



## SAVE SOUTH MUSKOKA HOSPITAL COMMITTEE

### EXECUTIVE BULLETIN – JUNE 2026

Muskoka Algonquin Healthcare (MAHC) continues to advance its “Made-in-Muskoka” multi-site redevelopment with the Province for new hospitals in Bracebridge (South Muskoka Memorial Hospital) and Huntsville (Huntsville District Memorial Hospital) despite strong and persistent community concern. The Save South Muskoka Hospital Committee (SSMHC) was formed after January 2024 to represent the community’s interest in this process.

#### Current Project Status

- MAHC’s “Made-in-Muskoka” Functional Program was approved by MAHC’s Board of Directors in October 2024 and submitted to the Ministry of Health and other provincial ministries in November 2024.
- The Province is currently reviewing the Functional Program against the Stage 1.3 requirements of the Hospital Capital Planning Policy Manual. No public timeline for approval has been provided, and the community has received no substantive update regarding the status of the review.
- The redevelopment budget for both sites is nearly a **\$1 Billion total cost**, including commitments of **\$225 million through the “local share” contribution**, representing local municipal taxpayers’ and hospital foundations’ contributions. This project is the largest public infrastructure project in Muskoka’s history.

#### Key Community Concerns

- Made-in-Muskoka proposes 46 “short stay” beds at the Bracebridge site, representing a **30% reduction in beds** from the current 67 acute care beds. Today, the hospital routinely operates between 110% and 140% occupancy.
- Made-in-Muskoka also proposes a **reduction in higher-acuity inpatient capability and hospital services** at the Bracebridge site, **including the removal of obstetrical services** (only a “nesting bed” adjacent to ER), whereas **nearly 2/3 (62%) of all patient drop offs via ambulance were at the Bracebridge site in 2025**.
- South Muskoka experiences significant seasonal population pressures, **aging demographics**, and tourism-related demand that requires sustainable and expandable hospital capacity. The **vast majority of both year-round and seasonal residents are in South Muskoka** (nearly 100,000 by 2051 whereas North Muskoka and east Parry Sound will be about 65,000 in the same period).
- The selected Bracebridge site (300 Pine Street) is a parcel that includes a **30m deep gravel/sand pit**, reducing the 47-acre parcel to a 22-acre usable site – and **requires upwards of \$150M to address soil and grading**.
- Made-in-Muskoka is based around “capital constraints” (without evidence) and a regional delivery model with consolidated services at the Huntsville site without proper considerations of ensuring balanced local healthcare access, long-term hospital sustainability, and the “realities of life in Muskoka,” such as harsh winter travel and income disparity among the communities MAHC serves.

#### Transparency and Public Confidence

- In March 2026, following a nearly year-long Freedom of Information (FOI) process, including mediation through the Information and Privacy Commissioner, SSMHC obtained the Made-in-Muskoka Functional Program submission and site selection engineering reports as key MAHC planning records. MAHC refused to voluntarily provide these documents when requested.
- These FOI records challenge the credibility of the MAHC Board of Directors in its delivery of the redevelopment, including **material gaps between MAHC’s public representations and the service planning details**, such as a public commitment to the continuation of obstetrical services at the Bracebridge site in April 2024 whereas the MAHC Made-in-Muskoka submission expressly excludes these services.
- These FOI materials also reveal **significant cost and operational implications and omissions**, particularly concerning infrastructure supports for the selected Bracebridge site (300 Pine Street) and **the lack of any transportation planning support** where patient transfers are a required constant of the model.

- **Local physician support for the 46-bed revised Made-in-Muskoka model is premised on the continuation of obstetrical services.** With this service omitted from the future Bracebridge hospital, MAHC has ignored and minimized the concerns of the local medical community and a material condition of support.
- Bracebridge Mayor Rick Maloney has publicly engaged the government (Anthony Leardi) to discuss **hospital board governance reform** as a result of this redevelopment process.
- Crucially, **public confidence in the redevelopment process is gone** as a result of MAHC’s lack of transparency; the public demands accountability from MAHC to address and fix the gaps in Made-in-Muskoka.

**Table of Proposed Bed and Service Allocation: Made-in-Muskoka Functional Program**

MADE IN MUSKOKA Total Beds = 167			
Program Classification		Huntsville Site	Bracebridge Site
Acute Care	Acute- 0-6 Day Stay	31	41
	Obstetrics	2	1 *
	ICU	10	4
Longer-Stay Beds	Post-Level 3 ICU Longer-Stay	9	
	7-Days+ Medical Reactivation	18	
	Acute Rehabilitation	14	
	Activation/ALC	37	
<b>Total Beds</b>		<b>121</b>	<b>46</b>

\* No obstetrical services at Bracebridge site – only a birthing/labour “nesting suite” adjacent to ER

Currently Huntsville has 56 beds and Bracebridge has 67 beds. Today, activation and rehabilitation services are at both sites

