



Planning Together for Our Future Generations



2017 Feedback Survey (Opinion) Results Report

Capital Planning Process: Stage 1

November 2017

Muskoka Algonquin Healthcare

Overview & Purpose

As part of community engagement and consultation for MAHC's Stage 1 journey to plan the future of hospital care for Muskoka and area in the year 2030 and beyond, MAHC created a survey to engage the community to provide preliminary, anonymous feedback from all stakeholders.

The feedback survey was available electronically on the MAHC website from August 28 to October 13, 2017 with hard copies available in key locations across the region and upon request.

Eleven questions were posed, and for some questions respondents were able to select more than one response. The survey was structured so that respondents were not limited in the number of times they could respond. This was important to ensure there were no barriers for members of any given household to complete the survey from the same computer or a shared device.

The electronic survey link was shared broadly through local media and social media, while hard copies of the survey were made available at the two hospital sites, in public facilities such as Municipal Offices, libraries, recreation facilities and physician offices, and by mail upon request. The purpose of the feedback survey was to identify what is important to respondents by seeking written input on the models presented, and the draft criteria that would be used to evaluate the models. The survey was not designed as a rigorous, scientific tool. It was created to garner feedback on what is important to our communities with respect to future hospital planning.

There were three main objectives for the survey:

- to help shape the criteria that will be used to evaluate different potential hospital models by asking respondents what is most important to them with respect to proposed criteria,
- to provide an opportunity for respondents to identify if any criteria were missing,
- to understand at a high level what respondents liked and disliked about three different potential hospital models for the future (although the three models were not fully developed or understood at the time of the survey).

Feedback Survey Results

During the seven-week survey period, 2,183 responses were received either electronically or in hard copy. The following is a summary of the feedback survey results. For further details, see Appendix A: Feedback Survey Data, and Appendix B: Feedback Survey.

Demographics

Survey questions 1-4 were framed to gather demographic information from respondents and to ascertain if they attended one of the eight information sessions to help with their understanding of the context of MAHC's future planning work. (See Appendix A, slides 2-4).

The results showed that the majority of survey respondents:

- did not attend a presentation;
- were permanent residents;
- were aged 50 to 75 years; and
- were not health care workers.

Draft Criteria

Survey questions 5 and 6 were structured to obtain feedback on the proposed evaluation criteria by understanding what of each of the draft criteria was most important to respondents, and to provide an opportunity for respondents to identify any potential missing criteria. The table below

summarizes the draft criteria that respondents felt was important by tallying the response rate of “strongly agree” or “agree”. (See Appendix A, slides 5-6).

Summary: Criteria that respondents answered ‘Strongly Agree’ or ‘Agree’	Total %
Provides access to care with reasonable travel times	96%
Facilitates the safest care by meeting infection control, health & safety etc. requirement	95%
Assists with recruiting and retaining the best staff, physicians and volunteers	94%
Is able to accommodate future needs to grow and change	92%
Is supported by our communities at large	91%
Has the ability to allow for expanded or specialized programs and services	89%
Maintains strong local economies	87%
Is supported by my local municipal government	80%
Generates the required community fundraising share of building/renovation costs	74%
Leverages the funding we get to run the hospital	67%
Consistent with municipal and district planning principles	63%
How much it costs to operate	61%
How much it costs to build	54%
Aligns with Ministry of Health and Long-Term Care directions and North Simcoe Muskoka LHIN priorities	50%
Aligns with the Muskoka and Area Health System Transformation (MAHST) initiative to redesign health care delivery	50%

Models

Questions 7 through 10 were geared to understand preliminary feedback from respondents on three different potential models for delivering hospital services in the future. Respondents were asked what they liked and disliked about the three hospital models for the future although the three models were not fully developed or understood at the time of the survey. Such thoughts or observations, albeit early and without a fulsome definition of each model, were helpful to generate preliminary feedback so each model could be better developed to mitigate against concerns or challenges identified by respondents. Responses also help provide direction to MAHC with respect to additional information sharing and community education.

Members of the Capital Plan Development Task Force each were responsible for reviewing a subset of the comments provided by respondents (likes and dislikes for each model). The table below summarizes the themes identified by the task force from the responses. (See Appendix A, slides 7-8).

