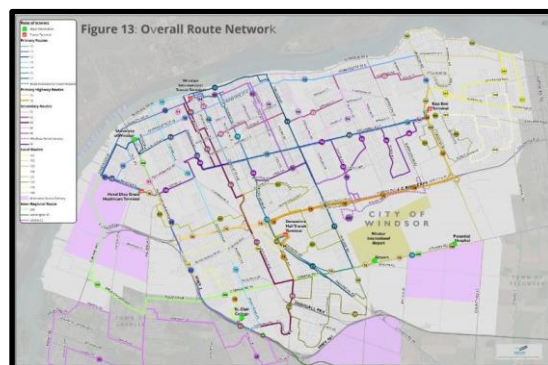


A Costly Proposition: Will Windsor's new public transit plan improve accessibility to the County Road 42 hospital location, or is it an expensive plan that will encourage even more private vehicle use in the future?

Transit Windsor's master plan uses visionary language, but the new route design for transit service to the single site acute care hospital location on County Road 42 (CR42) is deeply flawed. There is little evidence suggesting direct routes and frequent bus service were considered a priority for routes to the proposed hospital location.

Rather than increasing public transit ridership, the new transit plan is likely to encourage more private vehicle use to the new hospital - Windsor's second-largest employer. This is because of the extreme distance to the CR42 location and the need to circumnavigate Windsor Airport from most Windsor neighbourhoods. Ensuring frequent service to the still-rural CR42 location will be costly, especially since the area is zoned for low-density housing. Will taxpayers and transit users be prepared to underwrite the new routes to CR42 in this plan?

- **Only two of the four new routes created to service CR42 will offer bus service every 15 minutes during "peak" times.** The other two routes will operate much less frequently during "peak" times - just twice an hour. Nights, weekends and holidays, these new routes will offer even less service. The majority of transit users will need at least one transfer to get to the CR42 location.
- **No direct connections will run from the planned Ouellette site Urgent Care Centre (UCC) to CR42.** There is also no direct connection from the UCC to Hôtel-Dieu Grace Healthcare Tayfour Campus (HDGH).
- **Public transit will be an unattractive option for healthcare workers and volunteers who don't live along direct bus routes.** Many of Windsor Regional Hospital's (WRH) 4,000+ healthcare workers, especially those living in neighbourhoods near Met Campus, walk to the hospital. How many will have to take more than one bus get to CR42, making public transit an unattractive option?



If the new hospital were to be located closer to where most people already live, the planned new public transportation system could provide better and more cost-effective reasons to take the bus.

The importance of great transit for everyone - in Transit Windsor's words

Transit Windsor describes the importance of environmentally sustainable public transit:

"Societal values have shifted towards living in communities that are both environmentally sustainable...and healthy (i.e. encourage physical activity and which minimize pollution) ...there is also now definitive evidence that communities are healthier and "greener" when they have great transit service...

...strategic plans that made sense for the future when written in 2006 may no longer reflect how the community has evolved in the last decade."

-- *More Than Transit*, page 5

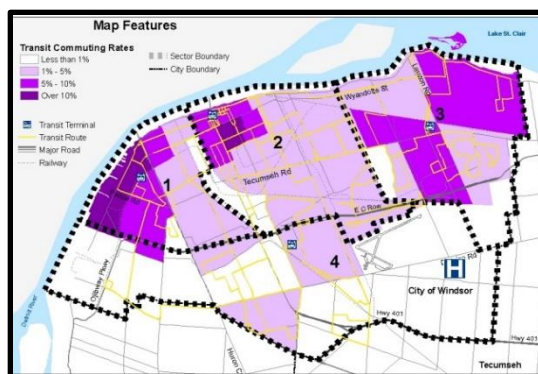
It also acknowledges a desire to break barriers to public transit usage:

"A bus coming less frequently than every 20 minutes can add a lot of time to an individual's trip if they miss their connection or are a couple minutes late.

This makes taking transit very inconvenient and undesirable for someone who has access to other transportation alternatives."

-- *More Than Transit*, page 6

Yet this is not addressed for trips to the single site acute care hospital. It strongly suggests that access to the new hospital by public transit is not a high priority.



Airport).

The Way Forward (the existing 2006 transit master plan), devotes several pages to identifying Transit Windsor's core market of "immigrants, seniors, students, low-income individuals, and people with physical and/or cognitive disabilities".

A series of maps shows where these residents are likely to live. The map above shows transit commuting rates across Windsor (the "H" marks the proposed exurban hospital site adjacent to Windsor

It's particularly helpful for understanding the extreme physical distance to the rural CR42 single site acute care hospital for those who are most dependent on public transit.

The city's demographics have not changed dramatically since 2006.

