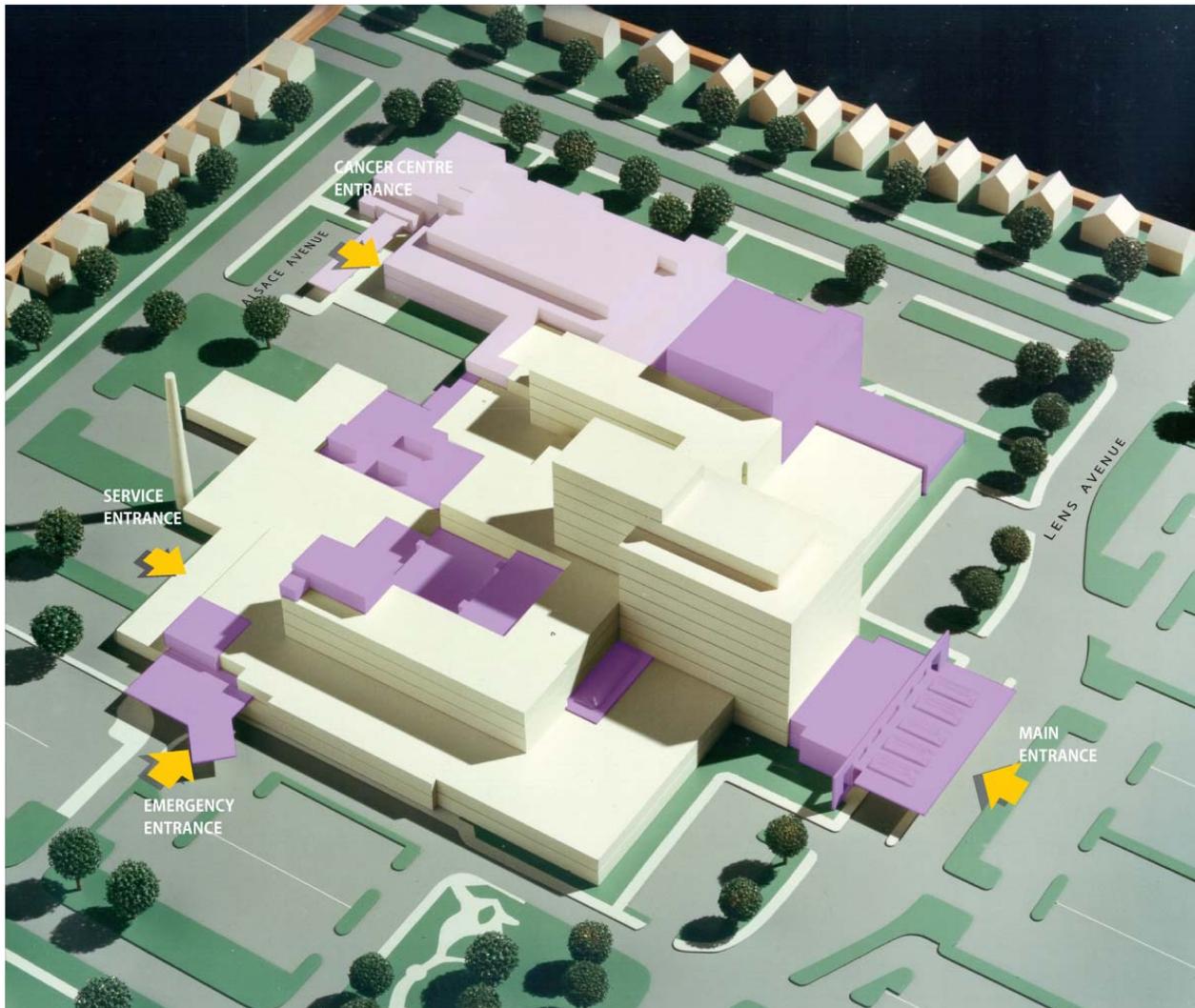


## *1.1 Executive Summary*

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### 1.1.1 Preamble

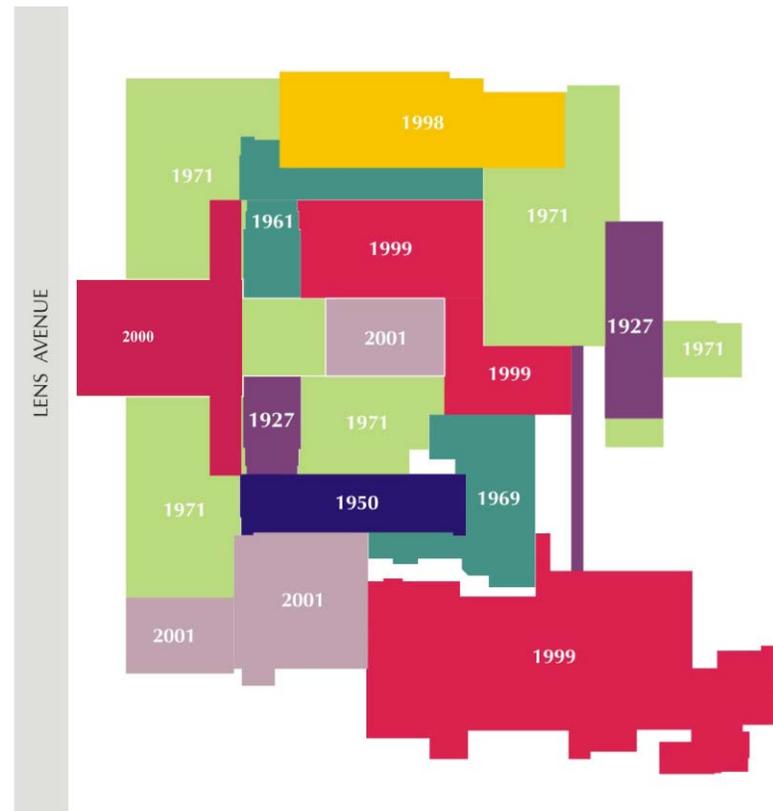
Windsor Regional Hospital (WRH) has developed this Business Case to identify the options for redevelopment for the Metropolitan campus. This process is necessary at this time as WRH has recently been identified as a teaching facility for the South Western Ontario Medical Education Network. As such, the Hospital will need to provide the facilities to accommodate medical students and residents throughout all of the clinical areas and some support areas. A Master Plan was required to identify the medical education space that could be accommodated in the short term within the context of the long term vision for the Metropolitan campus.



Redevelopment of the site will be necessary in spite of recent construction projects at the Metropolitan campus. These past projects were completed as a result of Health Services Restructuring Commission (HSRC) directions to address a limited number of clinical areas, but not in the context of the priorities for the entire site nor with future growth in mind. Had a Master Program and master planning exercise been completed prior to these projects, the redevelopment project that was completed previously may not have been the ultimate conclusion.

Since 1927, the current site has had multiple additions and renovations, leaving the current facilities in an “onion-like” state with layers of additions surrounding older facilities. The state of the current facilities means operational inefficiencies and inability to address deficiencies of the current facilities. However, if the immediate future requirements are

met on the current site, there will be limited ability for future regeneration or expansion. To meet current volumes, provide care in an operationally efficient manner and invest public money prudently, the Hospital has chosen the preferred option of redeveloping on a Greenfield site.



A new facility will provide the Hospital with opportunities to meet strategic priorities. The Hospital's Strategic Plan for 2008-2012 (Appendix A) has been recently completed, revitalizing the Hospital's mission, vision and values and setting the strategic directions and initiatives to continue down the path to the dynamic new vision ***"Outstanding Care – No Exceptions!"***

For example, a new facility would meet the following WRH strategic directions

- ***#1: Embed Patient Quality and Safety in our Culture*** by creating facilities that meet today's best practice standards.
- ***#3: Build and Sustain Financial Health*** by investing in facilities that will cost less to build and to operate.

- **#4: *Enhance the Status of an Employer of Choice*** by creating facilities that are safe for staff, that support efficient process and that employees feel proud of.
- **#5: *Distinguish Ourselves through Superior Performance, Innovation and Exceptional Customer Service*** by reconsidering service delivery models that will be improved by redesigning the space.
- **#6: *Strengthen our Relationships with External Partners*** by providing facilities that allow for integration of services, such as shared information services, with other health care providers.

