November 30, 2012

Windsor Hospitals Study:

Final Report

A public conversation

on the future of hospital services

in Windsor-Essex

Respectfully Submitted by the Windsor Hospitals Study Task Force Co-Chairs

Dave Cooke
Teresa Piruzza, MPP
Tom Porter

Support for a New Acute Care Hospital to serve Windsor-Essex

The Windsor Hospitals Study Task Force completed its mandate to gather opinion from the local community regarding the proposal for a new, single site acute care hospital incorporated within an integrated healthcare system to better serve the region's residents into the future.

The committee's public engagement process involved numerous conversations with community agencies and local health care experts, including board members, senior administrators, physicians and labour representatives from both Windsor Regional Hospital and Hôtel-Dieu Grace Hospital. Open houses were held in Windsor and in Essex for the general public and further feedback was received through www.windsorhospitalsstudy.com.

A unique opportunity

Throughout the process, the co-chairs for the study – Teresa Piruzza, Dave Cooke and Tom Porter – were impressed by the interest of many local stakeholders who provided significant input. The process allowed the community to engage in a unique opportunity – to publicly discuss considerations and gather opinions to determine community support in advance of the government making a decision. The Hon. Dwight Duncan, who requested the study in April 2012, should be commended for his foresight in allowing this study to proceed in advance of any action by government.

The task force was mandated to gauge the level of community support for a single site acute care hospital. In order to do so, three main questions were asked:

- Would a new, single site acute care hospital **improve the delivery** of acute care services in Windsor-Essex?
- Would a new single site acute care facility provide **value for money**?
- If there is community support for a new hospital, what **other considerations** must be addressed during subsequent planning phases?

Task Force Timeline

April 21, 2012: *The Hon. Dwight Duncan announces need to consult public on whether the community supports construction of a new hospital.*

May-June 2012: *Co-chairs meet to discuss establishment of advisory and support committee; recruitment of project support; scope of project; research for content of initial public consultation paper.*

July 12, 2012: *Chairs hold news conference to outline steps and release initial consultation paper.*

July-September: *Meetings held with dozens of stakeholders from health care and other sectors for input on considerations for a new acute care hospital.*

September-October: *Release of interim report and discussion of next steps in public engagement process.*

October: *Continued dialogue with stakeholders and opportunity for open public discussions.*

November: *Release of final report to the Minister of Finance and Minister of Health and Long-Term Care.*

Overall Conclusion: Strong Support, Benefits Cited, With Considerations to Keep in Mind Going Forward

The co-chairs of the task force are confident based on the feedback received from the community that there is strong interest and enthusiasm for the development of a new, single site acute care hospital, which would be at the centre of an integrated health system.

Numerous interested persons and organizations *(complete list attached in Appendix A)* met with the task force to discuss their views on a proposed new facility. Each person demonstrated support for the concept, for a variety of reasons listed below. Among the general public, while support was also positive particularly after they received a better understanding of issue (for example, how the cost of renovating existing facilities compares with the cost of building a brand new structure, as well as the limitations of existing facilities compared to new structures elsewhere in the province). The public input demonstrated a need for a more robust, informative dialogue with the general public should the government move forward with plans for a new acute care site.

The co-chairs were impressed that every interested group expressed a strong desire to pro-actively participate in any opportunity for future discussions on a health system redesign for Windsor-Essex.

Many Benefits in Moving Forward

The perspectives of community organizations, including many of those involved in the day-to-day delivery of care to our patients, as well as other community service providers and institutional leaders, were valuable in helping the task force chairs to recognize the many benefits of a new facility, including:

Cost

In order to meet the needs of both WRH and HDGH for future health care service delivery, hundreds of millions of dollars would be required to redevelop existing hospital infrastructure. The costs of new hospitals constructed elsewhere in the province (roughly $1.2 billion) is well exceeded by the $2 billion estimated cost in total to rebuild Windsor Regional Hospital's Metropolitan campus and reconstruct seven inpatient floors at Hôtel-Dieu Grace Hospital (reflected in a future phase of HDGH's master plan).