Three important questions that need answers

1. How long will it take to get to the CR42 hospital location by bus, after waiting times are factored in?

The integration of a transit plan is a requirement of the hospital site selection process. Yet, this integration is not at all evident in the new transit plan – four years after selecting the CR42 site. Four new bus routes are dedicated to getting there in the new master plan:

- **Route 15:** from the downtown Windsor International Transit Terminal via Devonshire Mall
- **Route 16:** from the Hôtel-Dieu Grace Healthcare Tayfour Campus (HDGH) via E.C. Row Expressway
- **Route 160:** from the East End Terminal at Tecumseh Mall
- **Route 200:** a meandering route from HDGH via the University of Windsor and through LaSalle

The table below shows the time between buses in the new plan. There is no indication of the length of time these routes will take from start to finish.

Of the four hospital destination routes, no buses are scheduled more frequently than every 15 minutes.

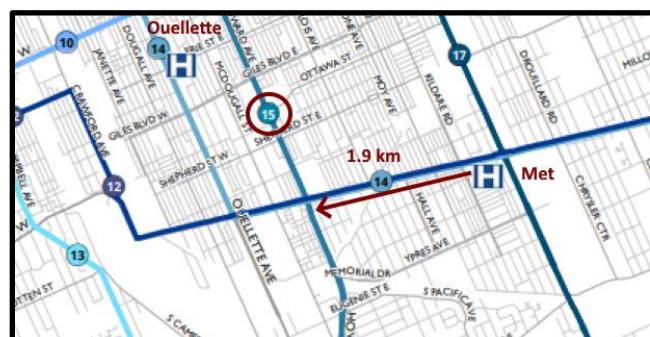
- Many bus transit users will need one or more transfers, adding time and complexity to their journey.
- For trips originating at Tecumseh Mall in East Windsor via Route 160, bus frequency on weekdays is every 30 or 60 minutes. On weekends and holidays service is even less frequent: every 45 or 60 minutes.

Origin:	Downtown Windsor	HDGH (west end)	East End Terminal	U of Windsor via LaSalle
Route	15	16	160	200
Weekday				
Early AM	30	30	60	60
AM Peak	15	15	30	30
Midday	15	15	30	30
PM Peak	15	15	30	30
Early Evening	30	30	30	30
Late Evening	30	30	60	60
Saturday				
Early Morning	30	30	60	60
Midday	15	15	45	30
Evening	30	30	60	60
Sunday / Holiday				
Early Morning	30	30	60	60
Midday	20	20	45	30
Evening	30	30	60	60

How will this affect hospital workers and volunteers?

Many of Windsor Regional Hospital's 4,000+ healthcare workers and volunteers walk to work from neighbourhoods clustered around the existing hospital campuses.

The distance to the only direct bus route to CR42 from the neighbourhood around Met Campus is onerous, adding a lot of travel time.



For this reason, hospital employees and volunteers who live near Met Campus who don't wish to move to Sandwich South, will likely drive to work instead of choosing to take the bus.

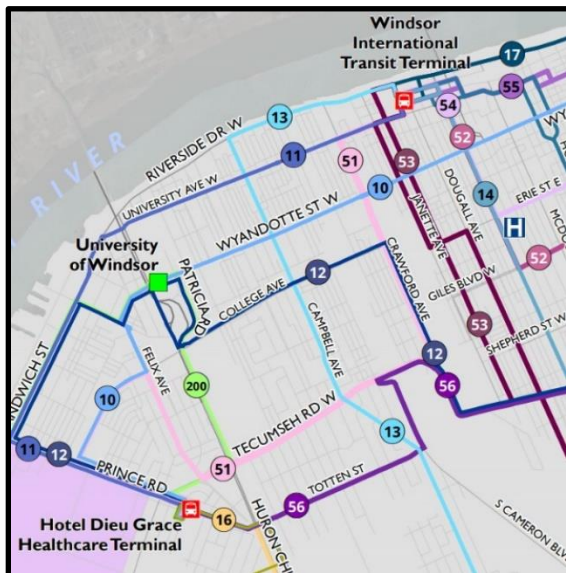
2. Why is no direct bus route planned from Ouellette Campus (the site of the proposed downtown UCC) to the proposed acute care hospital on CR42? Why is no direct route planned from Ouellette Campus to the HDGH west end terminal?

The language on page 40 of *More Than Transit* emphasizes the importance of connecting key activity hubs/nodes to each other.

Connect Key Destinations – the *Primary Routes* need to directly connect key activity hubs/nodes to each other - these include Downtown, University of Windsor, St. Clair College, an East End terminal near Tecumseh Mall, Devonshire Mall, the Hotel Dieu Grace Healthcare Terminal, the Windsor International Transit Terminal, and local hospitals.

