



*Mission: Provide quality person-centered health care services to the community*

**WRH VALUES**

*We respectfully acknowledge that the Windsor Regional Hospital occupies the traditional, ancestral and contemporary lands of the Niswi Ishkodewan Anishinaabeg: The Three Fires Confederacy (Ojibwe, Odawa and Potawatomi). We acknowledge that the land and the surrounding waters for sustaining us and we are committed to protecting and restoring these lands and waters from environmental degradation.*

**BOARD OF DIRECTORS**

**Thursday, January 4, 2024**

**VIA ZOOM: 1700 hours**

**(ZOOM link is included with meeting invitation)**

	<b>TAB</b>	<b>TIME</b>	<b>ACTION</b>
<b>1. <u>CALL TO ORDER</u> (France)</b>		<b>1700</b>	
<b>2. <u>DECLARATIONS OF CONFLICT OF INTEREST</u> (France)</b>		<b>1702</b>	
<b>3. <u>PREVIOUS MINUTES: December 7, 2023</u> (France)</b>	<b>Tab A</b>	<b>1703</b>	<b>MOTION</b>
<b>4. <u>REPORT OF THE PRESIDENT &amp; CEO</u> (Musyji)</b>		<b>1705</b>	
<b>5. <u>CNE REPORT</u> (Riddell)</b>		<b>1715</b>	<b>FYI</b>
<b>6. <u>SCHULICH REPORT:</u> (Jacobs)</b>		<b>1720</b>	
<b>7. <u>FINANCIAL PRESENTATION ( Paniccia): None</u></b>		<b>1725</b>	
<b>8. <u>CONSENT AGENDA: Finance/Audit &amp; Resources: December 18, 2023</u> (Paniccia)</b>	<b>Tab B</b>	<b>1725</b>	
<b>9. <u>CORRESPONDENCE/PRINTED MATTER:</u> Media Report – FYI (France)</b>	<b>Tab C</b>	<b>1730</b>	

<b>10. <u>BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTION (France)</u></b>		<b>1730</b>	
<b>11. <u>DATE OF NEXT REGULAR BOARD MEETING:</u> Thursday, February 1, 2024 – ZOOM</b>			
<b>12. <u>ADJOURNMENT (France)</u></b>		<b>1735</b>	<b>MOTION</b>





**MINUTES** of the **BOARD OF DIRECTORS** meeting held on **Thursday, December 7, 2023**, 17:00 hours, via ZOOM and live streamed on YouTube.

**PRESENT:**

Patricia France, Chair

David Malian

Paul Lachance

Cynthia Bissonnette

Ian McLeod

Mary Dawson

Michael Lavoie

Jamie Skutovich

Laura Copat

Chris Lanoue

Dr. Laurie Freeman

Genevieve Isshak

Penny Allen

Anthony Paniccia

Nila Das

Linda Staudt

Dr. Wassim Saad (ex-officio, non-voting)

David Musyj (ex-officio, non-voting)

Karen Riddell (ex-officio, non-voting)

Dr. Larry Jacobs (ex-officio, non-voting)

**STAFF:**

Executive Committee

**REGRETS:**

Dr. Danielle Soulliere (ex-officio, non-voting)

Dr. Maher Zayouna (ex-officio, non-voting)

**1. CALL TO ORDER:**

The meeting was called to order at 1705 hours with Ms. France presiding as Chair and Ms. Sutherland recording the minutes.

**2. DECLARATIONS OF CONFLICT OF INTEREST:**

None declared.

**3. PREVIOUS MINUTES:**

The minutes of the November 2, 2023 Board meeting had been previously circulated.

**MOVED** by Dr. L. Freeman, **SECONDED** by Ms. M. Dawson and **CARRIED**

**THAT** the minutes of the November 2, 2023 Board of Directors meeting be approved.

**4. REPORT FROM THE PRESIDENT & CEO and CHIEF NURSING EXECUTIVE:**

Mr. Musyj spoke to respiratory issues in our community and how it is affecting the hospital.

Wastewater levels for COVID-19 in W/E are moving up to levels greater than April of this year. There is a high level of COVID in the wastewater which means it is in our community. Also, we are starting to see the start of influenza A in the wastewater data. We predicted we would start to see an increase of influenza in the month in November and, in fact, it appears

to be starting to increase rapidly. Provincially, they are anticipating we will be hitting the peak season over the next couple of weeks. Mr. Musyj referred to Page 5 of the presentation which showed the percentage of tests positive in Canada compared to the previous seasons. The flu season started earlier last year and Public Health is predicting this year's season to be more typical to the average flu season.

With respect to RSV, the numbers were high in early December but are going down a bit. It is still present and WRH is down to 3 pediatric patients as of yesterday. Mr. Musyj added that only one child has tested positive for both RSV and flu.

Mr. Musyj advised that effective December 8<sup>th</sup> at 12:01 a.m. anyone visiting a patient in the hospital must wear a mask while visiting in a patient's room. Patients must also wear a mask outside their designated bed space as much as possible. WRH is taking this proactive approach as we have historically seen an increase in respiratory illness during the first two weeks of January.

