

## DECISION SUPPORT DOCUMENT FOR

- Board of Directors       Board Committee       Senior Leadership Team  
 Other (please specify):

Date Prepared: September 30, 2019      Meeting Date Prepared for: October 10, 2019

Subject: Stage 1 Capital Planning Part B Recommendation

Prepared by: Harold Featherston, Chief Executive Diagnostics and Planning

- DECISION SOUGHT\*       FOR DISCUSSION/INPUT       FOR INFORMATION ONLY

*\*For decisions, please reference the "Issue Focussed Ethical Decision Making Framework" attached to the agenda, as required.*

**RECOMMENDATION**

That the Capital Plan Development Task Force recommendation is accepted and that the Board of Directors approve for submission to the North Simcoe Muskoka Local Health Integration Network and Ministry of Health the following building design options for the future redevelopment of the Muskoka Algonquin Healthcare Two Acute Sites service delivery model:

- New hospital build on current land for the Huntsville site
- New hospital build on new land for the South Muskoka site

**IMPLICATIONS TO OTHER STANDING COMMITTEES**

Are there any material or significant implications for other Standing Committees?  No     Yes, please specify:

**SITUATION & BACKGROUND**

*A brief description of the background to the issue, the process followed to assess/address the issue and getting to the point of bringing a recommendation to the audience.*

- In August 2018, the MAHC Board endorsed the Two Acute Sites service delivery model. The Capital Plan Development Task Force (see Appendix A) began to explore the infrastructure requirements for Part B of the Stage 1 Proposal. This required developing options for how to build the Two Acute Sites, to support the service delivery model or Part A of the Stage 1 Proposal.
- This led to the development of five options: renovation and expansion or a complete new build for both sites, and a new hospital on a different piece of land for South Muskoka (see Appendix B).
- Staff, physicians and community care partners were engaged through a series of workshops to determine space projections and best clinical adjacencies between areas and departments.
- Architectural firm Stantec completed structural engineering review of the existing sites as well as both properties to develop high-level floor plans based on the space requirements, and site plans of where and how future redevelopment could take shape on the properties, as well a site plan for a new build on new land for South Muskoka.
- Design Guiding Principles and Quantitative Criteria were developed and approved (see Appendix C) with a scoring system to demonstrate how each option ranks against each of the guiding principles and quantitative criteria (1 = low adherence; 2 = moderate adherence; 3 = high adherence).
- Cost consultant (Hanscomb Ltd.) developed preliminary cost estimate on construction and project costs and using today's dollars that is based on the identified space required for each option by using a rigorous methodology that is industry recognized (see Appendix D). The table below summarizes key numbers from the report.

Option	Square Feet	Total Construction Cost	Total Project Cost	Potential Local Share
SMMH Renovation/Expansion	243,074 SF	\$188,809,900	\$285,973,400	\$71,333,700
SMMH Replacement on Current Land	242,880 SF	\$195,181,300	\$296,100,000	\$74,140,100
SMMH New Build on New Land	241,955 SF	\$185,978,700	\$284,242,100	\$73,003,200
HDMH Renovation/Expansion	252,527 SF	\$186,504,000	\$284,149,000	\$72,056,600
HDMH Replacement on Current Land	251,877 SF	\$193,879,200	\$295,889,600	\$75,414,900

- In March 2019, MAHC staff, physicians and volunteers, and the Muskoka and area communities were engaged through nine information sessions to explain and get public feedback on options.
- A video series was developed and used to further inform our communities about the options. A feedback survey was broadly available and gathered 140 responses on the options.
- Extensive work was done by a Local Share Working Group (see Appendix E) on behalf of the Task Force to quantify and refine the local share, and investigate the affordability of the options, which was presented to the Task Force in September 2019.
- The Task Force evaluated the five options against the Design Guiding Principles and Quantitative Criteria to determine preferred building design option for each of the Two Acute Sites (see Appendix F) for recommendation to the MAHC Board.

#### CONSULTED WITH:

*Indicate those bodies and individuals who have been consulted with in the development of this decision support document*

- Capital Plan Development Task Force with broad representation (MAHC Board, staff and physicians; Foundation; Auxiliary; community; municipal leaders; District of Muskoka)
- Local Share Working Group with representation from several municipalities, both foundations, and MAHC
- Consultants (Resource Planning Group; Stantec; Preyra Solutions Group; Hanscomb Ltd.)
- North Simcoe Muskoka LHIN
- Ministry of Health – Finance and Capital Investment branches
- Regular updates to MAHC Board
- Several Ontario hospitals in various stages of redevelopment planning
- Muskoka and area communities through stakeholder engagement
  - 3 internal sessions; 6 external sessions reaching 400 people
  - Additional reach through: internal webcast; building options videos
  - 140 feedback survey responses on options

#### OPTIONS CONSIDERED & ANALYSIS

*Outline alternatives that were contemplated in coming to a recommendation. If no viable alternatives exist, include that information as well*

- The Task Force considered five building design options for the Two Acute Sites model and used both objective and subjective criteria to evaluate the five options with a scoring system to demonstrate how each option ranked (1 = low adherence; 2 = moderate adherence; 3 = high adherence).
- The evaluation considered Design Guiding Principles such as alignment with MAHC goals, patient- and family-centered care, health and wellness, future flexibility, operational excellence, innovation,

environmental sustainability and so on. The evaluation also considered Quantitative Criteria like cost, community support, affordability, project duration, and so on.

### Design Guiding Principles

- The Task Force’s evaluation process produced scores for each of the options whereby a total of 42 points was available for each of the design options (see Appendix D).
- From a patient and provider experience, new build options would have the least impact on current operations during construction, which was a key consideration. A renovation approach does not create a healing environment for patients or a positive and effective workplace for staff and physicians, which could impact recruitment and retention of skilled providers. Major renovations jeopardize safety, create immense flow challenges, and put high-quality patient care at risk.
- A renovation does not promptly or methodically address building components that through a government review have been identified as “poor to fair” condition but are necessary to keep the hospitals functioning i.e.: sewage pipes, water pipes, boilers, chillers. A renovation potentially continues to perpetuate undersized clinical areas, compromising efficiency.
- The Renovation/Expansion option for both the SMMH and HDMH sites scored the lowest, primarily due to the existing building condition to be the least flexible to accommodate future growth.
- The Replacement on Current Land option for both SMMH and HDMH and SMMH New Build on New Land scored relatively higher for facilitating operational excellence, future flexibility and enabling innovation. A new building provides the most optimal layout for future growth options.

South Muskoka Memorial Hospital Development Options

	Renovation / Expansion (B1)	Replacement on Current Land (B2)	New Build on New Land (B3)
<b>Design Guiding Principles</b>			
Aligns with the goals of the MAHC organization	2	3	3
Supports Patient and Family – Centered Care	2	3	3
Promotes Health and Wellness	2	2	3
Facilitates Operational Excellence	1	2	3
Facilitates Future Flexibility	1	1	3
Enables Innovation	1	2	3
Enables Environmental Sustainability	2	3	3
Promotes Community Connection and System Integration	2	1	3
Meets the ‘Quadruple Aim’	2	3	3
score	15	20	27
<b>Quantitative Criteria</b>			
Cost	3	3	3
Project Duration	1	2	3
Community Support	2	2	3
Regulatory Support	2	2	3
Affordability	3	3	3
score	11	12	15
<b>Total score</b>	<b>26</b>	<b>32</b>	<b>42</b>

- The SMMH New Build on New Land received the highest total score of the three SMMH options at 42 points. The SMMH Renovation/Expansion option scored the lowest with 26 points.

Huntsville District Memorial Hospital Development Options

	Renovation / Expansion (H1)	Replacement on Current Land (H2)
<b>Design Guiding Principles</b>		
Aligns with the goals of the MAHC organization	2	3
Supports Patient and Family – Centered Care	2	3
Promotes Health and Wellness	3	3
Facilitates Operational Excellence	1	3
Facilitates Future Flexibility	2	3
Enables Innovation	1	3
Enables Environmental Sustainability	2	3
Promotes Community Connection and System Integration	3	3
Meets the 'Quadruple Aim'	2	3
score	18	27
<b>Quantitative Criteria</b>		
Cost	3	3
Project Duration	1	2
Community Support	2	3
Regulatory Support	3	3
Affordability	3	3
score	12	14
<b>Total score</b>	<b>30</b>	<b>41</b>

- The HDMH Replacement on Current Land received the highest total score of the two HDMH options at 41 points. The HDMH Renovation/Expansion option scored the lowest with 30 points.

**Quantitative Criteria**

- The feedback survey generated the following key points from respondents about the options:
  - Respondents identified the options generally meet the communities’ needs
  - Cost and affordability were important considerations and highlighted as an area of concern
  - Impacts of constant renovation on staff and patients, parking challenges and access to care during renovation were viewed as deterrents from the renovation/expansion options
- The feedback survey identifies that the most supported options are SMMH New Build on New Land with 65% of survey respondents agreeing it meets the needs of the community, and the HDMH Replacement on Current Land with 68% of survey respondents agreeing it meets the needs of the community.
- The SMMH New Build on New Land and HDMH Replacement on Current Land are the shortest project duration and are therefore the fastest to build.
- The Task Force determined the cost difference between the five options was not material or considerable enough to be a deciding factor for a preferred option when weighed against other evaluation factors and therefore Task Force agreed to score all options the same.
- The Local Share Working Group identified a potential plan to fund the local share needs.
- Each Foundation Board of Directors has confirmed redevelopment fundraising commitments, and area municipalities are recognizing the collective need to raise the local share. Municipal support is growing and seven resolutions have been received.

## **IMPACT ANALYSIS/RISK ASSESSMENT/DECISION CRITERIA**

*Outline both the positive and negative consequences of the recommendations in terms of financial, mission, quality, risk and other. Why were the alternatives not chosen?*

- The Task Force is working with the best information available at this time.
- Despite escalation being factored in, construction costs can vary greatly one year to the next and are impacted by factors like cost of building materials, labour, tariffs on lumber, etc. This is a point in time estimate of costing.
- The potential need for land acquisition and/or servicing is understood to be an additional cost.
- Regardless of the option, millions of dollars are required. Without the local share commitment, a redevelopment project will not go forward.
- MAHC has identified \$40M in current capital infrastructure needs across the existing two hospital sites. Investments in infrastructure need to be made regardless.
- Renovations in phases would mean each phase would be subject to the Ministry's lengthy, five-stage capital planning process and would require separate Ministry approvals.
- A renovation approach can compromise clinical adjacencies and flow between departments. It does not methodically address the whole hospital picture.
- A phased renovation approach does not guarantee that each phase would be approved.
- A phased renovation could potentially cost more over time, in addition to the operational cost impact of renovation.

## **IMPLEMENTATION & COMMUNICATION PLAN**

*Consider how "doable" this recommendation is, given everything else that is going on and if approved, how the recommendation will be "rolled-out".*

- Throughout the Part B planning, the Task Force was committed to informing all stakeholders of its progress through regular Task Force Updates after each meeting (see Appendix G).
- In addition, other mediums and vehicles were used internally and externally to communicate to stakeholders (see Appendix H), as well as significant and regular media attention.
- A Communication Plan to disseminate the Board's decision has been drafted (see Appendix I).

## **SUPPORTING DOCUMENTS/ATTACHMENTS**

*List any supporting documents or attachments*

Appendix A – Capital Plan Development Task Force Membership (Part B)

Appendix B – Development Options

Appendix C – Design Guiding Principles

Appendix D – Hanscomb Ltd. Stage 1 Submission Estimate cost report

Appendix E – Local Share Report

Appendix F – Business Case/Option Analysis

Appendix G – Task Force Updates #23-29 (Part B)

Appendix H – Communications Rollup/Record

Appendix I – Communication Plan

**CAPITAL PLAN DEVELOPMENT TASK FORCE MEMBERSHIP – PART B (BUILDING DESIGN)**

Medical Staff & Primary Care	MAHC Board of Directors & Administration
Dr. David Mathies, Primary Care	Cameron Renwick, Board Vice Chair (TASK FORCE CHAIR)
Dr. Graeme Gair, Primary Care	Peter Deane, Board Director
Dr. Jennifer Macmillan, Surgeon	Natalie Bubela, Chief Executive Officer
Dr. Caroline Correia, Primary Care	Terry Shields, Chief Financial Officer
Dr. Sheena Branigan, Primary Care	Harold Featherston, Chief Executive Diagnostics & Planning
Dr. Keith Cross, Primary Care	Dr. Khaled Abdel-Razek/Dr. Biagio Iannantuono, Chief of Staff
	Esther Millar/Janice Raine, Chief Nursing Executive & Clinical Services
Community at Large	Foundations
Donna Denny, Patient & Family Advisory Committee	Cathy McMurray, HHF ( <i>Katherine Craine alternate</i> )
Charlane Cluett, Community Mental Health & Addictions	John Curran, SMHF ( <i>Colin Miller alternate</i> )
Auxiliaries	Municipalities
Eric Spinks, HDMH Auxiliary ( <i>Joanne Matthews alternate</i> )	Scott Aitchison, North Muskoka ( <i>Karin Terziano alternate</i> )
Jan Davidson, SMMH Auxiliary	Graydon Smith, South Muskoka ( <i>John Sisson alternate</i> )
	Cathy Still, East Parry Sound ( <i>Bruce Campbell alternate</i> )
	Michael Duben, District of Muskoka

**Project Consulting Team (non-voting members)**

RPG: Chuck Wertheimer; Shannon Crowder  
 Stantec: Tim Eastwood; Melissa Cao  
 MAHC Communications; MAHC Executive Assistant