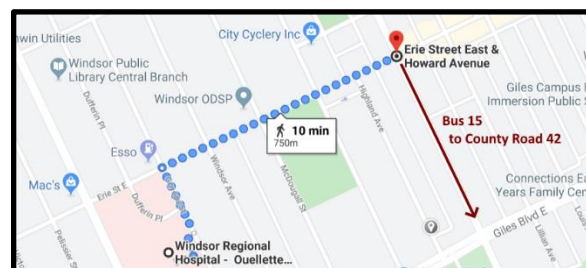
Yet no direct routes are planned from the UCC to the new hospital!

Why is the proposed UCC not a key destination?



The map to the left is from page 56 of the new transit system. Where Windsor Regional Hospital's Ouellette Campus currently stands is marked with an "H."

The nearest direct bus route to the proposed hospital site is a 750 m walk from Ouellette Campus. This is a major barrier to access to healthcare.



According to WRH's most recent announcements, a UCC will replace the current acute care hospital at the Ouellette site. There will also be outpatient mental health, addictions and chronic disease management services under the plan for the new hospital system. Hôtel-Dieu Grace Healthcare provides an array of non-acute, as well as in- and outpatient services.

Windsor has two acute care hospital campuses today, but neither provides a full complement of services. Bringing all hospital healthcare services under one roof will improve efficiency by eliminating patient transfers. Today, this transfer is straightforward. Ambulatory patients are required to transfer themselves, rather than being transported by ambulance.

Currently, the 4 km door-to-door journey takes about 20-25 minutes on the 1C bus. It operates every 10 minutes during peak times on weekdays:

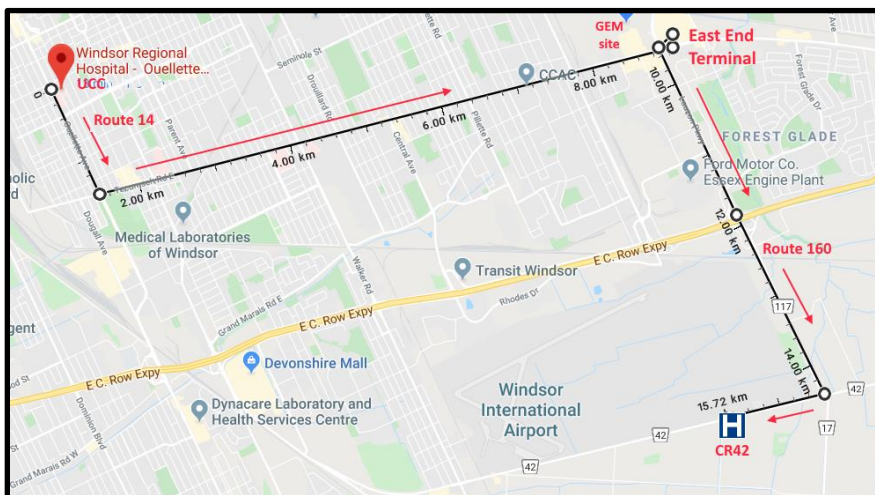


Comparison: What if patients travel by bus from the proposed UCC on the Ouellette Campus location to the planned hospital on CR42?

Under the proposed model, the downtown UCC will provide only limited healthcare services. Patients with referrals for follow-up treatment at the single site acute care hospital will face a journey exceeding 15 km if they take public transit to get there.

Passengers will need at least one bus transfer, for example:

- **Route 14 northbound** to the terminal in downtown Windsor, then **Route 15 southbound** via the terminal at Devonshire Mall around Windsor Airport to the hospital on CR42.
- **Route 14 southbound** to the East End Terminal, then **Route 160** around Windsor Airport to the hospital on CR42.



East End Terminal to CR42	
Route	160
Weekday	
Early AM	60
AM Peak	30
Midday	30
PM Peak	30
Early Evening	30
Late Evening	60
Saturday	
Early Morning	60
Midday	45
Evening	60
Sunday / Holiday	
Early Morning	60
Midday	45
Evening	60

Other combinations exist, but they would require at least two bus transfers.

A simple 4 km bus journey to the hospital under the current model will be four times longer and more time-consuming under the proposed model.

- This added complexity will undoubtedly encourage more travel by car.
- It will affect patient outcomes for those who are dependent on public transit for their transportation needs.
- For those with impaired mobility, transfers during inclement weather will be especially onerous.

Is it possible that Windsor Regional Hospital was overlooked as a key stakeholder?

A description of the community outreach and engagement for the project is described in the transit master plan on page 15.

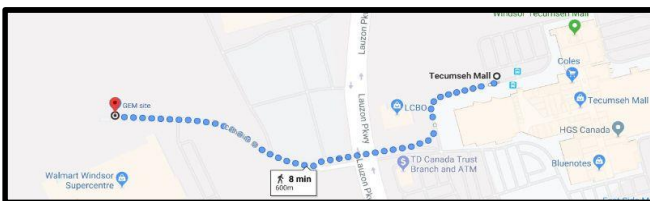
Telephone interviews were conducted with "internal and external key informants." Windsor Regional Hospital doesn't appear on the list.