Mr. Musyj also provided an update on the positive impact of the NPT (Nurse Police Team) program. For the first 29 weeks, the team has helped close to 800 individuals in the community. Again, this is a collaboration of the WRH ER and Windsor Police Department. The program pairs the same police officer and ER nurse to go into the community to treat the mental health, addictions and homeless populations. As a result, WRH has seen a rather substantial reduction in ER visits from these individuals. In addition, 64 substance related wounds have been treated in the community. These individuals are following up with to ensure there is no infection and no ER visit is required. We are hoping to expand the program to 7 days a week. Currently the program runs every Friday, Saturday and Sunday evening.

Mr. Foster and a representative from the WPD were recently keynote speakers on this very topic at a conference in the US. Mr. Musyj thanked the staff at WRH as well as the WPD for this very successful partnership.

Ms. Riddell provided an update with respect to the ongoing restoration efforts following the criminal cyberattack.

On Dec 2<sup>nd</sup>, we started registering and discharging patients in the electronic system who were admitted and discharged during the downtime period. On Dec 7<sup>th</sup> we started registering current patients and entering current treatment plans and orders. Ms. Riddell reported that the go live with our electronic patient health record is planned for December 13<sup>th</sup>.

This is not a full restoration of electronic systems. Some of the systems that will not be full electronic or integrated into the health record at this time include Pharmacy, Lab, and our PACs/DI system.

Diagnostic Imaging is prioritized on clinical indication. Ms. Riddell explained where we are at with respect to Priority 1 Emergency, Priority 2 Urgent, Priority 3 Semi-Urgent and Priority 4 Non-Urgent:

- P1 is at 100% capacity and there was no impact on volumes
- P2 is at 100% capacity and there was no impact on volumes

- P3 – we have returned to 100% capacity for CT and MRI – initial impact of Code Grey and backlog due to PACs downtime. Once PACs up in mid-December we will ramp up and expect backlog clearance of P3s within 10 weeks
- P4 – we are not completing any P4 CTs or MRIs and do not expect to start P4 ramp up for MRI until January 2024 and for CT until February 2024

All physician offices have been informed of current wait times to ensure patients are directed to other hospitals for imaging or are appropriate to wait.

Ms. Riddell thanked the WRH staff for their continued efforts, working night and day during the Code Grey.

## 5. **REPORT FROM SCHULICH:**

Dr. Jacobs provided the following highlights:

- Accreditation visit is now complete and expect a formal report in the New Year. The visit went very well and all feedback was positive.
- Seeing growth at this site - the internal medicine residency program will officially launch in July. Received hundreds of applications for the two positions.
- 4<sup>th</sup> year students are in the process of filing their applications and will be notified regarding interviews in January.

## 6. **FINANCIAL PRESENTATION (October 31, 2023 Results):**

Mr. Paniccia reported. No meeting on November 27<sup>th</sup> cancelled due to issues associated with the Code Grey. This information is tonight new. More complete numbers will be forthcoming for the January board meeting. Kudos to the entire finance team. They have done a tremendous job keeping this running in the background.

### **Slide 2 – Code Grey Impact on Finance**

- The Kronos timekeeping software and the interface with our payroll system and general ledger “Infinium” are still functioning. Employees are able to swipe in and out normally but Managers and Supervisors are unable to input schedules into Kronos.
- Revenue software (HRCM) interface with Cerner is not functioning and there has been no new data transferred as of October 23, 2023.
- Interface between Infinium General Ledger with Transform Account Payable (Medisolutions) is not functioning. Journal entries to expense Medical Staff Fees, Medical/Surgical Supplies, Drugs, Other Supplies and Expenses, and Equipment Lease and Rental have not been transferred since October 22, 2023.
- Equipment grant and amortization entries are generated by the Infinium Fixed Asset system which is still functioning. With no access to Accounts Payable new assets cannot be capitalized.

### **Slide 3 – Funding Update**

- Confirmation received that WRH will receive \$10.2 million in one-time funding for ONA arbitration award costs incurred for 2021 to 2023 fiscal years.

**Slide 4 – Financial Results – YTD October 2023**

- \$18,990,000 deficit for hospital operations year to date which is \$7,065,000 worse than budget
- The net deficit after building amortization is \$19,751,000 which is \$6,689,000 worse than budget

**Slide 5 – Significant Variances**

**Chart indicates expense variances and the offsetting revenue**

- Salaries & Wages \$3,985,000 deficit
  - Due to Collective Bargaining Settlements
- Medical Staff Fees \$2,673,000 deficit
  - \$3,006,000 offsetting favourable Patient Services Revenue variance
- Medical/Surgical Supplies \$1,912,000 deficit
  - Offset by additional QBP revenue earned \$401,000 for Hip & Knee replacements
- Drugs \$3,236,000 deficit
  - Offset by \$311,000 revenue in retail pharmacies
  - \$2,605,000 in Ministry drug funding for chemotherapy and renal programs
- Other Supplies & Expense \$292,000 deficit
  - Deficits in facilities, physician recruitment and patient transport are offset by savings in laundry, lab expenses and course fees and materials.

