

Windsor Hospitals Study:

An Interim Report

A public conversation

on the future of hospital services

in Windsor-Essex

October 2012

Gathering Opinion: Stakeholder Input for a New Roadmap for Windsor-Essex Hospital Care

The Windsor Hospitals Study continues to gather opinion from the Windsor-Essex community on consideration regarding the prospect of a new, single site acute care hospital which will serve the region's residents into the future.

As discussed in the initial consultation paper issued in July, the committee's initial round of public engagement has involved conversations with local health care experts, including board members, senior administrators, physicians and labour representatives from both Windsor Regional Hospital and Hotel-Dieu Grace Hospital. Further discussions are planned through September and into early October, when updated presentations to the public in an open format will be held. Details of these broader public opportunities will be finalized soon.

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.*

Late October-Early November: *Release of final report to Minister Duncan.*

The task force set up to lead these discussions was mandated to ask the following questions:

- 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 **good value for money**?
- If there is community support for a new hospital, what **other considerations** must be addressed during subsequent planning phases?

Feedback from these questions is providing a basis for feedback from the community at large.

Understanding the perspectives of community stakeholders to date has been extremely beneficial. In particular, discussions held with those who are involved in the day-to-day delivery of care to our patients, as well as other community service providers and institutional leaders, has been valuable in helping the task force chairs recognize not only the benefits, but also the considerations that must be given if

the government is to proceed to the next step in the process to plan, approve and construct a new acute care facility.

This study is engaging the community in a dialogue about the potential project in advance of any government decisions being made - an approach that has never been attempted in this province. In many jurisdictions, a decision is made to proceed and public discussion has followed suit. Nonetheless, there is a need to ensure the concept of a new hospital is properly weighed in terms of benefits and other considerations.

From a stakeholder perspective, however, all groups consulted thus far have expressed their support in moving forward provided that various considerations are properly discussed in the next round of planning/discussions, and provided that they are given the opportunity to remain engaged.

Early Findings:

Understanding the question

Among some of the initial themes and trends that have emerged through discussions in the July-September period:

Asking the public a simple “yes” or “no” question about whether they support a new acute care hospital is difficult without further context.

“All groups consulted thus far have expressed their support in moving forward provided that various considerations are properly discussed in the next round of planning/discussions, and provided that they are given the opportunity to remain engaged.”

Inquiries and responses received to date by the Windsor Hospitals Study group through email, as well as comments from media articles which appeared following the initial July 12, 2012 news conference when the initial report was released, demonstrate to the task force the great challenge in ensuring the public has adequate information to make an informed choice.

Part of this confusion can be attributed to the understandable ease and temptation for media and the general public to refer to the potential new hospital as a “mega hospital.” The name itself conjures an image of a facility which would house all programs and services currently in place at Windsor Regional Hospital and Hotel-Dieu Grace Hospital. In fact, the current hospital structure in Windsor includes the Tayfour Campus (formerly known as the “Western site”) which houses various in-patient rehabilitation, complex continuing care and specialized mental health services. Similarly, there are a variety of “non-emergency” services which in many Ontario communities can and are housed outside of a larger hospital facility, such as diagnostic imaging (CT scans, MRIs, etc.), urgent care (treatments for non-life threatening injuries in a clinic-type setting), rehabilitation programs and in some communities, even day surgeries. While the task force has not been mandated to

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

examine which services should or should not be included inside a new facility, the assumption of an “all or nothing” setting for services currently found at Windsor’s two hospitals is common misunderstanding. Similarly, “acute care” versus “non-acute care” definitions are difficult concepts for those who are not immersed in hospital services in their day-to-day activities (see the adjacent box for the CIHI definition).

The task force chairs do not want to prejudge the process or influence a community member’s decision; despite that concern, there is a

responsibility for the task force to better outline what the perceived benefits could be of a new acute care facility, based on the input from stakeholders who have engaged in dialogue on the study to date.

Among the potential benefits to be discussed in further detail in the weeks to come:

- Fiscal:** 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. In general, stakeholders have so far agreed that construction of a new facility, if properly managed, could provide better value for money. However, there are questions related to financial considerations which would need to be addressed at a later stage, including land cost acquisitions, the cost of transferring equipment, human resource management, and of course the required operational funding for programs and services in a new facility.
- Modern standards:** Neither WRH or HDGH, in general, have facilities which meet the modern specifications that are required in newly constructed hospitals in Ontario. This includes size of corridors and hallways; the mix of private to shared inpatient rooms (a key infection control concern); 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).

Historical Perspective

Windsor Regional Hospital’s Met campus has been renovated seven times over nine decades since its first facility opened in 1927.

The Hotel-Dieu Grace Hospital site first saw patients in 1888. The oldest part of the hospital still in use was constructed in 1938. Over the subsequent eight decades, it has been renovated nine times.