**CAPITAL PLAN DEVELOPMENT TASK FORCE MEETING PART B SCHEDULE: 0730-0930HRS**

**MEETING #23**

September 24, 2018                      SMMH Boardroom

**MEETING #24**

October 22, 2018                        HDMH Boardroom

**MEETING #25**

December 10, 2018                      SMMH Boardroom

**MEETING #26**

February 4, 2019                        HDMH Boardroom

**MEETING #27**

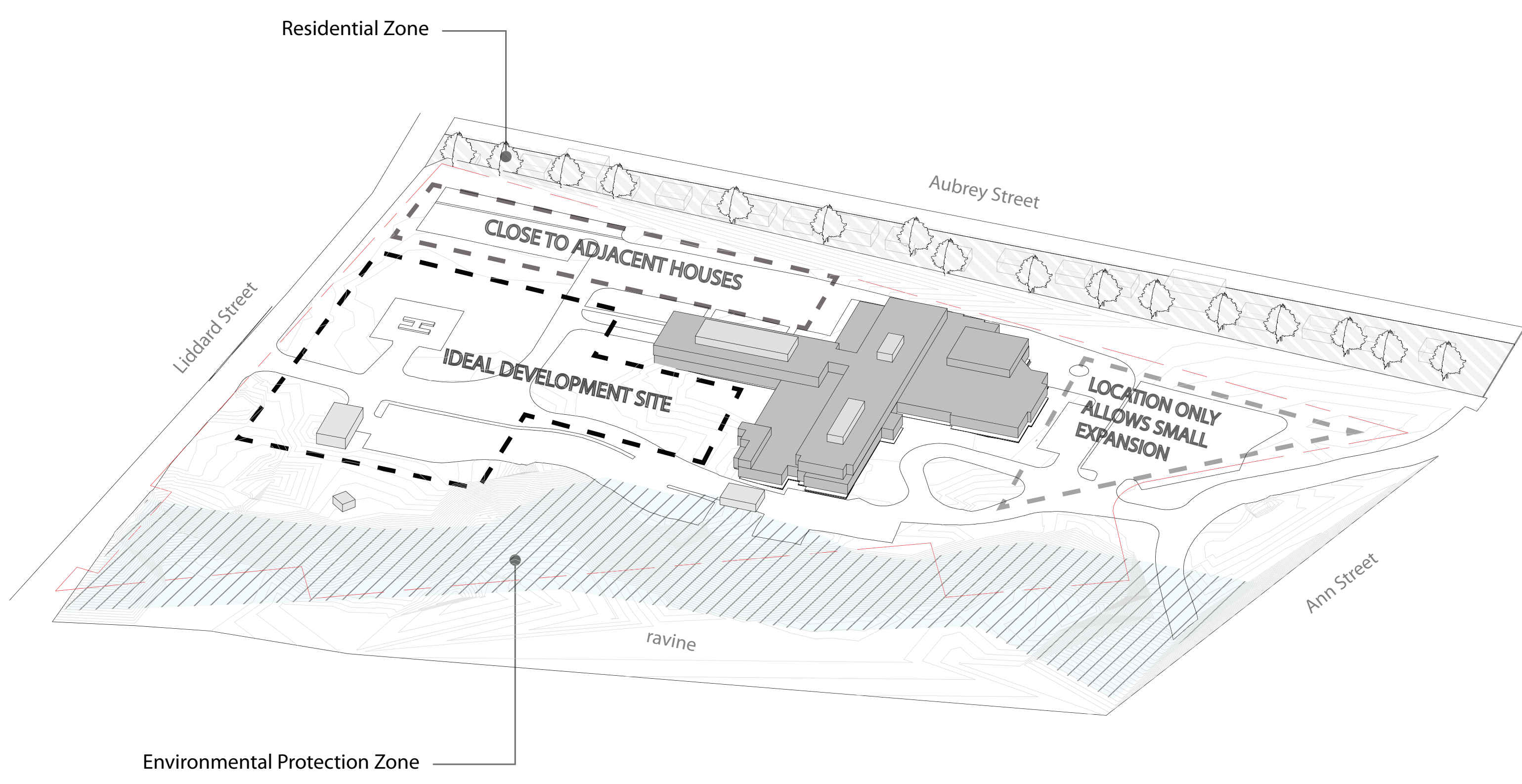
March 4, 2019                            SMMH Boardroom

**MEETING #28**

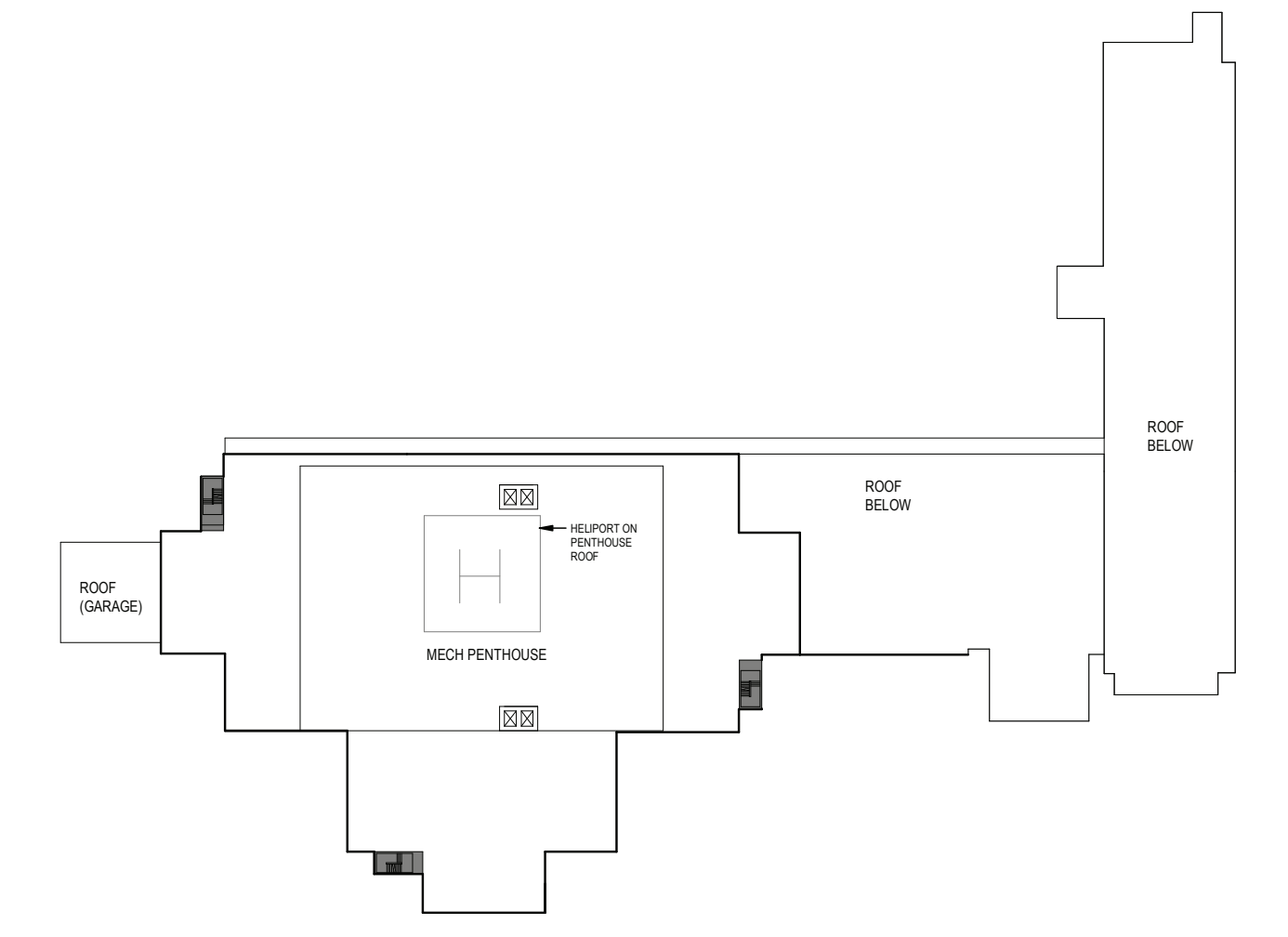
April 8, 2019                            HDMH Boardroom

**MEETING #29**

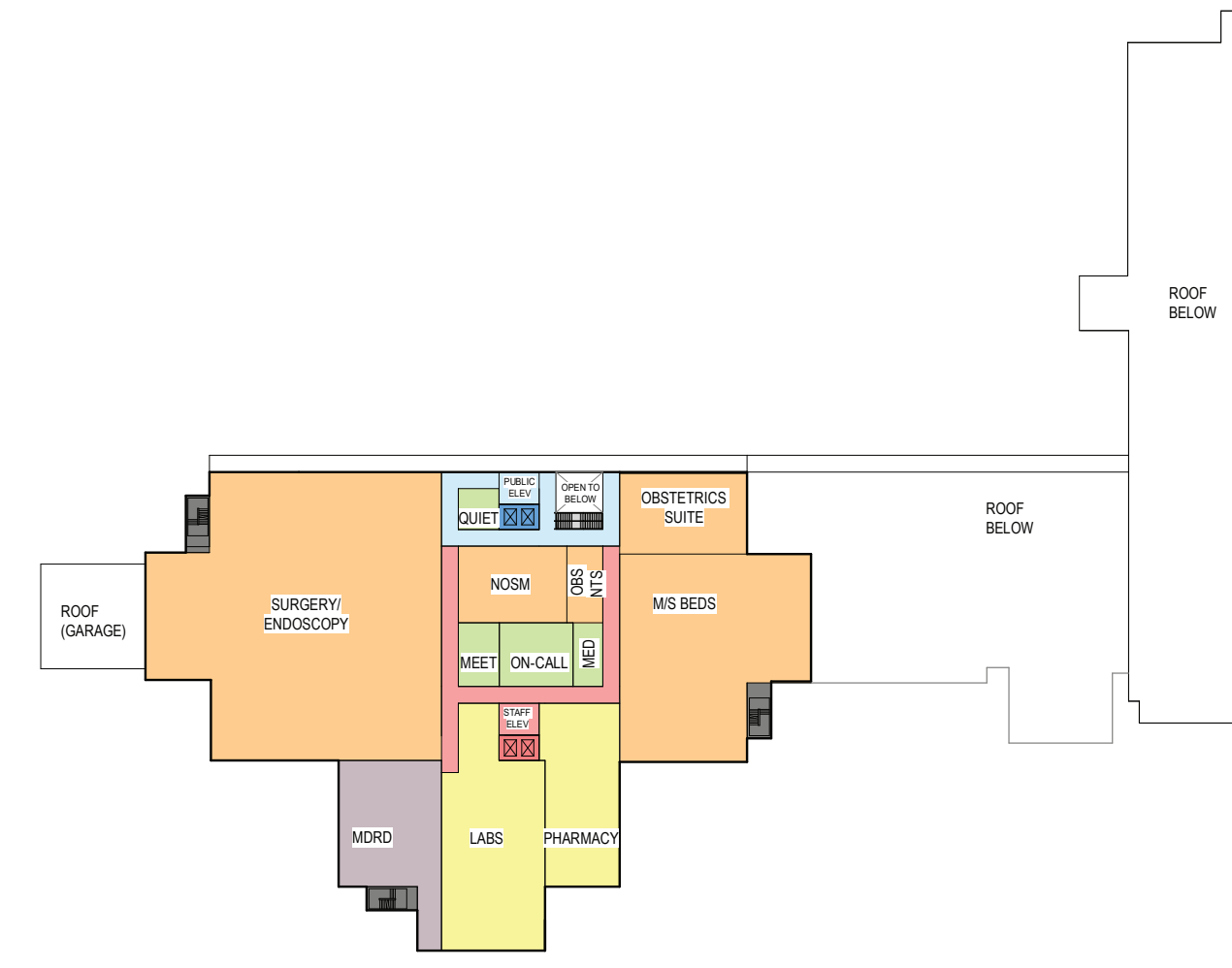
September 12, 2019                      HDMH Boardroom



