



## **SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE**

### **FORWARD: FROM THE SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE (January 14, 2025):**

With permission, below is a reproduction of a letter written by Ms. Roma Kassian of Port Carling in June 2024 addressing the Muskoka Algonquin Healthcare's (MAHC) management of the two hospital redevelopments in Muskoka.

Ms. Kassian's letter to the Ontario Health Coalition is remarkable given its account of her experience as a well-intentioned, concerned local resident seeking to engage with MAHC. Ms. Kassian comes away from her civic exercise with an overriding sense of mistrust. She identifies a lack of meaningful and accurate information given to her by MAHC in response to a reasonable inquiry. Further, she identifies material gaps in the hospital redevelopment plans, including the lack of consideration for transportation and MAHC's reckless ignoring of care close to home in better patient outcomes for a growing South Muskoka population.

Ms. Kassian is rightly critical of MAHC's inability to facilitate the hospital redevelopments in a manner which includes informed consultation and the fostering of public support. Instead, the letter appropriately captures the sense of division and distrust which MAHC has caused throughout Muskoka. She calls for the public to continue to support the local doctors to achieve a practical solution that includes care close to home in the South Muskoka hospital redevelopment.

The Save South Muskoka Hospital Committee strongly supports Ms. Kassian's important message in her letter.

*Save South Muskoka Hospital Committee*

June 11, 2024

Submission to Ontario Health Coalition Hearing  
Bracebridge, Ontario

Dear Sirs/Mesdames:

**RE: Muskoka Algonquin Healthcare (MAHC) is Not Engaged in a Proper Consultation with the Community and Refuses the Importance of Care Close to Home in its Model**

**INTRODUCTION**

Discussion around proposals for two new hospitals for Muskoka have often been misrepresented as a competition between the communities of Bracebridge and Huntsville, as in a recent Toronto Star headline of June 3<sup>rd</sup>, “Cottage Country at Odds Over Allotment of Beds”<sup>1</sup>. In fact, what we have had, as one doctor expressed it, is two strong hospitals supporting each other, which is why we have had such good care in our communities, and what we support and need to ensure.

It appears that the Ontario Ministry of Health is unwilling to fund what is necessary for two strong hospitals, denying South Muskoka adequate beds the doctors and community agree are needed. It is hard to believe that the resources aren't there while the government moves forward with a spa for the wealthy on Ontario Place with at least three quarter of a billion dollars of taxpayers' money and having received 2023 windfall tax revenues close to \$20 billion dollars more than projected for that year alone.

**MAHC'S FAILURE TO FACILITATE TRUTHFUL COLLABORATION WITH THE COMMUNITY**

I would like to address a violation of trust in relation to the MAHC board, which I experienced last week. Our Muskoka Region newspaper recently published the following invitation, “Muskoka Algonquin Healthcare is inviting the communities we serve to join us for a collaborative exchange of ideas to continue to shape the future of our local regional, multi-site hospital

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<sup>1</sup> Ferguson, R. (2024, June 3). Battle Brews in Muskoka Over New Hospitals: Cottage Country Towns at Odds Over Allotment of Beds. *Toronto Star*.

system.... a series of community engagement sessions designed to gather input and foster a collaborative dialogue about the proposed multi-site regional hospital capital redevelopment project.”

Calling it dialogue and collaboration doesn't make it so.

As I entered the MAHC-hosted event, the facilitator introduced himself, assuring us that he would balance time for speaking between the public and the board. My experience was that, in fact, the board was heavily favoured in available time with unnecessarily extensive explanations. We were cautioned that if we delay accepting the current proposal, we risk losing services and funding.

I couldn't escape the feeling that this was not an open mutual dialogue but rather a forum for promoting the board's existing agenda. I did not feel we were listened to openly. This sense was corroborated yesterday while seeking verification about an assertion made in response to my question to the board near the end of the meeting. Since our doctors have provided documented evidence backing up their concerns I asked,

**“How do you explain then, the fact that the doctors who have served us so well in our hospital for decades are telling us they won't be able to manage with the current hospital proposal?”**

The facilitator - to my knowledge, neither a board member nor a community member - very quickly interjected that all of the lead doctors (credentialed staff leads) at the hospitals have in fact endorsed the current proposal, and that it is the doctors who don't work at the hospital who are opposed, as if suggesting that they don't really understand the operations of the hospital. This was not congruent with my understanding.

