

WINDSOR'S WORST PLANNING MISTAKE EVER: WE'LL BE PAYING WITH OUR TAXES (AND OUR LIVES)

CAMPP WINDSOR-ESSEX:
CITIZENS FOR AN ACCOUNTABLE MEGA-HOSPITAL PLANNING PROCESS
NOVEMBER 2020

Critically flawed data, outdated reports and an opaque strategy were used to select and gain zoning approval for the controversial greenfield location for a single site acute care hospital for Windsor-Essex.

This \$2 billion hospital project is the excuse for the costly development of a new 400-hectare mixed-use (residential and commercial) subdivision. It will require an \$850M municipal infrastructure investment at a time when Windsor's growth is stalled, the retiree population is rising sharply, and the regional labour force is steadily shrinking. *Where will this money come from?*

Building the hospital will create a burst of short-term construction employment. But, it will lead to the permanent loss of 5,000+ healthcare jobs in Windsor's established neighbourhoods. Relocating jobs is different than creating thousands of new ones.

The selected rural hospital location, if approved by the Province of Ontario to move forward, will be the single worst planning mistake in Windsor's history.

In what ways will Windsor residents (and the Province of Ontario) be on the hook for the anticipated (and unanticipated) consequences?

Among the probable impacts:

- **Significant additional costs to Windsor taxpayers:** There is no evidence population density, increased flood risk or other critical factors were analyzed when the hospital site was chosen;
- **\$1 billion Infrastructure Deficit:** Windsor's ability to fund its 2018 Asset Management Plan will be compromised. This will put at risk the City's ability to properly maintain, replace and build municipal infrastructure;
- **No consideration of Climate Change:** Land and energy use commitments contained in Windsor's climate change adaptation and mitigation plans were not evaluated in the hospital site selection;
- **Unacceptable reduction in timely healthcare service delivery:** the hospital location will have a potentially deadly impact on tens of thousands of residents, especially seniors and those with impaired mobility;
- **Wasteful demolition:** Provincial hospital infrastructure investments made from 2001-2016, valued at almost \$200M are to be demolished;
- **Dis-economies of scale:** The new hospital as planned will not meet the evolving needs of the population it is meant to serve. On opening day, it will have the same capacity that exists now. Future expansion beyond the current bed capacity will jeopardize efficiencies.

While it is promoted as a regional hospital, Windsor residents will pay a disproportionate price, in access and infrastructure costs.

We will pay both with our taxes and our lives.

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About CAMPP

Citizens for an Accountable Mega-Hospital Planning Process (CAMPP) is a grassroots citizens group that formed in 2014 to ensure:

- all voices are heard and counted in the planning of Windsor-Essex's new hospital
- decision-making be financially, socially and environmentally responsible
- sound urban planning principles are followed

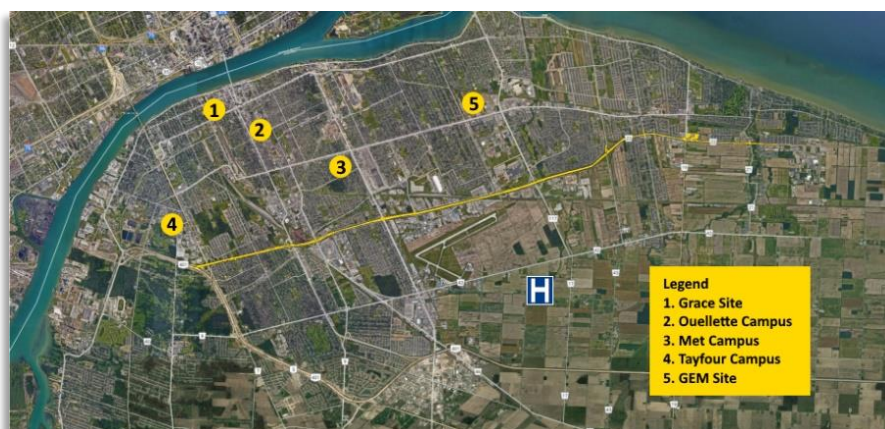
Supporters include thousands of Windsor-Essex residents. They represent a broad range of backgrounds and all socio-economic levels.

The \$2 billion hospital plan

\$1.7 billion (\$1000/sq. ft) for the new hospital. \$385M more for satellite facilities

- A **P3-financed hospital** on County Road 42, 13km from downtown Windsor, to replace the existing campuses ("Met" and "Ouellette") of Windsor Regional Hospital ("WRH"). It will serve as the region's only full service acute care hospital
- **Demolition of Met & Ouellette**, including the \$17M Cancer Centre built in 2001
- An **Urgent Care Centre (UCC)** to serve Windsor residents on the former Ouellette Campus acute care hospital site. Doors will close to the public at 10:00 p.m. daily
- **Transfer of 60 mental health beds** from the Ouellette Campus site to the Hotel Dieu Tayfour Campus, which offers services in mental health & addictions, rehabilitative and palliative care
- **No additional Long Term Care (LTC), Alternative Level of Care (ALC) or hospital bed capacity** to address current bottlenecks is planned
- **Outpatient** mental health, addictions and chronic disease management services on the former Ouellette site. No overnight services will remain downtown

Zoning approval of the hospital on County Road 42 is the single catalyst for a concurrently approved 400 hectare subdivision south of Windsor Airport, including plans to build 3,280 homes for an expected 7,134 people.



Time line

DATE	DETAILS
JUN 2009	Master plan, with greenfield site and demolition of Windsor Regional Hospital including Cancer Centre (2001) identified as preferred option
NOV 30, 2012	Windsor Hospitals Study Final Report released
NOV 23, 2013	Stage 1A announced
MAY 7, 2014	Public invited to apply for 4 of 10 positions on Site Selection Committee Deadline May 16 th .
MAY 25, 2014	Survey: Public invited to rank a predetermined set of site selection criteria
MAY 30, 2014	Site Selection Committee announced
JUN 11, 2014	Site Selection criteria announced
JUL 23, 2014	Land offers accepted
JUL 16, 2015	County Road 42 site announcement
NOV 11, 2015	The only downtown public meeting (hosted by DWBIA)
DEC 21, 2015	Windsor City Council 10% Tax Levy Meeting (Note: "Levy, not Location")
DEC 22, 2015	Lawsuit launched against WRH by GEM Properties (later dropped)
JAN 7, 2016	News release on site selection following CAMPP FOI request
APR 20, 2016	County Council approves levy share
APR 25, 2016	Windsor City Council approves levy share
MAY 24, 2016	Erie St. Clair Board meeting in Windsor: "Mega-hospital opponents plead with LHIN to intervene"
SEP 7, 2016	Public information meeting on Secondary Plan convened by Stantec (official response submitted by CAMPP)
JUL 5, 2017	Public meeting convened by MHBC Consultants (official response submitted by CAMPP)
DEC 1, 2017	Dr. Hoskins announces new hospital is moving forward: Adds that the re-use of Ouellette Campus instead of Grace Site will be investigated
FEB 2, 2018	MHBC Background Plan submitted to City of Windsor
MAR 26, 2018	First and only notice of March 26, 2018 deadline to consult sent to Walpole Island First Nation sent at 3:02 p.m. on March 26, 2018
AUG 13, 2018	Nine-hour Combined Planning and Council meeting to approve Secondary Plan Amendment and hospital zoning
SEP 17, 2018	Council adoption of Secondary Plan Amendment and hospital zoning by-laws

DATE	Details
OCT 8-10, 2019	LPAT appeal hearing
NOV 18, 2019	Windsor declares Climate Emergency
DEC 3, 2019	LPAT appeal dismissed
DEC 30, 2019	Windsor Regional Hospital awarded “Accreditation with Exemplary Standing” for 99.8% compliance with national standards for patient quality and safety
MAR 29, 2020	Suspension of Transit Windsor operations ordered by Mayor Dilkens
MAY 4, 2020	Transit Windsor service resumes, under “enhanced Sunday service”
MAY 6 & 11, 2020	Divisional Court hearing requesting Leave to Appeal LPAT decision. Also motions to consider impacts of climate change emergency and Covid-19
JUN 3, 2020 (ONGOING)	Launch of “grassroots” campaign paid for by Windsor Essex Economic Development Corporation (WEEDC) produced by Ottawa-based lobbyist Crestview Strategy to speed up provincial funding for hospital on County Road 42 and counter CAMPP’s efforts
JUL 29, 2020	CAMPP motion to appeal LPAT Decision, Covid-19 & climate change to Divisional Court denied by Judge Gregory Verbeem
SEP 8, 2020	Transit Windsor “enhanced Saturday service” resumed
NOV 9, 2020	Windsor City Council Motion to support construction of new single site acute care hospital at County Road 42

21st Century health care service delivery

“Since the original facilities were constructed, patient needs have changed as result of changes in health service delivery models, including a shift from inpatient to outpatient care.” -- Business Case/Options Analysis, Agnew Peckham 2009

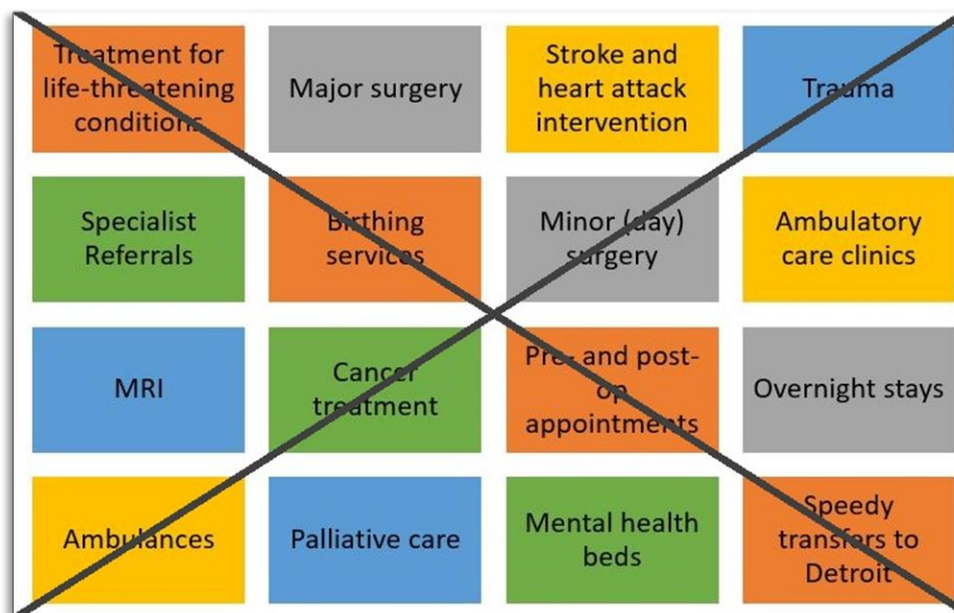
The Windsor Essex Hospitals System Plan will replace all hospital services in the city core with urgent care and non-acute outpatient services. These are fundamentally different services than those provided at Windsor Regional Hospital’s existing emergency departments at the Met and Ouellette campuses. (See Appendix A)

71% of Patients treated at the Windsor Regional Hospital Emergency Departments live in the City of Windsor. (Source: See Appendix A)

While it is true that health care service delivery is experiencing a major shift from inpatient to outpatient care, Windsor’s rapidly aging 21st century population has more complex medical conditions than ever before. They typically need a more extensive array of services than those planned to replace hospital services in Windsor’s established neighbourhoods.

