



WINDSOR REGIONAL HOSPITAL

OUTSTANDING CARE – NO EXCEPTIONS!

November 12, 2013

Michael Sherar, Ph.D.
President and CEO
Cancer Care Ontario
620 University Avenue
Toronto, Ontario M5G 2L7

Dear Mr. Sherar:

The medical and administrative leadership supported by the Board of Directors of Windsor Regional Hospital (WRH) have had an opportunity to review your letter of September 23, 2013 regarding Cancer Care Ontario's (CCO) position as it relates to the provision of thoracic cancer surgeries in Windsor/Essex and the entire Erie St Clair LHIN.

WRH respects CCO's role as an Ontario government agency that drives quality and continuous improvement in disease prevention and screening, the delivery of care and an improved patient experience, for cancer, chronic kidney disease, as well as access to care for key health services. WRH has had a long and positive working relationship with CCO through the operation of the Windsor Regional Cancer Center and program. WRH also agrees with CCO when it states "Regional Cancer Programs are designed to ensure that all Ontarians receive a consistently high quality of cancer care, as close to home as possible".

On October 1, 2013, WRH became responsible for the governance and operation of the thoracic cancer surgery program located at the Ouellette campus formerly operated by Hotel-Dieu Grace Hospital. As a result WRH became responsible for reviewing, addressing and responding to your letter of September 23, 2013.

In order to properly address CCO's letter WRH took a step back from the emotions this issue has raised locally for the past few years and reviewed in detail the 2005 Thoracic Surgical Oncology Standards ("Report") commissioned by Cancer Care Ontario. The Report recommended that two Levels of thoracic cancer surgery centers be created. Nowhere in the Report was there any limit to the number of Level 1 or Level 2 centers to be created. The only limiting factor was the center's ability to meet the defined criteria. In fact, it was CCO that placed the definitive volume requirements on Level 1 and Level 2 centers.

It was from this report CCO created the Level 1 and Level 2 criteria and centers.

After the release of the report, CCO started issuing Level 1 and Level 2 designations across the province. However, from 2005 to the present CCO appears to have changed its criteria. After granting two Level 2 centers, it issued a directive that no more Level 2 centers would be created. To this day, the reason for that change and the reasons CCO started to ignore the recommendations from the Report remain a mystery.

After careful consideration of the history and the impact this decision would have on our own local community we are informing you that we do not agree with your recommendation to stop the provision of thoracic cancer surgeries for the community we serve and the Erie St Clair LHIN.

This decision was made, based in part, on the following factors:

1. There is no substantive reason why Windsor Regional Hospital should not be granted a Level 2 designation as mandated by the 2005 Report. There was no suggestion in the Report to limit the number of Level 2 centers just as there was no suggestion that Level 1 centers should be limited;
2. The impact of moving the thoracic cancer patients to another center (London or further East) is not just limited to the 50 annual thoracic cancer patients. Hundreds of thoracic cancer and non-cancer thoracic patients will be negatively impacted;
3. The Cancer Quality Council of Ontario (CQCO), an advisory group that guides Cancer Care Ontario and the Ministry of Health and Long-Term Care estimates in 2013 that the incidence of age-standardized rates for lung and bronchus cancer for Erie St Clair will be 53.8 as compared to an Ontario average of 46.1. The highest in the Province is 55.3 and the lowest is 35.2.

The age-standardized incidence rate is the number of new cases of cancer that would occur in a specified population if it had the same age-distribution as a given standard population, per 100,000 people, during a defined time period;

4. With the average thoracic surgeon in Ontario only performing 22.9 lobectomy procedures annually, WRH is host to one of the top performing thoracic surgeons at 18.5 per annum;
5. Four of the current twelve designated Level 1 centers do not even reach the 150 minimum volumes and one of the two Level 2 centers does not reach the minimum 50 thoracic cancer volumes;
6. If we adhere to CCO's suggestion the Erie St Clair LHIN will become one of only two LHINs which does not have a Level 1 or Level 2 center. The other LHIN (North Simcoe Muskoka) only performed 15 thoracic cancer patients at their highest level and only 43 thoracic cancer surgeries over a four year period (2004-2007). In North Simcoe Muskoka, the thoracic cancer surgeries were moved from the Royal Victoria Hospital in Barrie to the Level 1 center in Southlake Regional Health Center which is only 43 minutes away. The travel time between Windsor Regional Hospital and LHSC is 2 hours 6 minutes;
7. Since the original decision was made by CCO regarding this issue the hospital healthcare system in Windsor has dramatically changed with Windsor Regional Hospital becoming responsible for all acute care services in Windsor and moving towards the design and construction of a new state of the art acute care hospital. Now WRH is the third largest community teaching hospital in the Province of Ontario. This Ministry lauded realignment of hospital healthcare services in Windsor and plans for the future of hospital healthcare in Windsor/Essex needs to now be taken into consideration; and

8. Since the original decision was made by CCO regarding this issue the Schulich School of Medicine & Dentistry (Windsor Program) officially graduated its inaugural class in 2012. This Program has been a huge success for the Province and the Windsor/Essex community. Losing the thoracic surgical program in Windsor has the potential to negatively impact learners at the Schulich School of Medicine & Dentistry (Windsor Program).

WRH is aware that these same issues and possibly more were shared with you by our local Windsor-West MPP, the Honorable Ms. Teresa Piruzza, Minister of Children and Youth Services and Minister Responsible for Women's Issues when she met with you and the Minister of Health and Long Term Care. Minister Piruzza shares the same concerns WRH does with respect to the negative impact this decision would have on the residents of Windsor/Essex and the Erie St Clair LHIN.

We request that CCO once again review the historical rationale for its thoracic surgery cancer standards as it relates to the Erie St Clair LHIN and Windsor Regional Hospital. We recommend that CCO implement the findings of the 2005 Report and grant WRH Level 2 center status.

Windsor Regional Hospital also requests while this review is conducted that CCO adhere to the Minister of Health and Long Term Care's directive not to reduce, in any fashion, the cancer funding Windsor Regional Hospital receives from CCO for the provision of cancer procedures to those in our region that need those life-saving services.

Just recently WRH became aware that CCO has already withheld operating funding from HDGH (now WRH) for endoscopy screening, breast assessment and the cancer services agreement totaling some \$633,481 in annual funding. The spreadsheet we were provided from CCO indicated it was "On Hold due to Thoracic Standards". We would appreciate CCO correcting this issue immediately in order to avoid patients being negatively impacted.

Windsor Regional Hospital looks forward to working with CCO on coming to a solution that takes into account the dramatically changed circumstances since 2005, the best interests of the patients of Erie St Clair LHIN and supports the original intention of the thoracic surgery cancer standards.

Yours truly,



David Musyj
President and CEO

cc: Ken Deane, President and CEO, HDG Healthcare
Claudia Den Boer Grima, Regional VP Cancer Services