### **LOCAL DOCTORS DO NOT UNIVERSALLY ENDORSE MAHC'S PLAN**

Yesterday I spoke with a hospital lead doctor who unequivocally confirmed that all the doctors have not endorsed the current proposal. This appears to be a serious misrepresentation of hospital team leads and credentialed

staff who share other doctors' assessment that the proposal is not viable for serving the health care needs of our community in South Muskoka.

Since then, I spoke with a Huntsville doctor with the medical advisory committee who also confirmed that the doctors have not endorsed the current proposal, clarifying that the advisory committee doctors agreed to work with the board to amend the current proposal until it meets the needs of the doctors at both hospitals.

Yet on the MAHC website<sup>2</sup>, the following statements are posted, strongly inferring that doctors who are members of the MAHC Medical Advisory Committee and the whole committee endorse the current model.

*“The Medical Advisory Committee (MAC) of Muskoka Algonquin Healthcare (MAHC), consisting of department chiefs, clinical committee chairs, medical directors, and physician leads from both North and South Muskoka, has provided its strong endorsement through a consensus statement in support of the proposed health system plan designed to transform regional healthcare delivery.”*

*“We, the members of the MAC, fully support the updated plan for our regional healthcare system as presented by the Project Team. This plan, improved through valuable community feedback, serves as a strong foundation for enhancing healthcare across Muskoka and surrounding areas. It aims to effectively expand our system and ensure each community sees improvements.”*

Below the full statement the names of all lead doctors of the medical advisory committee are listed, which gave me the impression they have signed on to the MAC statements above.

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<sup>2</sup> Muskoka Algonquin Healthcare. Physician Leaders Support Transformative Regional Healthcare Plan for Muskoka. May 16, 2024. Accessed June 2024. <https://www.mahc.ca/news/post/physician-leaders-support-transformative-regional-healthcare-plan-for-muskoka/>

As I understand it, this is far from the only misleading misinformation issued from the board.<sup>3</sup> At best this appears devious, at worst deceitful and divisive. More questions are raised by this than can be addressed at this time.

## **CRITICAL HEALTHCARE SERVICES WILL BE FURTHER AWAY AND REQUIRE ADDITIONAL TRAVEL FOR SOUTH MUSKOKA RESIDENTS**

Many of the new services proposed for the new South Muskoka hospital are those we are accustomed to accessing individually at a distance ourselves, for which we can plan, which do not endanger us when we are vulnerable and at risk, for which tax dollars are not needed to transport us. We can readily continue to be responsible to access more distant services that can be planned for in advance.

Could these be the services that are centralized if it's necessary to find cost savings, leaving funding available to retain the 40% of hospital beds slated to be cut in South Muskoka under the current proposal, despite our increasing population? (SMMH has been operating between 130 and 140 % capacity for 3 and a half years and doctors and nurses are exhausted.) Could this allow retention close at hand, of access to acute care in circumstances that may be life threatening, where the family doctor, who knows one's history, as well as family and friends can more readily be present for one. The risk to patients of transfers over distance has already been documented.

Following the meeting Dianne George, a senior leadership member of MAHC, approached me to say that I needn't concern myself about doctors visiting their patients during hospital stays, that though older doctors used to make hospital visits, doctors don't do so anymore. The following day I was at South Muskoka Memorial Hospital and there was my young doctor, caring for her patients on the inpatient floor of the hospital.

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<sup>3</sup> Save South Muskoka Hospital Committee. SSMHC Responds to MAHC's May 16, 2024 Press Release. May 24, 2024. Accessed June 2024. <https://ssmh.ca/ssmhc-responds-to-mahcs-may-16-2024-press-release>

At last week's community session, it was explained at length that the reason for allotting less beds in Bracebridge is that there will be activation equipment and service at Huntsville where patients needing hospitalization longer than six days will be transferred from SMMH for it. The importance of activation was stressed at great length for better care and preparation for release from hospital, which one readily understands.