Furthermore, downtown Windsor, as well as properties close to the riverfront, are experiencing a residential construction boom that will lead to a significant increase in the future urban population north of E.C. Row.

Key Health Care Services that will be lost from the City centre



Urgent Care is for less serious conditions

A UCC is not intended for life-threatening or complex conditions. It will not be open 24/7.

For tens of thousands of Windsor residents, the planned hospital site will be considerably less accessible.

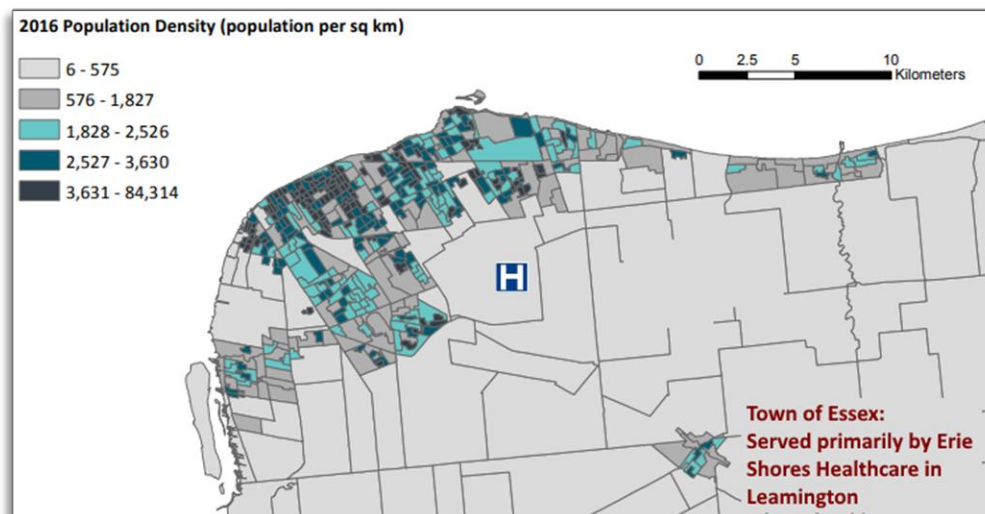
For example, those living in Windsor’s west end will have to travel as far as 18 km to reach the County Road 42 hospital Emergency Department.

Key numbers



217k	Windsor population in 2016 according to Stats Canada
329k	2016 population of Windsor CMA, the new hospital's primary catchment area
7,752	Windsor population growth projected from 2016 through 2031 is 3.56%. Windsor's Planning Dept. acknowledges the potential of a decline after that
7,134	Expected population in the new Sandwich South subdivision
92%	The number of Essex County residents aged 75+ will increase by 92% (or 32,017) from 2020 to 2036, according to 2020 Ministry of Finance population projections
3,280	The number of new homes to be built in the Sandwich South subdivision
\$850M	Projected total Sandwich South Planning District infrastructure development cost
\$220M	Infrastructure cost to be paid by Windsor municipal taxpayers
\$14.5M	Estimated Development charges (DC) attributable to the hospital. This is \$2.5M more than DCs applicable to a site in an existing neighbourhood

The greenfield hospital location is farthest from the Windsor CMA's greatest population density:



Critically flawed data: So many numbers don't add up

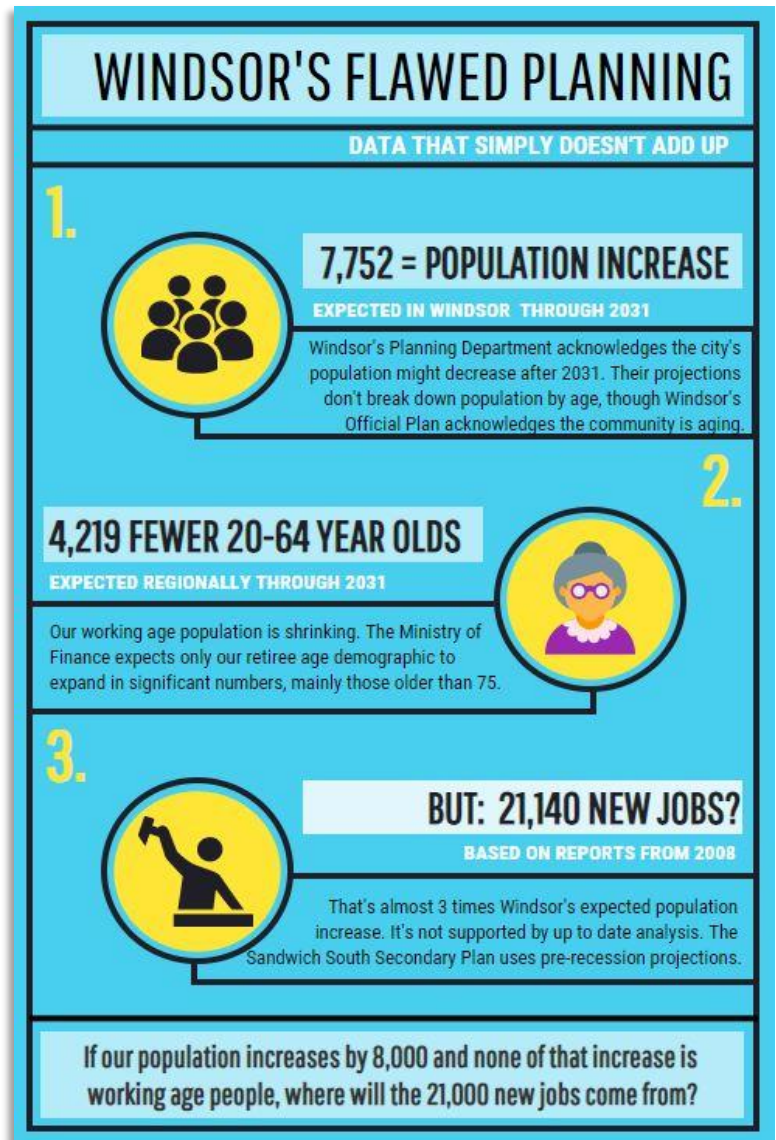
Ministry of Finance projections from 2018 show a decline in the regional supply of working age residents through 2031. Without an increase in 20-64 year-olds, there is no reason to expect significant employment growth.

The zoning approval of Sandwich South hinged on an anticipated employment growth of 21,140 jobs.

But this figure is based on obsolete and entirely implausible population projections for Windsor:

The employment land needs calculation is based on [a 2008 study](#) by EDP Consultants.

They drew on 1996 and 2001 Census data and a 2008 [Lapointe Consultants report](#).



The new hospital location will result in greater capital and operational costs for services like road maintenance, EMS and public transportation, in perpetuity.

Windsor's infrastructure will be even more challenging to maintain in the future in view of stalled (or anticipated negative) population growth, as well as a rapidly aging and declining working age population. *Where will this money come from?*

More on those implausible employment projections

Windsor's Planning Department projects population growth of 7,752 through 2031:

Year	2016	2021	2026	2031	2036
2015 Projection (Planning Dept)	217,716	221,955	224,677	225,466	225,466
Growth (5 year increments)		4,240	2,722	789	NIL

Source: Pg.18 of bit.ly/CAMPP_council

Yet, Altus Consulting, on behalf of the City of Windsor, inexplicably stands by an employment land needs forecast to accommodate **21,140 new jobs for Windsor residents**. Of note:

- **4,545 new manufacturing jobs**, at a time of rapid loss of employment to automation
- **4,460 additional institutional jobs** *What are these jobs?*

EDP Forecast by Sector	Jobs	% of Jobs on Employment Lands	Employment Land Jobs
Manufacturing	4,545	100%	4,545
Other Industrial Related	2,705	95%	2,570
Popn & Business Services	9,410	20%	1,882
Institutional	4,460	10%	446
Primary	20	0%	-
Total	21,140		9,443

Source: Pg. 265 of bit.ly/CAMPP_altus

Why is the hospital plan unconnected to Windsor's energy goals?

Greenhouse Gas Emissions (2014)

- Total amount of GHG emissions produced by the Windsor community: **1.9 million Tonnes** of which **36 per cent** comes from **transportation**.

1. **Windsor's 2017 [Community Energy Plan](#)** is centred on “supporting local economic development while improving energy efficiency, modifying land use planning, reducing energy consumption and greenhouse gas emissions (GHG) and fostering green energy solutions.” It specifically commits the city to reduce:

- **per capita energy use by 40% from 2014 baseline by 2041**
- **per capita GHG emissions by 40% from 2014 baseline by 2041**

Two of this plan's recommendations aimed at meeting Windsor's transportation sector energy goals are: a modal shift towards **public transit**, and integration into the **land use planning process**. These goals are contradicted by the drive-to farmland hospital location with acres of surface parking.

2. **Windsor's Carbon Budget Report reveals that without emissions reductions, the City of Windsor will exhaust its 2030 carbon budget in 2025 and its 2050 carbon budget in 2029.**

Conflicting information about Windsor's residential housing needs

In just two years, construction projects comprising more than 100% of Windsor's supposed total 20-year additional residential needs have already been announced, without expanding the city's developed footprint and without Sandwich South.

