



SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE

## APPENDIX C THE GEOGRAPHIC PENALTY & THE "CT PARADOX"

### Subject: Clinical Impact of the Stroke Protocol & Resource Misalignment

#### I. The South Muskoka "Dead Zone" Defined

The proposed 2031/32 model permanently distances a massive geographic territory from time-sensitive care.

- **North/South:** Stephenson Road 1 & 2 down to Kilworthy Road/Severn Bridge.
  - **East/West:** Vankoughnet/Black River across to Bala/Wahta Territory.
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#### II. The CT Paradox: Technology vs. Protocol

The most glaring inefficiency in the current system—which the 2032 plan fails to rectify—is the administrative underutilization of the Bracebridge (SMMH) CT scanner.

- **The Reality:** SMMH currently possesses a functional CT scanner capable of diagnosing a stroke.
  - **The Current Protocol (2026):** Under existing EMS Bypass Protocols, ambulances are prohibited from stopping at SMMH for stroke patients. They must drive past the Bracebridge CT scanner to reach the "Designated Stroke Centre" in Huntsville.
  - **The 2032 Entrenchment:** Instead of using the new build to fix this bypass (by designating SMMH as a Telestroke site), the 2032 plan entrenches this model by moving all specialized support beds and the region's only MRI to the North.
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#### II. The "Toronto Retrace": A Life-Safety Loop

For a **Hemorrhagic Stroke (Brain Bleed)**, the current bypass creates a logistical absurdity that risks lives.

1. **The Pickup:** A patient is picked up in South Muskoka (e.g., Gravenhurst or Bala).
2. **The Forced Detour:** Per protocol, the ambulance drives **50–65 minutes North** to Huntsville for a CT scan, bypassing the SMMH scanner.
3. **The Diagnosis:** The scan confirms a hemorrhage. **Neurosurgery is required.**
4. **The Toronto Retrace:** Since neurosurgery is **only available in Toronto**, the patient is put back in an ambulance/helicopter and driven **South**.
5. **The "Wasted Hour":** The patient drives past the Bracebridge hospital for the **second time**. They have wasted nearly **100km of travel** navigating a detour before even beginning the trip to the surgical team in Toronto.



### III. Real-World Transit Realities

Planners ignore the "Muskoka Factor." Even in clear conditions, the detour is excessive:

Point of Origin	Destination	Drive Time (Clear)	Drive Time (Winter/Traffic)
Bala	HDMH (Huntsville)	1 Hour	1.5 – 2 Hours
Bracebridge (Central)	HDMH (Huntsville)	50 Minutes	1 Hour +
Bracebridge (Central)	SMMH (Local CT)	8 Minutes	12 Minutes

### IV. The "Triple Threat" to Emergency Transit

Highway 11 is a fragile link. Three factors frequently break the "clinical conveyor belt":

- **1. The Wildlife Hazard:** Emergency transfers often occur at night/dawn. High-speed runs on Highway 11 face constant **moose and deer** collision risks.
- **2. The Tourist Surge:** In summer, Highway 11 congestion can turn a 50-minute transfer into a **90-minute crawl**.
- **3. The Winter Bottlenecks:** Snow squalls ("streamers") off Georgian Bay frequently sever the North/South link at:
  - **High Falls** (Primary corridor)
  - **Severn Bridge to Kilworthy** (Southern gateway)
  - **Hwy 118 East to Doe Lake Road**
  - **Port Sydney**



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**VI. Summary Table: Current Protocol vs. Clinical Potential**

<b>Step</b>	<b>If SMMH was utilized as a Stroke Site</b>	<b>Current Protocol (Bypassing SMMH)</b>	<b>Time/Resource Loss</b>
<b>Diagnostic CT</b>	<b>On-site (Bracebridge)</b>	<b>Forced Transfer North to HDMH</b>	<b>+50-65 mins</b>
<b>Treatment (Hemorrhage)</b>	<b>Direct South to Toronto</b>	<b>Retrace South past SMMH</b>	<b>+45 mins (The Loop)</b>
<b>911 Resources</b>	<b>1 High-Priority Trip</b>	<b>2 High-Priority Trips</b>	<b>Double the EMS Drain</b>