In addition, the Master Program integrates and identifies how future services will achieve the health priorities of the Erie St. Clair Local Health Integration Network (LHIN), which are:

- chronic disease management
- reducing dependence on hospital based services
- supporting people at home
- back office/administrative integration
- system navigation
- health human resources
- health promotion and illness prevention
- timely access to appropriate care and services

Windsor Regional Hospital (WRH) has a critical and urgent need to redevelop its facilities

- The current facilities are exhausted, outdated and undersized and cannot accommodate current patient volumes or future hospital service needs to 2018/19. The services currently sustaining the most pressure include the emergency department, diagnostic imaging, inpatient units and surgical suite.
- The Hospital has recently become affiliated with the University of Western Ontario, School of Medicine. As a result, it will now be required to act as a community teaching facility for up to 150 medical students. The current facilities were not intended for the purposes of medical teaching, especially of such a wide scope. Clinical areas, such as the inpatient units, emergency department, imaging and surgical suite as well as many support areas including staff rooms, conference rooms, lockers and on-call rooms will not be able to support the needs of medical learners on site.

- It is essential that the Hospital have an approved coping strategy in order to continue to provide basic hospital services to the community, now and while the redevelopment is underway. Unless the significant limitations of the current facilities are addressed immediately, the Hospital will be unable to accommodate the current services in a safe and reasonable manner.

The resulting plan outlined in this Business Case document provides a thoughtful and comprehensive approach to addressing both the current and immediate physical facility issues as well as the long term space needs of WRH and creates an exciting and innovative approach to delivering hospital services.

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### Purpose of the Business Case

WRH has completed the Master Program and Master Plan as components of the Stage One Business Case for its redevelopment project, as required for the Ministry of Health and Long-Term Care's (MOHLTC) capital planning process. These documents establish the content for the overall renewal of the site and provide a revised and updated approach for the possible long-term redevelopment of the WRH and buildings as well as an option to develop on a Greenfield site in new buildings. These reports also address the physical facility constraints that pose serious challenges to providing safe and high quality health care for the community.

The Master Program identifies the projected space by program for WRH for the years 2013/14, 2018/19 and 2028/29. Each section of the Master Program identifies the approach to achieving:

- changes in key directions and health priorities of the MOHLTC and the LHIN
- workload increases associated with an aging population
- a means to cope with the growth pressures
- changes in space standards for hospitals stemming from new provincial guidelines for infection control, the Generic Output Specifications and the Ontario Building Code.

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## Planning Process

The overall planning process was guided by a Steering Committee (SC) comprised of senior management, board members and physician leaders of WRH as well as a LHIN representative. The SC provided direction and reviewed the draft planning documents. Clinical program and service leaders participated fully in the planning process for the Master Program.

In addition, WRH conferred with representatives of the MOHLTC to advise of the Hospital's proposed project and the planning process. As next steps in planning, the Hospital will be completing a full range of consultations with the community, business leaders, and other health care providers in the region.

Consultants participating in the process included:

- Agnew Peckham and Associates – Health Care Planning Consultants (Prime Consultant)
- Stantec Architecture Ltd. – Architectural Planning Consultants
- Vanderweston Rutherford Mantecon – Mechanical and Electrical Consultants
- Paul Bezaire & Associates – Planning, Landscape and Civil Consultants
- Marshall and Murray Inc. – Cost Consultants
- HCM Group, Inc. – Demographic, Activity and Operating Cost Consultants

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## Background

WRH-Metropolitan Site is located near the intersection of Tecumseth Road and Walker Road on Lens Avenue. It is one of two acute care hospitals in the city of Windsor Census Metropolitan Area (CMA) which encompasses Windsor, Tecumseh, Amherstburg, La Salle and Lakeshore, a community of about 335,000 people. The Hospital provides services for residents of Essex County which has a population of 407,186 residents (2009).

The Hospital provides a core group of primary, secondary and tertiary clinical services including a regional cancer centre. The Hospital has a unique position of being located in the most South West corner of Ontario in close proximity to the United States/Canada border. Future demand for services will most strongly be influenced by the aging of the population and to a lesser extent, the population growth.

Since the original structure was constructed in 1927, the city of Windsor has grown from a population of approximately 16,000 people to 224,000. Additions to the Hospital have occurred in each decade, except one, since 1950. As a result, the buildings have grown out like “an onion” with layers added to the outside with some of the original buildings in the centre. Several of the key clinical areas have no room for expansion due to floor plate restrictions. Of note, are the inpatient units in the North wing, the emergency department, diagnostic imaging and surgical suite.