Given that such infrastructure projects require that a community raise 10 per cent of the capital costs for construction, the local contribution required by the community would be much lower than the cost to raise 10 per cent of funds for the alternative renovations and reconstructions at Windsor's two existing acute care sites.

It is further anticipated that over the longer term, a new single site acute care hospital would see improved efficiencies involving administration and back-office functions at a single site.

Patient safety, privacy and dignity

All hospitals are required to ensure they have significant cleaning practices to reduce the likelihood of hospital-acquired infections. Infection control management can be more complicated in older facilities which feature much more shared accommodation of patients than is seen in newly constructed hospitals. New hospitals in Ontario are built to a standard which requires 80 per cent of rooms to be occupied by a single patient. Only 29 per cent of patients room at WRH's Met campus and only 16 per cent of rooms at HDGH are private.

In addition to a low number of private accommodations, neither WRH or HDGH, in general, have facilities which meet the modern specifications of newly constructed hospitals in Ontario, including but not limited to the size of corridors and hallways and the flow of patient traffic through a facility (i.e. a patient entering the Emergency Room, later going to an Operating Room or Intensive Care Unit or other inpatient bed).

Meeting students' needs

Students from St. Clair College, the University of Windsor and the Western University's Schulich School of Medicine and Dentistry significantly benefit from frontline "hands-on" training at Windsor's current community hospitals. Local training in our community based facilities is a tremendous source of pride for our aspiring health care professionals and a point of distinction for the Windsor-Essex region. Inter-professional training opportunities could be further improved at state-of-the-art facilities that allow further research and enhance capacity for clinical trials, and thus provide future health care practitioners a uniquely Windsor-Essex model for research and educational opportunities. Additionally, the development of a state-of-the-art facility with an academic health science centre modeled on a community based system would assist with the recruitment of physicians of various specialties from across the continent.

Air ambulance access

As the trauma centre, HDGH should be the recipient of delivery of patients transported by air ambulance. However, it was determined several years ago that helicopters could not safely land at this trauma centre. The buildings at HDGH were not constructed to withstand the weight of a helicopter landing, nor would they be safe in the event of a fire or wind impact on a landed helicopter. A new location could be built away from flight path concerns and constructed to safely accommodate the needs of air ambulance pilots and medical staff.

Additional considerations

Notwithstanding the many benefits associated with a new single site acute care facility, it is important to note that numerous considerations were observed and repeated by a variety of stakeholders. The government should address these issues if a decision is made to move to a subsequent phase of planning for a new single site acute care hospital.

Community engagement

It was clear that there was interest among participants of this study in wanting to be actively involved in community planning – not just concerning the construction project for a new building, but in providing leadership in designing a system to incorporate a community-based model into the full continuum of services that could be provided at a new site and for the transfer of acute services from current sites.

The discussion should incorporate the impact of a government supported trend towards more community-based care and new medical breakthroughs, which will change the demands and requirements of acute health care service delivery in the region. Additionally, continued movement to extend the allowable practices of a number of health care professionals should help provide additional relief to system pressures. This revamped model for health care, when fully implemented, should help the system better cope with the stresses of overcapacity and emergency room demand.

Plans for current facilities

Consultation with neighbourhoods surrounding the existing facilities will need to take place to ensure proper planning for the current sites. During the stakeholder and public consultation process, the co-chairs heard of the need to maintain a health care presence in the downtown core. For the HDGH site, plans ought to involve continued use of the existing facility for health care services. Government, with local community, input may consider making continued use of the relatively new cancer centre at WRH's Metropolitan campus for outpatient service needs.

The former Western site serves as an example of a former acute care facility that has been successfully redeveloped into a site to treat chronic conditions and rehabilitation. Built on time and on budget, the renamed Tayfour Campus of WRH serves as a redevelopment model for future consideration.