When the zoning for a new hospital on County Road 42 went to Windsor City Council for approval on August 13, 2018, the planning report projected a need for 6,900 new residential units in Windsor over the next 20 years. Of these, 3,280 homes were to be built in the area surrounding the proposed hospital site in Sandwich South.

Residents are continuously told by municipal leaders there is insufficient space for this number of units to be built in existing parts of the city. This alleged lack of residential housing space in Windsor's already developed neighbourhoods was a key factor in the Sandwich South development approval process.

Yet, numerous announcements for thousands of new residential units in existing parts of the City have been made in the two years since Council approved Sandwich South in 2018. We've been tracking the major ones at [this link](#).



Amazingly, the projects unveiled through November 2020 bring the total new residential units announced to 7,157.

This is now more than 100% of Windsor's projected 20-year new residential housing needs.

More than 3,500 of these new units are to be located in downtown Windsor.

- When can the City of Windsor's Planning Department be expected to update its 20-year residential housing projections?
- What is the current need for additional homes beyond the projects that are already in progress?
- How much more infill and brownfield land is still available for redevelopment to meet the city's projected residential housing needs?

Has there ever *really* been a demonstrated need to build homes in the 400 hectare subdivision to be anchored by the new hospital in Sandwich South?

Why is responsible development taking a backseat to political expedience?

The approval of 900 acres of future commercial and residential development in Sandwich South - active farmland today - was inextricably tied to zoning approval for a hospital on County Road 42.

Because much of this currently rural land is flood-prone, it will require expensive specialized stormwater management systems to protect existing downstream Windsor neighbourhoods, as well as the adjacent Town of Tecumseh. And because of the proximity of Sandwich South to Windsor Airport, special additional measures will be required to reduce the risk of waterfowl attracted to the pools of water created by this future stormwater diversion.



The green shape superimposed on this map of Windsor's downtown and surrounding neighbourhoods represents a similarly sized area to the proposed Sandwich South development. It stretches from Windsor's riverfront to Giles Boulevard in the south, Parent Avenue to the east and Crawford Avenue to the west.

While this central Windsor area is home to approximately 25,000 people today, Sandwich South is being planned for low-density residential development: the new subdivision is being planned for a mere 7,000 residents.

While Windsor City Council's support for bike lanes and replacement of Windsor's bus fleet with electric vehicles are steps in the right direction, these initiatives cannot begin to compensate for the enormous and costly urban sprawl that will result from moving 5,000+ healthcare jobs to the proposed new ex-urban, drive-to hospital location.

Local hospital planners and their supporters have shown no interest in acknowledging the costly consequences of building the region's only full service acute care hospital 13 km from Windsor's central neighbourhoods. Instead of honestly addressing this divisive issue, they shrug off the inevitable urban sprawl, increased driving and other costly outcomes that will be forced on the city.

Long-term financial ramifications have never been transparently addressed

- **Climate Change ignored:** There's a complete disconnect to the City of Windsor's climate change policies and action plans.
- **Environmental impacts not evaluated:** There is no evaluation of the greenhouse gas (GHG) impacts of developing so much active farmland, including the environmental consequences of the daily increased driving dependency by thousands of patients, visitors and volunteers, but most importantly, the 5,000+ healthcare workers, many of whom live within walking distance of their workplaces today.
- **Costs not disclosed:** The plan presents no disclosure of infrastructure costs, which will be monumental for Windsor taxpayers.
- **Flood risk analysis incomplete:** Updated flood mapping and risk to downstream neighbourhoods has not yet been completed.

Alteration of Consulting Engineer's figures. Malfeasance?

Significant taxpayer-funded costs were concealed from public scrutiny by altering the Consulting Engineer's calculations after he submitted his figures, and by excluding known costs from the two-phase hospital site evaluation:

- Site selection Phase 1 favoured GEM, an infill site requiring only minor site infrastructure and no additional road construction
- Phase 2 eliminated GEM in favour of the County Road 42 site, on the basis of a \$1.8M higher land acquisition cost differential. This was achieved by making major changes to the figures submitted by Rick Spencer (the Consulting Engineer for both shortlisted sites), without consultation with him. Without these material alterations, the GEM site would have remained in first place
- External development costs, including upgrades to access routes, were excluded from the evaluation

Mr. Spencer, who is not in agreement with the substance of these alterations, wrote a letter that can be read in full in Appendix B.

The following excerpts demonstrate the seriousness of his complaint:

"We were advised that...Stantec Consulting would review all reports to ensure consistency with the cost estimates and would liaise directly with our firm to obtain agreement on same."

"We do not concur with the second statement regarding improvement to the City/County arterial road system. Our comparison...is consistent relative to the N-S arterial road systems for both sites."

"The extra costs...are significantly more than our external services costing and should have been reviewed with our firm, the author of these required reports."

Development charges ("DCs")

DCs allocate the true cost of infrastructure investments where they are incurred. They were excluded from the ranking of the shortlisted hospital sites. **In this way the greenfield site was artificially made to appear more cost-effective than a fully serviced infill site.** Had DCs been considered, the GEM site would have remained in first place. DCs would have reversed the \$1.8M land cost differential that put the County Road 42 site in the winning position in site selection Phase 2.

	DC/square meter	Development Charge
90,000 Square meters		
Existing	\$ 131.97	\$ 11,877,300
Sandwich South	\$ 160.82	\$ 14,473,800
Difference		\$ 2,596,500

Fairness Advisor's limited mandate

The appointment of a Fairness Advisor to oversee just a portion of the site selection process created a false appearance of integrity.

[His mandate excluded evaluation of the site selection criteria.](#)

Accessibility measured as the crow flies; Population density ignored

The hospital site selection criteria used radius (rather than population density or realistic travel distances) to evaluate accessibility.

1. Proposed hospital location on County Rd 42, showing actual travel distances that greatly exceed the distance measured as the crow flies:



2. Actual travel distances to top-scoring GEM property, an infill site that is surrounded by residential neighbourhoods and is currently served by public transit:



None of these crucial analyses have been performed

Where is the *Value for Money Analysis* comparing the greenfield site located so far from the centre of population density to other options?

Thorough evaluation of the probable impacts of the County Road 42 hospital location is needed to ensure effective and cost-efficient planning. Among the issues that need analysis:

Demographics

- Windsor population growth projection by age group
- Residential housing needs after factoring in planned downtown Community Improvement Plan (CIP) projects
- Places of Employment, using the same up to date population growth projections that were used to project residential housing needs

Financial

- **Fiscal Impact Analysis** of Sandwich South development to determine lifecycle cost recovery

Removal of an acute care hospital from Windsor's urban core

- Long term economic consequences of removal of 5000+ jobs from the City's core, relocating all this employment to Sandwich South
- Monumental costs to expand service area and maintain public transportation network (currently not 24/7)
- EMS capital and operational needs resulting from increased travel distances from areas of social deprivation (a LHIN term) to the new hospital
- ER referrals for non-admitted patients to determine location & frequency of follow-up care; increased barriers to hospital-based healthcare services
- Mental health ER usage and number of hospital admissions after 10:00 p.m.
- Transit dependency and socio-economic factors affecting patient mobility

How health care professionals will be affected

- Survey of health care workers who live within walking distance of existing hospitals
- Survey of physicians to determine how many will have to move to the area around the new hospital (e.g. physicians and nurses with on-call responsibilities)

Carbon footprint

- **Environmental and greenhouse gas (GHG) impact of a greenfield hospital on County Road 42**
- Impact of hospital location on aggregate vehicle trips and commute distances

Outdated reports used for decision-making

- Sandwich South Employment land needs calculation is based on [2008 EDP Consultants'](#) report, which drew on 1996 and 2001 Census data and a [2008 report by Lapointe Consultants](#)
- **Lauzon Parkway EA (Pg.110)** (roads to be upgraded under the Sandwich South Secondary Plan), used 2006 Census data to project population of 250k in 2031. This is much higher than current projections.
- Brownfield Land Inventory: [current strategy is dated April 2010](#)
- [Official Plan](#): statutory 5 year review was last updated in 2013

Smoke and mirrors

Letters of Support Obtained through Relationships of Influence

A complex web of Board and professional relationships influenced the letters used to demonstrate community support for this project. Many referred to the hospital without referencing its controversial location.

Opaque and Convolutd Decision Making Structure

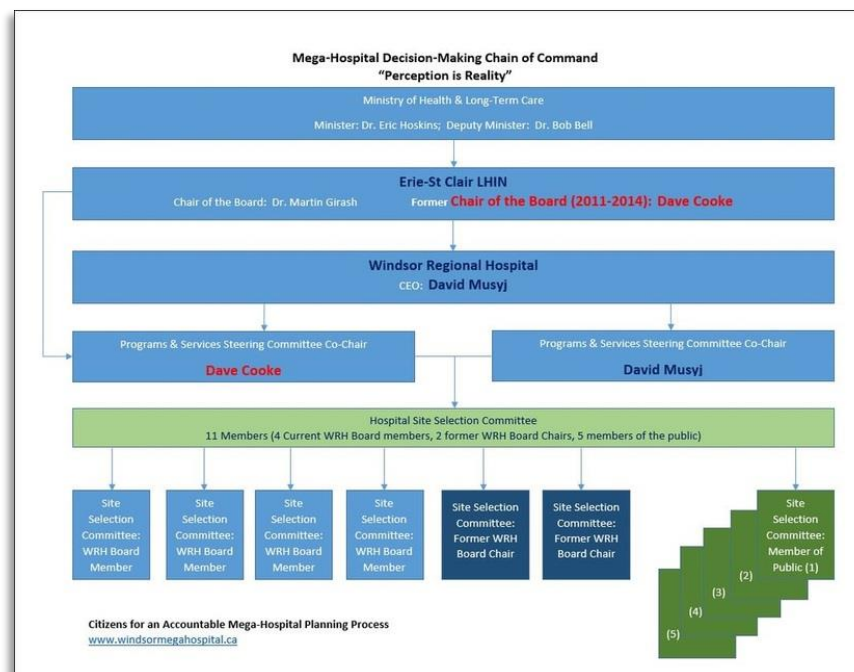
- According to the Erie St. Clair LHIN, **location is Steering Committee's responsibility**
 - Yet LHIN approval is a requirement for Ministry to proceed
 - Five Steering Committee members were Erie St. Clair LHIN employees
- **Steering Committee is accountable to WRH Board**
 - Majority on Site Selection Committee associated with WRH Board
 - **Site Selection Chair was also Chair of WRH Board at the time of the location decision (July 2015)**
 - WRH Board did not respond to CAMPP's May 2017 letter outlining concerns
- **Erie St. Clair LHIN role – before formation of provincially centralized LHIN**
 - Dave Cooke, Steering Committee Co-Chair, is former LHIN Board Chair
 - Board meetings held in Chatham (82km from Windsor)
 - No Board members living in Windsor, although Windsor represents 1/3 of the Erie St. Clair LHIN population
 - It took more than 12 months and many requests from CAMPP to get the LHIN to meet in Windsor (May 24, 2016)
 - Only 3 residents were permitted to speak at this non-Town Hall meeting
 - LHIN Board gave no subsequent response to CAMPP's questions
 - **LHIN Chair Dr. Martin Girash claimed LHIN played no role in site selection**
- **Mayor Dilkens claimed location was outside City's purview** (April 2016 levy meeting)
 - Mayor Dilkens said location was already decided (August 2018 zoning meeting)
 - The plan included a land swap between WRH and City of Windsor that has never been publicly discussed at City Council, raising questions about valuation, due diligence and lines of responsibility for decision making.
 - With the Grace Site UCC now off the table, the status of the land swap is unclear.