Two Sites – Not Status Quo		Two Sites – One Inpatient, One Outpatient		One Site – Centrally Located	
Likes	Dislikes	Likes	Dislikes	Likes	Dislikes
Access to care	Cost	Access to care	Limiting of beds	Efficient	Access to care
Supports community vitality and growth	Duplication of Services	Streamlines the system	Transportation needs increase	Everything under one roof	Impact on town's economy
Safety and security	Not sustainable	Saves money	Splitting resources	Quality care	Travel times
Ensures community support	“Not Status Quo” not clearly defined	Flexible and supports expansion	Confusing – which hospital to go to	Cost effective	Disadvantages areas of the region
Familiar, causes little change	Splitting of resources	Increases efficiency	Family & friend support for patients	Sustainable	Impact on vulnerable sector
Services a large geographic area	Funding formula is flawed	Maintains health care presence in both communities	Creates barriers to access for vulnerable sector	Supports recruitment and retention – full staffing at one site	Loss of community identity/community pride

Local Share

The final survey question was intended to help understand community support for taxation in support of future hospital development financing. The Ministry of Health and Long-Term Care provides 90% of the funding required for hospital redevelopment, and each of the models require a local share to be paid for by the community. The majority of respondents supported a portion of their municipal taxes contributing toward future hospital development need. (See Appendix A, slide 9).

Summary

While considered an initial survey to obtain preliminary feedback, the three objectives of the survey were met. The survey results are assisting the Capital Plan Development Task Force in understanding what is important to respondents in terms of criteria for evaluating models. As well, the preliminary model feedback from survey respondents will help shape model development to mitigate against concerns or challenges.


A number of lessons were learned from the initial survey. The models presented were superficially designed and more clarity is required before the next survey or outreach to the community. It is recognized that this lack of clarity created some confusion, and the feedback received was not informed feedback rather largely opinions. Another valuable learning was the need to improve community outreach to ensure better reach to all members and demographics of the community.

The learnings from the initial feedback survey will be used to improve consultation and feedback opportunities in the future. The time spent by respondents to provide their feedback through the survey is very much appreciated. Further survey(s) are anticipated in 2018 and all stakeholders are encouraged to engage and participate with MAHC in planning together for our future generations. To review the detailed results in person at either of MAHC's sites, please contact Allyson Snelling at 705-789-2311 ext. 2544 to make an appointment.

