



Save South Muskoka Hospital Committee (SSMHC)

Position Statement #1- Patient Transfer

The Save South Muskoka Hospital Committee has struck a Healthcare Advisory Subcommittee (HAS) comprised of individuals with many decades of healthcare experience. This position statement reflects the collective professional expertise of the physicians, nurses, paramedics, occupational therapists, social workers and hospital administrators who are members of that subcommittee.

The Save South Muskoka Hospital Committee (SSMHC) is responding to critical concerns raised by the recent Capital Redevelopment Plan from Muskoka Algonquin Health Care (MAHC). That plan includes a proposal to reduce the capacity of the South Muskoka Memorial Hospital site (SMMH) from the existing 59 acute care beds to 36 beds.

According to the District of Muskoka's *Community Profile Report (2023)*¹ Muskoka's total population in 2020 was 146,600². By 2051, the population is expected to grow to 199,000 – an increase of just over 1% per year. That report further forecasts that people over 75, who are statistically higher users of healthcare services³, will make up 24% of Muskoka's population – a greater share of the total than any other group. Projections also suggest that the over-75 group will grow by more than 2% per year – outpacing the increase in all other age groups and the population as a whole.

The SMMH proposal must be considered in the context of those projections.

At present, SMMH regularly operates at an occupancy rate of 110% to 140% for its 59 acute care beds. The proposed thirty-six (36) bed site would operate at a projected occupancy rate of 150% to 180% - even without the significantly greater population projected for Muskoka.

To address the overcapacity issue, the MAHC model proposes an increase in the number of inpatient transfers from SMMH to the Huntsville site. Transfers will be required for:

- Newly-admitted patients who cannot be accommodated in the reduced number of beds at the South Muskoka site;

¹ James Cook Watson and Associates Economists

² Year-Round: 63,290 Seasonal: 83,310

³ Statistics Canada, *High Use of Acute Care Hospital Services at Age 50 or Over, September 20, 2017*. Accessed online July 3, 2024 at: <https://www150.statcan.gc.ca/n1/pub/82-003-x/2017009/article/54855-eng.htm>

- Patients who require a level of care that cannot be provided at SMMH, and;
- Patients who reach a length of stay of six days or more at SMMH.

Unless new transportation protocols are developed, those transfers will occur either by ambulance or by a private transfer service. Either way, the projected increase in transfers will have profound implications for patient outcomes, paramedic services, for the health care system as a whole and for the patients and families who rely on SMMH to be there when they need it.

For Paramedic Services

- Additional paramedics and support staff will be required.
- More than the current eight vehicles (with two additional during the summer months) will be necessary.
- The greater number of staff and vehicles will require expanded facilities to house them.

For the Health Care System

- Paramedics called upon to perform non-emergency transfers will reduce the system's capacity to respond to emergencies – increasing response times and putting patients in jeopardy.
- Some patient transfers will require the presence of a registered nurse or physician - taking them away from other duties and further increasing the burden on their colleagues.
- The use of private transfer services (in lieu of paramedics) will increase – at considerable cost. This cost increase will be charged to the hospital.
- Availability of this service is often tenuous and unreliable and will result in patient wait and delay of care.
- Increased capital and operational costs will mean a need for increased funding from the District of Muskoka as the Ministry of Health only funds up to 50% of the cost of paramedicine services.

For Patients and Families

- While in hospital, transferred patients may lose contact with the primary care provider who knows them and their healthcare history, and who may also have established relationships with the patient's family.
- A patient who is transferred to the Huntsville site may need to be transferred again further south to a tertiary care centre or other facility that provides specialized services.
- Given the increased travel distance and Muskoka's significant transportation challenges:
 - Families will be less able to provide care and emotional support to their loved ones while they are in hospital.
 - Patients may be less able to access follow up care post-discharge.

For the Environment

- An increase in traffic and therefore increased pollution will have a negative impact on the environment.

For these reasons and more, SSMHC believes the current MAHC model is unworkable and unresponsive to the needs of both patients and providers.

We are also concerned MAHC has not yet disclosed the cost of their plan with respect to the increased number of paramedics and paramedic vehicles required and the overall annual operational costs of transportation.

Moreover, SSMHC is deeply concerned that MAHC's proposed model will be extremely detrimental to the safety, health and well-being of the people of South Muskoka.

MAHC must honour its original and long-standing Capital Redevelopment commitment to build two full acute care hospitals in Muskoka – one in Bracebridge and the other in Huntsville.