The decision makers

As of November 2020, the hospital Steering Committee is awaiting funding to start Stage 2 planning. The image below shows the names of the members of this committee in 2015 when the proposed new hospital site was announced:

Name	Title	Organization
Dave Cooke	Co-Chair	
David Musy	Co-Chair, President and CEO	Windsor Regional Hospital
Janice Kaffer	President and CEO	Hotel-Dieu Grace Healthcare
Carol Derbyshire	Chair of the Board of Directors (now past chair)	Hotel-Dieu Grace Healthcare
Gay Wrye	Chair of the Board of Directors (now past chair)	Windsor Regional Hospital
Gary Switzer	CEO	Erie-St.Clair LHIN
Brian Gregg	CAO	County of Essex
Thom Hunt	City Planner/Executive Director	City of Windsor
Ralph Ganter	Senior Director, Health System Design & Implementation	Erie-St.Clair LHIN
Sandra Lariviere	Health System Design Manager	Erie-St.Clair LHIN
Lori Marshall	CEO	Erie-St.Clair CCAC
Tim O'Callahan	Physician	Essex County Medical Society
Ken Deane	CEO (interim)	Leamington District Memorial Hospital
Terry Shields	CEO (on temporary medical leave)	Leamington District Memorial Hospital
Steve Erwin	Manager, Communications	Windsor Regional Hospital
Allison Johnson	Manager, Communications	Windsor Regional Hospital
Kevin Marshall	Director, Corporate Services	Windsor Regional Hospital

****Shaded are WRH staff supporting the project**



Site Selection Committee controlled by WRH

- Four serve(d) on the Board of WRH, another 2 are former Chairs of the WRH Board
- Only 3 are members of the public without apparent ties to WRH

Furthermore, none of the of 11 committee members has a planning background.

Site Selection Subcommittee members:

Robert Renaud, Chair of Site Selection Committee, is Vice Chair and incoming Chair of Windsor Regional Hospital's Board of Directors. He retired as a Vice President and a member of the Board of Directors of Chrysler Canada. Following his retirement, Robert served as Executive in Residence at the University of Windsor's Odette School of Business as well as a director on many prominent and respected not-for-profit Boards and Committees within Ontario.

Brian Bildfell is a retired management professional with 25 years experience in various roles with the Ministry of Health and Long-Term Care. Before retiring in 2011, Brian held the very first position of Chief of EMS for Windsor and Essex County. For 11 years, following the downloading of ambulance services to municipalities, he oversaw EMS operations for the City of Windsor and Essex County, serving a population of close to 400,000. Brian has extensive experience working with land ambulance operations in both the city and the county.

Mike Ray is a retired lawyer, educator and former Chair of the Windsor Regional Hospital Board of Directors. Mike served as member of Windsor City Council and as a Member of Provincial Parliament. He currently serves as a member of the Windsor Police Services Board and the Windsor Port Authority Board of Directors.

Dr. Wilf Innerd is the former Dean of the Faculty of Education at the University of Windsor. He is the Past Chair of the Windsor Regional Hospital Board of Directors and a retired university professor with a distinguished career in education.

Victoria LaLonde used her background in architecture to launch a successful career in the field of healthcare. Right now, she is a Project Designer for the Henry Ford Health System, where she works on a variety of renovation projects. Victoria's career path, and interest in the future of regional healthcare, stem from personal experience. She spent a great deal of her childhood in all 3 Windsor hospitals visiting her father, who is a diabetic and double amputee.

Mason Leschyna feels that since the new hospital site is intended to serve the community for decades to come, it is important that youth - who will be using the facility the longest - be included in this discussion. Mason has a degree in Engineering Science and will begin his studies in the Doctor of Medicine program at the Western University's Schulich School of Medicine and Dentistry, in Windsor, this fall. His volunteer experience includes work as the chair of the Town of Lakeshore's Youth Council, and board chair of the Association of Campus Emergency Response Teams of Canada.

Yvan Poulin is a member of the Windsor Regional Hospital Board of Directors and a Planner with Erie St.Clair/South West French language health planning entity. He wants to ensure the voice of the Francophone community is heard during the site-selection discussion. Yvan also worked in the banking industry where he was involved in personal relocations and branches relocation. He is looking forward to adding his past experiences to this very important decision making process.

Suzanne Semeniuk spent her career working as a teacher and social worker, and continues to serve the region as an active and dedicated volunteer. Suzanne has been a member of the Board of Directors at the local chapters of the United Way, Big Sisters and is currently the family representative on the Board of Directors of the CMHA. She says she has had many positive experiences at Windsor Regional Hospital and is looking forward to helping the new hospital "find its place in our community."

Bert Serre is no stranger to the process of site selection. He participated in several site selection committees during his decades of work in the automotive industry. Bert held many high profile positions with Ford Motor Company in Canada, the United States and Australia. He also served as VP of Corporate Relations for the Lear Corporation. Having spent time in all three of the city's hospitals this past year, Bert is also very familiar with the city's medical system.

Pam Skillings retired as the Principal of the John McGivney Children's Centre School Authority 7 years ago. Now she teaches part time at St. Clair College in the Educational Assistant Program. In addition, she sits on several not-for-profit boards of directors including Windsor Regional Hospital, where she has served since 2012, the House of Sophrosyne and Family Respite. Pam feels this is a "big deal" for our community and wants to bring a community consumer point of view to the process.

Lynne Watts is a retired community college administrator who worked for many years at St. Clair College. As Vice President, Administration, at Centennial College in Toronto, she played a key role in the building of a new campus. Lynn has been on the Windsor Regional Hospital Board of Directors for 7 years and is the incoming Vice Chair. She feels Windsor "needs and deserves" this new facility and is looking forward to contributing to the project in any way possible.

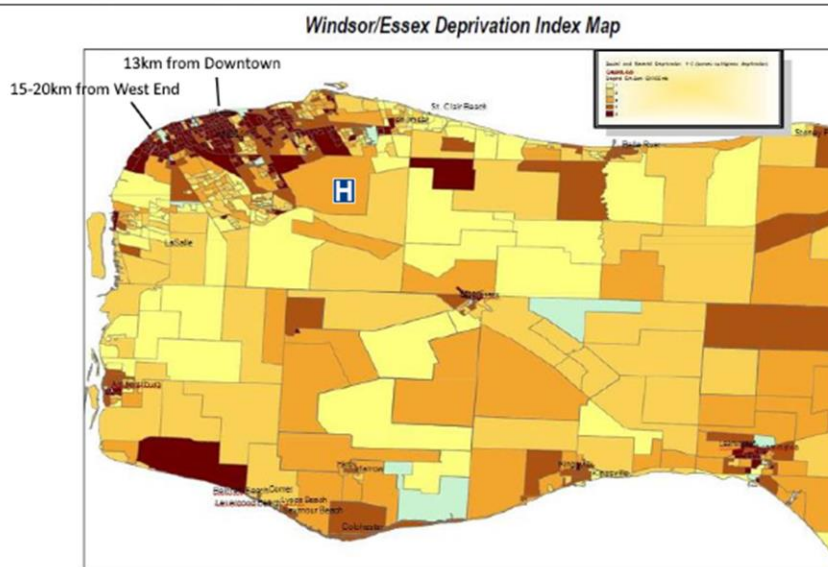
Social deprivation in hospital use ignored in site selection

- According to the Erie St. Clair LHIN, neighbourhoods with higher deprivation index scores have higher hospital utilization rates
- The County Road 42 site achieved an 80% site selection score for *Proximity to EMS services* (#15). The scoring description includes a requirement that travel times for emergency services to the hospital be less than current times. **No data is available to justify this dubious score.**

This map was originally created by the Erie-St Clair LHIN and shows where economic need is greatest, since this greatly affects health outcomes.

Yet they are silent on stakeholder concerns with the plan to demolish both existing hospitals in Windsor's core, replacing them with a new facility that is beyond the airport, making this Canada's most distant hospital relative to the city it serves.

Downtown and West End residents will have to travel 13-20km to the hospital, if their needs can't be met at the planned outpatient urgent care facility that will close its doors to the public at 10pm, according to the plan.