- **Education:** St. Clair College, the University of Windsor and Schulich School of Medicine and Dentistry have health care professionals who train locally at WRH and HDGH. Neither hospital has adequate, centralized facilities to assist our future doctors, nurses and other allied professionals.

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.

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:

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

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.

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?

Additional Identified Considerations

Among stakeholders and the community at large, there are additional considerations which have been identified as trends that must be addressed if the government is to proceed with planning the construction of a new hospital:

Plans for Existing Facilities

A common question that arises in conversations regarding the prospect of a new hospital surrounds what would happen with existing hospital infrastructure. A number of individuals have expressed concern about being able to continue meeting the needs of the downtown community if Hotel-Dieu Grace Hospital were to shut its doors. There is a significant need to address how this population would be served should this process move forward to a second phase.

The task force hasn't been mandated to decide which services at existing hospitals would be transferred to a new facility, or when. However, some feedback has suggested that

given the significant land requirement for a new facility, consideration will need to be given to accessibility and future growth potential.

Under this scenario, various stakeholders have indicated that a plan must be developed which would meet the chronic and urgent care needs of central Windsor. Some stakeholders have suggested that some or all of existing hospital infrastructure could meet this need. Others have suggested that current locations could be redeveloped for a variety of potential uses – various stakeholders have identified

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:

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

long-term care, urgent care, training facilities for students, ambulatory clinics, and diagnostic scans among the wide variety of possible uses for existing facilities.

Staff transitions

Staff, through labour representatives at both WRH and HDGH, have noted concerns about how staff would transition to a new hospital facility. Human resource models and contracts vary between facilities and some staff who worked at the previous Grace and Western hospitals, under previous administrations before hospital amalgamations, expressed concern about the transfer process at the time. The labour representatives expressed a desire to stay informed about any future planning that would involve staff transfers but believed a proper process could be in place given the number of years it would take to plan, construct and open a new facility.

Accessibility

Stakeholders underlined a need for proper transportation planning, including but not limited to adequate bus service routes and parking.

More broadly, medical professionals cited the need for air ambulance access. Currently, while HDGH is the regional trauma centre, air ambulances cannot land on the building given the lack of sufficient structural integrity of existing buildings to support a helicopter, as well as additional concerns including flying patterns in downtown Windsor.

Overall, stakeholders noted that the location of a new hospital needs to be accessible to all residents of Windsor and Essex County.

Concern over volume and capacity of one acute care site

Some stakeholders have raised the issue of whether one single acute care site will be able to meet the emergency volumes of Windsor-Essex. Currently, combined annual ER volumes from WRH and HDGH total well above 100,000 ER visits per year and are expected to rise in future years; few hospitals in Ontario currently accommodate that volume. Some stakeholders suggested this volume requires considerations of additional support, whereby while a new acute care site could host the vast majority of emergency cases, additional volume may need to be accommodated elsewhere, perhaps through an urgent care centre. This could also help resolve concern about central Windsor care requirements. While there has been extensive discussion on this issue, it is one that should be considered if the project moves into the next phase of consideration.

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.

What follows is a look at existing facilities and their unique rich histories; a criteria for evaluating options; and an outline of how the community will be engaged to participate in this important process.

An Initial Conversation

It is important to dispel some myths and misconceptions about this process from its inception. Past discussions on hospital restructuring faced much controversy and debate.

Health care is an emotional topic and we anticipate this new round of discussions will receive significant scrutiny; however, in an effort to ensure the public has a strong initial understanding of our early parameters, please review the following questions and answers:

"Is this process pre-determined? Has the provincial government already made its decision to build a new site?"

No. As Minister Duncan stated when he announced plans for the task force, it is important for the community to provide input on how and where their acute care services will be provided in the future. As stated on the previous page, community input will be sought to address questions on whether a new site would mean better quality care, better value for money and ensure proper health care service access.

"How long would it take to build a new acute care hospital?"

Even if this process were to result in consensus that favours a new single site acute care facility, it would take several years of planning before construction would even begin, preceded by discussions and confirmations regarding a potential site. The task force will not be focused on a search for a geographic location of a new facility; those discussions would take place in any second phase of this process, should the community express a desire to move forward with a proposal for a new site. Even after approvals of a new hospital on a specific site were sanctioned by government, it would take an additional several years to construct, based on the experiences of other Ontario jurisdictions.

"Does this mean recently approved capital projects for Hotel-Dieu Grace Hospital and Windsor Regional Hospital will be postponed or cancelled?"

Approved capital projects for both organizations remain on the government's capital plan. Identified improvements to health care service delivery in the near term cannot be held up by a process which contemplates acute care system changes many years further out. However, substantial further upgrades to both facilities – contained within their respective long-term plans but many years away from proceeding to a government approval stage – would make much less financial sense if a decision is made to move forward with a new single site acute care hospital.