### Previous Capital Planning Projects

WRH has undergone a number of patchwork remedies in the last 10 years to meet the demands of population growth and remedy aging facilities. HSRC directions in the 1990’s included the emergency department, ambulatory care, surgical suite, public areas and some minor renovations and finish work to inpatient units. While the changes to the emergency department and inpatient units were meant to ensure continued service delivery, due to space limitations, they have not addressed all outstanding short comings related to patient privacy, infection control, space for families, increasing volumes and necessary building system upgrades.

The age and design of the building are not conducive to today’s health care practices. For example

- Only 11 percent of the medical/surgical inpatient rooms are single bed rooms. Airborne precaution facilities are seriously lacking, making infection control management extremely challenging and increasing patient and staff risk. There are no specific purpose built isolation rooms, but the private rooms can be used to separate patients.
- Most clinical departments are extremely undersized. Virtually none of the departmental space is able to support contemporary practices and systems, severely limiting the Hospital in accommodating current technology and implementing best practices.
- The physical building itself is nearing the end of its useful life – exterior windows and walls will require replacement and refinishing. Walls, floors and ceilings are aged, and deteriorated. The mechanical and electrical systems are also aged, and most will require replacement.

- There is minimal accessibility, particularly in the inpatient units and diagnostic imaging areas. Washrooms cannot accommodate wheelchairs, bedrooms are undersized and public areas do not support persons with disabilities.
- Storage space is minimal, creating clutter and congestion in circulation areas.

### **Master Program**

WRH has developed its Master Program (Appendix B) to provide an assessment of the sustainability of the current facilities and identify the key requirements to accommodate future services and volumes. The document formed the basis of the Master Plan.

The master programming process has determined that most areas within the existing building will require redevelopment. To construct within the same site will be very lengthy and invasive to many of the key clinical areas and will not result in meeting today's space planning guidelines/standards for all departments. For example, it is not possible to separate outpatient and inpatient populations within the existing or possibly renovated space. Patient bedrooms would remain undersized, or if renovated, would create inpatient units not configured in an operationally efficient layout.

The Hospital currently has approximately 455,500 DGSF (departmental gross square feet). The Master Program identifies the need for approximately 685,000 DGSF for the year 2018/19 and approximately 800,000 DGSF for the year 2028/29. The largest areas of growth occur in clinical areas, including the inpatient units, emergency department and diagnostic imaging, and surgical suite as a result of addressing deficiencies in space based on best practices. Other increases are due to accommodating for increases in workload activity in the cancer program, emergency, medical day care and neonatal intensive care.

### ***Workload Growth and Current Clinical Pressures***

The projected workload, on which the Master Program and the Master Plan are based, is consistent with the scope of services developed by WRH. The population and activity workload are projected to three time frames, 2013/14, 2018/19 and 2028/29.

Table 1 outlines the current and projected inpatient beds by program.

Table 1: Summary of Current and Projected Beds

Functional Centre	Historical			Target Occupancy	Projected		
	2006/07	2007/08	2008/09 <sup>a</sup>		2013/14	2018/19	2028/29
Medical	132	135	130	95%	135	151	192
Surgical	53	51	48	90%	46	50	59
Critical Care <sup>b</sup>	21	21	21	80-85%	21	23	28
Maternal Newborn	49	49	49	75%	36	37	36
Paediatric	33	33	25	60%	17	17	17
Emergency equivalent beds	4	6	6	95%	6	6	7
<b>Total</b>	<b>292</b>	<b>295</b>	<b>279</b>		<b>261</b>	<b>284</b>	<b>339</b>
Level I/II Nursery	--	--	--		8	8	8
Level III Nursery	18	18	18		22	23	22

<sup>a</sup> 3/4 year, annualized.  
<sup>b</sup> Medical/surgical and coronary care.  
Source: WRH and HCM Group, Inc.

Table 2 outlines the current and projected key workload indicators by program.

The Hospital is challenged to accommodate the patients who present at the Hospital as the current facilities were not designed to handle the current activity levels. The areas experiencing the most pressure are emergency, diagnostic imaging and the inpatient units.