SDI mapping for Windsor/Essex indicated the following:

Key areas with a high concentration of social deprivation that require attention include Windsor West, Windsor City Centre and Essex County South Shore. These areas have:

- very high percentages of people living below the low-income cut-off
- very high unemployment rates
- higher utilization for hospital separation rate, average total acute and ALC LOS in comparison to Ontario
- higher CHF and ischemic heart disease hospital discharges per population than Ontario
- a high active mental health case rate

600+ bed hospitals cost more money to run

Projections for the region's population growth are strongest for the senior citizen population (the demographic group with the highest hospitalization rates). Yet:

- The County Road 42 hospital is to have the same number of beds (just under 500) on opening day that the combined WRH campuses have now
- The plan indicates a need for 669 beds, but not until 2032/33

The NWEH bed projections are:

- 2017/18: 492
- 2022/23: 544 (10.6 per cent)
- 2032/33: 669 (35.9 per cent)

Optimal hospital size

Studies consistently report improved economies of scale for 200–300 bed hospitals:

- Dis-economies of scale can be anticipated below 200 and above 600 beds
- This contradicts the wisdom underlying Ontario's decade-old mega-hospital construction trend

This is the conclusion found in this March 2017 [metadata study](#):

PLoS One. 2017 Mar 29;12(3):e0174533. doi: 10.1371/journal.pone.0174533. eCollection 2017.

Efficiency and optimal size of hospitals: Results of a systematic search.

Giancotti M¹, Guglielmo A¹, Mauro M¹.

Studies analysed in this review showed that economies of scale are present for merging hospitals. Results supported the current policy of expanding larger hospitals and restructuring/closing smaller hospitals. In terms of beds, studies reported consistent evidence of economies of scale for hospitals with 200-300 beds. Diseconomies of scale can be expected to occur below 200 beds and above 600 beds.

PMID: 28355255 PMCID: PMC5371367 DOI: 10.1371/journal.pone.0174533

Similarly, in [Are bigger hospitals better?](#), the Health Evidence Network (a WHO member agency) concludes:

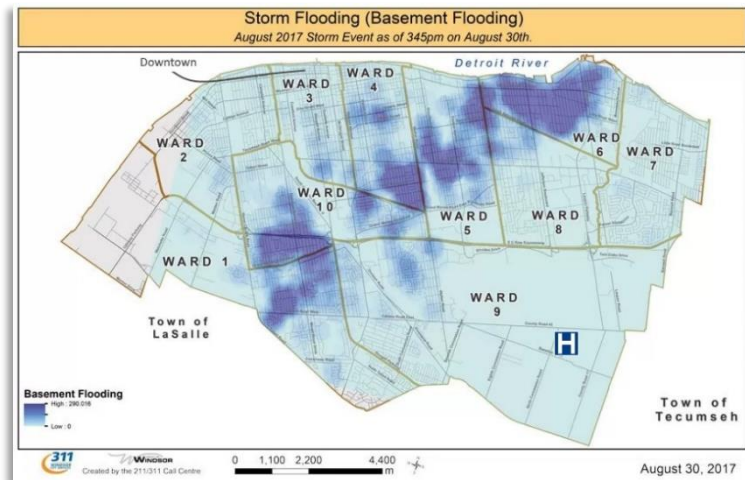
“It is tempting to think that larger hospitals are more cost-effective than smaller ones because of the operation of economies of scale. However, the evidence does not back up this belief... The literature on hospital economies of scale suggests that they are fully realized in facilities of 100 to 200 beds... **Research shows that they rarely result in lower costs or better patient outcomes.**”

This should serve as a sober warning for decision-makers seeking the wisest and most cost-effective way to allocate scarce health care resources

Why weren't residents' concerns addressed?

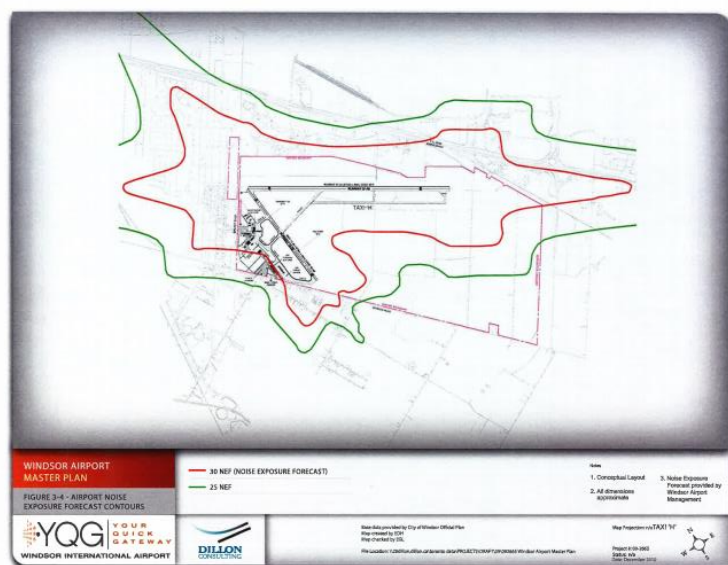
Many residents have unresolved concerns about the construction of the region's only hospital adjacent to Windsor Airport. For example:

- A new subdivision far from Windsor's urban core will present financial challenges in the delivery of city-wide municipal services to all neighbourhoods
- Residential neighbourhoods near airports tend to be less desirable, which puts the future recovery of life-cycle infrastructure costs at risk
- In the extremely unlikely event of an aircraft collision, the region would lose access to its only hospital
- Flooding in 2017 cut off the densely populated north-west side of Windsor from its south-east where the hospital is to be built. Future floods could jeopardize most of the community's access to critical health care services
- While new hospitals have features to prevent and contain the spread of disease, in the event of a system failure at the single-site facility, there would be no healthcare back-up
- A body of academic research points to health concerns in residential neighbourhoods near airports, caused by volatile organic compounds (VOC's) and nitrogen oxides emitted by airplanes.



Limitations on Future Expansion

- Height restrictions in the airport's flight path will preclude future vertical expansion of the hospital
- Noise exposure forecast (NEF) contour restrictions close to the hospital site also preclude the possibility of future runway expansion.



No meaningful community consultation

- For four years Mayor Dilkens declined to meet with members of CAMPP about the community's concerns, claiming he had no influence, even though the deal included a major municipal land swap.
- The meeting to proceed with the tax levy to pay the 10% local share of the hospital cost was squeezed at short notice into the agenda for the December 21, 2015 Council meeting. This was also the annual Budget meeting, already the longest meeting of the year. The Mayor stressed that the location of the hospital was not to be discussed.

"As in the previous consultation session on September 7, 2016, many attendees voiced concerns with locating the new Windsor Regional Hospital within the Study Area."

Source: [Secondary Plan documents \(Pg. 182\)](#)

First Nations Consultation under UNDRIP: There has been no meaningful consultation with First Nations

- At the April 25, 2016 Windsor City Council meeting, a First Nations resident spoke about the requirement for meaningful consultation under UNDRIP obligations.
- Email invitations to a stakeholder meeting were sent to Caldwell and Walpole Island First Nations (WIFN). Secondary Plan appendices indicate no response was received.
- **Windsor's Planning Department made a typographical error when preparing its notice of consultation to WIFN. As a result, the notice was never actually sent to WIFN. Staff detected the error on the day of the deadline (March 26, 2018).**

"What it indicates is a wrong email address was used repeatedly and finally corrected on the date submissions were due, at 3:02 p.m., notifying the party you've got today to send your materials in," CAMPP lawyer Eric Gillespie said, charging that the city showed an "abysmal lack of meeting any legal standard" by effectively giving Walpole a two-hour deadline. "If that constitutes providing proper notice when it comes to a First Nation ... that qualifies with the word 'shocking.'"

Source: [The Windsor Star, May 12, 2020](#)

☒ WALPOLE ISLAND FIRST NATIONS (J. MACBETH)

☒ CALDWELL FIRST NATION FIRST
reception@caldwellfirstnation.ca

- As a result, the **first and only notice of consultation** was sent to Walpole Island First Nation at 3:02 p.m. on March 26, 2018 (see email trail on next page).

1. Discovery on the day of the deadline (March 26, 2018) that notice of stakeholder consultation had not been delivered to Walpole Island First Nation:

-----Original Message-----
From: Mail Delivery System [mailto:MAILER-DAEMON@city.windsor.on.ca]
Sent: Monday, March 26, 2018 2:24 PM
To: Nwaesei, Justina
Subject: Undeliverable: REMINDER - LIAISON: Z-007/18 [ZNG/5416] OPA 120 [ZNG/5417] - Windsor Regional Hospital (WRH) - County Road 42 at 9th Concession

janet.macbeth@wifu.org
A problem occurred during the delivery of this message to this e-mail address. Try sending this message again. If the problem continues, please contact your helpdesk.

2. Acknowledgment of error at 2:38 p.m. on March 26, 2018:

From: Nwaesei, Justina
Sent: Monday, March 26, 2018 2:38 PM
To: Sladic, Marianne
Subject: FW: REMINDER - LIAISON: Z-007/18 [ZNG/5416] OPA 120 [ZNG/5417] - Windsor Regional Hospital (WRH) - County Road 42 at 9th Concession

Hi Marianne,

Could you please send a reminder notice to these individuals/agencies. I am having trouble reaching them. Please let me know if their contact information is correct or not. Thanks.

I will forward my reminder message to you.

Justina Nwaesei, M.Sc. Arch, MCIP, RPP
Planner II - Development Review

Planning Department
Corporation of the City of Windsor

3. Consultation notice emailed to Walpole Island First Nation at 3:02 p.m. on day of deadline:

Nwaesei, Justina

From: Sladic, Marianne
Sent: Monday, March 26, 2018 3:02 PM
To: 'janet.macbeth@wifu.org'
Cc: Nwaesei, Justina
Subject: REMINDER - LIAISON: Z-007/18 [ZNG/5416] OPA 120 [ZNG/5417] - Windsor Regional Hospital (WRH) - County Road 42 at 9th Concession

Importance: High


Please note that **today is the due date** for comments regarding the above subject matter – OPA 120 & Z-007/18. I have received comments from the following individuals, departments and agencies:

1. Manager of Environmental Services
2. Assessment Data Analyst
3. Manager of Transportation
4. Windsor Police Service
5. VIA Rail
6. ENWIN Utilities (Hydro & Water Engineering)
7. Ministry of Environment & Energy
8. Ministry of natural Resources
9. Heritage Planner (Acting)

If your name is not listed above, but your comment has already been sent to me, could you please inform me so we can sort that out. However, if you have not yet sent your comment, please do so ASAP.

