



SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE

Executive Summary Made in Muskoka Model ~ Stage 1.3 Submission

1. Transportation Plan: The "Shuttle-Based" Reality

The Stage 1.3 submission does not include a formal, independent "Transportation Plan" or an impact study from District Paramedic Services.

- **The Proposal:** The 2032 model relies on **Inpatient Consolidation**. Because Huntsville holds all 37 "Reactivation/Long-stay" beds and the Level 3 ICU, the plan assumes a high volume of inter-site transfers.
- **The Missing Piece:** There is no documented agreement or budget for who manages these transfers. If a patient in Bracebridge requires more than 6 days of care, they must be moved. The SSMHC flags this as a hidden cost that will pull 911 ambulances off the road to serve as hospital shuttles.

2. Stantec Report & Pine Street Costs

The Stantec Engineering Report (and technical appendices) identifies **300 Pine Street** as a high-risk site due to its history as a quarry.

- **The Findings:** The site requires massive leveling and "rock-munching." Engineering estimates suggest site preparation could cost up to **\$180 million** before a single brick is laid.
- **The Implication:** This "dirt cost" must be paid for by the **Local Share** (the community). The Stage 1.3 submission mentions updated cost estimates but does not provide a public breakdown of how the \$180M in site prep impacts the overall \$225M local fundraising goal.



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3. Obstetrics: The "Nesting" Model vs. Reality

The 2031/32 model essentially ends a dedicated, 24/7 staffed birthing unit in Bracebridge.

- **The "Nesting Bed":** The Stage 1.3 plan allocates **one (1) obstetrical labor and delivery room** at the Bracebridge site.
- **The Definition:** In clinical terms for this project, "nesting" means an emergency-only space. It is a room within the 46-bed framework used for imminent births that cannot be transferred to the consolidated **Regional Birthing Centre** in Huntsville.
- **The Impact:** As of March 2025, MAHC has already "temporarily" moved all births to Huntsville, citing staffing. The 2032 plan makes this consolidation permanent, leaving Bracebridge with only emergency stabilization capacity.

4. Viability of the Bracebridge Site

The viability of the Bracebridge site in 2031/32 is a "mathematical" concern for our committee:

- **The Bed Deficit:**
 - **2019/20 (Old SMMH):** 65 Beds.
 - **2031/32 (New SMMH):** 46 Beds.
 - **The 0-Bed Service:** The most critical find is that **Reactivation and Complex Medical Management** (long-term senior care) goes from 15 beds to **0 beds** in Bracebridge.
 - **The Risk:** If the 46 beds at SMMH are full, the hospital has no "overflow" for senior patients. This forces a "gradual reduction" of care where patients are stabilized in the ED and immediately shipped to Huntsville, potentially turning the new Bracebridge hospital into a glorified Urgent Care/Day Surgery center.
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Technical Summary of Bed & Service Allocations (2031/32)

Service	SMMH (Bracebridge)	HDMH (Huntsville)
Total Beds	46 (Increased from 36)	121
Critical Care	4 Beds (Level 2)	10 Beds (Level 3 - Regional)
Reactivation (Seniors)	0 Beds	37 Beds
Obstetrics	1 Nesting/Emergency Bed	Full Regional Birthing Centre
MRI	No	Yes (Regional Lead)
Nuclear Med/Mammo	Yes (Regional Lead)	No