**MOVED** by Mr. A. Paniccia, **SECONDED** by Dr. L. Freeman and **CARRIED**  
**THAT** the December 7, 2023 Financial Presentation (as of October 31, 2023) be accepted.

**7. CONSENT AGENDA:**

**MOVED** by Mr. A. Paniccia, **SECONDED** by Ms. M. Dawson and **CARRIED**  
**THAT** the report from the Finance/Audit & Resources Committee meetings be accepted.

**8. CORRESPONDENCE/PRINTED MATTER:**

a) Media Report – FYI only.

**9. BOARD MEMBER QUESTIONS, COMMENTS OR NOTICES OF MOTIONS:**

None

**10. NEW BUSINESS:**

None

**11. DATE OF NEXT REGULAR MEETING:**

**Thursday, January 4, 2024, 1700, via ZOOM.**

**12. ADJOURNMENT:**

There being no further business to discuss, it was

**MOVED** by Ms. P. Allen, **SECONDED** by Mr. A. Paniccia and **CARRIED**

**THAT** the December 7, 2023 Board of Directors meeting be adjourned at 1730 hours.

\_\_\_\_\_  
Patricia France, Chair  
Board of Directors

\_\_\_\_\_  
Dawn Sutherland  
Recording Secretary/ds







## **MOTION/ACTION SHEET**

**From The**

### **FINANCE/AUDIT & RESOURCES COMMITTEE MEETING** ***General Session***

**Monday, December 18, 2023**

**THERE ARE NO RECOMMENDATIONS FROM THE FINANCE/AUDIT & RESOURCES COMMITTEE.**



**MINUTES** from the meeting of the **FINANCE/AUDIT & RESOURCES COMMITTEE** (*General Session*) held on Monday, December 18, 2023 at 5:00 p.m. via Zoom.

**PRESENT:**

Anthony Paniccia (Chair & Treasurer)  
Penny Allen  
Dr. Laurie Freeman  
Paul Lachance  
Jamie Skutovich  
Chris Lanoue

**COMMUNITY MEMBERS:**

Anna Kirby  
Trevor Chapman  
Robert Klein  
Marc Jones  
Katherine Pham  
Dwayne Dawson

**STAFF:**

Malissa Gauthier  
Todd Bested  
John Faber  
Heidi Zimmer  
Mary Macera

**GUEST:**

Brandon Bailey, Vice-President of Redevelopment

**REGRETS:**

Ian McLeod  
Michael Lavoie  
Dr. Maher Zayouna

**1.0 CALL TO ORDER**

Mr. Anthony Paniccia, Chair & Treasurer, called the meeting to order at 5:04 p.m.

Mr. Bailey was welcomed as our guest.

It is noted that the General Meeting session was held first to accommodate Mr. Bailey's schedule.

The proceedings were recorded by Mary Macera.

**2.0 APPROVAL OF AGENDA**

**MOVED** by Paul Lachance, **SECONDED** by Trevor Chapman that the General Finance/Audit & Resources Committee Agenda of Monday, December 18, 2023, be approved

**CARRIED.**

### **3.0 CONFLICT OF INTEREST**

No "Conflict of Interest" was declared.

### **4.0 FOR APPROVAL / RECOMMENDATION(S)**

#### 4.1 Minutes of Previous Meeting – Monday, October 23, 2023

The Finance/Audit & Resources Committee Minutes of the **General Meeting of Monday, October 23, 2023** were previously circulated to all members.

**MOVED by Laurie Freeman, SECONDED by Dwayne Dawson that the General Meeting Minutes from the Finance/Audit & Resources Committee of Monday, October 23, 2023 be approved**

**CARRIED.**

### **5.0 FOR DISCUSSION**

#### 5.1 New Hospital/Ouellette Redevelopment Update (*As Appended*)

Mr. Bailey provided a quick overview on the ongoing projects/recent procurements; to provide the committee with an update on the new acute care hospital and as of late, the Ouellette site redevelopment.

- Project Status - with respect to the new Windsor/Essex Acute Care Hospital, submitted Stage 1.3 into the Ministry for the new acute project back in April 2023. Currently working with the Ministry of Health to respond to their questions and comments on the overall scopes and services that will be provided in the new hospital. Discussions are going quite well; there is much buy-in and support from the Ministry at this time and the discussions are progressing quite rapidly.
- Stage 1.3 is basically one of the important stages of the Ministry of Health capital planning process (this stage used to be a 5 step process); this stage is roughly 40% through the process. It is also the last step of the first stage of three now in the new renumbering scheme. The number one focus on the new acute care hospital is the conversations with the Ministry of Health coming to a scope agreement which will eventually allow us to proceed into the next stage.
- Currently also working with Infrastructure Ontario on some site due diligence work which is routine, standard work that occurs on every project of this magnitude. It involves testing the soil, structural integrity, just to name a few and these types of routine investigations will assist in forming the design of the new hospital. At the same time, some strategic additions are being made through external consultants.