Table 2: Summary of Current and Projected Volumes

Program	Indicator	2006/07	2007/08	2008/09 <sup>a</sup>	2013/14	2018/19	2028/29	
<b>Ambulatory Care Services</b>								
1	Cancer Program	• Visits	69,179	67,772	65,767	76,945	89,203	119,880
2	Chronic Disease Management	• Visits	6,149	7,311	7,932	8,789	9,706	11,488
3	Endoscopy Unit	• Procedures	6,665	8,154	8,321	9,057	9,808	11,011
4	Medical Day Care/Sleep Lab	• Visits	727	665	820	3,004	3,099	3,291
5	Medical/Surgical Clinics & Procedures	• Visits	27,303	30,519	30,830	40,451	43,741	48,584

Table 2: Summary of Current and Projected Volumes (Cont'd)

Program	Indicator	2006/07	2007/08	2008/09 <sup>a</sup>	2013/14	2018/19	2028/29	
<b>Inpatient Units</b>								
6	Critical Care Unit	• Medical/Surgical patient days	4,088	4,704	4,359	4,821	5,348	6,459
		• Coronary Care patient days	1,398	1,480	1,303	1,448	1,607	2,022
7	Maternal Newborn Unit	• Labour, Delivery, Recovery, Postpartum (days)	12,967	12,746	12,211	12,254	12,506	12,242
		• Births	3,905	3,803	3,728	3,746	3,824	3,735
		• NICU patient days	5,387	5,933	6,417	6,440	6,572	6,433
		• Maternal - Outpatient visits			25,867	26,037	26,562	25,985
		• Newborn - Outpatient visits	NA	NA	1,997	2,167	2,220	2,254
8	Medical/Surgical Inpatient Services	• Medical patient days	46,879	46,565	43,387	48,075	53,024	65,613
		• Emergency Equivalent patient days	1,158	1,890	1,935	2,059	2,198	2,503
		• Surgical patient days	17,682	17,411	16,011	14,877	16,244	19,452
9	Paediatrics	• Level I/II nursery patient days	NA	NA	1,825	1,831	1,869	1,830
		• Paediatric patient days	5,708	4,639	3,899	3,741	3,690	3,740
<b>Clinical, Diagnostic and Therapeutic Services</b>								
10	Allied Health Services	• Attendance Days	62,932	59,034	53,460	57,650	62,511	73,631
11	Cardiac, Diagnostic and Respiratory Services	• Visits/procedures	262,492	269,877	273,216	300,975	329,906	403,067
12	Diagnostic Imaging	• Exams	133,385	126,406	139,149	159,040	178,220	213,119
13	Emergency	• Visits	57,779	62,323	63,611	65,775	68,321	72,921
14	Pharmacy	• Patient Workload	3,748,081	5,475,693	5,380,363	5,869,577	6,398,366	7,666,066
15	Pathology and Laboratory	• Patient Workload	2,046,839	1,913,956	2,806,863	3,101,482	3,403,236	4,014,247
16	Surgical Services	• Operating Rooms cases	19,580	19,766	19,510	20,564	21,738	24,044

<sup>a</sup> 3/4 year, annualized.

Source: Windsor Regional Hospital and HCM Group, Inc.

## Comparison of the Master Plan Options

The Business Case provides the rationale and justification for the preferred redevelopment solution for WRH. There is an immediacy of need in priority clinical programs and the condition of the existing infrastructure is tenuous. More pressing is the need to provide sufficient spaces for medical learners who will be coming on site within the next year. This Business Case brings together elements from the Master Program and the Master Plan and integrates them into a comprehensive, phased and sustainable redevelopment plan for the Hospital.

The Business Case identifies three options for redevelopment of the facilities and/or site. The options are:

- Option 1: Renovations and new construction additions to the current facility, including a Bridging Project to address immediate space needs (common to all three options)
- Option 2: Build a new facility on the existing site in the current main parking lot area
- Option 3: Greenfield site

WRH has evaluated the options for redevelopment and has selected Option 3 as the preferred option direction, a Greenfield site and facility. Analysis of the Master Plan options follows.

#### **Limited Options for Future Redevelopment of the Current Site**

As previously indicated, the current facilities have undergone numerous expansions and renovations. The current site, which is 14.4 acres, is limited in the ability to redevelop on the current site. Typically, a community hospital of this size would be located on a site of approximately 50 to 60 acres to allow for future expansion and redevelopment. The current site is 'landlocked' in a residential neighbourhood.