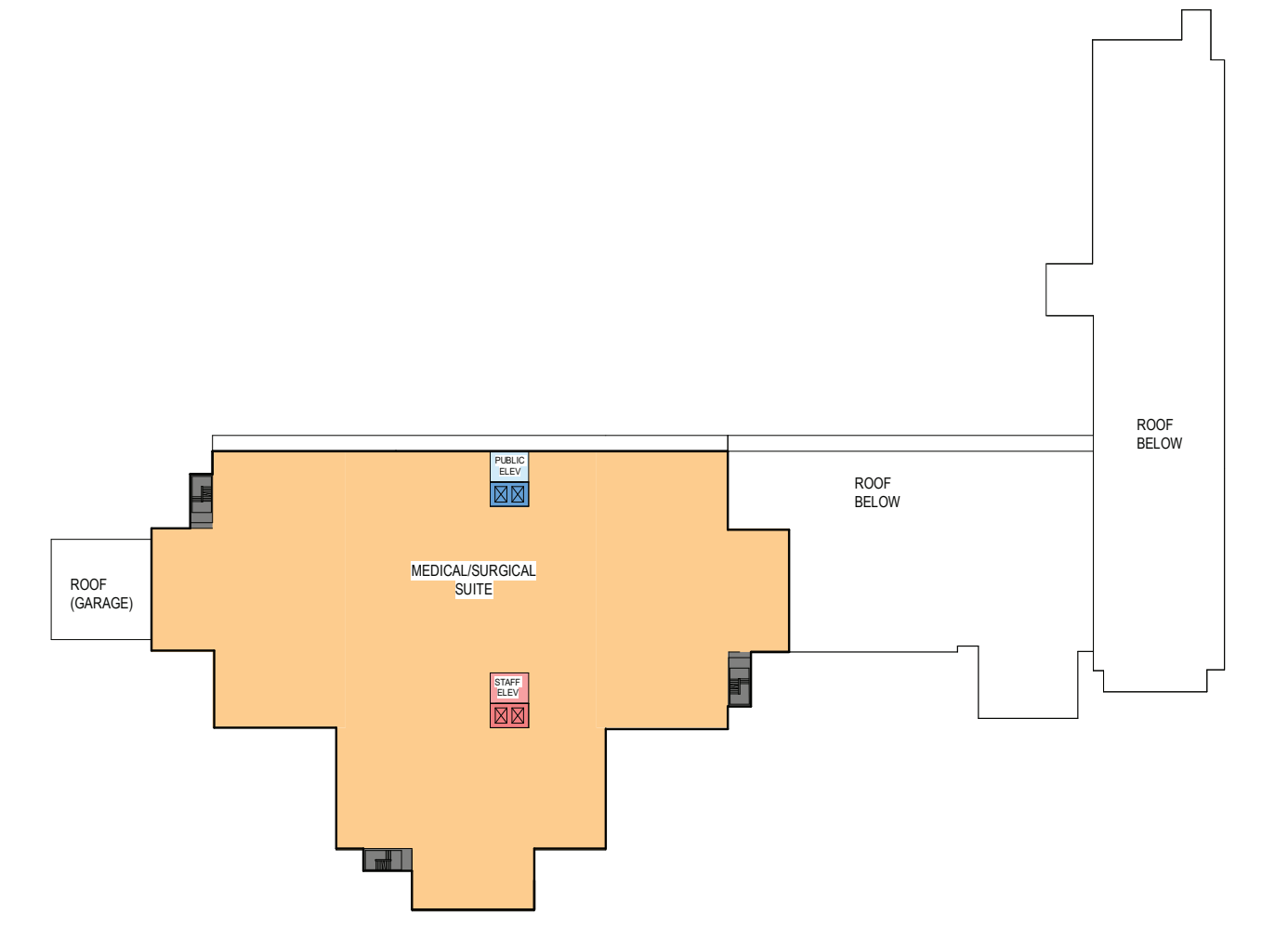
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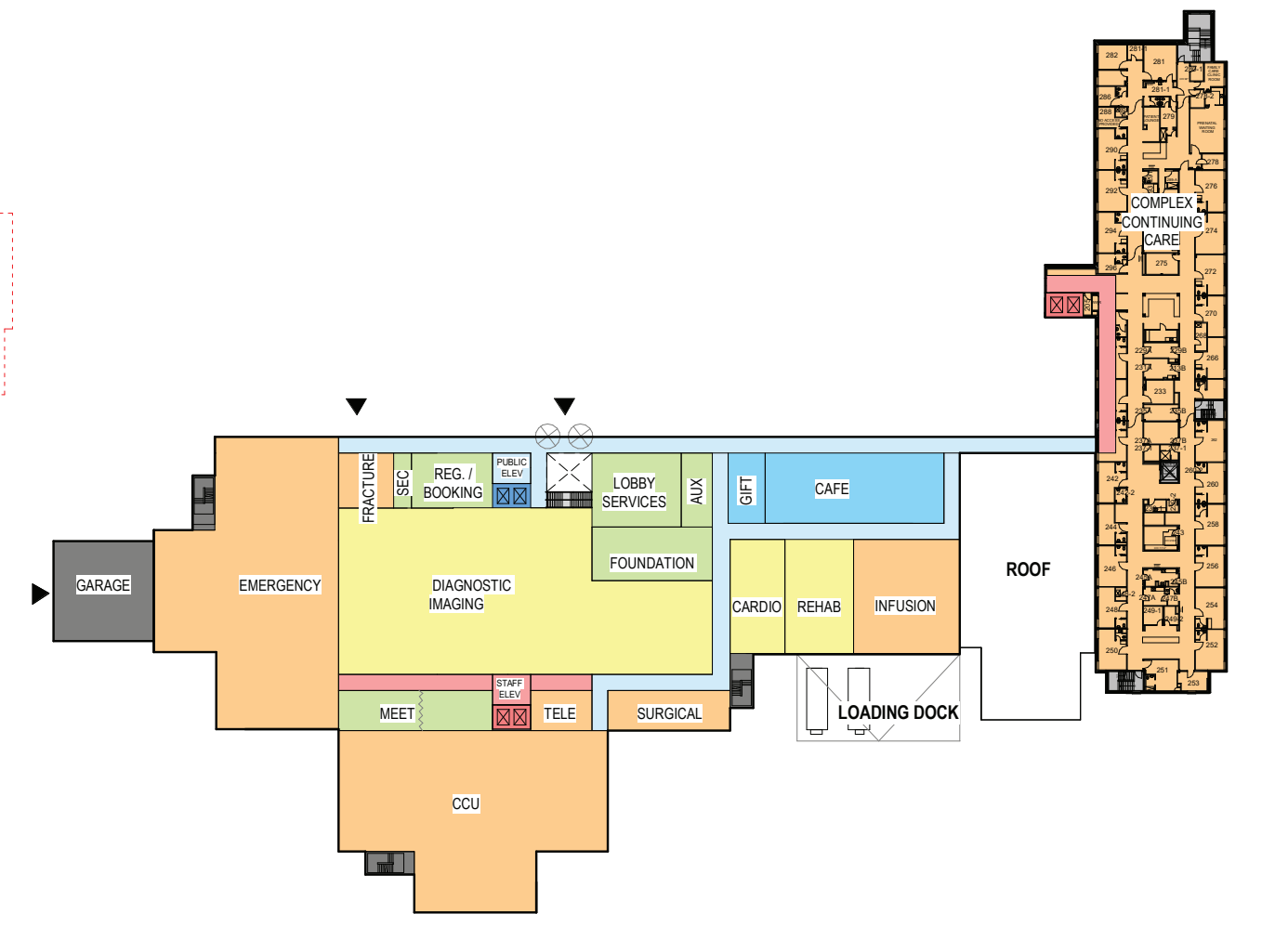
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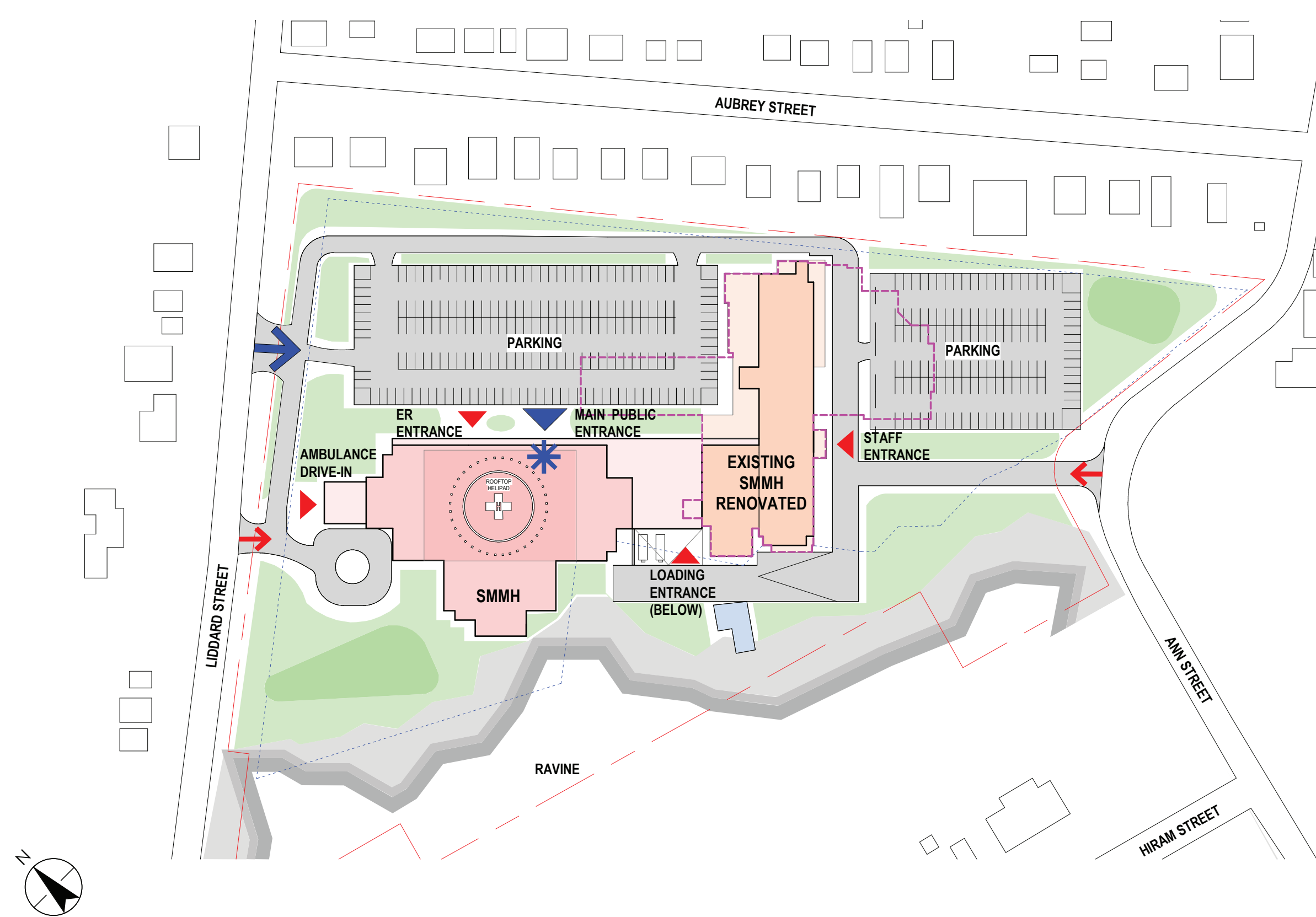
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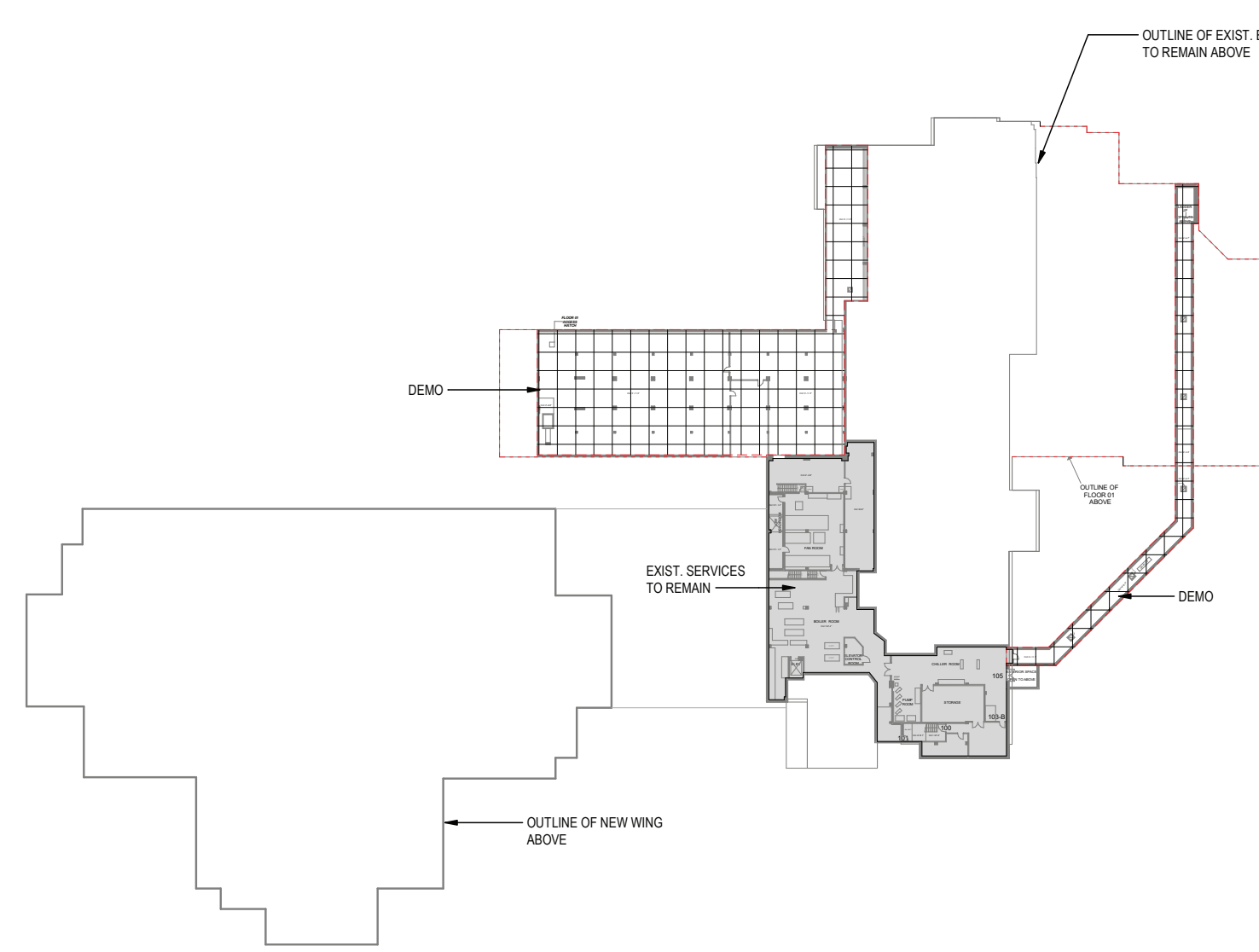


