

Future Planning Survey Sheds Light on Community Values

(Monday, November 6, 2017, Muskoka, ON) – The results of the first in a number of future planning surveys are in and will help MAHC’s Capital Plan Development Task Force understand what is most important to the people who responded to the survey when it comes to planning the future of hospital care for Muskoka and area in the year 2030 and beyond. The survey was open to the public for just over seven weeks and received just under 2,200 responses.

“We really appreciate the time people took to respond to the survey, and the task force thanks each and every respondent for their thoughtful feedback,” says Cameron Renwick, chair of the task force. “All of this feedback is critical to the task force’s work and helps us as a group to address the concerns or challenges identified by the public for each model.

The purpose of the first survey was to help the task force understand from the public what is important to them, he says.

“We wanted to understand how important each of the proposed criteria the task force will use to evaluate the models were to people, or if any criteria were missing,” says Renwick.

From the initial review, the top five values that are apparent are:

- that safe, high-quality care is imperative;
- access to care, especially emergency care, is extremely important;
- reasonable travel times are essential;
- the recruitment of health care providers is vital; and
- that adaptability of any future hospital concept (being able to grow/change, expand or specialize programs/services) is important.

“We also asked them for preliminary feedback, such as pros and cons, of the models presented,” says Renwick. “This was not meant to be about voting for a model, and rather was about identifying values.”

The task force is completing comprehensive analysis of the survey responses. Following this review, themes of the survey results will be posted on the MAHC website.

“We heard from people that they preferred a two-site model, but many indicated they were uncertain as to what the two-site models were actually made up of, and wanted more clarification,” Renwick explained. “We recognize that there was a lack of definition or understanding around the models as we had only begun the planning process when we reached out to our communities. I want to assure everyone that this work is occurring as part of this planning process and involves looking at care from clinical perspectives through workshops.”

To that end, an initial workshop with clinicians was held in September to review and validate data, and a second subsequent workshop exploring the models is occurring in November with a group of doctors, nurses and care providers from the hospitals and the community with a goal to explore how best to configure the programs and services in the two two-site models.

“The one-site model is pretty well understood,” adds Harold Featherston, Chief Executive, Diagnostics, Ambulatory & Planning. “So this second workshop will focus on fleshing out, for example, what ‘not status quo’ means in the Two Sites – Not Status Quo model, and what services would be in each of One Site Inpatient and One Site Outpatient model.”

Once the models are further developed by clinicians, the task force will seek public feedback once again in the New Year.

“I want to reinforce quite strongly on behalf of the task force that no decisions for the future have been made, and this group with its broad membership is committed to an open process and ensuring the very best care for all of Muskoka,” Renwick says. “Planning future hospital care is a complex, thought-provoking and passion-filled topic and that was evident from the public responses.”

At the same time, it’s important to remember that the Ministry’s capital planning process takes years to complete and gets more refined at each of the five stages. In the meantime, the existing hospital sites will continue to be here for our residents, cottagers and visitors for years to come.

“MAHC has to plan today for what the future might look like 15 to 20 years down the road because our buildings keep getting older and medical equipment will continually need to be replaced to keep pace with new technology,” adds CEO Natalie Bubela. “Both sites require significant investments and have millions in capital needs today that we rely on community donations to fund. The future is important and needs to be planned for, but supporting our current needs is equally important.”

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Muskoka Algonquin Healthcare (MAHC) is a multi-site healthcare organization providing acute care services at the Huntsville District Memorial Hospital and South Muskoka Memorial Hospital in Bracebridge. Find out more about Muskoka Algonquin Healthcare by visiting www.mahc.ca.

Visit our [website](#) for updates on the work of the Capital Plan Development Task Force.

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