Appendices

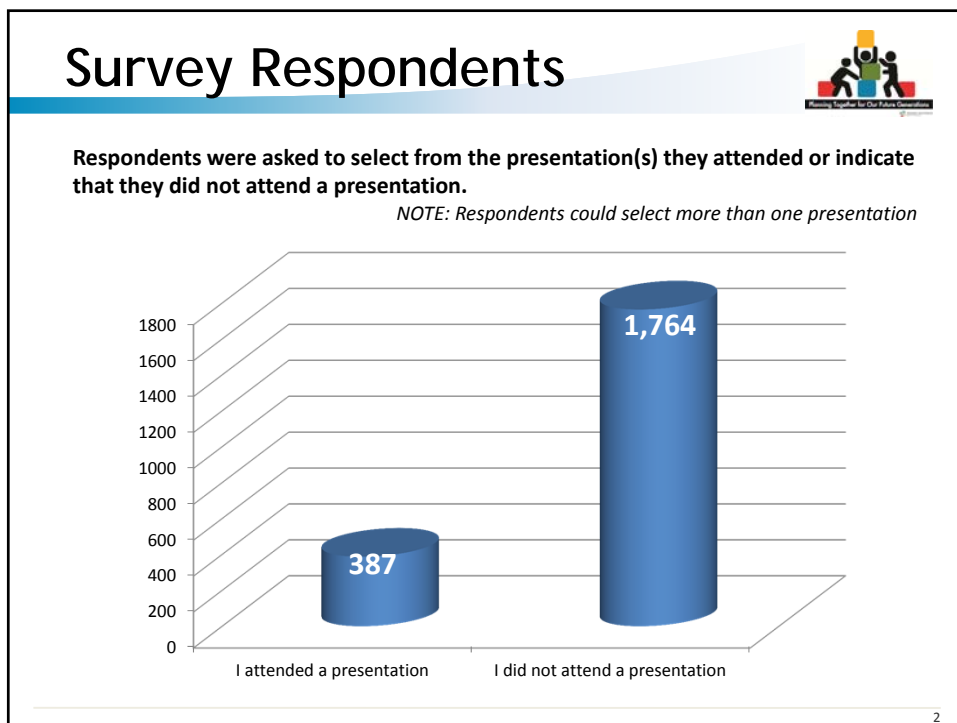
Appendix A – Feedback Survey Data

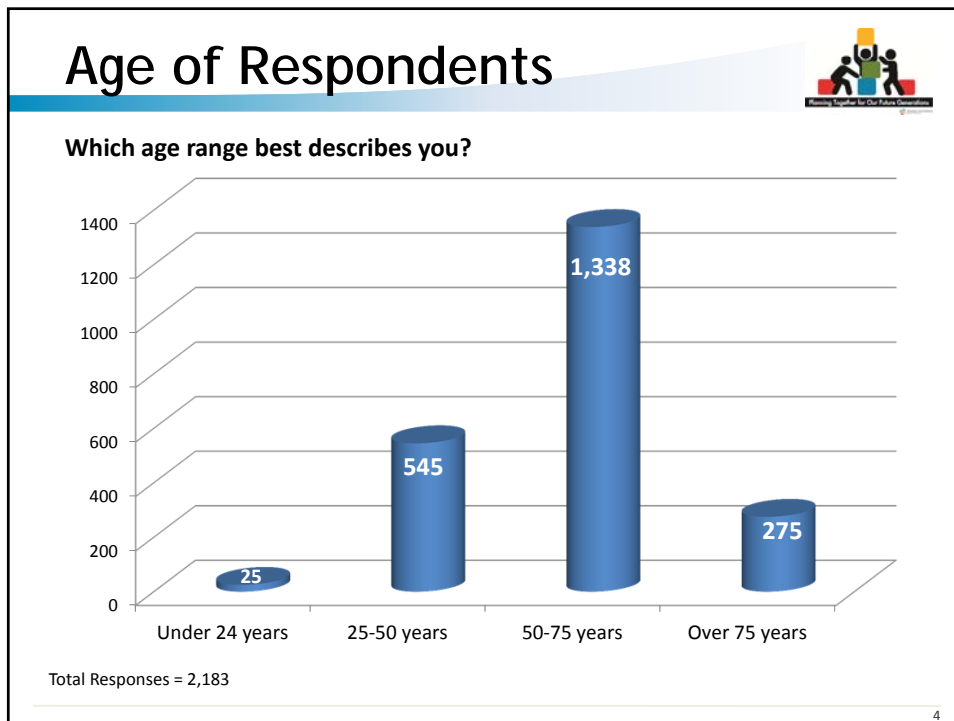
Appendix B – Feedback Survey




Appendix A: Feedback Survey Data

Outstanding Care - Patient & Family Centered





Draft Criteria Results




Which of the following criteria are important to you when selecting a preferred model for delivering hospital services in the future?

Proposed Criteria	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Provides access to care with reasonable travel times	82.23%	13.88%	2.61%	0.64%	0.32%
Facilitates the safest care by meeting infection control, health & safety etc. requirements	70.64%	24.28%	4.44%	0.32%	0.32%
Assists with recruiting and retaining the best staff, physicians and volunteers	65.19%	29%	4.99%	0.32%	0.50%
Is supported by our communities at large	59.46%	31.52%	7.24%	1.15%	0.64%
Is able to accommodate future needs to grow and change	57.49%	35%	6.55%	0.64%	0.32%
Maintains strong local economies	53.46%	33.35%	11.22%	1.28%	0.69%
Has the ability to allow for expanded or specialized programs and services	49.70%	39.02%	10.58%	1.33%	0.37%
Is supported by my local municipal government	47.64%	32.80%	16.22%	2.11%	1.24%

5

Draft Criteria Results cont'd



Which of the following criteria are important to you when selecting a preferred model for delivering hospital services in the future?

Proposed Criteria	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Generates the required community fundraising share of building/renovation costs	31.47%	42.51%	21.62%	3.39%	1.01%
Leverages the funding we get to run the hospital	26.52%	40.72%	28.68%	2.61%	1.47%
Consistent with municipal and district planning principles	22.45%	39.99%	32.20%	4.03%	1.33%
How much it costs to operate	21.35%	39.17%	32.16%	5.27%	2.06%
Aligns with the Muskoka and Area Health System Transformation (MAHST) initiative to redesign health care delivery	21.35%	28.17%	39.99%	6.92%	3.57%
Aligns with Ministry of Health and Long-Term Care directions and North Simcoe Muskoka LHIN priorities	19.88%	30.46%	38.52%	7.65%	3.48%
How much it costs to build	19.06%	35.04%	36.10%	7.01%	2.79%

6

Themes by Model: Likes/Dislikes



NOTE: Determined through comprehensive analysis by Capital Plan Development Task Force