## **MAHC DOES NOT ADDRESS THE REALITY THAT CARE CLOSER TO HOME HAS BETTER PATIENT OUTCOMES**

No mention at all was given to the value of family and community engagement with a patient in their successful recovery. At a time when patients and families are already under stress, travel at a distance burdens them further, if they even have transportation.

What we innately know, is corroborated by studies outlining important ways families contribute to care of patients in hospital.

In my experience with my mother, my attention and advocacy spared her a lot of suffering and on one occasion her life, when nurses were unaware of problems that I was present to perceive and bring to their attention.

In the case of serious illness or accident, one study found that traumatized people recover best in the context of relationship with family and loved ones.

Elsewhere it was stressed that mental and social well-being strongly affects physiological recovery, one of the most important factors being the opportunity to communicate what one is going through, experiencing it fully and being truly seen and heard by the people around us, feeling we are held in someone's mind and heart. Research shows family engagement in healthcare leads to better outcomes, improved patient satisfaction and

lower health costs. However family engagement is often overlooked in healthcare settings.<sup>4</sup>

## **MUSKOKA DOES NOT HAVE APPROPRIATE TRANSPORTATION TO MAKE MAHC'S PROPOSED MODEL FUNCTIONAL**

Questioned about those who have no means of transportation to travel out of the community to visit patients, board representatives gave assurances that transportation for family and friends is part of the plan and budget for the new hospital. As one of our doctors put it, every dollar spent on vehicles, driver wages, and mileage is a dollar that's not being spent on patient care.

Though the District of Muskoka working with local transportation companies have not found a feasible way to provide such service between our towns, we are asked to trust that this very complex, expensive arrangement will materialize, be effective and be sufficient to meet the need. Will the elderly who don't drive, and those who have no vehicle, living rurally be picked up at their homes? Will the service be available 24/7 so that families called to the beside of a dying patient will be with their loved one day or night? Is it realistic for hospitals to be in the transportation business?

Coordination of what is being proposed is extremely complicated. Even now, coordination between the two sites can be challenging. In one case a surgeon from Bracebridge was called to Huntsville for an emergency where he waited three hours before the patient even arrived because arrangements including transportation for the patient hadn't been made in advance.

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<sup>4</sup> Agency for Healthcare Research and Quality. How Patient and Family Engagement Benefits Your Hospital. Accessed June 2024.  
[https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/How\\_PFE\\_Benefits\\_Hosp\\_508.pdf](https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/systems/hospital/engagingfamilies/howtogetstarted/How_PFE_Benefits_Hosp_508.pdf)

## **CLOSING: THE PUBLIC SUPPORTS THE CONCERNS OF OUR DOCTORS OVER MAHC'S PROPOSED APPROACH**

My family doctor tells me that the doctors are not asking for elaborate facilities and equipment, but for the basic tools with which to be able to do their job. Adequate acute care beds are a vital for this. While there is a critical shortage of doctors, how can we afford to alienate our physicians by failing to support their work with the resources they tell us they need? We've been very fortunate for the quality of care they've delivered so well for so long. In my estimation, administrative funding formulas based on conceptual models are a consideration but the wisdom of experience of those working on the ground day after day, year after year is better founded and takes precedence in decision making.

It has been pointed out to me that amalgamation of Women's College Hospital and Sunnybrook was tried and failed, with the two hospitals backing out of the amalgamation in the end, for some of the same reasons that our doctors are concerned about the current redevelopment proposal.

Thank you for the opportunity to share some of my concerns today.

Roma Kassian

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### **ADDENDUM BY ROMA KASSIAN (JANUARY 14, 2025):**

I feel it is clear that despite the addition of 10 beds to the plan for South Muskoka, for a total of 46 beds, (still 21 less than the 67 beds with which doctors in South Muskoka are currently consistently operating at 130% to 140 % capacity and 14 beds less than the 60 beds doctors advocate for in their Care Close to Home (V2) Plan) there are many equally serious further flaws in the current MAHC model that call for urgent attention for our community's future wellbeing.