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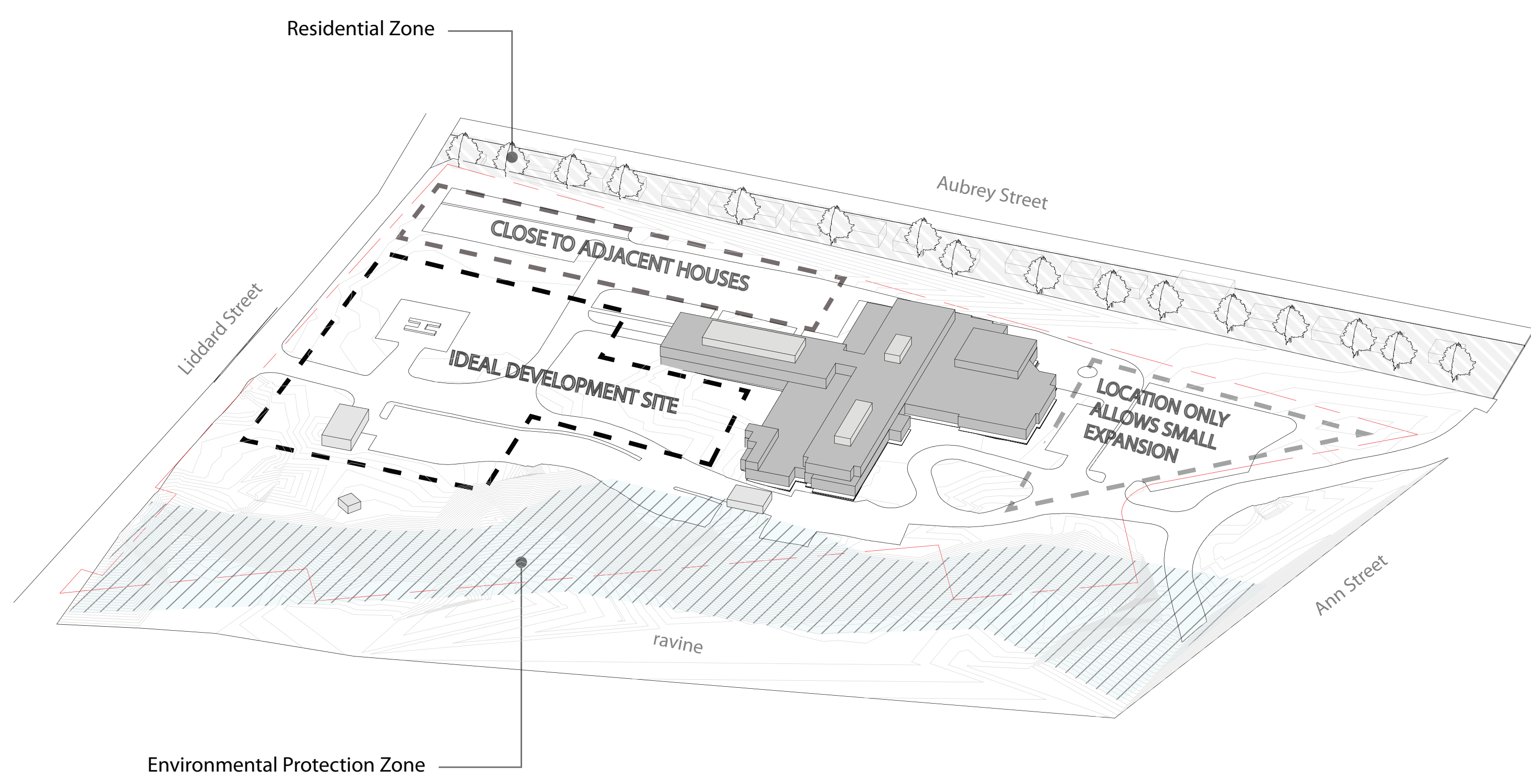
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RENOVATION/ EXPANSION (B1)**

FEBRUARY 2019

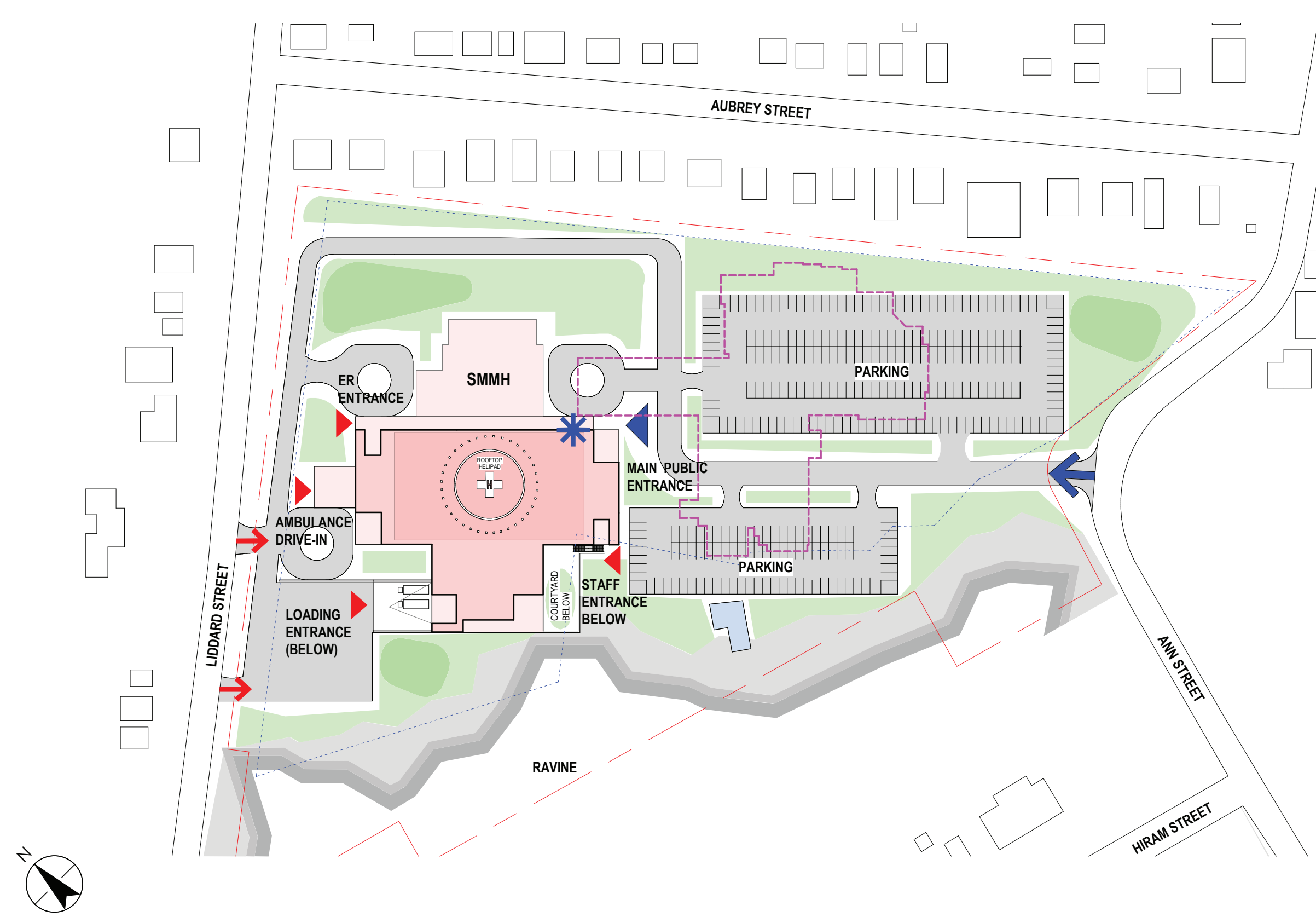


**MUSKOKA ALGONQUIN  
HEALTHCARE**



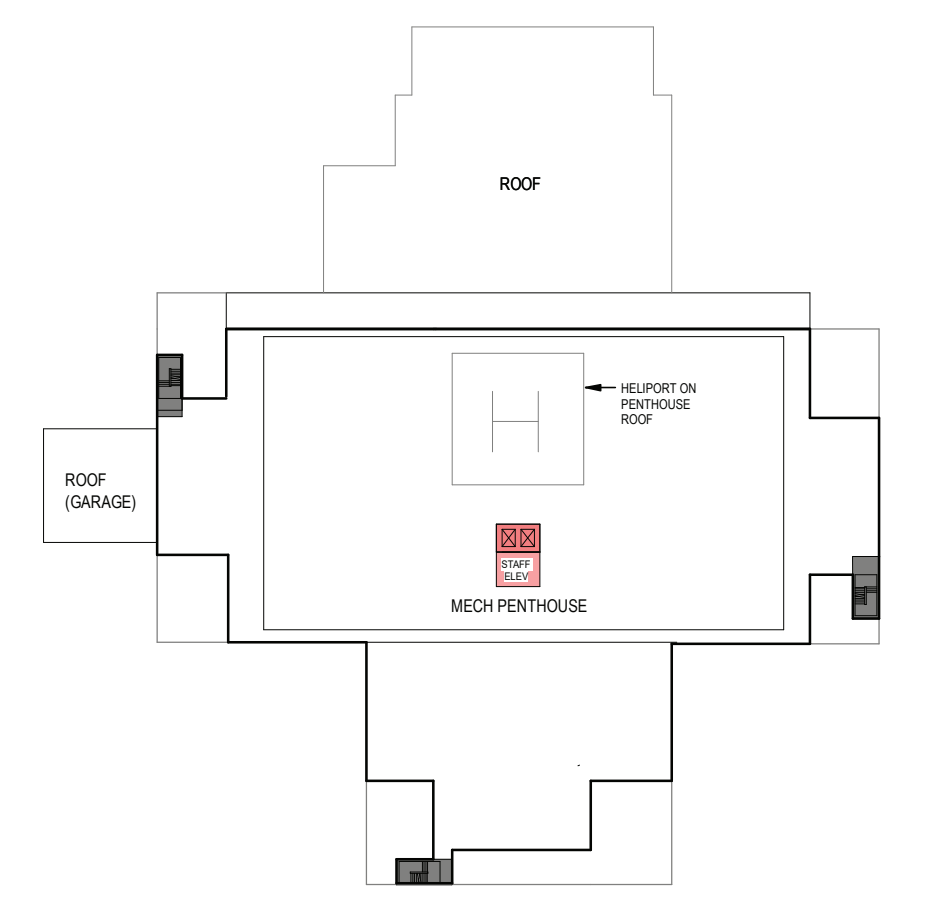


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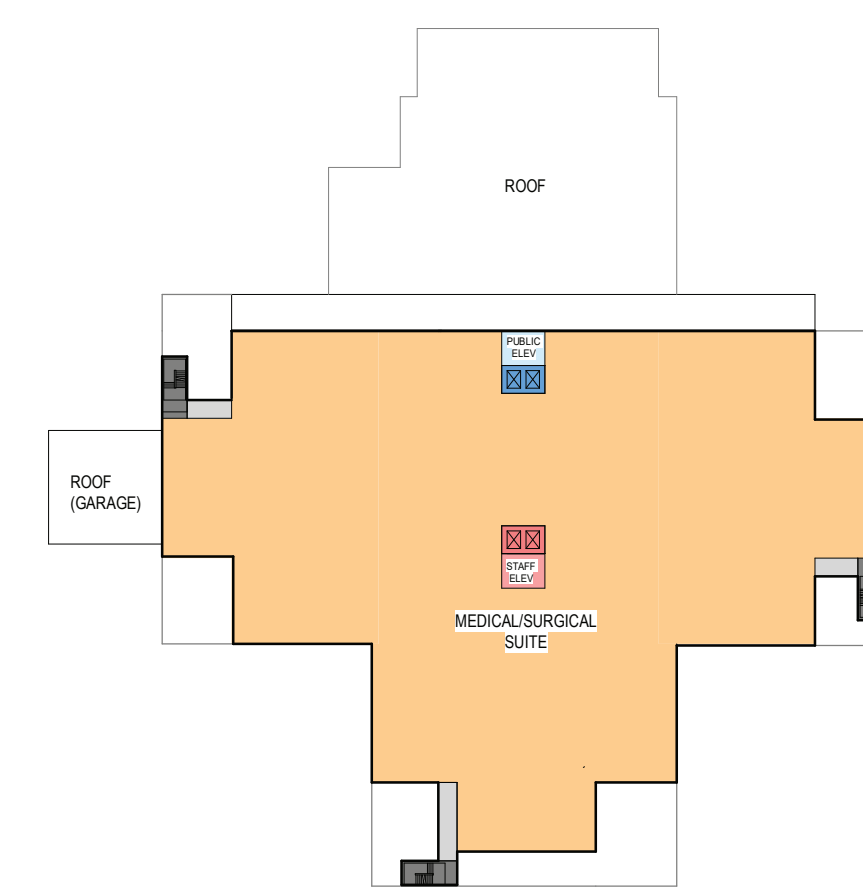