Two Sites – Not Status Quo		Two Sites – One Inpatient, One Outpatient		One Site – Centrally Located	
Likes	Dislikes	Likes	Dislikes	Likes	Dislikes
Access to care	Cost	Access to care	Limiting of beds	Efficient	Access to care
Supports community vitality and growth	Duplication of Services	Streamlines the system	Transportation needs increase	Everything under one roof	Impact on town's economy
Safety and security	Not sustainable	Saves money	Splitting resources	Quality care	Travel times
Ensures community support	"Not Status Quo" not clearly defined	Flexible and supports expansion	Confusing – which hospital to go to	Cost effective	Disadvantages areas of the region
Familiar, causes little change	Splitting of resources	Increases efficiency	Family & friend support for patients	Sustainable	Impact on vulnerable sector
Services a large geographic area	Funding formula is flawed	Maintains health care presence in both communities	Creates barriers to access for vulnerable sector	Supports recruitment and retention – full staffing at one site	Loss of community identity/ community pride

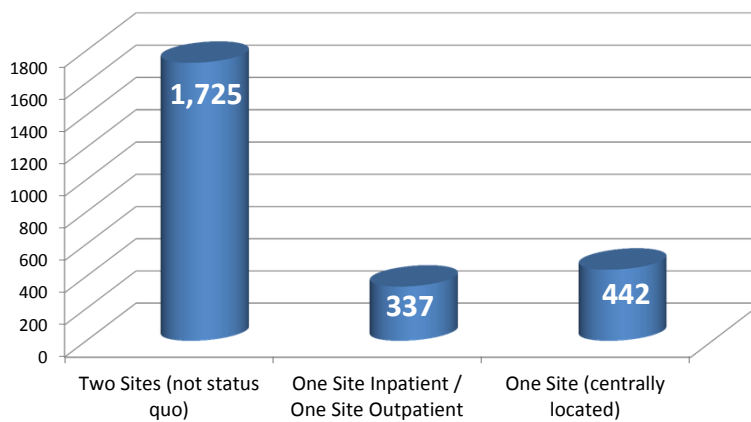
7

Preferred Model(s)

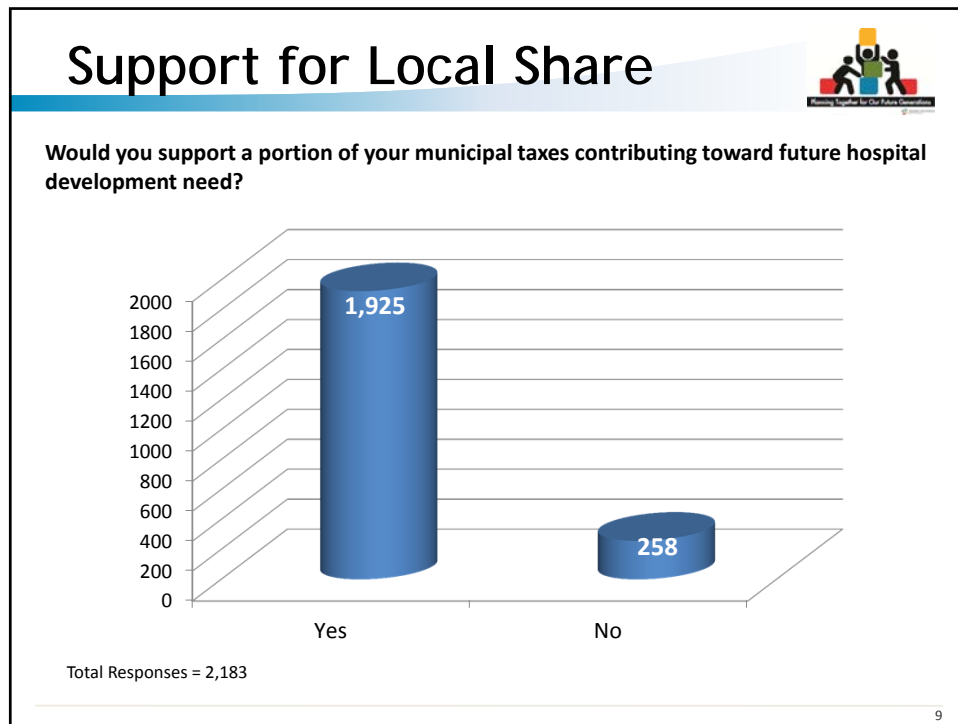


Please select the model(s) you feel you can support that provides safe, high quality sustainable health care for future generations.

NOTE: Respondents could select more than one option



8





We encourage you to complete this survey online if you are able to. Please visit <https://bit.ly/MAHCsurvey>

Hospital Care for Our Future Generations - Stage 1 Planning

Muskoka Algonquin Healthcare is committed to developing a model that will ensure the best quality and safest delivery of hospital services that will be sustainable for future generations served by MAHC. Your input will help determine the future of hospital care in Muskoka and area and will be critical to helping the Capital Plan Development Task Force make the best recommendation for the future to the MAHC Board of Directors.

