

# THE STANTEC REPORT

*Technical Red Flags & Site Selection Discrepancies*

## THE HIGH COST OF A SAND PIT: WHY CHOOSE SITE #2 - 300 PINE STREET?

### 1. The Scoring Reversal

Muskoka Beach Road was the top technically ranked site at 131.55 points, yet Pine Street was advanced at 117.20 points. Highway 118 West also scored close behind Pine Street at 116.35 points and was dismissed based on cost to purchase the property and bridge-cost assumptions that may now be mitigated by nearby development. Why choose the more expensive engineering option?

### 2. The Gravity-Feed “Tax”

The Pine Street site is a former sand/gravel pit with an approximate 30-metre elevation drop. To allow sewers to gravity-feed, engineers must haul in an estimated 15 metres (50 feet) of fill - a massive and avoidable infrastructure cost that would ultimately be borne through tax dollars and local-share fundraising.

### 3. The Access Bottleneck

The conceptual layout does not appear to provide clean, safe separation between ambulance access and public access. Ambulances would navigate the Depot Drive retail corridor and cross in front of the public entrance to reach the ER bays. Given the focus of the new hospital is on ambulatory care, there will be many, many visitors annually to the site. The site's topography also appears to limit full perimeter access for emergency services.

### 4. Hidden Site Prep Costs

Engineering information suggests that site preparation, including leveling and stabilization, could cost between \$50M and \$180M before hospital construction even begins. Further soil-stabilization studies can only be completed after the site has been cleared. The key question is whether scarce healthcare dollars and local-share dollars should be redirected into an inferior property rather than patient services.

### 5. The “Shrinking” Property

The aggregate pit effectively reduces the 47-acre site to roughly 22 usable acres. The community risks moving from a landlocked hospital to a new site that is effectively constrained from day one, with limited room for future expansion and the potential need to acquire additional land at added cost.

### 6. Changed Project Scope Warrants Review

Pine Street was selected in December 2023 when the hospital proposal was 14 beds. With South Muskoka Hospital now proposed at 46 beds, the Ministry of Health must review the site selection process to ensure that it still aligns with the project's revised scale, future expansion needs, and supporting infrastructure cost exposure.



# THE MAHC STAGE 1.3 SUBMISSION

*Clinical Risks & Broken Promises*

## SERVICE CUTS, SAFETY RISKS & FAMILY BURDENS

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### 1. The Future Hospital Does Not Account for Growth

South Muskoka has 67 beds today and routinely operates at 110-140% capacity, which would actually require approximately 77- 93 beds under current utilization. The proposal moves to 46 beds by 2032 - a reduction in capacity for a growing and aging community that is expected to grow substantially larger than North Muskoka and East Parry Sound

### 2. The Bed Deficit & “6-Day Cap”

If a patient requires more than six days of care, the plan contemplates that they be moved to Huntsville upon admission. With an aging population and current over-capacity already in the system, this creates a predictable pathway to permanent hallway medicine, family displacement, and worse patient outcomes with care further from home.

### 3. OB Is Not Restored as a Staffed Department

The Stage 1.3 Functional Program does not include a staffed obstetrics unit at the future South Muskoka site. The proposed “nesting bed” adjacent to Emergency is not the same as restoring a full OB department, despite public assurances that April 2024 that the new hospital would have obstetrical services and the March 2025 closure was temporary.

### 4. Families Carry the Financial and Emotional Cost

Moving reactivation and longer-stay care to Huntsville creates an 80 km round-trip burden for families. For seniors, lower-income residents, seasonal workers, and people without reliable transportation, this directly affects visiting, support, and recovery outcomes.

### 5. The “Transportation Plan” Myth

MAHC has referred to patient movement between sites, yet no transportation plan was submitted in Stage 1.3 and there is no confirmed MOU with Paramedic Services. The community deserves clarity on whether emergency vehicles will be pulled from the road to function as inter-site transport.

### 6. The 100 km Stroke Loop

Current protocol can require ambulances to bypass South Muskoka's functional CT scanner, travel north for imaging, and then potentially travel south again for advanced care if a bleed is confirmed. That raises a serious patient-safety question for time-sensitive stroke care.

## CORE MINISTRY QUESTION

**What steps has the Ministry of Health taken to assess whether the proposed hospital configuration aligns with projected population growth, demographics, winter travel realities, limited public transit, and the indirect social and economic costs to patients and families?**



# TRUTH VS MYTH: THIS IS NOT A DONE DEAL

| The Myth (What MAHC Says)                                            | The Truth / Concern Raised                                                                                                                                                                                            |
|----------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| "Bracebridge is a Centre of Excellence for Seniors."                 | SMMH goes from 15 recovery/reactivation beds to zero. Seniors requiring rehab or longer-stay recovery are forced to leave their community.                                                                            |
| "The OB closure is only temporary as announced by MAHC in 2025."     | The Stage 1.3 plan shows OB reduced to a nesting bed beside Emergency, not a restored and staffed OB department.                                                                                                      |
| "We have a 46-bed hospital for the future."                          | South Muskoka has 67 beds today and routinely operates at 110-140% capacity. A 46-bed future hospital is a reduction, not growth planning.                                                                            |
| "Pine Street is the most cost effective site."                       | Pine Street is a former sand/gravel pit with major site-preparation, fill, access, and stabilization concerns. This parcel may become the most expensive local-share option.                                          |
| "MAHC has a clear plan to move patients between sites."              | No confirmed transportation plan or paramedic-services MOU was included in Stage 1.3. The operational and cost impacts remain unanswered.                                                                             |
| "The plan considers the real-life burdens on patients and families." | The plan does not appear to fully account for harsh winter travel, rural distance, limited transit, poverty/income demographics, caregiver burden, or the concentration of future population growth in South Muskoka. |

## BOTTOM LINE

**The community is asking for a responsible review of whether the site, bed model, OB model, transportation assumptions, and long-term capacity plan actually meet South Muskoka's needs before irreversible capital decisions are locked in.**

