



SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE

January 25, 2025

VIA EMAIL

Hon. Graydon Smith, MPP
Chair Jeff Lehman, District of Muskoka
Mayor of Bracebridge, Rick Maloney
Mayor Muskoka Lakes, Peter Kelley
Mayor of Gravenhurst, Heidi Lorenz
Assistant Deputy Minister, Catherine Wang

Dear Hon. Graydon Smith, Jeff Lehman, Rick Malone, Peter Kelley, Heidi Lorenz and Catherine Wang:

Re: Required Changes to the Muskoka Algonquin Healthcare Capital Redevelopment Functional Plan Submission

I write to you as the Chair of the Save South Muskoka Hospital Committee (SSMHC) and on behalf of this healthcare advocacy group with over 200 active members in Muskoka. Specifically, to copy you on the attached letter and precis of research and analysis to support our concerns sent to Premier, Doug Ford and the Minister of Health, Sylvia Jones requesting a meeting to advise on significant changes required to the hospital redevelopment plan submitted by Muskoka Algonquin Healthcare (MAHC) to the Ministry of Health.

On behalf of the community members we represent we have grave concerns about the process and plan that Muskoka Algonquin Healthcare has advanced. Taxpayers in Ontario and Muskoka should not be burdened with an expensive hospital redevelopment (estimated >\$1.3 Billion) that does not address healthcare for the identified population and demographics of South Muskoka.

As you are all aware, in response to the affront by MAHC to both common sense and the core principles of healthcare planning through its Stage 1.3 (Functional Planning) approach, the SSMHC was formed. **The SSMHC has no confidence in MAHC's approach or its plans.** The SSMHC has gathered more than 14,000 citizens' signatures (presented to the legislature) and have aligned support from the local Chambers of Commerce. We are advocating for changes below and continue to request your assistance, support and advocacy to ensure accountability over MAHC's submission during the Stage 1.3 review:

- **Increased Acute Care Beds in South Muskoka:** An increase in acute care beds at the future South Muskoka site to at least 60 beds
- **Care Close to Home:** elimination of mandatory transfer to the Huntsville site for any condition requiring six or more days of inpatient care
- **Physician Recruitment and Retention:** Input from local physicians must be obtained and respected in the planning process

- **Site Selection Re-evaluated:** MAHC's selected site in Bracebridge is a retired quarry, with identified poor soil conditions. Remediation costs are unreasonable and this will impact future expansion possibilities at this site.
- **Transportation Plan for the Realities of Muskoka:** Ontario Health must mandate MAHC to produce a workable transportation plan that reflects realities of life in Muskoka (i.e. remote communities with high levels of wealth inequality and lack of public transit) in order to support a primary hospital in the northern part of Muskoka away from the majority of the population.
- **Realistic Analysis and Further Public Consultation around Transfer Rates to Huntsville Site:** Additional disclosure, consultation and planning to address transfer rates between hospital sites for public's awareness.
- **Equitable allocation of ALC:** Allocation of all ALC beds to Huntsville site is short-sited relative to other concerns raised above.

As you Hon. Graydon Smith, MPP and Mayor Rick Maloney of Bracebridge publically announced, MAHC has shattered community trust. The hospital redevelopments do not provide for sustainable healthcare in South Muskoka. During the Stage 1.3 planning, MAHC ignored reasonable community concerns, including demands for additional transparency and applied reckless disregard for crucial substantive issues as set out in the list above.

As set out in the Province's Hospital Capital Planning and Policy Manual, Ontario Health has the role during to scrutinize MAHC's plan and to ensure that the plan makes sense in accordance with the identified Planning Principles. MAHC's model is premised on grossly inequitable healthcare services and will be highly detrimental to the health, safety and well-being of South Muskoka residents and cottagers alike.

We expect that you will all take a firm stance against permitting MAHC's flawed plan to proceed without substantial changes. Be assured that MAHC lacks broad community support, its process is flawed, and in substance, its plan will bring about worse patient outcomes and will erode healthcare delivery in South Muskoka. The public in Muskoka is engaged on this issue and the SSMHC will continue to ensure that the public is aware of the response and positions you take on this important appeal.