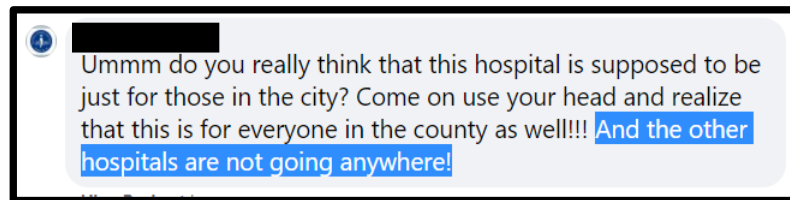
Thank you

marianne.j.sladic | steno clerk senior
building & planning department - development division
P: 519-255-6543, ext. 6604 | F: 519-255-6544


"Alone we can do so little; together we can do so much". - Helen Keller

Lack of Accurate Public Messaging: Many residents *still* incorrectly believe the new hospital will be a third hospital for the region (not including Erie Shores)

- Many refuse to believe the project involves the loss of both existing hospitals. The comment below, one of many examples, was written on October 16, 2020:



- Another prevalent misconception is that the new hospital will provide additional programs and services so Windsor-Essex residents will no longer have to travel to London or Toronto for specialized treatment. **Several Windsor councillors even indicated they believed this to be true at the August 13, 2018 Sandwich South zoning meeting.** Without significant population growth and operating resources, this is an unrealistic dream.

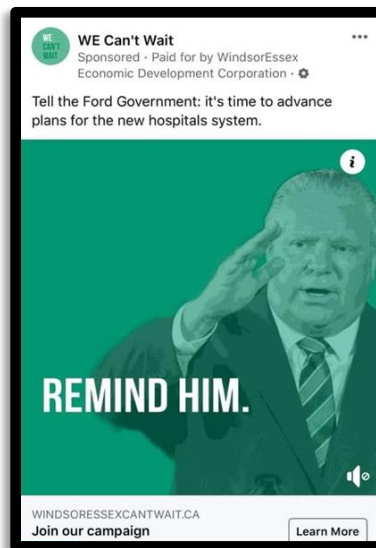
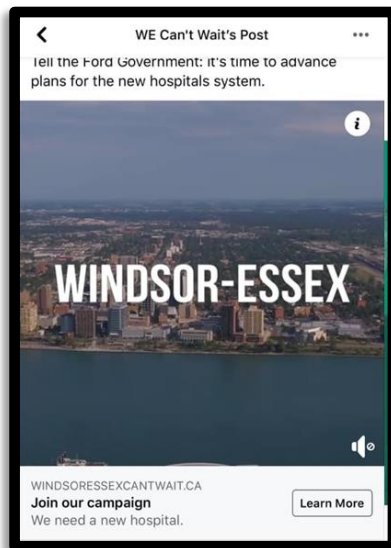
Marginalizing the Expression of Public Concern

- The community has consistently expressed significant concerns **regarding the hospital location** at meetings, in person, in letters, on social media, through billboards and with thousands of highly visible lawn signs.
- Meanwhile, the Steering Committee Co-Chairs and the Mayor of Windsor consistently marginalized all expressions of concern, referring to those in opposition to the plan as “a small group” putting the success of the project at risk.

WE EDC's taxpayer-funded 'grassroots' campaign

Local elected officials, stymied by sustained community opposition to the new hospital location, used several unsuccessful strategies to generate an illusion of support for the project.

Their latest attempt is also the most insidious: the WindsorEssex Economic Development Corporation (WE EDC) entered into a six-figure contract with communications and lobbying firm Crestview Strategy ("We make, change, and mobilize public opinion") to stage a taxpayer-funded "grassroots" campaign to raise the project's profile.



Please note: WE EDC's use of an image of Windsor's downtown in the picture on the left.

But, the plan removes all hospital services from this area, even though it is the heart of the city!

Windsor's downtown has the region's greatest population density. It is also home to many of the region's low income residents. Ironically, this area is also 12km+ from the County Road 42 hospital location.

Ominously, according to [The Windsor Star](#), the campaign is aimed at "countering the Citizens for an Accountable Mega-hospital Planning Process's (CAMPP) efforts to have the hospital built on another site."

1. **Questionable public spending:** WE EDC is a not-for-profit organization receiving its core funding from Windsor-Essex's nine municipalities. The local residents calling for a responsible hospital location are neither financed nor amplified using public tax dollars.
2. **Circumventing procurement transparency:** It is deeply troubling that WE EDC was the vehicle that hired Crestview, a national lobbyist, to circumvent the transparency required by municipal procurement processes.
3. **Compromised neighbourhood prosperity:** WE EDC's self-stated responsibility is "advancing economic development to grow and sustain prosperity in the region." The likelihood of incalculable loss of prosperity to Windsor's central neighbourhoods resulting from the proposed loss of both current hospital campuses is not addressed.
4. **One-sided narrative:** Windsor Regional Hospital (WRH) scored 99.8% in a [national accreditation process](#) in 2019. Yet the campaign's targeted messaging accelerates a shrill sense of urgency around the need to replace Windsor's two hospital campuses:
 - "NEW HOSPITAL NOW"
 - "We can't wait any longer"
 - "The facilities are obsolete, at capacity, and do not meet today's standards"
 - "Our acute care facilities are no longer fit for purpose"



How both campuses are *now* in such disrepair isn't addressed. Where is the mention of the hundreds of millions of dollars in capital investments and expansions in the past two decades?

This one-sided narrative of the condition (and present-day safety) of our current hospitals has already duped many residents, as evidenced by numerous comments demanding *immediate* "shovels in the ground" on the campaign's own social media pages.

5. **Seeding a false dilemma:** WRH's own planning documents indicate the new hospital was never expected to be completed before 2027. To suggest otherwise is blatantly deceptive. The optics of seeding this false narrative in residents' minds are extremely problematic.

WE Can't Wait has led many to incorrectly believe that CAMPP's advocacy has caused an unacceptable delay in the project timeline. There are now those who are torn between a desire for a responsible hospital location, and a mistaken belief that the two hospital campuses are no longer safe.

The involvement of an (inter)national communications and lobbying firm to influence what should be a transparent public process is disturbing -- all the more so, given the many land use planning experts publicly supporting CAMPP's position that the new hospital belongs where people live. Among them:

- [Ken Greenberg](#), urban designer, teacher, writer, former City of Toronto Director of Urban Design and Architecture
- [Jennifer Keesmaat](#), former City of Toronto Chief Planner, CAMPP's Independent Expert Witness
- [Shawn Micallef](#), co-founder and Editor, *Spacing Magazine*
- [Gil Penalosa](#), Founder and Chair, *8 80 Cities*
- [Windsor Regional Society of Architects](#)



Windsor mayor Drew Dilkens and Essex County warden Gary McNamara displaying lawn signs promoting the WE EDC taxpayer-funded *WE Can't Wait* campaign

Demolition of 21st century capital investments

1. Windsor Regional Hospital Met Campus – *to be demolished*:

Year	Value	
2001	\$17M	New 73,000 sq. ft. Regional Cancer Centre adjacent to WRH Met Campus. Project description at www.canadianarchitect.com/features/building-health
2005	\$101M	Final phase of a 420,000 sq. ft. expansion & renovation including: Admitting, Ambulatory Care, Central Sterilization, Pharmacy, Oncology, Operating/Recovery Rooms and Orthopaedic Clinic
2016	\$1.6M	\$1.6M Ronald McDonald House within a hospital at WRH Met Campus

2. Windsor Regional Hospital Ouellette Campus – *to be demolished*:

2005	\$58M	200,000 sq.ft. renovation & 130,000 sq. ft. new wing to the east of the existing hospital on 3 levels including the Emergency Department, Outpatient Clinics, Diagnostic Imaging, Surgical Suite, and ICU. As part of the new Diagnostic & Treatment addition, a new main entrance, drop-off, lobby, and vertical connections were created, along with a new ambulatory and ambulance emergency entrance on Goyeau Str. The addition houses Angioplasty, ER expansion, Renal Dialysis, Day Procedures & Ophthalmology, Nuclear Medicine, elevators and a structure that is adequate for the addition of floors in the future . Project description at this link .
2015	\$12M -\$15M	24/7 angioplasty program, as well as 20,000 sq. ft. renovation , new Cath Lab on the 5th floor & day surgery program relocated to the 2nd floor

3. HDGH Tayfour Campus

Value of recent hospital investments slated for demolition: \$192M

2012	\$91.7M	New construction of a \$91.7M, 75,000 sq. ft. long-term mental health building & renovation of 35,000 sq. ft. of space in the Tower Building, to house in-patient rehabilitation services
2016	\$1.7M	9,800 sq. ft. rehabilitation and wellness centre

4. Windsor Regional Hospital Ouellette Campus – *put on hold*:

2008	\$670M	20-year project scheduled for completion by 2016/17 . Phase 1 was a \$100M three-storey addition: A 10,000 sq. ft cardiac care centre with 2 angioplasty suites. Also included: medical school improvements, expanding the ER by 40%, and a new ophthalmology centre & endoscopy centre. “Hospital officials indicated the new plans will focus solely on improving angioplasty care,” Source: https://windsorstar.com/health/100-million-expansion-at-former-hotel-dieu-grace-hospital-falls-by-wayside
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Value of hospital investments put on hold: \$670M

Appendix A: Emergency Department versus Urgent Care facilities

“An Emergency Department is, by definition, a 24 hour per day, 7 days a week service which operates in a hospital.”

Source from: [Small Community Hospital Emergency Department Study Submitted to Erie St. Clair Local Health Integration Network](#)

CTAS level 1 or 2 patient being transported by ambulance should automatically be routed to an Emergency Department

Conditions we treat

The Urgent Care Centre offers one-stop care for individuals of all ages who have a non-life-threatening illness or injury, including:

- Ear aches
- Eye problems
- Sprains and strains
- Broken bones
- Cuts that may need stitches
- Minor burns
- Fever
- Nose and throat complaints
- Minor abdominal pain (nausea, vomiting, flu-like symptoms)
- Any illness that cannot wait for your family physician and is unlikely to require a hospital admission.