Location

A common question involved where the facility would be located. The task force was not mandated to suggest locations; however, the co-chairs recognize that municipal officials and Emergency Medical Services (EMS) will need to review transportation services to any new site to ensure proper paramedic transport routes are in place. As

HDGH is the regional trauma centre, access by air ambulance will also be an important consideration. Community partners must consider the geographic locations of ambulance call volumes and consider resources to ensure service to all areas of the region, with additional support from 24-7 urgent care centres as possible solutions.

Human resource planning

Staff representatives at both hospitals spoke in favour of the concept of a new facility, including improved working conditions based on new, modern space configurations and design. The co-chairs were reminded that there would need to be a plan to deal with any amalgamation of employees, given variances in contracts and seniority rights. Immediately following any decision to move forward on a new hospital, the co-chairs recommend that discussions should begin to allow ample time for complete human resource and transition planning..

A note on informing the public

What became clear to the co-chairs throughout this process was that regardless of whether an individual was more or less in favour of the prospect of a new hospital, there is a need for more information and education concerning the current state of the local hospital system. This should include discussion on ways in which the government is looking to reduce demand on our hospitals, whether that be through a move towards stronger community-based care (including care right in a patient's home) and alternatives to emergency rooms, such as clinics and the potential development of 24-7 urgent care centres.

What is meant by "acute care" and "non-acute care"?

Acute inpatient care provides necessary treatment for a disease or severe episode of illness for a short period of time, with the goal of discharging patients as soon as they are stable.

Non-acute care would include services often referred to as extended care, chronic care or complex continuing care, serving people who may not be ready for discharge from hospital, but who no longer need acute care services. This type of hospital care provides ongoing professional services to a diverse population with complex health needs.

Source: Canadian Institute for Health Information

Additionally, there has been discussion about moving from two acute care sites to one, and what impact that might have in terms of access to service. However, it should be noted that neither WRH nor HDGH are "general hospitals" in the classic sense of those words. Both have specialties – such as paediatrics and neo-natal services at WRH, and neurosurgery and trauma at HDGH – and most of the programs do not overlap. There is some duplication of services in the general surgery programs and areas such as diagnostic imaging; however, it is more accurate to view the two hospitals as separate entities which provide complimentary services.

Health Services Restructuring (1998)

- There is an often misunderstood belief that Windsor's two main hospital sites are "general" hospitals – in fact, their core programs are quite different.
- Services were realigned in the 1990's as a result of the Windsor-Essex Win-Win Report and the 1998 Report of the Health Services Restructuring Commission. The goal was to have two balanced hospitals in Windsor that would each have designated "lead programs" that would avoid duplication where critical mass and scarce resources was an issue. Programs and services were allocated between the sites to achieve a balance in patient days, based on weighted case volumes. All tertiary services were first allocated to lead hospitals with the balance of services allocated between the sites to achieve the proportional split recommended in the HSRC report. The lead programs were identified as follows:

WINDSOR REGIONAL METROPOLITAN SITE	**HÔTEL-DIEU GRACE OUELLETTE SITE**
Consolidated On Site	**Consolidated On Site**
Women's Health	Neurosurgery
OBS/NICU	Trauma
Paediatrics (excluding trauma/neurosurgery)	Acute Psychiatry
Burn Unit (no longer exists)	Ophthalmology
Regional Cancer Centre (host hospital)	Renal Dialysis
	Cardiac Catheterization
Distributed	**Distributed**
Oncology	Cardiology
	Neurology
	Orthopaedics

It is also important to re-emphasize that the Windsor Hospital Study was not examining the specific future of Leamington District Memorial Hospital (which serves its own niche catchment area) or WRH's Tayfour campus, which provides non-acute care services.

There was also discussion about whether a new hospital could accommodate all of the ER volumes currently seen annually at WRH and HDGH. Although annual ER visits at both hospitals total well over 100,000 visits, there are mitigation strategies to reduce this volume, including 24-7 urgent care centres and further education on the use of clinics for non-emergencies, rather than ERs as a primary point of care. Additionally, there were suggestions from some stakeholders that a new hospital could hypothetically have two separate ERs – one for pediatric patients, the other for adult emergencies – as well as an urgent care clinic for less complex issues. A broad communication plan to explain ER reduction strategies is recommended and would be welcomed.

