that this will mean that jobs and positions need to follow the work of the programs in some situations from one employer to another. There are labour relations processes to cover situations where there is a transfer of staff from one employer to another. The collective agreements and ultimately Ontario labour relations legislation will govern how we handle the rights of staff who are impacted by these job moves and the issue of seniority rights will be determined based on the collective agreement and

legislation provisions. This is like the process that we have followed in other program transfers such as the recent movement of Specialized Mental Health beds from London to Windsor last year.

Posted: 2013 02 12

Q – Do you know if the new acute care site will expand the pediatrics services for the local community or give us the option of a children's hospital?

A - The detailed planning of the services and their size and function occurs in Stage 1 and 2 once the pre-planning (governance and core services) is complete.

The size and scope of the paediatrics in the new acute care facility will be part of that future planning. That work will be done by all of us in the community.

Posted: 2013 02 12

Q - Since departments are closing due to lack of funds and the existing deficit, where is all this money for the mega-hospital coming from? Also, wouldn't our city benefit more from adding a third hospital?

A - The issue of the need for one acute care hospital and the community support for it was addressed by the Task Force last year. The idea of a 3rd hospital does not resolve the need for renovation costs or the viability of ongoing renovations to the existing acute care sites.

That Task Force report is what prompted the Ministry to proceed with the current capital planning process.

The monies for the bricks and mortar (90%) comes from the Province. That is capital funding.

Operating funding for the new facility will come from the two current hospital acute care operating budgets plus any additional funding needed for further programs approved at the new acute care site.

Changes to healthcare funding will continue whether we proceed or not. They will have a bigger negative impact if we maintain the status quo. One example was the cancer surgery funding I gave in the Town Halls. However given our current separation of operations of the two City acute care sites results in inefficiencies that can be invested back into front line care.

Posted: 2013 02 12

Q. How does this effect the Security Department being a contracted company?

A. Existing contracts will be honoured by the Hospitals together.

Posted: 2013 02 12

Q. How would the Cancer Centre fit in under the new hospital system? Would the Cancer Centre be part of the governing body? What's the future of the present employment staff of the Cancer Centre?

A. Yes. The Cancer Program (both inpatient and outpatient) are part of the acute care hospital and I assume, without being the final arbitrator, that Cancer Services are a “core” program of the new acute care facility.

Posted: 2013 02 13

Q -I had a question regarding the out patients moving to Hotel-Dieu. I work in Cardio Outpatient/Inpatient Clinic. Does this mean our department is moving to Hotel-Dieu or do we lose our jobs here? And when would this happen? I did not understand this at the town meeting. Thanks in advance.

A - There is no plan to move programs and services between the two acute care hospital sites in the short term unless it is in the best interests of the patient. Moving things for the sake of moving will not happen. We will have enough on our plates to plan for the new acute care site and meeting the needs of the community now.