When to visit the ER

Be sure to go to the [emergency room](#) (ER), NOT the Urgent Care Centre, if you are experiencing:

- Chest pain (heart attack, angina)
- Stroke or mini stroke
- Moderate to severe respiratory distress (shortness of breath, COPD or asthma attack)
- Severe abdomen/stomach pain (appendicitis, irritable bowel flare up, abdominal pain with fever)
- Any mental health issue
- Any obstetrical (pregnancy) complaints
- Any condition requiring blood transfusion
- Any medical or surgical emergency likely requiring admission to hospital

Source from [St. Josephs Health Care, London ON](#)

Emergency Dept Patient Origin by Triage Level City of Windsor Forward Sortation Area Level



	Total ED Visits	CTAS 1 Resuscitation ED Visits	CTAS 2 Emergent ED Visits	CTAS 3 Urgent ED Visits	CTAS 4 Semi-Urgent ED Visits	CTAS 5 Non-Urgent ED Visits	Unknown / Blank CTAS Level
Detail for Windsor FSAs	71.1%	69.7%	70.7%	71.4%	71.3%	71.0%	70.3%
N8X, N8Y, N9A, N9B & N9C FSAs	37.1%	38.2%	36.8%	37.1%	36.5%	41.7%	40.6%
N8X (South Central)	6.3%	5.7%	6.5%	6.2%	6.2%	6.7%	5.4%
N8Y (East Walkerville)	7.4%	6.3%	7.2%	7.4%	7.9%	6.8%	7.0%
N9A (City Centre / Walkerville)	13.4%	16.8%	13.2%	13.4%	12.8%	16.5%	17.1%
N9B (University)	5.5%	3.8%	5.3%	5.6%	5.5%	6.2%	6.8%
N9C (Sandwich)	4.5%	5.7%	4.0%	4.4%	4.1%	5.5%	4.3%
Other Windsor FSAs	33.1%	30.8%	32.9%	33.4%	34.0%	28.1%	28.1%
N8P (East Riverside)	2.5%	3.1%	2.6%	2.5%	2.3%	2.1%	1.8%
N8R (East Forest Glade)	2.7%	2.4%	2.8%	2.7%	2.7%	2.5%	1.4%
N8S (Riverside)	5.9%	5.8%	6.1%	5.9%	5.7%	5.2%	4.3%
N8T (West Forest Glade)	6.1%	6.4%	5.9%	6.1%	6.5%	4.6%	4.9%
N8W (South Walkerville)	7.3%	6.1%	6.8%	7.3%	8.2%	6.0%	7.0%
N9E (South / East Malden)	4.4%	3.7%	4.5%	4.5%	4.2%	4.0%	5.2%
N9G (Roseland)	4.3%	3.3%	4.2%	4.4%	4.4%	3.8%	3.4%
Not Reported / Invalid FSAs	0.9%	0.7%	1.0%	0.8%	0.8%	1.2%	1.6%

Source: Windsor Regional Hospital (2012/13 Data)
NR: Data suppressed as cell count less than five (not reportable)

13

71% of Total ED visits from Windsor addresses.

Source from: Stage 1A planning documents.

Appendix B: Consulting Engineer's complaint

Mr. Spencer's letter suggests a pattern of bias and interference in the work of an independent expert in order to favour an unserviced site for the new hospital

Rick Spencer was the Consulting Engineer for both shortlisted hospital sites (County Road 42 and GEM)

- **Alterations to Mr. Spencer's work without consultation is highly irregular and calls into question the role of an independent Consulting Engineer**
 - Significant additional servicing costs were allocated to both sites
 - He disagrees with the substance of the alterations to his work
 - The GEM site access route was changed to Jefferson Boulevard without explanation. Jefferson would require upgrades, though to a much lesser extent than claimed by Stantec. This increases the apparent advantage favouring the County Road 42 site
- **Road upgrades were not included in the site evaluation, giving the greenfield hospital site an unfair advantage that will greatly increase taxpayer-funded costs**
 - The [\\$100k/acre \(\\$6M\) land cost for the 60 acre County Road 42](#) site is eclipsed by the \$20M-\$30M cost of upgrading its access road
 - The [\\$136k/acre land cost for the \(up to\) 77 acre GEM](#) site is initially higher than the County Road 42 site. However, both of its access roads from Lauzon Parkway (via Tecumseh and Catherine) are fully engineered and require no upgrades, according to the Consulting Engineer
- **The cost of upgrading hydro service to the County Road 42 site has yet to be quantified**

1. "We Do Not Concur"

The calculations used to select the winning hospital site were materially different than those Mr. Spencer submitted to Stantec. This serious irregularity has not been investigated.

We do not concur with the second statement regarding improvement to the City /County arterial road system. Our comparison of the N-S and E-W arterial road system is consistent relative to the N-S arterial road systems for both sites. Jefferson Boulevard does not have an arterial road status and is quite limited in length i.e. E.C. Row Expressway to Tecumseh Road East and does not have a full interchange at E.C. Row Expressway.

2. Infrastructure deficiencies at the County Road 42 were not flagged in the site selection evaluation

The need for a new watermain and greater hydro capacity raises questions of how the County Road 42 site was able to achieve a 70% score for its servicing.

- **Watermain provides insufficient pressure**

The existing 150 mm watermain provides insufficient pressure to service a hospital. A two-kilometre long 300 mm diameter watermain is needed from the 8th Concession to the County Road 42 site, which lies along the 9th Concession:

O'Keefe site external costs included the extension of almost 2 kilometres of 300mm diameter watermain and an "external" outfall sewer to Little River watercourse. The difference in these external costs was **\$580,000 more for the O'Keefe site** and it did **not** include any allowance for hydro distribution upgrades or plant extension if required.

- **Insufficient Hydro Capacity**

The capacity of the County Road 42 site's Hydro One feeder is insufficient to absorb the load required for a hospital. This cost of this upgrade has yet to be quantified.

3. Why did Stantec not liaise with Mr. Spencer as agreed?

The RFP required a determination of the probable costs to bring each site to a condition "*which can be readily connected to municipal services including water, sanitary and storm sewers, electrical, natural gas, and other utilities.*"

Mr. Spencer determined that the GEM site would require a new stormwater management lift pump station, while the County Road 42 site would require a wider watermain.

The price differential for these additions is **\$580k more for County Road 42**.

Subsequent to this determination, significant additional servicing costs favouring the County Road 42 site were added *without consultation* with Mr. Spencer:

The extra costs noted in the third statement (\$1.4 million and \$925,400) are significantly more than our external services costing and should have been reviewed with our firm, the author of these required reports.

Though the final price differential remained in GEM's favour, it was more than halved, to just **\$213k**:

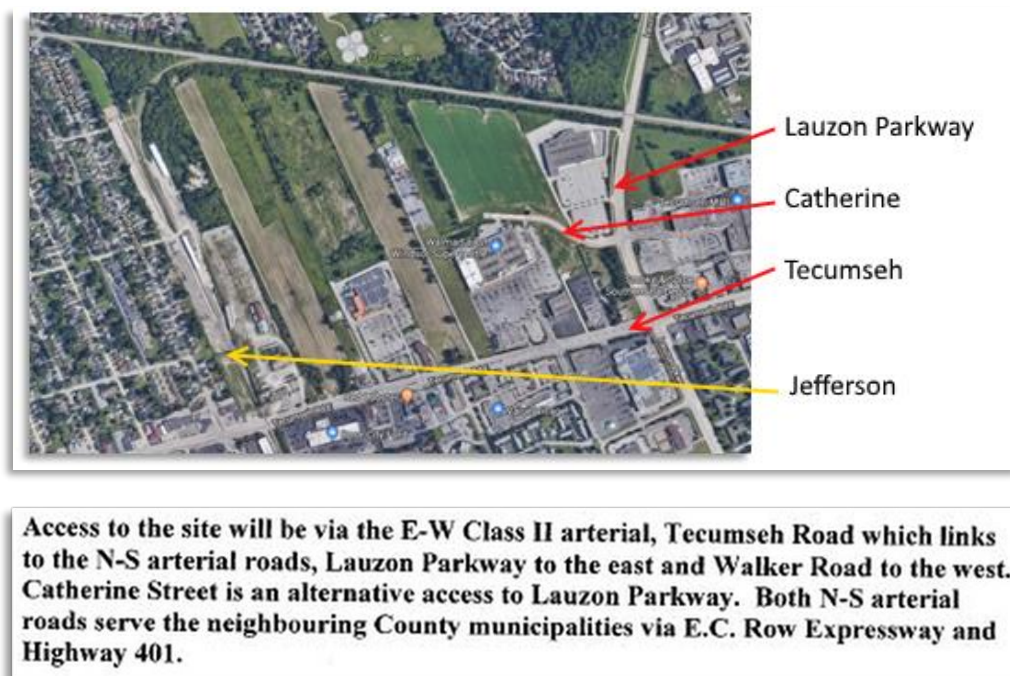
We completed and submitted site servicing reports on behalf of both of these proponents. We were advised at the Phase 2 Site Selection Committee Meeting that Stantec Consulting would review all reports to ensure consistency with the cost estimates submitted and would liaise directly with our firm to obtain agreement on same.

Why did Stantec not liaise with Mr. Spencer *before* changing his cost estimates? Stantec Consulting originally informed him they were in agreement with his work. They also indicated they would liaise with his firm in the event of any required adjustments to the cost estimates. This needs to be addressed.

4. Changing GEM's access road to inflate cost and favour County Road 42

Mr. Spencer's letter explains that there are two access roads to the GEM site from Lauzon Parkway (a 6 lane Class I arterial road with a centre turning lane): via Tecumseh Road (a recently upgraded 6 lane Class II arterial road), and Catherine (a short 2 lane Class I collector road). Lauzon Parkway serves County municipalities via E.C. Row Expressway and Highway 401.

Mr. Spencer alleges the access route to the GEM site was changed to Jefferson Boulevard *after* he submitted his calculations. This is a significant alteration.



In this way, \$26.9M in unnecessary road upgrades were added to the equation. This is in comparison with \$22.9M in upgrades needed for County Road 42.

The decision to use a different access route without prior liaison with the Consulting Engineer needs to be addressed.

5. Taxpayer-funded roadwork would cost >80% less if the GEM site was selected

Bearing in mind that Mr. Spencer already explained why the use of Jefferson is redundant, he notes that the stretch of Jefferson Boulevard in question is much shorter than County Road 42.

