SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE

Appendix D

The Bed/Service Disparity (Huntsville vs. Bracebridge)

This table directly compares the current **2024 operational reality** with the **2031/32 opening-day projections** as finalized in the Stage 1.3 submission.

This is arguably the most powerful tool for our committee, as it visualizes exactly what is being "exchanged" or lost in the name of modernization.

Service Comparison: South Muskoka (Bracebridge Site)

Service Category	Current Status (2024)	New SMMH (2031/32)	Net Change / Impact
Total Inpatient Beds	**~65 Beds**	**46 Beds**	**-19 Beds (-30%)**
Reactivation (Senior Rehab)	15 Beds	**0 Beds**	**Total Removal**
Acute Medicine / Surgery	~46 Beds	41 Beds	-5 Beds
Critical Care (ICU)	5 Beds (Level 2)	4 Beds (Level 2)	-1 Bed
Obstetrics (Birthing)	Active Unit (Historically)	**"Nesting" Room only**	**Program Loss**
Postpartum Recovery	2-3 Dedicated Beds	**0 Beds**	**Total Removal**
Surgical Focus	Mixed (Inpatient/Day)	**98% Day Surgery**	Loss of complex surgery
MRI	No (Mobile/None)	**No** (Remains North)	**No Local Access**
Nuclear Med / Mammography	Baseline	**Regional Lead**	**Significant Increase**

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Strategic Analysis of the "2024 vs. 2032" Data

1. The Senior Care Deficit

The most glaring change is the reduction from **15 Reactivation beds to zero**.

- **In 2024:** A senior recovering from a stroke or hip surgery stays in Bracebridge.
- **In 2032:** That same senior is stabilized in a 41-bed acute wing and then **immediately transferred to Huntsville** because there are no longer any "recovery" beds in the South.

2. The Obstetrics "Phantom Unit"

While MAHC claims obstetrics is "preserved," the 2032 model removes the infrastructure that makes a program viable.

- **In 2024:** There is a dedicated floor/wing for moms and babies.
- **In 2032:** There is a single room in the Emergency Department. Without postpartum beds or a dedicated nursing team, it functions as a "waiting room for an ambulance" to Huntsville.

3. The Surgical "Hollowing Out"

Although the *number* of procedures in Bracebridge will technically rise to over 9,000, the *type* of surgery is restricted.

- **The Reality:** By 2032, Bracebridge loses the ability to keep surgical patients overnight in any significant capacity. It effectively becomes a "Factory" for cataracts, scopes, and minor urology, while any resident needing a gall bladder or orthopedic surgery that requires a 2-night stay is sent North.

4. The Diagnostics "See-Saw"

The table reveals a clear trade-off. Bracebridge is "given" the high-volume screening (Mammography/Nuclear Med) to keep the building busy, but denied the high-complexity tool (MRI).

- **The Argument:** If the MRI is essential for the **Seniors** (strokes, dementia) and the **Surgical** patients (complications), why is it being placed 40km away from where 98% of the day procedures and the bulk of the senior population reside?