- Ancillary Services Consulting – work has just begun. This is to ensure that we have the right type of ancillary offerings to our staff and to the public that are visiting the facility, i.e. what type of coffee shops do people in the region prefer; what type of food are they looking for? Gift shops, pharmacies, anything that is not really directly related to the patient care; a bit of an investment for the hospital to make at this point to ensure that we have the space in the building. To ensure that we do not build too much and we get the right amount that will properly serve our patient and staff population. This work is anticipated to take place over the next 6 months which will then form the project documents going forward.
- Information, Communication, Automation and Technology (ICAT) Consultant – ensuring that we are ahead of the game and are planning the future vision for the facility, i.e. the possible use of autonomous robots, type of technology that will be in the facility. Also, involving each department and understanding how can technology aid their front and back house operations within each program in the facility; looking at the broader picture as to what type of integration and capabilities will there be in terms of location systems, security, automation, patient flow and asset tracking. Recent meetings have taken place to confirm adaptability and flexibility built into our systems and redundancy and resiliency; if we suffer from any downtime to any of these new innovations, that we are ready to respond with backup protocols in place. There is a lot of state-of-the art technology that we are hoping to implement into the new hospital. User focus engagement as to how this will be implemented will begin this week.
- Operational Readiness Consultant – agreement recently finalized with Stantec who will be offering us the operational readiness consulting services for the new acute hospital. This is the work that ensures that we are ready to go and ensuring that we make a smooth transition from our two existing sites that need to come together into a brand new facility with such different layouts and a different way of delivering our patient care; ensuring that we map exactly where we are today to where we need to be in the future and that the staff and organization is ready for such a transformative move. Planning actually starts now, even though we are several years away from opening day; such a big obstacle to overcome.
- Ouellette Site Redevelopment – Stage 1.3 – what this means is that we are at the same level of planning and design and through the Ministry of Health’s capital planning process now on the Ouellette site, as we are on the new acute, this is important because they are not being developed in isolation; but rather being developed together and they are fully integrated and coordinated so that the Ministry of Health has a clean vision as to what the future of healthcare looks like in this region between these two sites. Programs to be found at the Ouellette site include an urgent care centre that will be operational 24 hours a day/7 days per week, diagnostic imaging, laboratory, pharmacy, medical daycare, outpatient services, administrative/support services that do not need to be physically located within the new acute hospital. The existing infrastructure that is at the Ouellette site will assist in reducing the size of the overall new acute hospital project.

- As mentioned previously, Stage 3.1 was brought down from the original 5 stage process. The Estimated Project Timeline slide identifies what each stage means and what needs to be done at each stage (Stage 1 – early planning which is where we are at presently, Stage 2 is the detailed planning and Stage 3 is the actual construction). We have submitted to the Ministry of Health a functional program which outlines exactly the size, scope, services and programs that will be offered at both the new acute hospital and Ouellette site and block diagrams which are as high level of an architectural drawing as one can get presently. The cost estimates with each of these summaries are provided and this ensures having a buy-in and support from the Ministry of Health. Both projects will then proceed to a Stage 2 which will start the schematic design; next level of detail in the planning process. Most importantly, we will be developing output specifications and RFP documents which eventually construction companies will bid upon.
- The number one priority is still working with the Ministry of Health to get the “okay” to proceed to Stage 2 so that we can start to develop those RFP documents for the new acute care hospital. At the same time, we are starting with these specialty consultants with the operational readiness, the ancillary services and our ICAT strategy, ensuring that as an organization, we have our “ducks in a row” for when we start to put our construction documents together. Mr. Bailey also added that he is still growing the redevelopment team, looking to make a few strategic hires on his team at the hospital.
- Anticipate early 2024 to really dive in the Stage 2 planning work based on the conversations that are currently happening with the Ministry of Health.

The following questions were received from the committee members:

**Q** – With respect to the ancillary services, usually revenue generating services, have we established a set of criteria to determine which services will be chosen and which will not be chosen? **A** – Currently working with the consultant and consultant is in process of setting up meetings with leadership/staff and then will be submitting a survey to the community at large for their input as to what the important criteria may be. Upon collecting this information, the consultants will sit down with us and discuss what is our criteria, i.e. some institutions may be completely revenue focused and want to only put in the square footage that absolutely maximizes revenue generation, whereas for us, being a hospital, our focus is much more on the patient experience, the staff experience; not trying to make additional revenue, but rather ensuring that everyone has the best experience possible within the facility; ensuring we have the right mix in the future hospital.

**Q** – Was there any kind of consultation that was done with any of the new hospitals that have been built in the last 5 to 10 years even within Ontario and outside of Ontario. Was that part of the process or is it going to be part of that process? **A** – It is and JC Williams is the consultant that we have partnered with and they have done quite of bit of this work within other major hospitals. They will be reaching out and doing a market survey as well, as a part of their efforts. What is important to note is that being in Windsor/Essex, it is different than some of those other facilities. It has to be something that is unique to what the people in our community are looking for.

**Q** – With respect to the Ouellette Redevelopment, is the timing to run concurrent with the new hospital or is it going to be after the acute hospital’s build? **A** – We need to decant a lot of the areas that would need to go under significant renovations to facilitate the long term vision for the campus, it really needs to occur after, after we take occupancy of the new acute care hospital so construction starting after 2031 at the Ouellette site.