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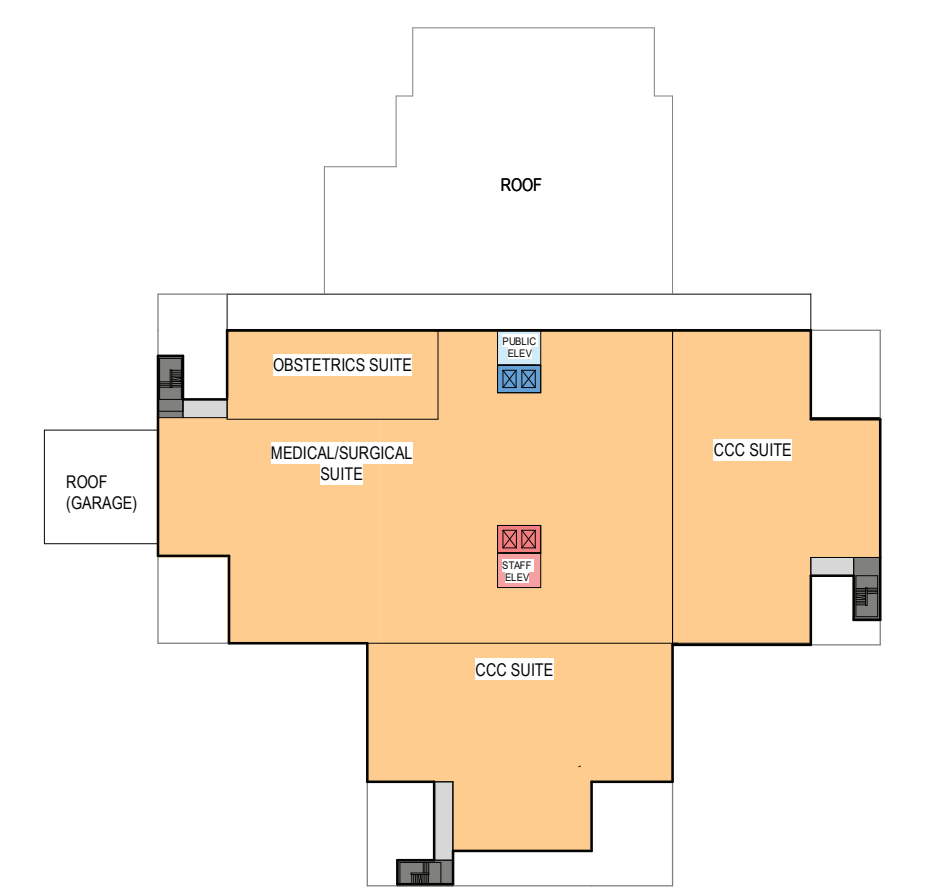
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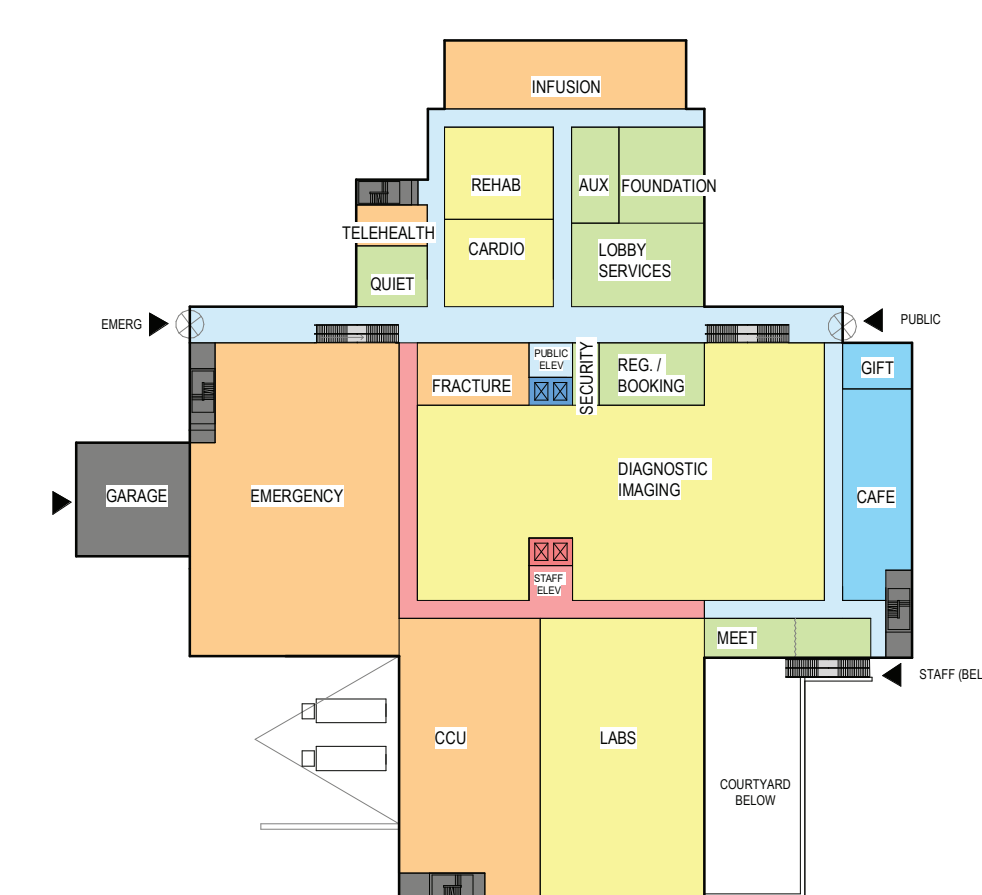
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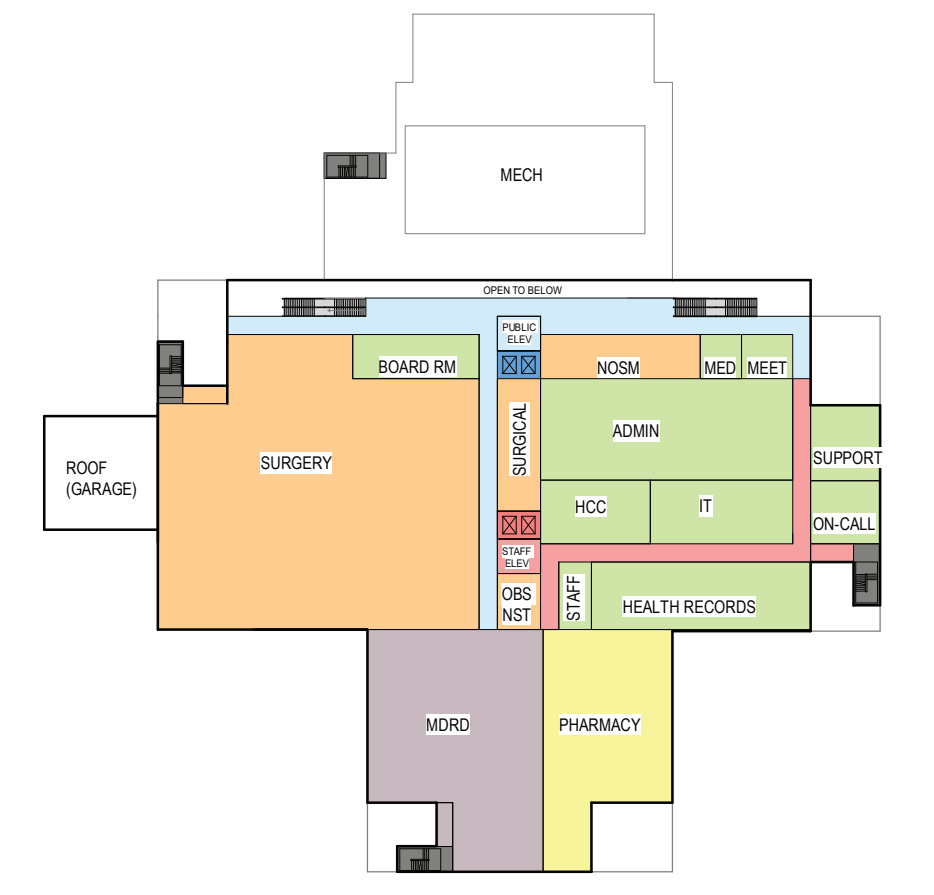
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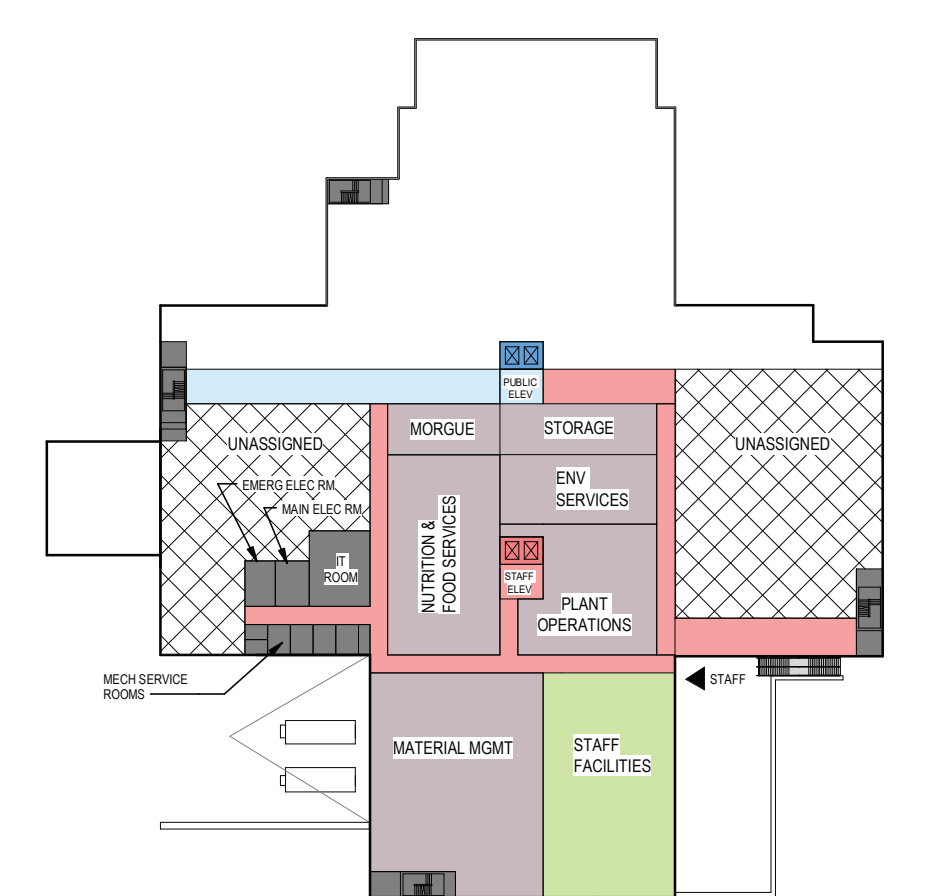
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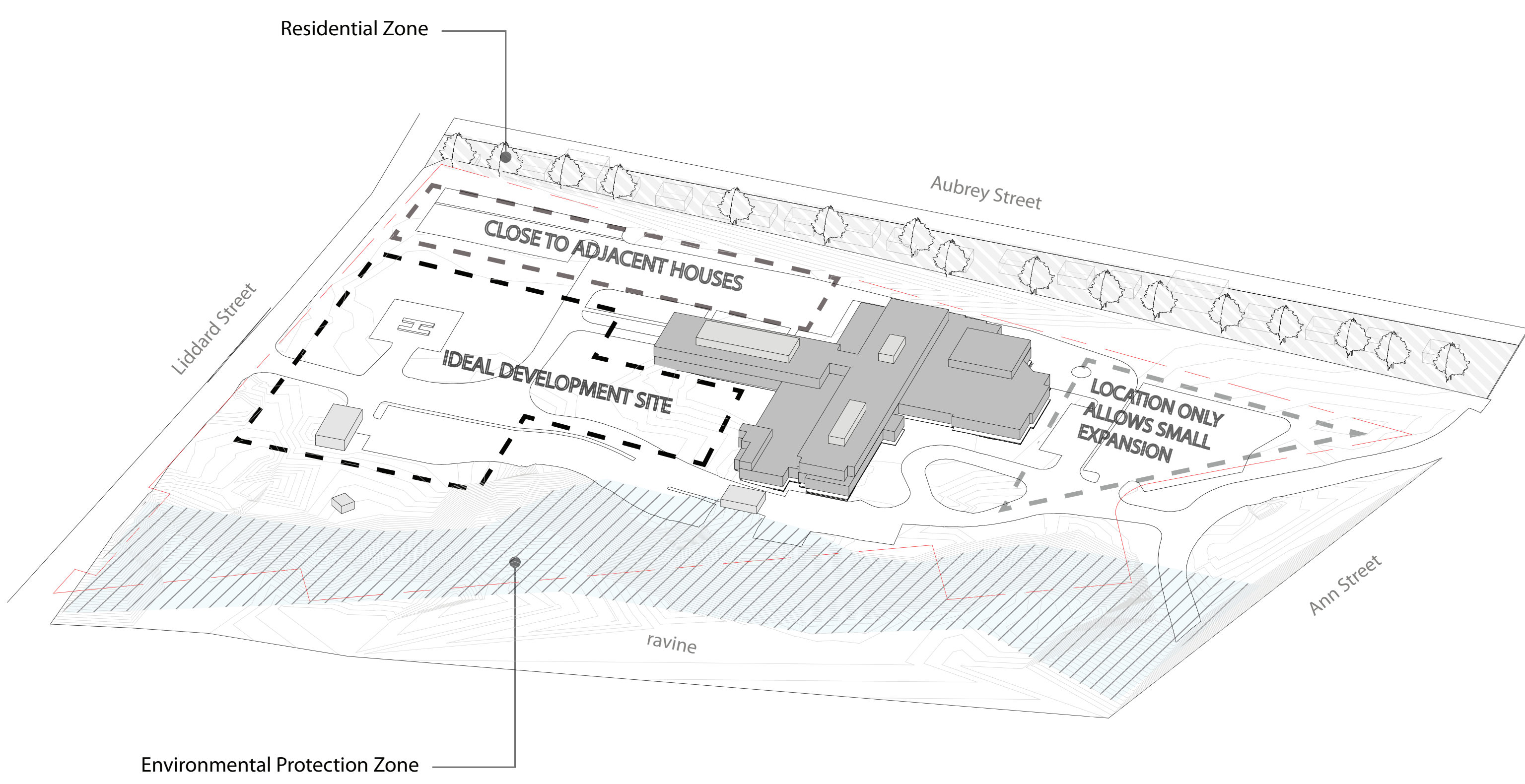