1. Please select the presentation you attended (multiple selections permitted):
- | | I attended |
|---|-----------------------|
| Gravenhurst - August 28, 2017 | <input type="radio"/> |
| MAHC Town Hall Meeting - August 29, 2017 | <input type="radio"/> |
| East Parry Sound (Burk's Falls) - August 29, 2017 | <input type="radio"/> |
| MAHC Physician/Community Primary Care Forum (Huntsville) - August 30, 2017 | <input type="radio"/> |
| Bracebridge - August 30, 2017 | <input type="radio"/> |
| MAHC Physician/Community Primary Care Forum (Bracebridge) - August 31, 2017 | <input type="radio"/> |
| Huntsville - August 31, 2017 | <input type="radio"/> |
| Muskoka Lakes (Port Carling) - September 1, 2017 | <input type="radio"/> |
| High School | <input type="radio"/> |
| I did not attend a session | <input type="radio"/> |

2. Which category best describes you?*
- Permanent Resident
 - Seasonal Resident
 - Visitor

3. Which age range best describes you?*
- Under 24 years
 - 25-50 years
 - 50-75 years
 - Over 75 years

4. Are you a health care worker?*
- Yes
 - No

5. Which of the following criteria are important to you when selecting a preferred model for delivering hospital services in the future?*

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Facilitates the safest care by meeting infection control, health & safety, etc. requirements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aligns with the Muskoka and Area Health System Transformation (MAHST) initiative to redesign health care delivery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Assists with recruiting and retaining the best	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

2017 Feedback Survey (Opinion) Results Report: Appendix B

staff, physicians and volunteers

Has the ability to allow for expanded or specialized programs and services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Provides access to care with reasonable travel times	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is able to accommodate future needs to grow and change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much it costs to build	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How much it costs to operate	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leverages the funding we get to run the hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aligns with Ministry of Health and Long-Term Care directions and North Simcoe Muskoka LHIN priorities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Consistent with municipal and district planning principles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintains strong local economies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is supported by our communities at large	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generates the required community fundraising share of building/renovation costs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is supported by my local municipal government	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

6. Please share any criteria you think have been missed.

7. Please select the model(s) you feel you can support that provides safe, high quality, sustainable health care for future generations (multiple answers permitted).*

- Two Sites (not status quo)
- One Site Outpatient / One Site Inpatient
- One Site (centrally located)

8. Please share what you like and dislike about the Two Sites (not status quo) model.

This model maintains two sites with Emergency Departments, recognizing the need to further consolidate programs and services across the two sites. Recent examples of single sited services include Gynecological Surgery, Ophthalmology (cataract surgery), and Chemotherapy. Service siting would be based on clinical needs and service co-location requirements to create greater efficiencies, larger volumes and critical mass, and reducing duplication of staffing and equipment.

9. Please share what you like and dislike about the One Site Outpatient / One Site Inpatient model.

This model maintains two facilities with emergency care – one site having primarily outpatient focus (few or no beds) and the other site having primarily inpatient focus (majority of beds). Outpatient services could include some day surgery, specialty diagnostics (such as MRI), clinics (such as Dialysis), etc. Inpatient services could include medical/surgical care, intensive care and obstetrics.

2017 Feedback Survey (Opinion) Results Report:
Appendix B

10. Please share what you like and dislike about the One Site (centrally located) model.

This model provides all programs and services on a single hospital site. Comprehensive work would be done to determine the role of potential vacated building(s) including the ability to support local urgent and primary care needs, community services, Health Hub development, or other alternative models. This exploration will include determining best ways to support access for urgent care needs.



11. Each of the models will require a local share to be paid for by the community (10% of total development costs).

The District of Muskoka collects a health tax from ratepayers. Would you support a portion of your municipal taxes contributing toward future hospital development need?*

Yes

No

Thank you for taking the time to complete the survey.

As this is a printout of the electronic survey, the paper format appears to give very little space for questions 6 and 8-10. Please do not be alarmed by this. Should you need extra space, you are more than welcome to write your responses to these questions on separate sheets of paper with the question number clearly labelled.

The deadline for completion has been extended to October 13, 2017.

If you are unable to complete the survey online, kindly mail your response to:

Muskoka Algonquin Healthcare
100 Frank Miller Drive
Huntsville, ON
P1H 1H7
Attn: Allyson Snelling