**Q** – With respect to the ancillary and the retail space, is that funded locally because it is a revenue generated opportunity that the Ministry will not be funding, correct? **A** – Yes, that is correct, this has to be funded out of the local share, so it is important that you know everything that we include is going to be a good business endeavor to one that is providing that service to our staff and community, but not lose much money being in the hospital.

Mrs. Gauthier commented on the ancillary services consultant. They have asked for detailed information around current operations and what financial results might look like for those operations and they recognize that we have some particular aspects of our ancillary operations that actually do surprisingly well compared to other hospitals, i.e. retail pharmacies and how extremely well internally we do. The consultants understood our position that we are not probably going to contract out to a Shoppers Drug Mart, as we actually run it extremely efficiently and it is a very good profit generator for us in-house, but to certainly look at all the opportunities. We need to ensure that we are not giving up too many square feet that we cannot afford to give and yet providing the services people want.

Mr. Bailey was thanked for his attendance and informative presentation.

## 5.2 Monthly Operating Results Report

Mrs. Gauthier indicated that there are no operating results for the 8 months ended November 30<sup>th</sup>. Although our October financial statements had many caveats around the estimates, estimates were able to be made from October 23<sup>rd</sup> to October 31<sup>st</sup>.

Anything that flows through TransForm, i.e. physician payments, all of the Accounts Payable, we do not have that detailed information back in our general ledger. As another example, in our Balance Sheet, our inventory was showing as a credit which means we would have less than zero inventory on hand which makes no sense and is not true. Conversely, our accounts payable indicated that we did not owe any vendors payments; they actually owed us money which once again, makes no sense. We decided not to make estimates, just to make the statements look reasonable without even having any idea of accuracy.

In the restoration plan update document (In-camera Session), it provides some better timelines or some thoughts on timing. The general ledger actually works, although the biggest problem is the interface for our accounts payable transactions back from TransForm is not working; looking forward to getting these up and running. Currently, Finance is focusing on the T4’s and subsequently, the year-end results.

A brief discussion was held with respect to the insured part of what is being sustained and would our insurance company, HIROC cover these costs or some costs associated with the cyber attack or would these costs be claimable expenses.

## **6.0 FOR INFORMATION**

There is no Information items to present.

## **7.0 DATE OF NEXT MEETING**

The Finance/Audit and Resources Committee will meet on **Monday, January 22, 2024, noting that this meeting will be held VIA ZOOM.**

## **8.0 ADJOURNMENT**

Mr. Paniccia indicated there was no further business.

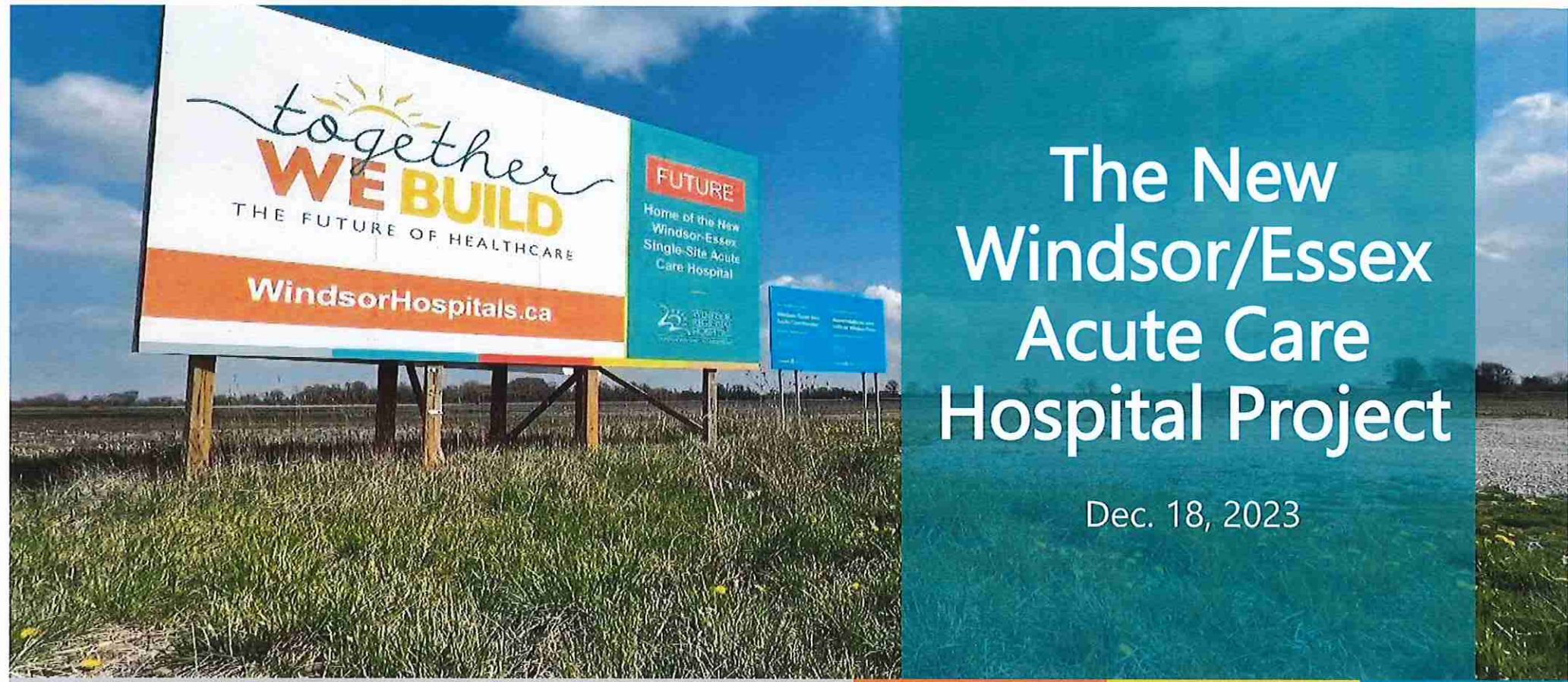
**MOVED by Trevor Chapman, SECONDED by Chris Lanoue that the General Meeting from the Finance/Audit & Resources Committee of Monday, December 18, 2023 be adjourned at 5:27 p.m.**