The co-chairs wish to thank the following individuals for their participation in this study:

Bill Allison	– Board of Directors Hôtel-Dieu Grace Hospital
Jane Boyd	– University of Windsor
Tulio DiPonti	– Windsor and District Labour Council
Steve Erwin	– Hôtel-Dieu Grace Hospital
John Fairley	– St. Clair College
Wilf Innerd	– Board of Directors Windsor Regional Hospital
Betty Kuchta	– Erie St. Clair Community Care Access Centre
Erin Link	– Task Force Co-ordinator
Matt Marchand	– Windsor Essex Regional Chamber of Commerce
Penny Marrett	– United Way of Windsor-Essex County
Rob Schmidt	– County of Essex Representative
John Strasser	– St. Clair College of Applied Arts & Technology
Alan Wildeman	– University of Windsor

Conclusion – The Windsor Essex Region Vision

In summary, the task force was most impressed by the strong level of endorsement and enthusiasm in the Windsor Essex region for the development of a new single site acute care hospital. We are grateful to the many dedicated health care professionals, interested persons and organizations who have provided us with important input and opinion and have offered to become involved in any planning for a new hospital. It became absolutely clear to us that all of these caring individuals share a common vision for the region to become a world class leader in research, education and the delivery of health care services. The development of a new acute care hospital is viewed as an opportunity to reconsider and effectively reorganize the delivery of the entire continuum of health care services in our region as well as to create economic growth through strategic alliances with the University of Windsor, St. Clair College and local industry. We recommend the inclusion of all these local persons and organizations in the planning of a new hospital and we strongly recommend that the Provincial Government, with this community involvement, proceed immediately in approving the planning and construction of a new single site acute care hospital for the Windsor Essex region.

_____	_____	_____
Teresa Piruzza, MPP	Dave Cooke	Tom Porter

Appendix A - List of Stakeholders

Throughout the summer and into the fall the co-chairs of the advisory committee have met with representatives from the following groups

- Windsor Regional Hospital (WRH) Board of Directors
- Hôtel-Dieu Grace Hospital (HDGH) Board of Directors
- WRH Administration and Senior Leadership
- HDGH Administration and Senior Leadership
- Essex County Medical Society
- Labour representatives from HDGH
- Labour representatives from WRH
- Long Term Care Homes/Rest Homes
- Community Support Services through the CCAC
- St. Clair College
- HDGH Medical Advisory Committee
- WRH Medical Advisory Committee
- County Council
- City Council
- RNAO
- United Way Community Agencies
- University of Windsor
- Western University, Schulich School of Medicine and Dentistry
- Leamington District Memorial Hospital
- Erie St. Clair LHIN
- Windsor Essex County EMS
- Windsor Essex County Public Health Unit

Appendix B

A brief history of Windsor-Essex hospital care

The idea of consolidating hospital services is not new to the Windsor area. In 1994, both Hotel-Dieu Grace and Windsor Regional experienced this process as did many other hospital institutions across Ontario, under the direction of the Health Services Restructuring Commission (HSRC).

Common to All

During the first half of the twentieth century (and for Hotel Dieu Hospital, the latter half of the nineteenth century) the border municipalities and surrounding communities (now known as Windsor) saw a number of dedicated individuals, groups and organizations step forward to establish four hospitals to serve its citizens.

From the Salvation Army, to the Religious Hospitallers of St. Joseph, to the National Council of Women of the Town of Walkerville, to the Independent Order of the Daughters of the Empire (I.O.D.E.), heroic efforts overcame very difficult conditions to establish hospital care in our communities. Each was born out of a great community need and staffed by a proud and dedicated group of physicians and nurses committed to meeting that need. This brief history is designed to provide a backdrop for our current community consultation process on the Windsor hospitals.