We ask that you provide the people of South Muskoka your unquestionable support to achieve equitable and accessible acute care services, without exception.

Sincerely,



p.p.

Mr. Jason Cole
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SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE – POSITION PRÉCIS

In our view, the *Made in Muskoka* capital re-development plan submitted by Muskoka Algonquin Healthcare fails to adequately address fundamental healthcare principles and our criticisms.

- 1. Accessibility:** In the absence of a publicly-funded transit system, patients of limited means who are required to travel for testing or outpatient surgery will have no other affordable travel options. Follow up care will also be financially inaccessible to some residents of South Muskoka. Planning should be based on population profile and demographics (socio-economic factors) and focus on improved health outcomes for the community. Various factors have not been considered or achieved with MAHC's submitted plan. The District of Muskoka's projected growth chart clearly shows projection of more population growth in South Muskoka.
- 2. Equity:** MAHC's submitted plan is fundamentally inequitable in that it treats residents of South Muskoka (i.e. Gravenhurst, Bracebridge, Port Carling, Bala, Torrance, Vankoughnet, Kilworthy etc.) differently from those in the north – effectively disadvantaging both groups. Those in the south will be separated from family and friends when they require acute care while residents of North Muskoka will have to travel significant distances for routine ambulatory diagnostic, surgical services and other ambulatory clinical care. MAHC's plan does not account for socio-economic factors. Factors such as transportation, poverty, removing care close to home for patient's requiring hospital stays longer than six (6) days and transfer to Huntsville for acute and alternate level of care. To be fair, patients from the north also need to be considered as the submitted plan requires them to travel to the south for outpatient diagnostic services, day surgery and other outpatient ambulatory clinics.
- 3. Addressing Demographic Growth and Associated Increases in Clinical Services and Demands:** Planning should be based on population profile and demographics and focus on improved health outcomes for the community. Health services must be effective, sustainable and responsive to community needs including population growth now and into the future. Clearly this hasn't been taken into account with this current proposal of MAHC's

The District of Muskoka Growth Strategy (<https://muskoka.civicweb.net/document/41203/>) clearly projects South Muskoka's growth to exceed that of North Muskoka yet the current plan is not taking this into consideration and the potential needs of South Muskoka being greater than the North. This has the potential to have not only Alternate Level of Care transfers but Acute Care patients, requiring transport to Huntsville. The proposed 20% reduction of beds at SMMH and the present issues of constant over occupancy does not account for the future population growth and needs of South Muskoka.

- 4. Patient-Centredness:** The MAHC model fails on four of the six dimensions of patient-centred care:
 - It fails to respect patient preference and their expressed need for care close to home.
 - It fails to provide coordinated and integrated care by separating patients in South Muskoka from their primary care provider while they need acute care.
 - By requiring that they and their families travel in often difficult conditions, it fails to provide emotional support and may, in fact, exacerbate fear and anxiety.
 - The MAHC model separates patients from their family and friends, rather than involving them, at a time when they are most vulnerable and in need of support.

5. **System Integration:** To the best of our knowledge, MAHC has not yet developed strategies for ensuring that its services are linked to either the primary care system or other health and social service resources in the community. Consequently, we are unable to assess MAHC's understanding of its role in Muskoka's health care ecosystem.
6. **Continuity of Care:** If continuity of care involves care provided in "... a coordinated manner and without disruption ..." then the proposed MAHC model is deficient when measured against this principle. Disruption is inevitable in a model which requires patients to be transferred to another location after a specified length of stay where they were first admitted.
7. **Responsiveness to Changing Community Needs:** The MAHC model is inadequate to meet even the current needs of South Muskoka. Given the significant population increase anticipated over the next decades and the projected aging of the population, the Made in Muskoka model would be even less able to address the needs of South Muskoka in years to come.