**Requested Action by Board of Directors, Muskoka Algonquin Healthcare (MAHC)**

- Formally reassess and modify as necessary the Made-in-Muskoka model to ensure balanced and equitable access to acute care, inpatient, emergency, and diagnostic services for South Muskoka patients.
- Publicly compare alternative service allocation models that maintain balanced hospital services at both sites.
- Formally reassess site selection (300 Pine Street) given identified remediation costs, access and egress concerns, restraints on growth and supporting infrastructure needs.
- Commission an independent review of the impacts of the proposed Made-in-Muskoka model on patient access, travel times, physician recruitment, health outcomes, and community needs.
- Establish a formal and ongoing engagement process with the SSMHC and other community stakeholders, including increased transparency and access to planning records to support meaningful consultation.
- Provide regular public updates on redevelopment planning and responses to community concerns.

**Requested Action by Province**

- Require greater transparency from MAHC regarding the review of the Made-in-Muskoka Functional Program;
- Independently assess whether the proposed bed counts and service levels are appropriate for South Muskoka given current and projected population and demographics, including seasonal resident and visitor pressures;
- Independently assess whether the site selection (300 Pine Street) is appropriate to support additional facility growth and is the responsible fiscal choice for taxpayers;
- Ensure that South Muskoka residents maintain equitable access to acute care services in South Muskoka; and
- Restore public confidence through meaningful oversight of local hospital governance and the current hospital redevelopment planning process, in particular.

**Requested Action by Town and District Municipalities**

- Pass resolutions supporting equitable access to hospital services for South Muskoka residents and requesting reconsideration of the current Made-in-Muskoka model to address community concerns.
- Advocate to MAHC and the Province for a balanced redevelopment plan that preserves meaningful hospital services in South Muskoka.
- Request an independent assessment of the impacts of the proposed model on accessibility, transportation, emergency response, and future growth.
- Provide a public assessment of “local share” funding conditions based on current model.
- Facilitate and ensure public discussions among municipalities, MAHC, provincial representatives, local healthcare providers and community stakeholders to identify solutions.
- Communicate community and stakeholder concerns directly to the Ministry of Health and local MPP.

## APPENDIX

### SSMHC Concerns and Calls for Change

#### 1. Alarming Bed Cuts to 46 “Short Stay” Beds

- **Population Growth and Demographics Ignored:** South Muskoka is home to the vast majority of residents in MAHC’s catchment and it is expected to be **100,000 year-round and seasonal residents by 2051**. By contrast North Muskoka and east Parry Sound will have a combined seasonal and year-round population of 65,000 in that period.
- Projected age demographics to 2050 show an estimated **30-50% increase in seniors** – higher than the provincial average - when healthcare needs are greatest.
- Upon admission, any condition requiring a stay greater than 6-days will require transfer out of the South Muskoka hospital with a resulting reduction in acuity-supports at the hospital.
- **No obstetrical services** despite public commitments to the local physicians, the Town of Bracebridge Council and the public.

#### 2. Selected Site for South Muskoka Hospital is Unjustifiably Expensive to Remediate

- The selected Bracebridge hospital site, 300 Pine Street, **contains a 30m deep gravel/sand pit** that is up to 1/3 of the total acreage – reducing the usable land to 22 acres, below provincial standards for a new build.
- Upwards of **\$150M in remediation costs** (est. up to 20% of the South Muskoka capital budget) to address soil and grading conditions before building can occur.
- Limits on future expansion due to significant additional land remediation costs.
- Requires substantial infrastructure upgrades and is constrained for access and egress.
- Site selection process lacks transparency and public consultation for legitimacy.

#### 3. Unsubstantiated Transportation Requirements

- **Model is Premised on Patients Transfers:** transfers will be a constant component of the hospital’s operation, with no defined pathways for administrative continuity of care or defined transit support.
- MAHC’s planning documents have **no EMS capacity plan**, no analysis of patient transport costs, and **no equitable plan to address patient visitation (family, caregivers, etc.) to the Huntsville site**.
- MAHC and Province is ignoring healthcare planning guidance: better patient outcomes result from being close to supports that can advocate for patient care and attend to patient need in a direct family/care and support capacity.

### Save South Muskoka Hospital Points of Advocacy

- Significant change to MAHC’s “Made in Muskoka” Functional Program during the provincial review:
  - ✓ **Increased Acute Care Beds** (at least 60 beds) in South Muskoka
  - ✓ **Care Close to Home:** Elimination or reduction of reliance on mandatory transfers
  - ✓ **Equitable Allocation of Activation/ALC Beds** Between Huntsville and Bracebridge
  - ✓ **Site Selection Re-evaluated to Ensure Cost Responsibility**
  - ✓ **A Detailed Transportation Plan (for the Realities of Muskoka)**
  - ✓ **Additional Transparency:** including cost disclosure between two sites and public consultation
- Recognition that the process is political; representation and accountability from local officials.
- Two equitable and balanced acute care hospitals in Muskoka to ensure sustainable healthcare delivery with a focus on patient outcomes.