**SOUTH MUSKOKA MEMORIAL HOSPITAL  
REPLACEMENT ON CURRENT SITE (B2)**

FEBRUARY 2019







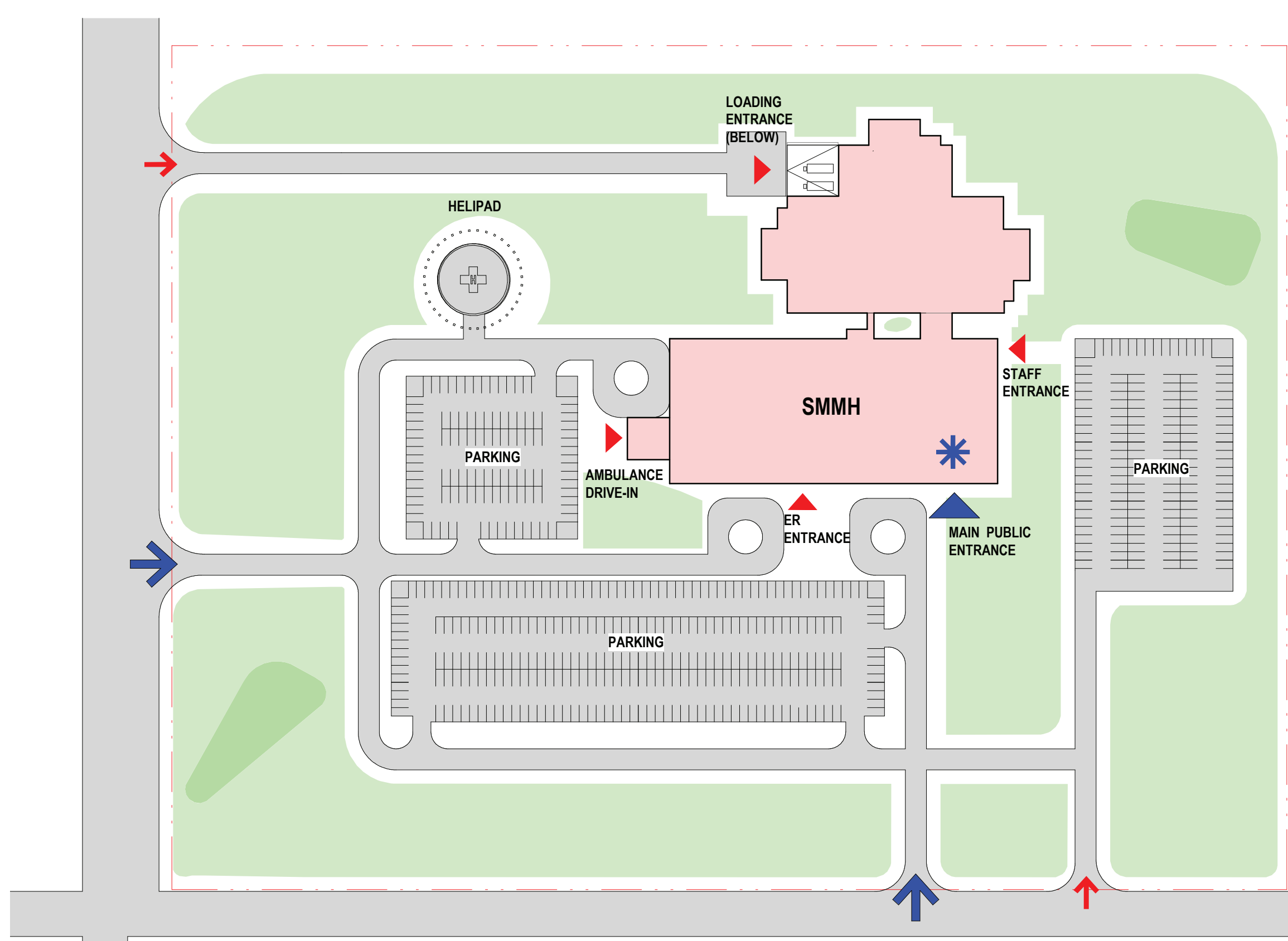
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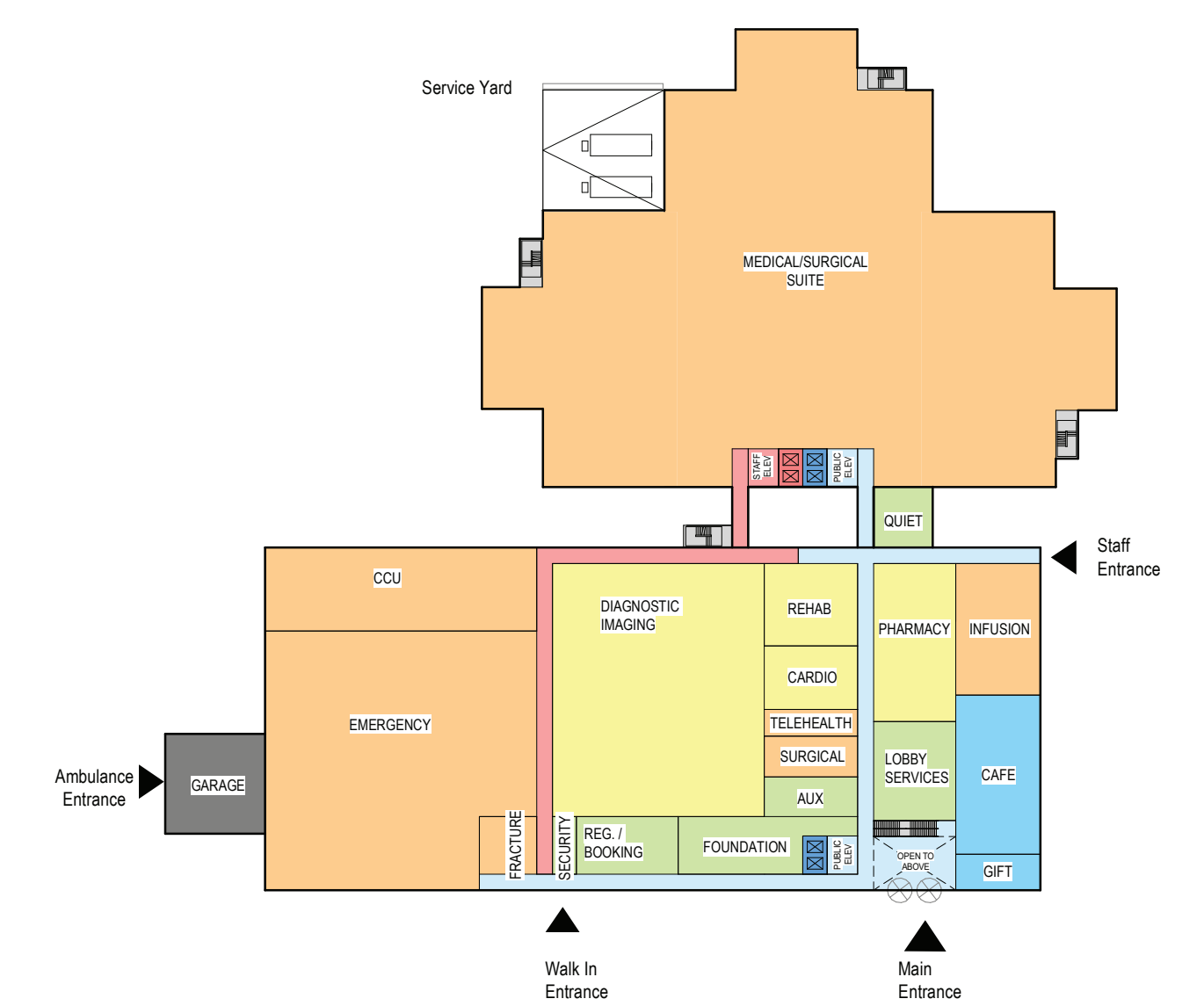


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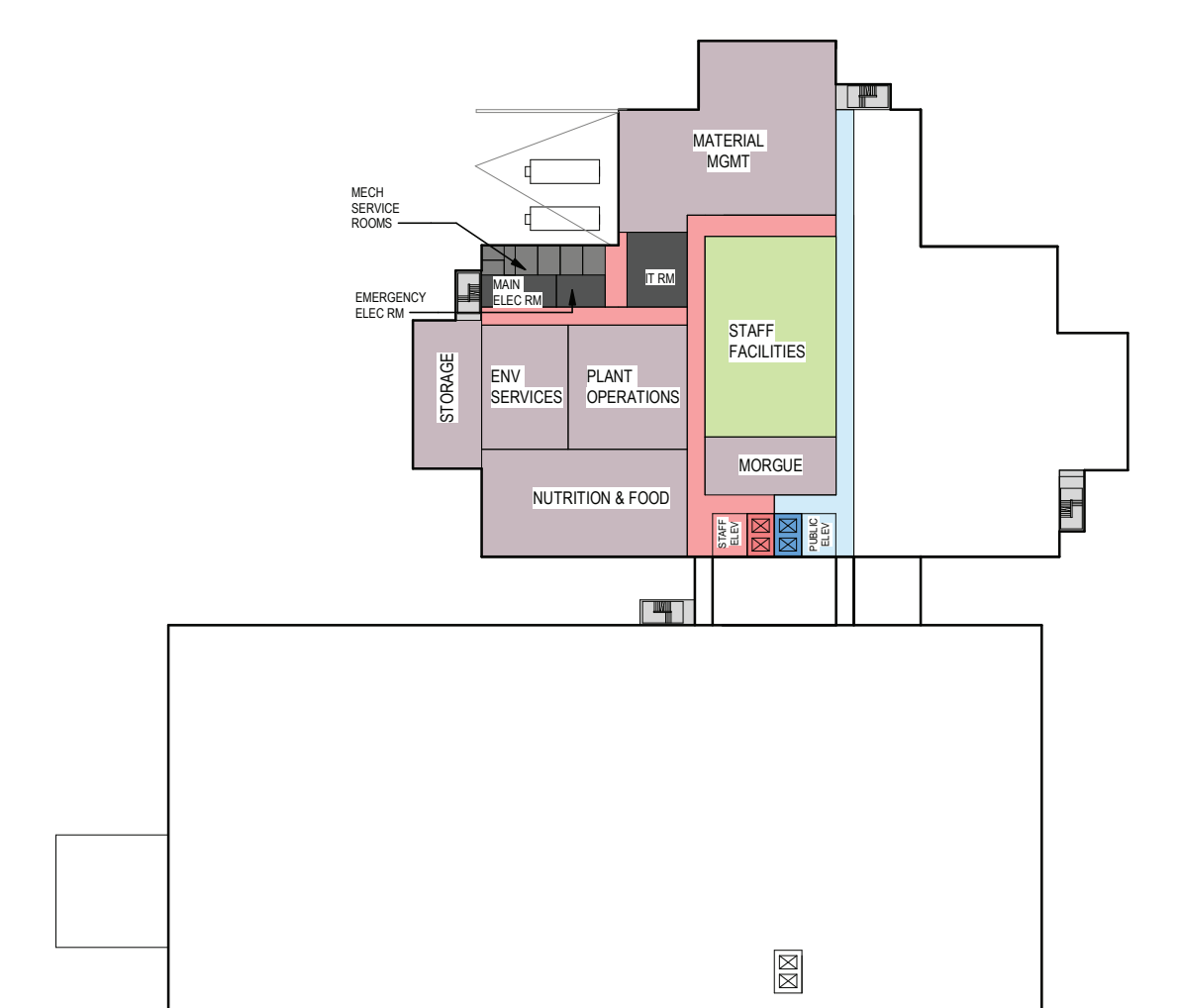


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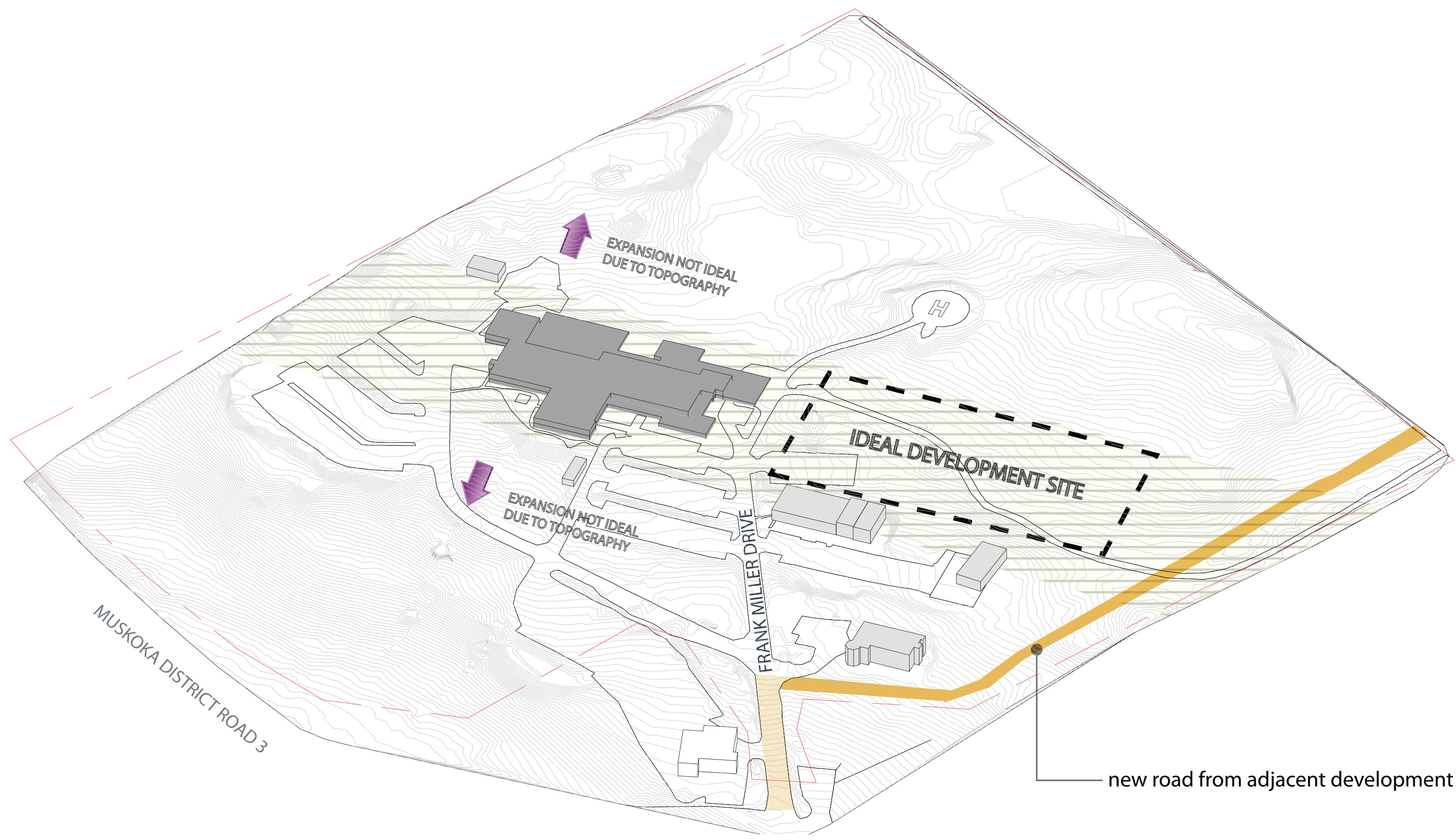
**SOUTH MUSKOKA MEMORIAL HOSPITAL  
NEW SITE (B3)**