**CARRIED.**

Mr. Anthony Paniccia, Chair & Treasurer  
FinAudit&Resources\_Minutes  
20231218

Mary Macera  
Recorder





# The New Windsor/Essex Acute Care Hospital Project

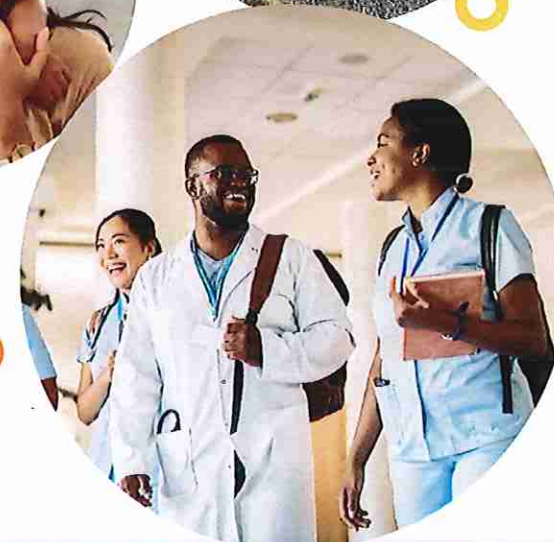
Dec. 18, 2023



# Presentation Overview



1. Project Status
2. Ouellette Redevelopment
3. Timeline
4. Next Steps



STAY CONNECTED



## New Windsor/Essex Acute Care Hospital

- Submitted Stage 1.3 to the Ministry of Health in April
- Working with the Ministry to respond to input and questions about the submission
- Working with IO to complete required due diligence on the site
- Onboarding specialty consultants to support the project

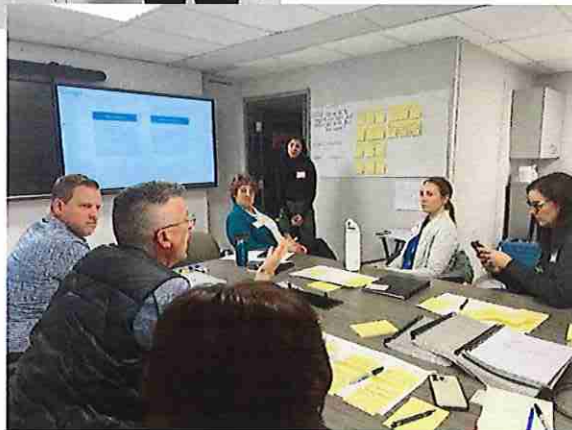
## Project Status – Onboarding Speciality Consultants



### Ancillary Services Consulting

- Selected through a competitive procurement process to develop an Ancillary Services Strategy for the new hospital.
- The strategy will include a holistic review of ancillary service needs and opportunities, with recommendations for the new hospital.
- As part of the process, the consultant is engaging with hospital users. They have conducted a series of interviews and focus groups and will soon launch a survey for staff and the community.
- The work is expected to take 6 months to complete.

## Project Status – Onboarding Speciality Consultants



### Information, Communication, Automation and Technology Consulting

- Selected through a competitive procurement process to develop an Information, Communication, Automation and Technology (ICAT) Strategy for the new hospital.
- Over the next several months, the consultant will work with hospital users to develop an ICAT vision and set of standards for use of technology in the state-of-the-art hospital.
- This stage of their work is expected to take 4-6 months to complete and will inform the final design of the new hospital.

## Project Status – Onboarding Speciality Consultants



### Operational Readiness Consulting

- Selected through a competitive procurement process to develop an Operational Readiness Strategy for the new hospital.
- This work will ensure the organization is operationally prepared for a smooth transition of staff and patients into the new hospital and redeveloped Ouellette Campus.
- The consultant will work with the hospital throughout the duration of the project to support WRH in both the development and execution of the plan.

