

Letter from Physicians of South Muskoka to the South Muskoka Community Regarding the Future of South Muskoka Memorial Hospital

We are writing this letter to update the community on the meeting between the Capital Redevelopment Team of MAHC and the physicians of MAHC that took place on May 8th, 2024.

Despite significant concerns voiced by the physicians of South Muskoka, the Capital Redevelopment Team has made it clear that there will be no further change to their current plan.

The Capital Redevelopment Team had originally presented a model for the future South Muskoka site to decrease in size from the current 59 acute care beds, 5 ICU beds, and 2 obstetrics beds to only 18 acute care beds with no ICU or obstetrical beds. After advocacy from the community and physicians of South Muskoka, the model was modified to now have 36 acute care beds which include 4 ICU beds and 1 obstetrical bed.

While these are important improvements, this is still a reduction of approximately 40% in the number of acute care beds compared to the current capacity. Importantly, this is for a population that grew by 8% in 2021 (<https://www.simcoemuskokahealth.org/Health-Stats/HealthStatsHome/PopulationDemographics/Population>). Given that the current number of beds at South Muskoka Memorial Hospital is even now struggling to meet the acute care needs of South Muskoka, we cannot understand how a reduction of beds by 40% will be able to meet the acute care needs of South Muskoka in the years to come.

In contrast, there will be a significant increase in the number of acute care beds at the Huntsville site, increasing from the current 46 up to 82 beds (78% increase). Many patients in South Muskoka requiring acute medical care and admission to hospital will therefore need to be transferred to Huntsville.

As physicians who live and work in South Muskoka, we continue to be opposed to the model developed by the Capital Redevelopment Team. Our main concerns are as follows:

- 1. Increased risk for adverse outcomes inherent in interhospital transfer.** In this model, many acute care patients will still need to be transferred from South Muskoka to Huntsville. The sickest patients are at highest risk for adverse outcomes in transfer (see references for evidence) and with the reduction in South Muskoka ICU beds, critically ill patients will have to be transferred to the larger ICU in Huntsville. Notably, while there have been claims that Huntsville needs 10 ICU beds to establish a level 3 ICU, this has been confirmed to be false. Moreover, patients from South Muskoka who are transferred to Huntsville are being transported further away from definitive care for their conditions. For example, patients admitted with heart attacks often need to be transferred to Barrie for coronary angiogram, and patients with a major type of stroke must travel to Toronto for a procedure called endovascular thrombectomy (EVT). Patients who need these procedures will be unnecessarily transferred north to only have to go back down south for definitive treatment. This is not economical nor in the best interest of patient care.
- 2. Deterioration of primary care services and loss of continuity of care.** Many family doctors in South Muskoka provide acute care services to their patients while in hospital. Understanding the medical and social context of their patients helps family doctors optimize inpatient care and

outpatient follow up. Transferring patients away from South Muskoka means that patients will be managed by a physician who is not familiar with the patient. Further, many family doctors come to South Muskoka because of their interest in acute care medicine, which will be drastically diminished under this model. This will make South Muskoka less attractive for family doctors who wish to practice comprehensive care.