FEBRUARY 2019

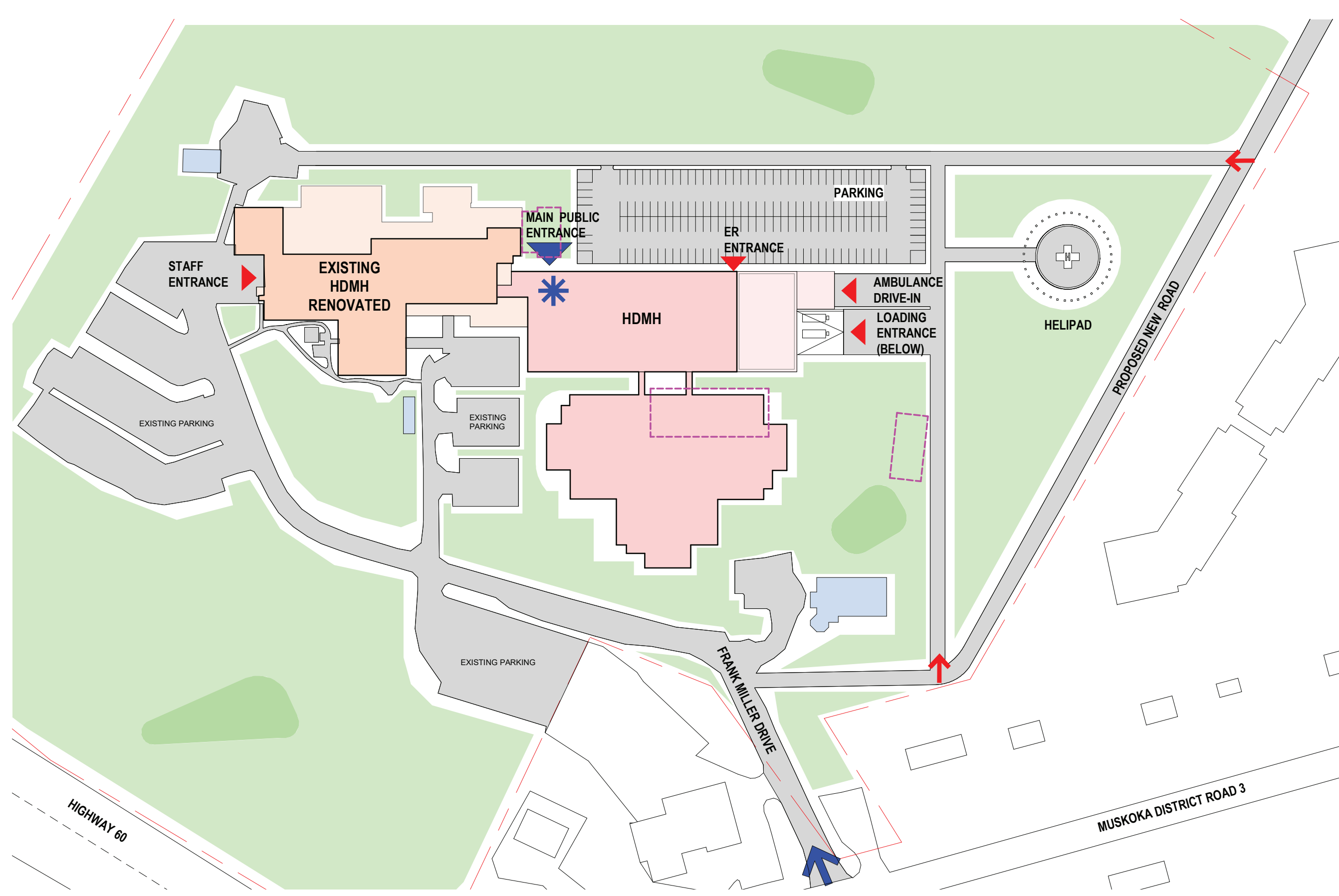


**MUSKOKA ALGONQUIN  
HEALTHCARE**

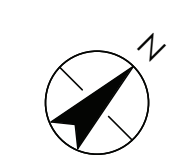




SITE DEVELOPMENT ANALYSIS



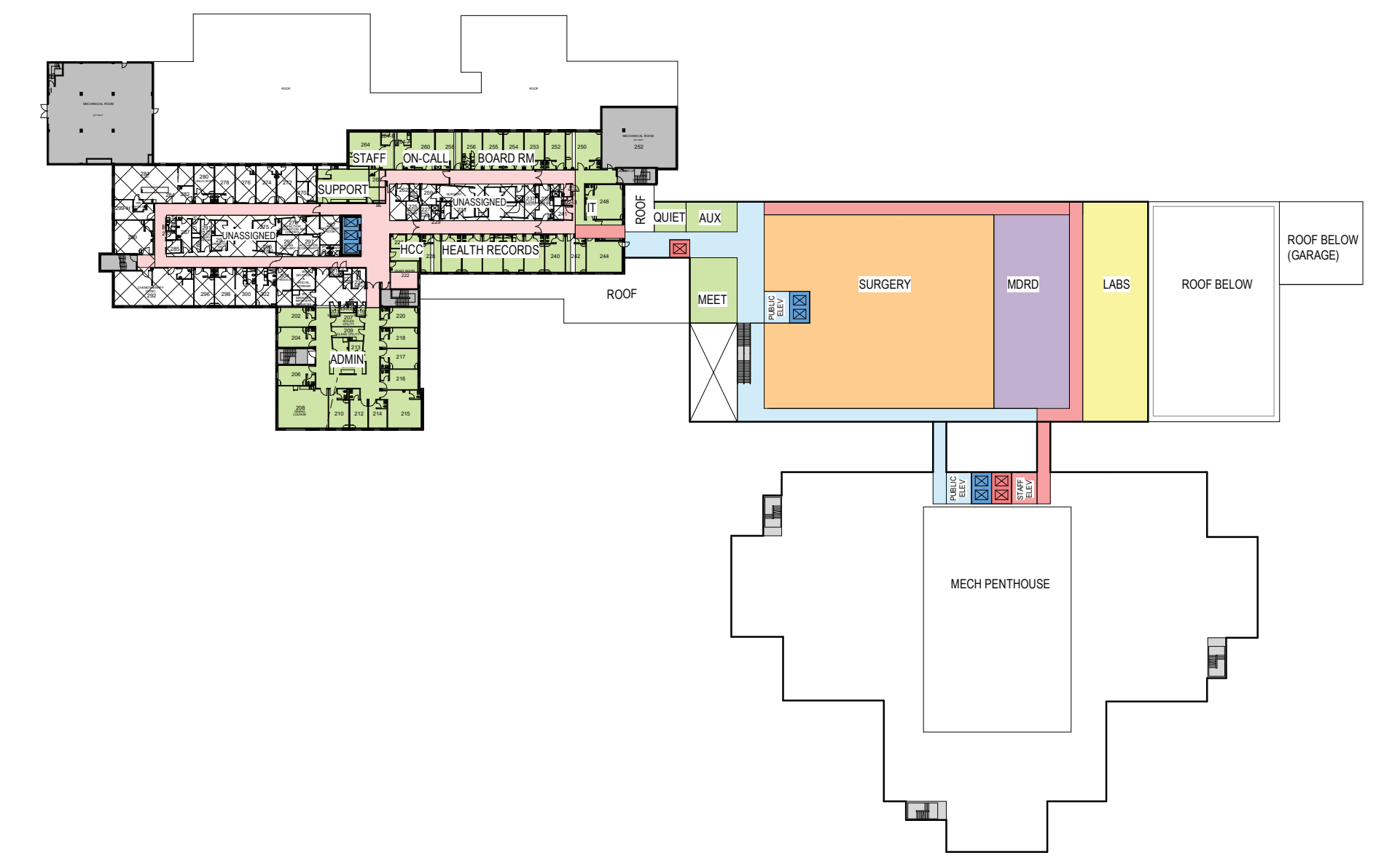
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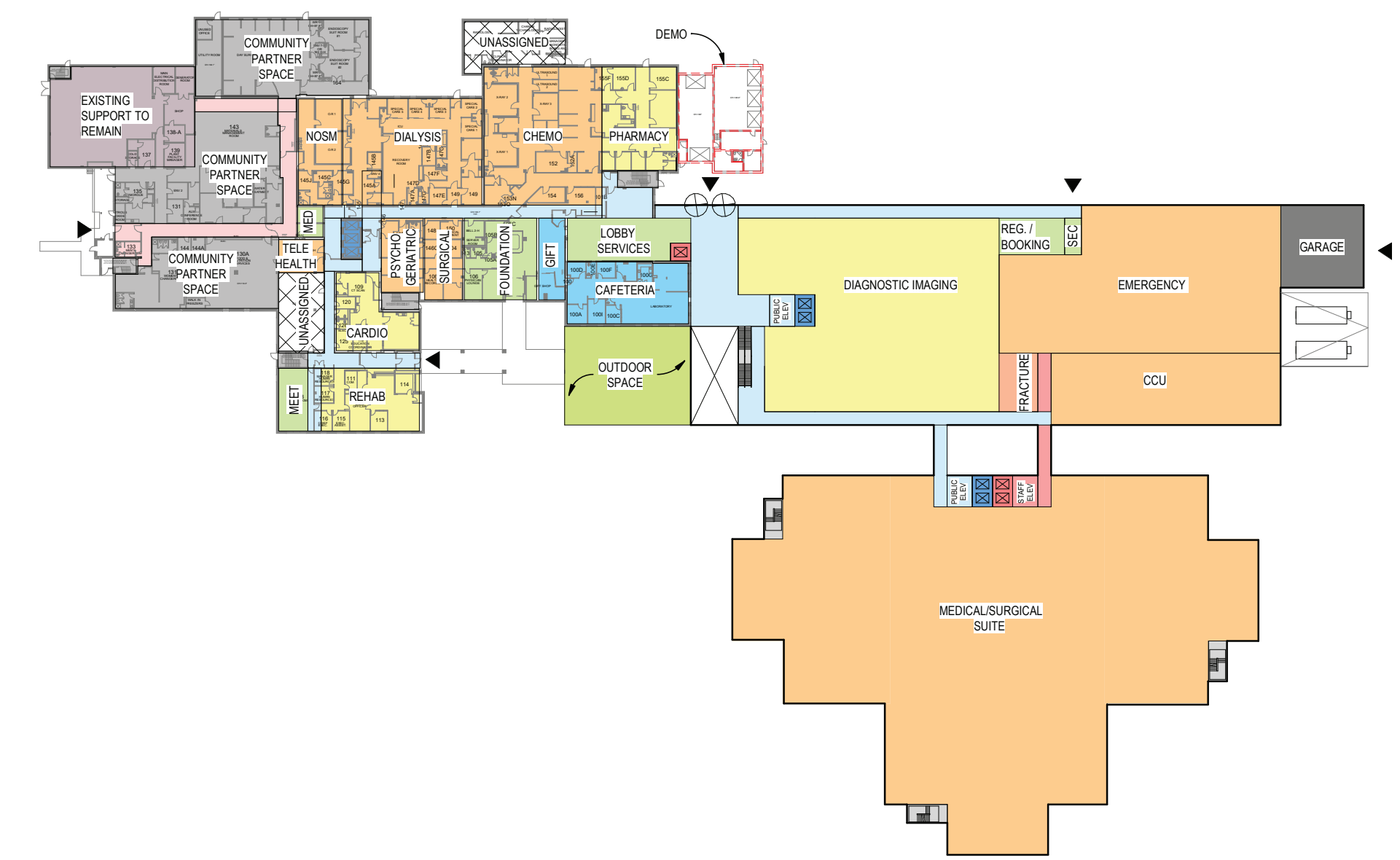
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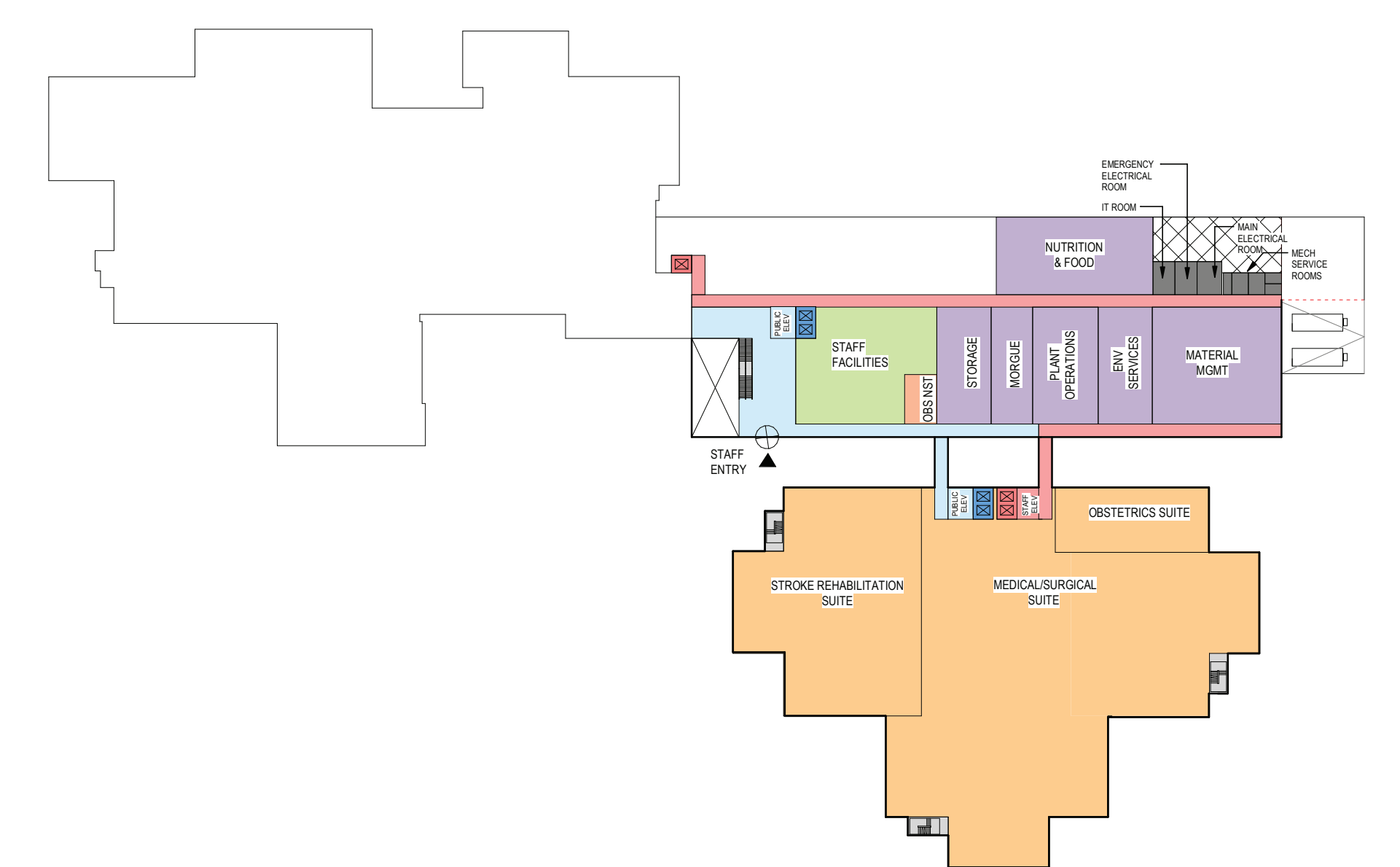
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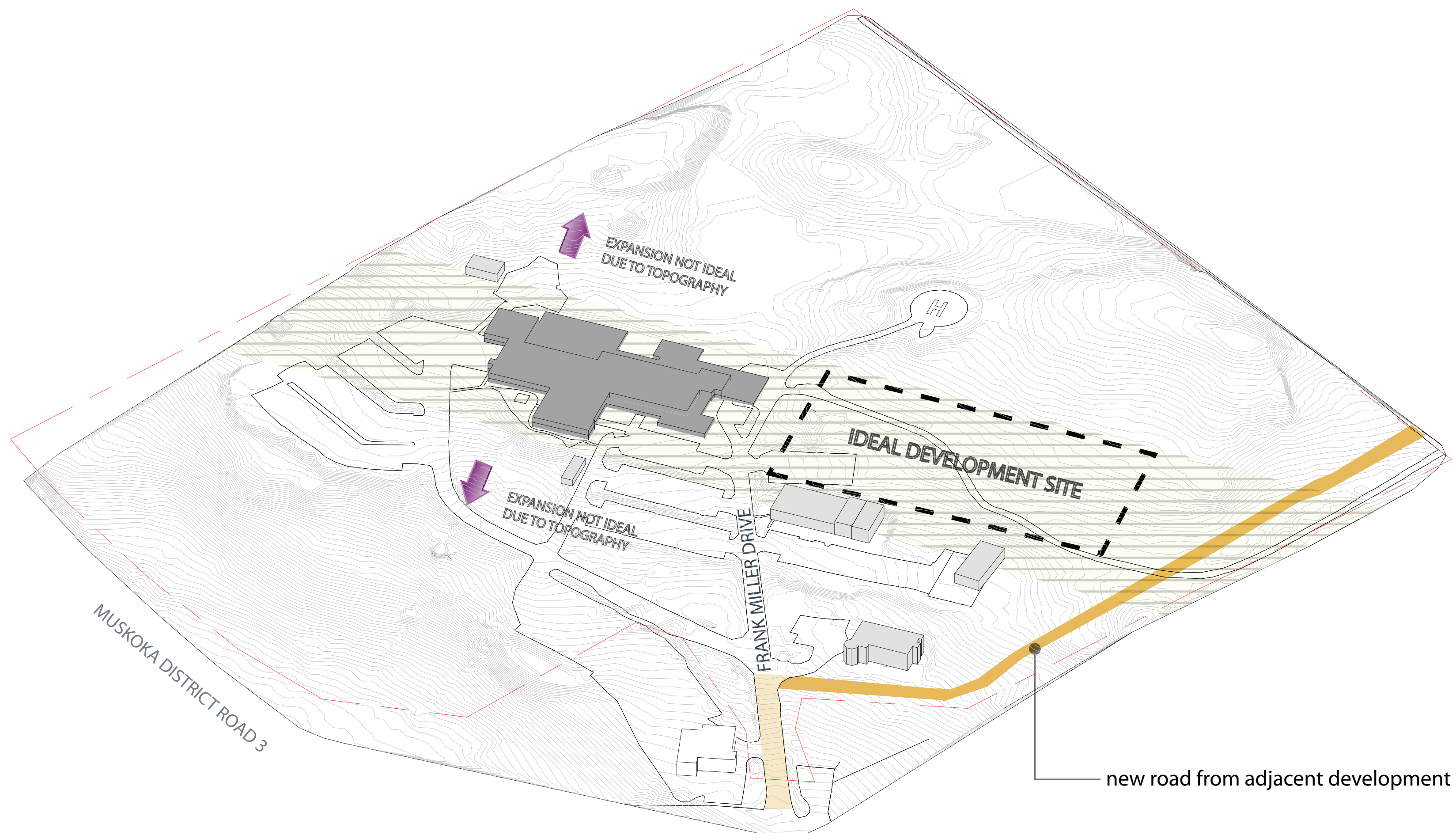