- Is it possible that Windsor Regional Hospital, the region's second largest employer, undertaking its \$2 billion healthcare overhaul, was overlooked as a key stakeholder?
- Or did Windsor Regional Hospital fail to convince the transit consultants about the requirement to integrate direct transit routes to the hospital?

3. Looking at the alternatives: could better and more cost-effective transit service be provided if the hospital is located closer to densely populated established neighbourhoods?

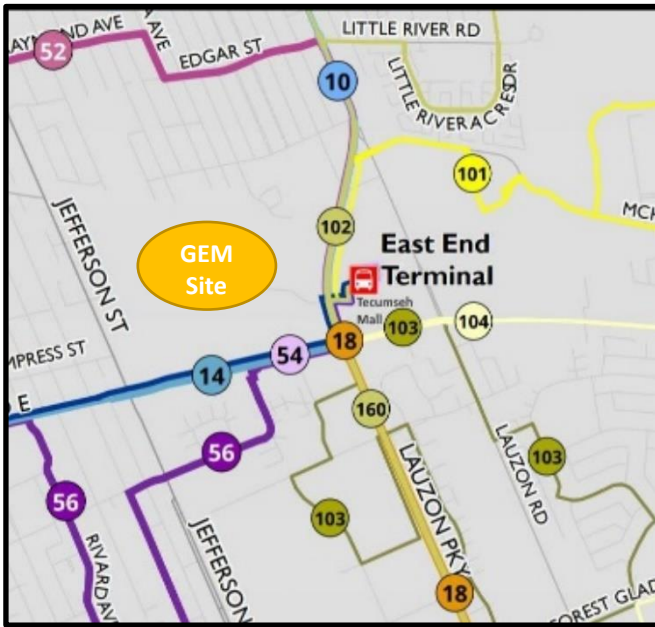
For example: Six of the new routes will run by the GEM site on Tecumseh Road East.

- Route 14 buses, originating in downtown Windsor, will be scheduled every 10 minutes at “peak” times on weekdays. This route also stops at the Ouellette/UCC site.
- Numerous additional transit routes pass through the East End Terminal at Tecumseh Mall (the East End Terminal is 600m east of the GEM site)



12	Tecumseh Road – University of Windsor (Skip Stop)
14	Tecumseh Road – Windsor International Transit Terminal
18	East Windsor – St. Clair College via E. C. Row
54	East End Terminal – Windsor International Transit Terminal via Erie St
56	East End Terminal – Hotel Dieu Grace Healthcare Terminal
102	North Riverside (local route)

Route	12	14	18	54	56	102
Weekday						
Early AM	30	30	30	30	30	30
AM Peak	15	10	30	20	20	20
Midday	30	15	30	30	30	30
PM Peak	15	10	30	20	20	20
Early Evening	30	30	30	30	30	30
Late Evening	30	30	30	60	60	60
Saturday						
Early Morning	30	30	30	60	60	60
Midday	20	15	30	30	30	30
Evening	30	30	30	60	60	60
Sunday / Holiday						
Early Morning	30	30	30	60	60	60
Midday	30	20	30	30	30	45
Evening	30	30	30	60	60	60



About the hospital site selection process

GEM, a [77 acre infill site in East Windsor](#), was originally the top-scoring site. It eventually lost to the CR42 site because of its \$1.8M higher land price. The cost of infrastructure, including public transit service, was not evaluated.

On transit:

- GEM scored 45/50 (90%), while the CR42 site scored 35/50 (70%).
- The former GM Transmission site between Walker and Kildare was the only site with a perfect score for transit. Yet, under the new master plan, the GM site will be served by only one bus route.

A costly yet inadequate proposition?

Rather than increasing transit usage, Windsor's second-largest employer – Windsor Regional Hospital – may ultimately encourage *even more* private vehicle use with the plan for the new regional hospital system. This is the polar opposite of what is envisioned and outlined in Windsor's new public transit plan.

The new routes to CR42 presented in Transit Windsor's master plan indicate a lack of coordination between the City of Windsor and the hospital planning process. In particular:

- Inadequate service frequency, especially from East Windsor to the CR42 hospital site
- Nights, weekends and holidays, these new routes will offer even less service
- No direct bus route between the planned downtown UCC and the CR42 hospital site
- No indication of the impact on average journey length, including transfers

Providing enough public transit to properly serve Windsor Regional Hospital's rural location adjacent to Windsor Airport may prove to be overwhelmingly costly to both taxpayers and public transit users.

How is this conceivable when the new WRH healthcare and public transit systems will need to sustainably serve local residents for many generations to come?