# Project Status – Ouellette Redevelopment



- Stage 1.3 was submitted to the Ministry of Health on December 8, 2023
- The submission includes the proposed scope of services to be provided at the downtown location after the new hospital opens and an implementation plan to ensure uninterrupted services.
- WRH will now work with the Ministry to respond to input and questions about the submission

# Project Status – Ouellette Redevelopment



- An Urgent Care Centre that will operate 24/7
- Diagnostic Imaging
- Laboratory
- Pharmacy
- Medical Daycare
- Outpatient Services
- Administrative Services





# What's Next?

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# Estimated Project Timeline



**Stage 1**  
**Early Planning**



**Stage 2**  
**Detailed Planning**



**Stage 3**  
**Construction**

- Proposal (**completed in 2017**)
- Functional Program (**Jan. 2022 – June 2022**)
- Block Diagrams (**Nov. 2022 – April 2023**)

----- **We are here**

- Indicative Schematic Design
- Output Specifications
- Procurement Documents and RFQ
- RFP Process and Evaluation (**Early 2025**)

- Developer Selection / Contact Agreement
- Working Drawings
- Construction (**Beginning in 2026**)
- Operational Readiness and Move In

# Next Steps



- Continue working with Ministry to finalize scope
- Complete Due Dilligence as well as Operational Readiness, Retail and ICAT strategies
- Grow the redevelopment team
- Stage 2 planning work, including indicative design & initiation of procurement process



Questions?

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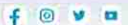


# Thank You!

Learn more and subscribe to the  
project mailing list at:

[www.wrh.on.ca/TogetherWeBuild](http://www.wrh.on.ca/TogetherWeBuild)

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## WRH News Items - Dec. 1 to Dec. 27, 2023

### **CTV WINDSOR**

**City axes agreement for massive downtown housing, commercial development at former Grace hospital site**

December 6, 2023

<https://windsor.ctvnews.ca/council-scraps-global-village-plans-at-former-grace-hospital-site-1.6675382>

**After years of pandemic jabs, are people getting their COVID-19 and flu shots this winter?**

December 6, 2023

<https://windsor.ctvnews.ca/after-years-of-pandemic-jabs-are-people-getting-their-covid-19-and-flu-shots-this-winter-1.6676493>

**271 ER trips diverted by Nurse Police Team**

December 7, 2023

<https://windsor.ctvnews.ca/271-er-trips-diverted-by-nurse-police-team-1.6677386>

**Windsor Regional Hospital makes masks mandatory when visiting patients**

December 7, 2023

<https://windsor.ctvnews.ca/windsor-regional-hospital-makes-masks-mandatory-when-visiting-patients-1.6678172>

**Recovery from cyberattack continues**

December 8, 2023

<https://windsor.ctvnews.ca/recovery-from-cyberattack-continues-1.6679999>

**Windsor Regional Hospital submits early plans for future of Ouellette Campus**

December 11, 2023

<https://windsor.ctvnews.ca/windsor-regional-hospital-submits-early-plans-for-future-of-ouellette-campus-1.6682672>

**Charting systems coming back online after cyberattack at five southwestern Ontario hospitals**

December 14, 2023

<https://windsor.ctvnews.ca/charting-systems-coming-back-online-after-cyberattack-at-five-southwestern-ontario-hospitals-1.6687115>

**COVID-19 outbreak declared at WRH**

December 20, 2023

<https://windsor.ctvnews.ca/covid-19-outbreak-declared-at-wrh-1.6695828>

## **WINDSOR STAR**

### **Reader letter: Thankful for great Windsor hospital care**

December 5, 2023

<https://windsorstar.com/opinion/letters/reader-letter-thankful-for-great-windsor-hospital-care>

### **Windsor council kills \$142M 'Global Village' on former Grace Hospital site**

December 5, 2023

<https://windsorstar.com/news/local-news/windsor-council-kills-142m-global-village-on-former-grace-hospital-site>

### **Hospital cyberattack driving more Canadian patients to Michigan health care providers**

December 7, 2023

<https://windsorstar.com/news/local-news/hospital-cyberattack-driving-more-canadian-patients-to-michigan-health-care-providers>

### **Windsor Regional Hospital expands mandatory masking requirement**

December 8, 2023

<https://windsorstar.com/news/local-news/windsor-regional-hospital-expands-mandatory-masking-requirement>

### **Special report: hospital cyberattack raises shared-service concerns**

December 12, 2023

<https://windsorstar.com/news/local-news/special-report-hospital-cyberattack-raises-shared-service-concerns>

### **Hospital systems shutdown in cyberattack on track for recovery**

December 14, 2023

<https://windsorstar.com/news/local-news/hospital-systems-shutdown-in-cyberattack-on-track-for-recovery>

### **Windsor Regional Hospital declares COVID-19 outbreak**

December 21, 2023

<https://windsorstar.com/news/local-news/windsor-regional-hospital-declares-covid-19-outbreak>



## **AM800**

### **Southwestern Ont. hospitals facing \$480-million class action following patient information breach**

December 1, 2023

<https://www.iheartradio.ca/am800/news/southwestern-ont-hospitals-facing-480-million-class-action-following-patient-information-breached-1.20796158>

### **Ongoing COVID-19 outbreak at Windsor Regional Hospital**

December 5, 2023

<https://www.iheartradio.ca/am800/news/ongoing-covid-19-outbreak-at-windsor-regional-hospital-1.20840911>