Hôtel-Dieu Hospital

Founded by Dean Wagner, a church pastor, and the Religious Hospitallers of St. Joseph in 1890, along with an orphanage and school for black children, it soon became the largest and most comprehensive acute care hospital in the region. The first nurses were nuns from the religious order but because of increased demand a School of Nursing was opened in 1907.

Grace Hospital

Based upon the Salvation Army founders, Catherine and William Booth's dedication to the unchurched, poverty stricken and sick masses in London, England, the Salvation Army responded in 1918 to pleas from the expanding Windsor community for more hospital beds. Initially an exclusively maternity hospital, especially for very needy young women, Grace Hospital was soon to expand into a general hospital because of the increased need from a fast growing automotive industry. A 1960 fire destroyed a larger part of the hospital but subsequent redevelopment led to specialties in renal dialysis and a Regional High Risk Perinatal Unit that gained wide community support.

Metropolitan General Hospital

Like Grace Hospital, Metropolitan General Hospital was established because of growing need for additional beds. However, it also developed specific specialties that described its character. In addition to an active and dedicated auxiliary and school of nursing, as was the case with the other Windsor hospitals, its Burn Unit and the Cancer Clinic, that occupied one of its wings, were adopted by the Windsor-Essex community as their own.

I.O.D.E (Independent Order of the Daughters of the Empire) Hospital

This institution, initially funded by the I.O.D.E.in 1913, was dedicated to the treatment of persons afflicted with tuberculosis. Burned to the ground in in 1920 it was rebuilt on Prince Road with the continued persistence and hard work of the I.O.D.E. In the second half of the century it quickly developed into a multi-faceted team oriented health care institution (Windsor Western Hospital Centre) including a general acute care hospital, a rehabilitation unit, child and adult mental health services, detox units, a chronic care hospital, a long term care facility and a plethora of outpatient clinics.

Hospital restructuring in the late 1990s and early 2000s

The establishment of the Windsor hospitals is a testament to the dedication of their founders and supporters. This close historical relationship continues to this day in the culture of each of the hospitals in spite of the dramatic changes that have occurred over the years.

The challenges to change were very evident in the late 1990s and early 2000s, when the provincial government embarked on a massive hospital restructuring program. While the result of this restructuring was an alliance between Grace and Hotel Dieu into Hotel Dieu Grace Hospital, and the merger of Windsor Western and Metropolitan into Windsor Regional Hospital, considerable effort was required to complete these changes in a manner acceptable to all concerned.

Renovations and additions were made at the Hotel Dieu and Metropolitan sites, following rationalization (through program transfers) of acute care in Windsor at either Hôtel-Dieu Grace or Windsor Regional, Metropolitan. The Grace site was completely closed and non-acute services were consolidated at the Windsor Western site.

While these steps were successfully implemented, strong attachments to each original organization, stemming from their individual cultures and values, required considerable effort and accommodation to find solutions that, at least, would be acceptable to each.

BACKGROUND (FROM INTERIM REPORT)

Master Planning: WRH and HDGH

Discussions with both WRH and HDGH have highlighted some of the challenges of focusing on existing locations and infrastructure to meet future health care needs.

WRH, for example, noted that its master plan, developed several years ago, outlines the challenges of trying to rebuild or refurbish the facility on its existing site (see attached report, *"WRH: Report of the President & CEO to the Board of Directors, May 2012."*

While not yet approved by the Ministry of Health and Long-Term Care, the preferred option cited by WRH is for construction of a new facility on a greenfield site to replace the Metropolitan campus, based on shorter construction time, lower cost and potentially minimal disruption to patients and visitors, as well as neighbours of the current Met site in the case of a massive renovation project.

A master plan at HDGH, beyond an approved capital project to create a cardiac care centre that would allow 24-7 emergency angioplasty and other necessary advancements, calls for a significant rebuild of its seven inpatient room floors. Given the likely required investment – upwards of $700 million – for this project, which has not been Ministry approved, combined with the WRH capital reinvestment requirements, the question first articulated by Minister Duncan in April becomes more apparent: does it make sense to continue to reinvest in existing infrastructure, or, construct a new state-of-the-art acute care facility?