By continuing to invest in this site, the Hospital will be spending public money on a site that has no possibility or ability to accommodate future growth. In the interest of taxpayers' money, it is better to invest in a new facility now which would meet current planning standards as well as allow for future expansion in an operationally efficient manner.

The approach proposed in the Business Case addresses both a bridging project and a redevelopment project as outlined below.

The Hospital is committed to working collaboratively with internal and external stakeholders to advance this project. Similarly, this document reflects that commitment in its approach, methodology and projections.

#### ***Bridging Project***

There continue to be immense pressures on WRH because of aging facilities and ability to meet current demand for health services. These issues will continue until new facilities are built and operational. A bridging project is proposed to address the immediate priorities until the next, larger phase of redevelopment occurs.

The proposed addition to the current facility is common to all three options for redevelopment described below. A two-storey addition, adjacent to the main lobby at the North East corner of the building, will have approximately 12,000 GSF on each level. Diagnostic imaging will expand on Level 1 and the medical education facilities will occupy Level 2.

These changes will enable the Hospital to

- expand the emergency department and diagnostic imaging to meet current volumes in space that approach today's planning standards
- provide centralized space for medical students and residents, including space for administrative offices, conference rooms, lockers, student lounge and on-call rooms.

The bridging project will assist the Hospital to safely accommodate the ongoing and growing clinical pressures on its facilities in the short-term by creating additional clinical care capacity.

### Option 1: Additions and Renovations to the Existing Facility



#### *Concept*

In this option, a large addition is constructed on the south side of the existing facility. Existing support space, including the main mechanical and electrical plant, is demolished to make way for this addition. This option requires the construction of a new mechanical and electrical plant in the parking area at the South East corner of the site near the emergency entrance. The existing cancer centre is retained and expanded on Levels 1 and 2. The cancer centre entrance and access to the Hospital will be maintained at the existing locations.

### ***Access and Parking***

Access to the facility will be relatively unchanged, and retains the extension of Lens Ave. to the main entrance. The emergency entrance is retained in the current location. The service entrance remains on Alsace Ave., and construction access will be provided on this street. During the construction phase, there will be space on-site for approximately 300 cars (compared to 450 cars at present), with shuttle bus service continuing to nearby off-site parking. It is proposed that a 1,000 car parking garage be constructed in the main parking lot to bring the required parking onto the site (a total of 1,200 parking spaces). This option will create a serious parking reduction to less than 200 cars on site during garage construction.

### ***Schedule***

This complex construction program is expected to take approximately 6 years overall. New construction will take 3 years and various decanting and renovation projects could take an additional 3 years to complete. Needless to say, this process will be very stressful for patients and staff, and could impact on the quality of care during construction.

### ***Conclusion***

This option will not correct the structural, mechanical and electrical limitations of the existing structure, and will in fact “lock in” these limitations for the long term. Due the limited footprint for new construction, the new inpatient units cannot be paired to create functional efficiencies. Future potential on site expansion will be virtually non-existent. Furthermore, construction on the south side of the site will be very disruptive to residential neighbours, and will eventually overshadow their properties.

## Option 2: Replacement of Current Facility in the Existing Main Parking Area



### *Concept*

Option 2 proposes the replacement of the existing hospital with an entirely new facility, constructed in the main parking lot on the north side of the site. Once construction is completed, the existing hospital will be demolished. In this option the existing cancer centre is replaced by a facility integrated into the new building. The existing building can then be converted to new uses, such as research.

### *Access and Parking*

Access to the building will be retained off of Byng Road; the extension of Lens Avenue will be terminated in a traffic circle at the main entrance and new parking garage. The emergency entrance will be located near Byng Avenue, with connections to the main driveway and to Tecumseh Road. The service entrance is relocated to Kildare Rd. on the west side of the site, with a ramp providing access to a Basement level loading dock area. During construction, only about 100 cars will be able to be

parked on site, creating severe functional impacts for visitors and staff. Increased shuttle bus service has been factored into the construction budget. Once the existing hospital is demolished, an 825 car parking garage will be constructed, and 375 on-grade parking spaces can be returned to the site, for a total of 1,200 spaces.