### **City axes plans for former Grace Hospital site**

December 6, 2023

<https://www.iheartradio.ca/am800/news/city-axes-plans-for-former-grace-hospital-site-1.20858551>

### **Masks now required at Windsor Regional Hospital when visiting patients**

December 7, 2023

<https://www.iheartradio.ca/am800/news/masks-now-required-at-windsor-regional-hospital-when-visiting-patients-1.20870909>

### **Mask policy for visitors at Windsor Regional Hospital goes into effect today**

December 8, 2023

<https://www.iheartradio.ca/am800/news/mask-policy-for-visitors-at-windsor-regional-hospital-goes-into-effect-today-1.20872091>

### **WRH prepares to start electronic charting following October cyberattack**

December 8, 2023

<https://www.iheartradio.ca/am800/news/wrh-prepares-to-start-electronic-charting-following-october-cyberattack-1.20872482>

### **Plans submitted to Ministry of Health for future of WRH's Ouellette Campus**

December 11, 2023

<https://www.iheartradio.ca/am800/news/plans-submitted-to-ministry-of-health-for-future-of-wrh-s-ouellette-campus-1.20917934>

### **Charting systems continue to come back online at regional hospitals**

December 14, 2023

<https://www.iheartradio.ca/am800/news/charting-systems-continue-to-come-back-online-at-regional->

[hospitals-1.20950163](#)

**Hôtel-Dieu Grace Healthcare moves to targeted masking**

December 15, 2023

<https://www.iheartradio.ca/am800/news/hotel-dieu-grace-healthcare-moves-to-targeted-masking-1.20958660>

**An urgent call for more staff and better pay in the community health sector**

December 15, 2023

<https://www.iheartradio.ca/am800/news/an-urgent-call-for-more-staff-and-better-pay-in-the-community-health-sector-1.20953520>

**COVID-19 outbreak declared at Windsor Regional Hospital**

December 20, 2023

<https://www.iheartradio.ca/am800/news/covid-19-outbreak-declared-at-windsor-regional-hospital-1.21020427>

**Two Essex County kids donate 500 Christmas pyjamas**

December 21, 2023

<https://www.iheartradio.ca/am800/news/two-essex-county-kids-donate-500-christmas-pyjamas-1.21019772>

**CBC WINDSOR**

**City of Windsor nixes Fairmont Properties 'global village' development**

December 5, 2023

<https://www.cbc.ca/news/canada/windsor/windsor-global-village-site-1.7050058>

**Windsor Regional Hospital increases masking requirements**

December 7, 2023

<https://www.cbc.ca/news/canada/windsor/windsor-hospital-masks-1.7052401>

**Program pairing police, nurses could be expanded: hospital CEO**

December 7, 2023

<https://www.cbc.ca/news/canada/windsor/windsor-regional-hospital-police-program-1.7052571>

**Patient records coming back online after cyberattack, but imaging backlog could take weeks to clear:  
Hospital**

December 7, 2023

<https://www.cbc.ca/news/canada/windsor/wrh-board-meeting-cyberattack-1.7052834>

**Meet the Windsor girl who's raised thousands to bring toys to kids in hospital**

December 15, 2023

<https://www.cbc.ca/news/canada/windsor/windsor-hospital-toys-fundraiser-1.7059999>

**These girls wanted to bring a bit of Christmas to kids in hospital**

December 20, 2023

<https://www.cbc.ca/news/canada/windsor/windsor-regional-hospital-pyjama-donations-1.7065787>

## **BLACKBURN RADIO**

**City kills Global Village at former Grace Hospital site**

December 6, 2023

<https://windsornewstoday.ca/windsor/news/2023/12/06/city-kills-global-village-at-former-grace-hospital-site>

**Hospital implements new masking requirements**

December 7, 2023

<https://windsornewstoday.ca/windsor/news/2023/12/07/hospital-implements-new-masking-requirements>

**Windsor Regional Hospital hopes to have patient charts back online next week**

December 8, 2023

<https://windsornewstoday.ca/windsor/news/2023/12/08/windsor-regional-hospital-hopes-to-have-patient-charts-back-online-next-week>

**WRH submits plans to health ministry for redevelopment of Ouellette campus**

December 12, 2023

<https://windsornewstoday.ca/windsor/news/2023/12/12/wrh-submits-plans-to-health-ministry-for-redevelopment-of-ouellette-campus>

**Hospital systems slowly coming back online after October cyberattack**

December 14, 2023

<https://windsornewstoday.ca/windsor/news/2023/12/14/hospital-systems-slowly-coming-back-online-after-october-cyberattack>

**WRH declares COVID-19 outbreak**

December 20, 2023

<https://windsornewstoday.ca/windsor/news/2023/12/20/wrh-declared-covid-19-outbreak>

## **GLOBE AND MAIL**

**Two months after Ontario hospital cyberattack, many patients are left in limbo**

December 22, 2023

<https://www.theglobeandmail.com/canada/article-two-months-after-ontario-hospital-cyberattack-many-patients-are-left/>