By the Numbers: Current Standards vs. WRH Met Campus

A look at how WRH's Met campus compares to space requirements under current government guidelines, based on the services Met currently provides:

Current Standards	WRH Numbers
Property Size:	
50-60 acres	14.4 acres
Square footage:	
685,075 sq. ft.	455,485 sq. ft.
ER square footage:	
23,600 sq. ft.	15,155 sq. ft.
Rooms:	
80% private	29% private
Medical/Surgical Units (sq. ft.)	
122,500 sq. ft.	47,245 sq. ft.
Critical Care Unit square footage	
23,750 sq. ft.	14,545 sq. ft.
Surgical Suites	
40,000 sq. ft.	22,445 sq. ft.

By the Numbers: Current Standards vs. HDGH

A look at how HDGH compares to space requirements under current government guidelines, based on the services HDGH currently provides:

Current Standards	HDGH Numbers
Property Size:	
50-60 acres	9.8 acres
Square footage:	
827,786 sq. ft.	512,823 sq. ft.
ER square footage:	
26,800 sq. ft.	15,539 sq. ft.
Rooms:	
80% private	16% private
Medical/Surgical Units (sq. ft.)	
155,125 sq. ft.	61,525 sq. ft.
Critical Care Unit square footage	
23,750 sq. ft.	14,482 sq. ft.
Surgical Suites	
48,480 sq. ft.	34,502 sq. ft.

BACKGROUND – FROM INITIAL DISCUSSION PAPER

A task force to lead the discussion

Minister Duncan established a task force, chaired by the following individuals, to lead the initial public consultation on this important community conversation:

- **Teresa Piruzza** was elected as Member of Provincial Parliament for Windsor West in October 2011, and was subsequently appointed as Parliamentary Assistant to the Minister of Citizenship and Immigration, and Parliamentary Assistant to the Minister Responsible for Women's Issues. Teresa previously worked as the Executive Director of Employment and Social Services for the City of Windsor. She is a founding member of Workforce Windsor-Essex and has an MBA from the University of Windsor, a BA in International Relations and a Masters Certificate in Municipal Management.

- **Dave Cooke** was appointed in April, 2011 as Board Chair for the Erie St. Clair Local Health Integration Network. After graduating from the University of Windsor with a Bachelor of Social Work in 1975, Cooke practiced social work at the Essex County Children's Aid Society until his election as MPP for Windsor-Riverside in 1977. In the early 1990s, Cooke served as Minister of Housing and Municipal Affairs and later Minister of Education and Training. After leaving the legislature in 1997, Cooke co-chaired the Education Improvement Commission and the Taskforce on Effective Schools. He is a former board chair for both the University of Windsor and Seneca College, and presently sits on several boards including the Ontario Education Quality and Accountability Office and the Windsor-Essex Development Commission.

- **Tom Porter** is a partner of the Mousseau, DeLuca, McPherson, Prince Law Firm. Tom is a University of Windsor graduate (B.A.;LL.B.) and was also elected to serve four terms as a Windsor City Councillor (!982-1994). He has been involved with many local organizations as a volunteer Board member including the University of Windsor Alumni Association, the Community Care Access Committee, Essex County Lung Association, Essex Region Conservation Authority, Windsor Essex County Development Commission and the Windsor Tunnel Commission. Tom is also a health and fitness advocate; he and his spouse, Marcy, own the Jackson Park Health Centre and Windsor Squash & Fitness Club.

Current status of hospital service in Windsor-Essex

Hôtel-Dieu Grace Hospital and Windsor Regional Hospital are the two acute care hospitals in Windsor which provide a broad range of regional/tertiary programs, secondary/primary care and long term care services. Almost all hospital-based services are provided locally, with the exception of transplant surgery and specialized oncology services/surgery for children.