### *Schedule*

The construction project will take approximately 4 years to complete. No decanting of programs is required and the construction should not impact greatly on the provision of health care.

### *Conclusion*

This option will create a new state-of-the-art facility. Side-by-side inpatient units can be created for operational efficiency, but, due to planning constraints, it is difficult to “pair” the units to create swing beds. Some expansion potential is available on site, although the geometry (L-shaped) is not ideal. Construction on the north side of the site will have limited impact on residential neighbours. The most severe constraint appears to be the lack of parking on site during construction.

### Option 3: Replacement of the Existing Facility on a New “Greenfield” Site



### ***Concept***

Option 3 proposes the replacement of the existing hospital with a new facility constructed on a new site. It is recommended that a site of 50 to 60 acres be provided, allowing adequate space for future expansion and regeneration of the facility, and providing space for on-grade parking without resorting to an expensive parking garage. (Note: a specific site has not been proposed at present.)

Once construction of Option 3 is completed, the existing hospital will be demolished. In this option the existing cancer centre is replaced by a facility integrated into the new building, and the existing cancer centre building can then be converted to new uses, such as community support services. In this Option, the existing hospital site can be redeveloped for mixed uses, such as commercial, residential and park land.

This scheme is somewhat similar to Option 2, in that two types of spaces are created: diagnostic and treatment space and inpatient bed space. In Option 2 the space types are stacked; in Option 3 they are located side-by-side.

### ***Parking and Access***

As no specific site has been selected, the site plan for this option is theoretical. The selected site should be near to major traffic arteries and should take helicopter access into consideration. In the theoretical site plan, four entrances are shown: main, emergency, staff and service. As with Option 2 it is proposed that the service entrance be located at the Basement level to create an entirely separate service floor, freeing up the ground floor for health care uses. Parking lots providing 1,200 or more spaces can be dispersed on the site so that they are convenient to each entrance.

### ***Schedule***

Option 3 has the shortest construction schedule – 3 years. No decanting of programs is required and the construction, being entirely off site, has no impact on the provision of health care.

### ***Conclusion***

Like Option 2, Option 3 creates a new, state-of-the-art facility, but with none of the limitations of the existing site. Paired inpatient units can be planned with ideal layouts to maximize staffing efficiencies and to

accommodate swing beds. Access to building entrances can be more logically planned, and expansion and regeneration can be accommodated on site. Moreover, construction has no impacts on existing operations or neighbours.

Figure 1 shows a detailed analysis of the options for redevelopment in schematic form.

Figure 1: Analysis of the Redevelopment Options

Ranking of Options			
 1st - Good, Meets or Exceeds Requirements  2nd - Acceptable, Meets Requirements  3rd - Poor, Does Not Meet Requirements			
Criteria	Option 1 Additions & Renovation	Option 2 Replacement on Site	Option 3 Greenfield Site
<b>Master Program Requirements</b>			
Supports Vision			
Supports Integration			
Supports Service Delivery Model			
• MOHLTC and LHIN Directions			
Addresses WRH Program Priorities			
• Cancer Clinics			
• Diagnostic Imaging			
• Emergency			
• Maternal/Newborn Clinics			
• Medical Day Care/Sleep Lab			
• Medical Education			
• Medical/Surgical Inpatient Units			
• Paediatric Clinics			
• Pharmacy			
• Surgical Services			
• Telecommunications			
<b>Cost</b>			
• Construction Cost			
• Operating Cost/Efficiencies			
• Transitional/One Time Costs			

Figure 1: Analysis of the Redevelopment Options (Cont'd)