"What about the millions of dollars recently invested into WRH's Tayfour Campus?"

The Tayfour Campus of WRH (also known as the former Western site) does not provide acute care services, but rather, in-patient rehabilitation, complex continuing care and specialized mental health services. In close proximity are the Windsor Regional Children's Centre (a mental health facility serving children, adolescents and their families) and Glengarda Child and Family Services (a treatment centre for children's mental health and family based programs). These are the kinds of services which can continue to be provided outside of an acute care hospital, much as Tayfour today serves as a non-emergency care partner to WRH's Metropolitan site. The prospect of a new hospital involves community interest in a new acute care hospital, not the kinds of non-acute services provided at Tayfour.

"HDGH is a faith-based institution. What role would its partners have in this process?"

Both Catholic Health International and the Salvation Army are aware and encouraged by the opportunity to discuss the future health care system needs of Windsor-Essex. The current discussion asks whether there is sufficient community interest in a new single site acute care hospital, not who would administer it, or its governance structure – those are decisions which could be examined in a future discussion.

It's important to note, however, that there are a variety of models in Ontario where jurisdictions have moved to a single administration, and others where there are multiple parties involved.

"What about Leamington District Memorial Hospital?"

LDMH provides local care to rural communities along Essex County's South Shore and is a longtime partner to both WRH and HDGH. There is no change to LDMH's mandate sought through this consultation process, although the input of Leamington area residents and LDMH staff and physicians is most welcome.

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:

<ul style="list-style-type: none"> • 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) 	<ul style="list-style-type: none"> • 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
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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:

- | | |
|---|---|
| <ul style="list-style-type: none"> • 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) | <ul style="list-style-type: none"> • 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) |
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Community considerations

In order to allow residents to make informed choices about the future of hospital services in Windsor-Essex, a number of factors need to be considered. Input will be sought on the issues identified below and reviewed in a second follow-up consultation paper for residents:

Academic role

How would a new site serve the interest of Windsor's evolving role as a centre for health sciences training, given the significantly increasing involvement of our post-secondary institutions (University of Windsor and St. Clair College) in academic training for health care professionals?

Employment

What would a new site mean for direct and indirect jobs associated with such a project? Going forward, how would a new site address the workplace needs of physicians, nurses and other clinical and non-clinical staff?

Business

What are the benefits to the community of a new site as an economic driver and community builder?

Cost

In addition to the capital cost of a new project, what additional investments would be necessary to improve upon current standards of, and access to, quality care?

Population/demographic expectations

What is the population of Windsor-Essex expected to be, and what will its demographic makeup mean for health care demand and the types of services sought?

Current facilities

What is the condition of the existing hospital infrastructure and what further upgrades are required before, or instead of, the establishment of a new single site?

Technology and modernization

Would a new site make it easier to incorporate new technologies to advance medical care well into the future?

Outside perspective

What are the experiences of other jurisdictions that have undergone systemic change in terms of acute care delivery?

A checklist for service consolidation

Program-level consolidation

At the 'program level', consolidation or integration of service at one site is considered the strategic alignment of program resources to increase the effectiveness and efficiency of each program in a partnership or merger, without compromising the integrity of the program objectives. In the case of the two hospitals, the successful merging of programs such as Obstetrics/NICU and Acute Mental Health Services has required that a number of key principles be observed throughout the process including:

- No harm to program integrity when moving to a consolidated service
- Clear identity and statement of mutual benefits and opportunities going forward
- Process is guided by efficiency orientated processes
- The end result is focused on health outcomes
- The end product is evaluated with attention paid to integration outputs and health outcomes
- All stakeholders are engaged in the change process
- Leaders are mobilized

The overall benefits associated with successful program consolidation may include:

- Enhanced access to the service
- Improved delivery of care
- Easier system navigation for patients and families
- Lower overall costs and expenditures
- Strategic alignment of resources for sustainability
- Improved communication and coordination among clients, providers and funders
- Enhanced program leadership
- Quality improvements from higher volumes of specialized procedures
- Continuous connected care through better service coordination
- Helps to ensure the appropriate capacity for service delivery – capacity can be 'right sized' (increased or decreased) according to market needs
- Increased efficiencies - spread fixed costs over a larger patient base (economies of scale)
- Implementation of compatible data systems and applied standardized information technology
- Evolvement of specialized care centres
- Less costs associated with patient transfers between facilities
- Greater opportunities for collaboration and consultation between sub-specialties and conducting teaching and research

These are some of the key criteria where input is sought from various stakeholders. The input of stakeholder, in turn, can form the basis for a second consultation paper that allows informed decision making by all residents of Windsor-Essex.

Appendix

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 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.

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