Hôtel-Dieu Grace Hospital and Windsor Regional Hospital have been in the process of restructuring since 1994, which has resulted in major organizational changes. The hospitals have completed organizational mergers of four large community hospitals, significant consolidations and relocations of services, construction/renovations of facilities and replacement and standardization of equipment over the past eighteen years. In many instances the Windsor hospitals were forced to deal with the challenges of restructuring in advance of the rest of the province and prior to the establishment of MOHLTC policies designed to support restructuring.

Hôtel-Dieu Grace Hospital

Hôtel-Dieu Grace Hospital (HDGH) is the result of an alliance, effective April 1, 1994, of The Salvation Army Grace Hospital, Hôtel Dieu of St. Joseph Hospital and Villa Maria. It was believed to be the first such agreement of this scope ever signed in Canada. The hospital today operates under one corporate structure, one Board, one Chief Executive Officer and one Medical Advisory Committee. The hospital has one site on Ouellette Avenue in downtown Windsor, following the closure of the Grace site.

HDGH provides the following range of services:	
• 24 hour Emergency Services • Ambulatory Care/Day Procedures (Outpatient Services) • Base Hospital E.M.S. Program • Cardiology (Regional Cardiac Interventional Services and related Outpatient Services) • Critical Care • Comprehensive Diagnostic Imaging (including MRI, CAT and Angiography) • General Medicine • General Surgery • Laboratory Medicine • Acute Adult Regional Mental Health (Acute Inpatient and Outpatient Services)	• Nephrology (Renal Dialysis including Satellite Self-Care) • Neurosciences (Neurosurgery and Neurology) • Nuclear Medicine • Ophthalmology • Orthopedics • Pastoral Services • General Short Term Rehabilitation Services (Inpatient and Outpatient) • Regional Trauma • Vascular and Thoracic Surgery • Volunteer Services

Windsor Regional Hospital

Windsor Regional Hospital (WRH) is independently governed and legislated under the Public Hospitals Act. WRH was formed on December 1, 1994 through the amalgamation of the Metropolitan General Hospital and Windsor Western Hospital Centre Inc.

The hospital-based programs and services are provided from two principal campuses, specifically the Metropolitan (Met) Campus situated in the east end of Windsor and the Western Campus – now Tayfour Campus situated in the west end of Windsor. In addition, the detoxification centre for men and women is situated off-campus as is the residential treatment facility. The Windsor Regional Cancer Centre is located at the Metropolitan Campus.

WRH provides a range of services including:	
• 24 – hour Emergency (Met Campus) • Cardiac Rehabilitation / Regional Co-ordination centre (Met Campus) • Cardiology (Met Campus) • Complex Continuing Care (Tayfour Campus) • Comprehensive Diagnostic and Therapeutic support services including Clinical Laboratory, CT, Nuclear Medicine, Cardiac Diagnostics, Physiotherapy, Occupational Therapy, Speech Therapy, Audiology, Pastoral Care, Volunteer Services etc. (Met and Tayfour Campuses) • Critical Care (Met Campus) • Day Hospital (Tayfour Campus) • General Medicine (Met Campus) • General Surgery (Met and Tayfour Campuses) • Medical Day Care, Day Surgery and Ambulatory Care clinics (Met and Tayfour Campuses) • NICU (at Met Site)	• Obstetrical care (Met Campus) • Oncology (Met Campus) • Palliative Care (Met and Tayfour Campuses) • Paediatrics • Regional Burn / Plastics, including micro-vascular surgery (Met Campus) • Regional HIV care/treatment (Met Campus) • Regional Tertiary Mental Health (Tayfour Campus) • Regional Rehabilitation (Tayfour Campus) • Related "Other Vote" programs for: AIDS anonymous testing, addiction services, geriatric assessment, children's remedial speech & pre-school services and acquired brain injury program (Met, Tayfour Campuses and Off-Site locations) • Respiratory Rehabilitation (Tayfour Campus)