Criteria	Option 1 Additions & Renovation	Option 2 Replacement on Site	Option 3 Greenfield Site
<b>Functionality</b> <ul style="list-style-type: none"> <li>Ease of Future Expansion on Site (Min. 50%)</li> <li>Ease of Future Regeneration on Site (100%)</li> <li>Scalability/Ability to Adjust to Changing Programs</li> <li>Impact on Community &amp; Neighbours</li> <li>Meets Swing Bed Criteria</li> <li>Ability to Zone for Crisis Management</li> <li>Welcoming Image</li> <li>Wayfinding</li> <li>Site Accessibility &amp; Parking<sup>a</sup></li> <li>Servicing Access</li> <li>Materials Management &amp; CSR Efficiency</li> <li>M &amp; E System Efficiency</li> </ul>	<ul style="list-style-type: none"> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>●</li> </ul>
<b>Address OASIS Requirements</b> <ul style="list-style-type: none"> <li>Operations (efficient)</li> <li>Accessibility</li> <li>Safety and Security</li> <li>Infection Prevention and Control</li> <li>Sustainability (incl. LEED req'ts)</li> </ul>	<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>
<b>Constructability</b> <ul style="list-style-type: none"> <li>Addresses Facility Deficiencies</li> <li>Speed of Construction (Schedule)</li> <li>Ease of Construction/Implementation (i.e. Decanting req'ts)</li> <li>Site Accessibility &amp; Parking During Construction</li> <li>Minimize Phasing of Construction</li> <li>Reuse of Existing Infrastructure<sup>b</sup></li> </ul>	<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>	<ul style="list-style-type: none"> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> <li>●</li> </ul>
<sup>a</sup> Option 1 and 2 - Garage required, pay parking <sup>b</sup> Option 1- Use existing building, Option 2- Use existing site			

Table 3 outlines the capital, transitional and operational (for a 25 year period) costs for each of the options.

**Capital costs** are the total project costs, including construction, furnishings and equipment, information technology/systems, grade level parking, land acquisition and sale, site development, consultants' fees, as well as contingencies.

**Transitional costs** are the one-time costs associated with interruptions to operations, risk management, communication, increased cleaning and maintenance during construction, and interim moves. While they generally are small compared with capital costs, differences in transitional costs among items provide an idea of the relative risk and degree of difficulty with managing during construction.

**Ongoing operating costs** are the ongoing costs to operate the facility over the next 25 years of operation; for business case purposes, these focus on differences among the options due to changes in square feet and differences in operating efficiencies; that is, they exclude the general volume-related operating cost.

It is evident that Option 3 will have lower costs in the short term and over the long term.

Table 3: Comparison of Costs

	Capital Costs <sup>a</sup>			Transitional <sup>b</sup> Costs	Operational <sup>b</sup> Costs	Total Transitional and Operational Costs
	Bridging Project	Main Project	Total			
Option 1	\$23,554,839	\$1,364,783,812	\$1,388,338,651	\$858,911,612	\$332,985,224	\$1,191,896,836
Option 2	\$12,682,590	\$1,163,428,124	\$1,176,110,714	\$780,241,233	\$188,944,507	\$969,185,740
Option 3	\$12,682,590	\$1,026,087,724	\$1,038,770,314	\$753,474,862	\$193,742,681	\$947,217,543

<sup>a</sup> Costs include escalation (5 per cent per annum).

<sup>b</sup> Costs are in 2009 dollars.

Source: Marshall & Murray and HCM Group, Inc.

## Summary

WRH requires immediate redevelopment to accommodate programs and services to continue to meet the health care needs of its community.

The current facility and site at WRH-Metropolitan campus can accommodate neither current patient volumes nor future growth and expansion. Redevelopment must occur within the context of a longer range vision of how the facility will continue to provide services.

WRH must address the immediate priorities of medical education, the emergency department, diagnostic imaging and inpatient unit. The Bridging Project will address some of the Hospital's needs until redevelopment of the facilities is complete, which is projected to be 2018. It is the best solution for the residents of Windsor Essex for local hospital care in the short term until a larger, regional strategy has been completed for all hospital services.

Option 3 of the Master Plan is the preferred option to address the requirements of the Master Program and the needs of WRH's catchment population because it

- Supports the Hospital's strategic plan and aligns with the MOHLTC and LHIN's strategic priorities
- Addresses the Master Program priorities most consistently
- Maximizes value for money (capital, transitional and operating) now and in the future
- Provides opportunity for future expansion and regeneration on the facility and site
- Will be designed in a manner that allows for flexibility of use, ability to manage crises, ease of access and servicing
- Meets all of the MOHLTC's OASIS requirements, including operational efficiency, accessibility, safety and security, infection prevention and control, and sustainability
- Minimizes phasing and total time for construction, and has the least impact on surrounding neighbourhoods, and least disruption to staff and provision of clinical services.

Option 3 must proceed immediately, starting with the Bridging Project. The Hospital is currently compromised in providing hospital services to its community. The much needed redevelopment and replacement of the existing facilities is essential by 2018.