3. **Inability to meet the needs of the future population, especially seniors.** Our hospital currently operates over capacity on a regular basis. The population in South Muskoka is growing and aging, and it is only rational to expect that the healthcare needs of our community will be drastically increasing over the coming years. Reducing the number of beds at the Bracebridge site by 40% will mean that we will not be able to care for the acute care needs of our community.
4. **Future physician recruitment.** Under this proposed model, it will be natural for physicians to gravitate towards the larger regional site as a base for their practice. This will mean that physician recruitment in South Muskoka will be challenging. Further, a main source of physician recruitment is through our training program for medical students and residents. In this proposed model, we predict that medical trainees would base the majority of their training at the larger acute care hospital in Huntsville. This will negatively impact our ability to recruit and retain physicians, meaning that the citizens in South Muskoka will need to travel longer distances for even routine healthcare.
5. **Long-term sustainability / destabilization of South Muskoka Memorial Hospital.** We are concerned for the long term viability of the Bracebridge site in this model. As we have seen throughout Ontario (with recent examples being in Niagara, Huron-Perth, and Haliburton Highlands), smaller hospitals struggle to survive in regional models. Without sufficient acute care services, it will be very difficult to recruit and retain specialists and surgeons to the smaller site. This will leave primary and emergency care without robust specialist support, and this is why we are worried that acute care services in South Muskoka will eventually fail in this proposed system. We foresee the eventual closure of the Emergency Department, Intensive Care Unit, and Acute Care Services at the Bracebridge site. When the inevitable staffing and financial pressures come, priority will be given to the larger acute care location in Huntsville and the capacity for care in South Muskoka will deteriorate.

The Capital Redevelopment Team of MAHC have indicated there will be no further engagement with physicians regarding the proposed model. The communities in South Muskoka should reject this proposed model for hospital redevelopment. There must be more acute care beds for South Muskoka to ensure the ongoing sustainability of our hospital, and to guarantee that patients in Muskoka will always receive care close to home.

It is now up to the communities of South Muskoka to advocate for the care they deserve and want to see for their future. We encourage those interested in advocating to reach out to the current advocacy groups including "Save South Muskoka Hospital (SSMH)", "Community Advocates for Hospitals and Healthcare for Muskoka and Area (CAHHMA)", and "South Muskoka Matters".

Endorsed by:

Sandi Adamson, MD, MBA, CFPC
Faizal Bawa, MD, CCFP
Paulette Burns, MD, B.Sc. (Hons)
William Caughey, MD, FRCP(C)
Richard Daniel, MD, B.Sc., MB, CCFP
Vicki Dechert, MD, COE
Anthony Drohomyrecky, MD, FRCSC
Kimberley Forester, MD, CCFP
Graeme Gair, MD, Past COS SMMH
Rohit Gupta, MD, DNB, FRCSC
Jennifer Hammell, MD, CCFP
William Hemens, MD, M.Sc., CCFP
Dave Hillyard, MD, CCFP
Terry Holman, MD, CCFP
Ken Hotson, MD, FCFP, B.Sc. (Med), BA, BSc
Thomas Irvine, MD, CCFP
Kristen Jones, MD, CCFP
Tina Kappos, MD, B.Sc. (Hons), CCFP
David Kent, MD, CCFP
Kersti Kents, MD, CCFP (EM), PgDip (Derm)
Florian Kirstein MD, CCFP
Cole Krensky, MD, CCFP
Christopher LaJeunesse, MD, DABFM, CCFP
Shannon Lees, MD, B.Sc., M.Sc., CCFP
Adam MacLennan, MD, CCFP
Peter Maier, MD, CCFP, FCFP, AAFP
Karen Martin, MD
Michael Mason, MD, CCFP (EM)
Timea Maxim, MD, CCFP, AAFP
David McGregor, MD, CCFP
Bharti Mittal, MBBS, CCFP
Keith Moran, MD, RCPSC, DABIM, RCS
Jessica Nairn, MD, CCFP
Martin O'Shaughnessy, MD
Kent Phillips, MD, FCFP
Jeff Pitcher, MD, CCFP
Courtney Potts, MD, CCFP
Jessica Reid, MD, M.Sc., FRCSC
Jonathan Rhee, MD, FRCSC
Chris Richardson, MD, CCFP (FPA)
Steve Rix, MB.BS, MRCS(Ed), PgDip-SEM, CCFP
Robert Sansom, MD, CCFP (FPA)
Ardyn Todd, MD, CCFP
Lisa Tsugios, MD, CCFP
Andrew Wilson MD, FRCP(C)
Scott Whynot, MD, M.Sc., (PT), CCFP
Luke Wu, MD, M.Sc., FRCPC (IM)

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