- Using the same cost per kilometre estimate used in the Lauzon Parkway Environmental Assessment, he alleges that the more realistic cost to widen Jefferson is closer to \$5.1M, not \$26.9M as stated.
- However, he also notes that Jefferson's infrastructure is in better condition than County Road 42. Therefore, the per kilometre road construction cost on Jefferson should be lower than on County Road 42.



RC SPENCER ASSOCIATES INC.
Consulting Engineers

25 January 2016
File No.: 15-452

GEM Properties
6550 Tecumseh Road East
Windsor, Ontario
N8T 1E6

Re: GEM Properties Inc. – Windsor Regional Hospital
Proposal for a New Acute Care Hospital Facility

We are in receipt of your letter of 11 January 2016, requesting our review and comments on the facts presented in the 8 January 2016 issue of the Windsor Star (Mr. Brian Cross, Reporter).

We understand there were only two sites short listed by the Selection Committee for the New Acute Care Hospital Facility.

1. GEM Properties – 6550 Tecumseh Road East and
2. O'Keefe Property – County Road 42 at 9th Concession

We completed and submitted site servicing reports on behalf of both of these proponents. We were advised at the Phase 2 Site Selection Committee Meeting that Stantec Consulting would review all reports to ensure consistency with the cost estimates submitted and would liaise directly with our firm to obtain agreement on same.

The Windsor Star article states:

“The infrastructure costs directly tied to the hospital site at 42 would be less than the cost for the GEM site.”

It further states that:

“They estimated the GEM site at \$26.9 million (for improvements to Tecumseh Road and expanding Jefferson Boulevard) compared to \$22.9 million for the 42 site (four-laning and servicing County Road 42)” and

“The 42 site came in with a price of \$100,000 per acre, plus extra costs estimated at \$1.4 million, while the GEM site was asking \$136,000 an acre plus \$925,400 in extra costs.”



Our reports, per a Stantec email of 16 April 2015, were to provide servicing details and cost estimates to bring servicing (storm and sanitary sewers, watermain, electrical, gas etc.) to the front property limits and address intersection improvements and driveways at the roadway. In addition, a design brief for the stormwater management was prepared along with a cost estimate for the on-site facility. Existing infrastructure lacking sufficient capacity for the new facility was also to be addressed. Stantec indicated that they “may have to add additional costs to any site to bring services to a logical building location.”

The GEM report identified the following salient features about the site:

- Existing 250mm diameter sanitary sewer on Tecumseh Road East and 450mm diameter sanitary sewer on Catherine Street at the site’s east boundary. **Thus, sufficient capacity and depth for either alternatives, with good redundancy**
- Existing 750mm diameter feeder watermain on Tecumseh Road, 250mm diameter services main to the rear of Home Depot and 300mm diameter watermain at the terminus of Catherine Street. Fire flows and pressures some of the highest in the City. **Thus, excellent available water supply at 3 locations on the site with good redundancy.**
- 27.6kV hydro distribution with 3 different feeders from 2 stations. **Thus, excellent power available with redundancy.**
- 250mm diameter NPS gas main on Tecumseh Road East. **Thus, adequate natural gas supply.**
- Available Hawkins Drain located along the northern boundary of the site. **Sufficient detention storage will be available in the site parking areas.**
- Tecumseh Road East is a Class II E-W Arterial Road (6 lanes plus a centre turning lane) with a signalized intersection at the site’s west limit; Lauzon Parkway is a Class I N-S Arterial Road (minimum 6 lanes plus a centre turning lane) with signalized intersections at Tecumseh Road East and Catherine Street; Catherine Street, within 60m of the site at its mid-depth) is a Class I Collector Road (2 lanes) with 4 lanes at the west leg of the Lauzon Parkway signalized intersection.

Access to the site will be via the E-W Class II arterial, Tecumseh Road which links to the N-S arterial roads, Lauzon Parkway to the east and Walker Road to the west. Catherine Street is an alternative access to Lauzon Parkway. Both N-S arterial roads serve the neighbouring County municipalities via E.C. Row Expressway and Highway 401.

The O'Keefe report identified the following salient features about the site:

- Existing 1350mm diameter trunk sanitary sewer on the north side of County Road 42. **Thus sufficient capacity and depth.**
- Existing 150mm diameter watermain with inadequate available pressure and fire flows. **It is necessary to construct a new 300mm diameter watermain from the 8th Concession easterly to the site.**
- Existing 3 phase power feeder on County Road 42 east of 8th Concession fronting Municipal No. 5255. **It is unknown (Hydro One) at this preliminary stage if the feeder has capability to absorb the additional Hospital Facility load.**
- Little River watercourse is located at the southeast corner of the site and the site is high enough to construct without the importing of fill to raise the site. **Sufficient detention storage will be available in the site parking areas.**
- County Road 42 is an E-W Arterial Road within the City of Windsor (2 lanes rural cross-section). **Access to the site will be via CR 42, improved to a 4 lane urban cross-section in accordance with the May 2013 Lauzon Parkway Improvements Class EA Study. It will link to the N-S arterial roads, Lauzon Parkway, to the east and Walker Road to the west. Both N-S arterial roads serve the neighbouring County municipalities via E.C. Row Expressway and Highway 401.**

Common to both sites was the planned extension of the Lauzon Parkway to link to Highway 401.

Relative to our preliminary engineering site services costs as described, we were advised by Stantec Consulting that they were in agreement with our cost analyses. There were no external costs assessed to the GEM site, as would be expected; only an "external" stormwater management lift pump station for discharge to the shallow Hawkins Drain watercourse. The O'Keefe site external costs included the extension of almost 2 kilometres of 300mm diameter watermain and an "external" outfall sewer to Little River watercourse. The difference in these external costs was **\$580,000 more for the O'Keefe site** and it did **not** include any allowance for hydro distribution upgrades or plant extension if required.

It is to be noted that if the hospital facility is located more to the rear of either site, there would be no significant difference in costs to extend services into the sites since the GEM site has a sanitary sewer and watermain available on Catherine Street, which is comparable to the front property line of the O'Keefe site. Further, because the CR 42 trunk sanitary sewer is very deep, one would expect the tapping/connection cost to be more but not of significance when considering the overall site servicing and paving and grading cost of either site's development.

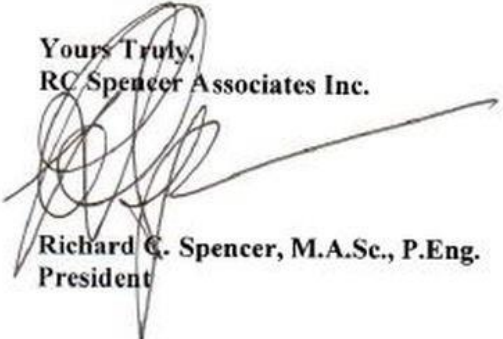
The extra costs noted in the third statement (\$1.4 million and \$925,400) are significantly more than our external services costing and should have been reviewed with our firm, the author of these required reports.

We do not concur with the second statement regarding improvement to the City /County arterial road system. Our comparison of the N-S and E-W arterial road system is consistent relative to the N-S arterial road systems for both sites. Jefferson Boulevard does not have an arterial road status and is quite limited in length i.e. E.C. Row Expressway to Tecumseh Road East and does not have a full interchange at E.C. Row Expressway.

Further, the noted Lauzon Parkway ESR provides a preliminary cost estimate of \$25.7 million for a constructed length of 8.81 km to improve to a 4 lane urban cross-section. If one does consider Jefferson Boulevard as a legitimate N-S arterial road and applying the same cost per kilometre of road as County Road 42, the preliminary cost estimate is more in the range of only \$5.1 million since the existing 2 lane section of Jefferson Boulevard is only 1.75 km in length (Queen Elizabeth intersection to Tecumseh Road East). Further, the Jefferson Boulevard right-of-way infrastructure is more up to date than the CR 42 infrastructure, with an expected reduction in cost per kilometre of road reconstruction.

We can meet at your convenience if you require clarification of the foregoing.

Yours Truly,
RC Spencer Associates Inc.



Richard C. Spencer, M.A.Sc., P.Eng.
President

Appendix C: Hospital site selection criteria

The scores of the two shortlisted sites ("N" and "V") are presented below. Although the infill site ("V") in an existing neighbourhood initially received a higher score than the rural County Road 42 site ("N"), it was passed over in the second scoring phase over a \$1.8M land price difference. The site selection criteria gave top weighting to **surface parking and parcel size**. **Climate change considerations** were not considered.

- The top-scoring infill site ("V") in an existing neighbourhood received a lower score for **neighbourhood compatibility** than the rural County Road 42 site ("N");
- **Pedestrian and bicycle access** were evaluated within the immediate area surrounding the site only;
- Future **public transit service and municipal servicing** were scored as if they already exist today.

	1040	860	904
<p>Top scoring site is an infill parcel in an established neighbourhood →</p> <p>Greenfield site didn't score as highly, much more costly when external costs are counted. →</p> <p>CRA 2 & 9</p> <p>6770 Tecumseh Rd East</p>			
	MAX	N	V
Parking potential	50	30	50
Parcel size	50	50	50
Service catchment area	50	35	40
Roadway capacity	50	35	40
Transit Route	50	35	45
Restrictions on use of property	40	36	36
Expansion	40	36	40
Proximity to EMS/Police	40	32	32
Arterial/Collector Road Access	40	40	36
User Access	40	40	40
2 Road frontage	40	40	32
Servicing	40	28	40
Heritage/Enviro	40	40	40
Parcel shape	30	30	21
Flexible Site development	30	30	27
Provisions for allied services	30	21	27
R/ship with other institutions	30	21	21
Neighbourhood compatibility	30	27	21
Pedestrian/bicycle access	30	15	24
Helicopter potential	30	30	24
Topography	30	30	30
Protected wetlands	30	30	30
Air Quality	30	24	27
Official Plan designation	20	14	16
Zoning	20	12	12
Site amenities	20	10	18
Visibility	20	16	14
Drainage	20	14	18
Vegetation (should not impinge on)	20	16	14
Wind	20	20	20
Noise	20	18	12
Distance to US	10	5	7

Citizens for an Accountable Mega-Hospital Planning Process

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