8. Respect for the Quintuple Aim:

We find the MAHC model significantly lacking with respect to at least four of the five "aims":

- i. **Improving the patient and caregiver experience**
As noted above, the model fails to address most of the dimensions on which "patient centeredness" is measured, thus worsening, rather than improving, the patient and caregiver experience.
- ii. **Improving the health of populations**
Concentrating diagnostic services in the southern site will discourage residents of North Muskoka from obtaining regular health assessments (e.g. mammograms). Population health could be compromised, rather than enhanced, as a result.
- iii. **Improving cost efficiency**
Because MAHC has not released the costing assumptions on which its plan is based, we have been unable to determine the cost efficiency of the model.
- iv. **Enhancing care team satisfaction and collaboration**
South Muskoka physicians have indicated that MAHC's proposed model would – if implemented – result in a significant deterioration in their professional experience and may, in fact, cause both new graduates and seasoned physicians to avoid Muskoka as a location for their practice. Should that happen, South Muskoka will lack the critical mass of physicians necessary to ensure a robust on-call system, thus further putting those who remain at risk of burnout.
- v. **Improving Health Equity**
As noted, the MAHC model fails to achieve health equity, as defined by the World Health Organization.

9. Interdependency:

Although the MAHC model proposes an increase in the square footage of the emergency departments, the lack of a critical mass of in-patient beds at South Muskoka means that specialists will not likely be attracted to practice, at MAHC. Consequently, specialist support of the Emergency Room physicians would be compromised. This point is based on information provided to us by the local doctors and specialists and their professional opinion

10. Site Selection and Cost Implications

The site selected by MAHC to build the hospital in South Muskoka requires investigation. A thorough investigation must be undertaken regarding the financial implications related to site preparation at Pine Street in order to determine the true and full costs to build on the Pine Street location including the rock pit concerns, utilities/services expenses and the need to acquire additional lands adjacent to the site.

In the Hospital Capital Planning and Policy Manual ([Hospital Capital Planning and Policy Manual](#) section 2.1 on page 14 the last paragraph states – *“Health care professionals should work together with various design professionals in an integrated Project Team to define various components of the Master Plan. Factors such as the location of the facility and the characteristics and condition of the buildings ought to be addressed in the development of a robust Master Plan.”* In addition, the Master Program, civil and environmental design, and municipal and transportation plans should be considered simultaneously.

Clearly the site selection, costs of preparing the land for build and the transportation plan must be scrutinized before any consideration is given by the Ministry to proceed with the plan.

CONCLUSION

Upon thorough review and analysis of the plan submitted by MAHC, we have come to the conclusion that the model and plan submitted by MAHC is significantly flawed.

We believe the capital redevelopment plan submitted by MAHC is fundamentally inequitable and will clearly be detrimental to the health, safety and well-being of South Muskokans. The plan fails to address requirements of the Ontario Capital Planning and Policy Manual.

In addition, our Mayor (Rick Maloney) and our MPP, the Hon. Graydon Smith have also publicly disclosed their opinions of same.

Quote from South Muskoka Doppler Internet News (November 15, 2024):

“The process has been nothing but divisive, nothing but strained. It’s positioned our doctors to take sides. It’s polarized our communities,” said Rick Maloney during this week’s Town council meeting. “Quite frankly I don’t think any community should have to endure the discourse we have over the past 10 months.”

Further, concerns expressed by The Honourable Graydon Smith, Minister of Natural Resources and Forestry, are indicative of the outrage and deep frustration expressed by thousands of citizens. Graydon Smith told MAHC to withdraw its hospital redevelopment plan. Minister Smith wrote to Mr. David Uffelmann, Board Chair, and members of the Board of Muskoka Algonquin Healthcare requesting the Board rescind their plan submitted to the Ministry to move the project onward:

“Further to our telephone conversation this morning, I am writing to you to formally request that agenda Item 2.1 set for the Muskoka Algonquin Healthcare Board (MAHC) meeting of July 2nd, 2024, be withdrawn immediately. I make this request in my role as MPP for Parry Sound-Muskoka, and as someone with extensive experience in the hospital redevelopment process over many years. Surely you understand that this action further erodes the level of trust necessary for the plan, and the Board, to be successful. A lack of trust in a Board tasked with such important work is both undesirable and untenable.”