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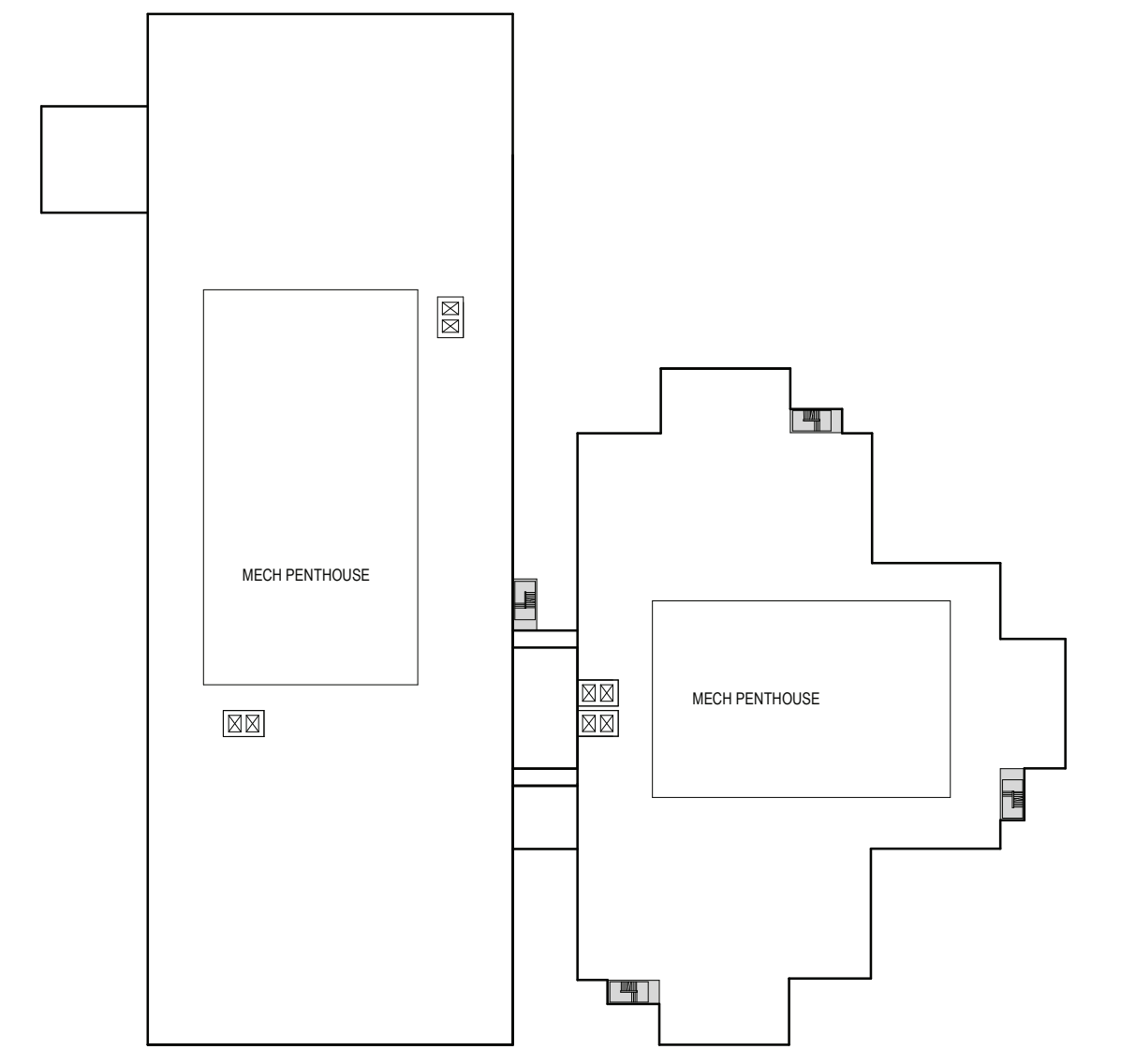


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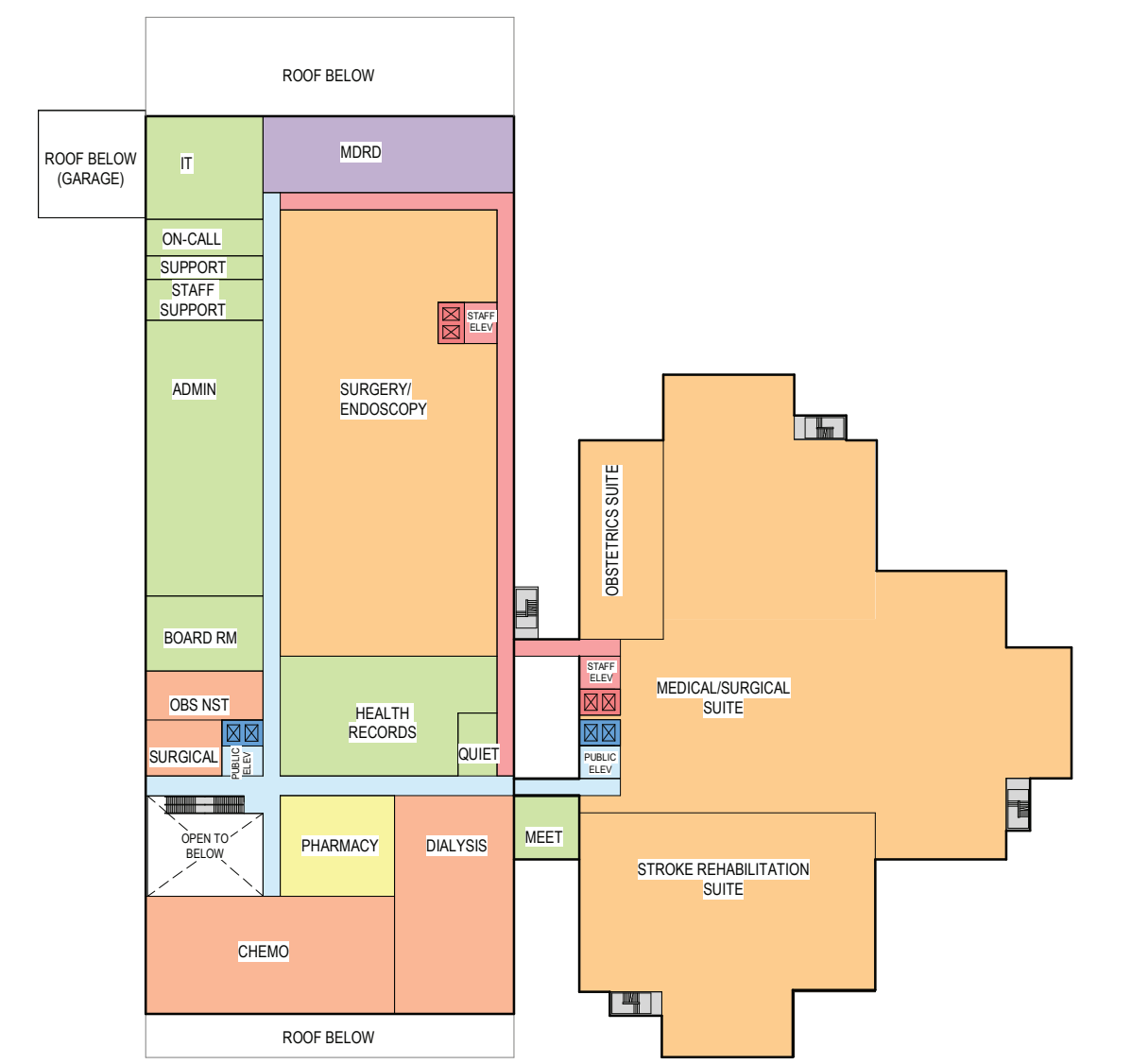




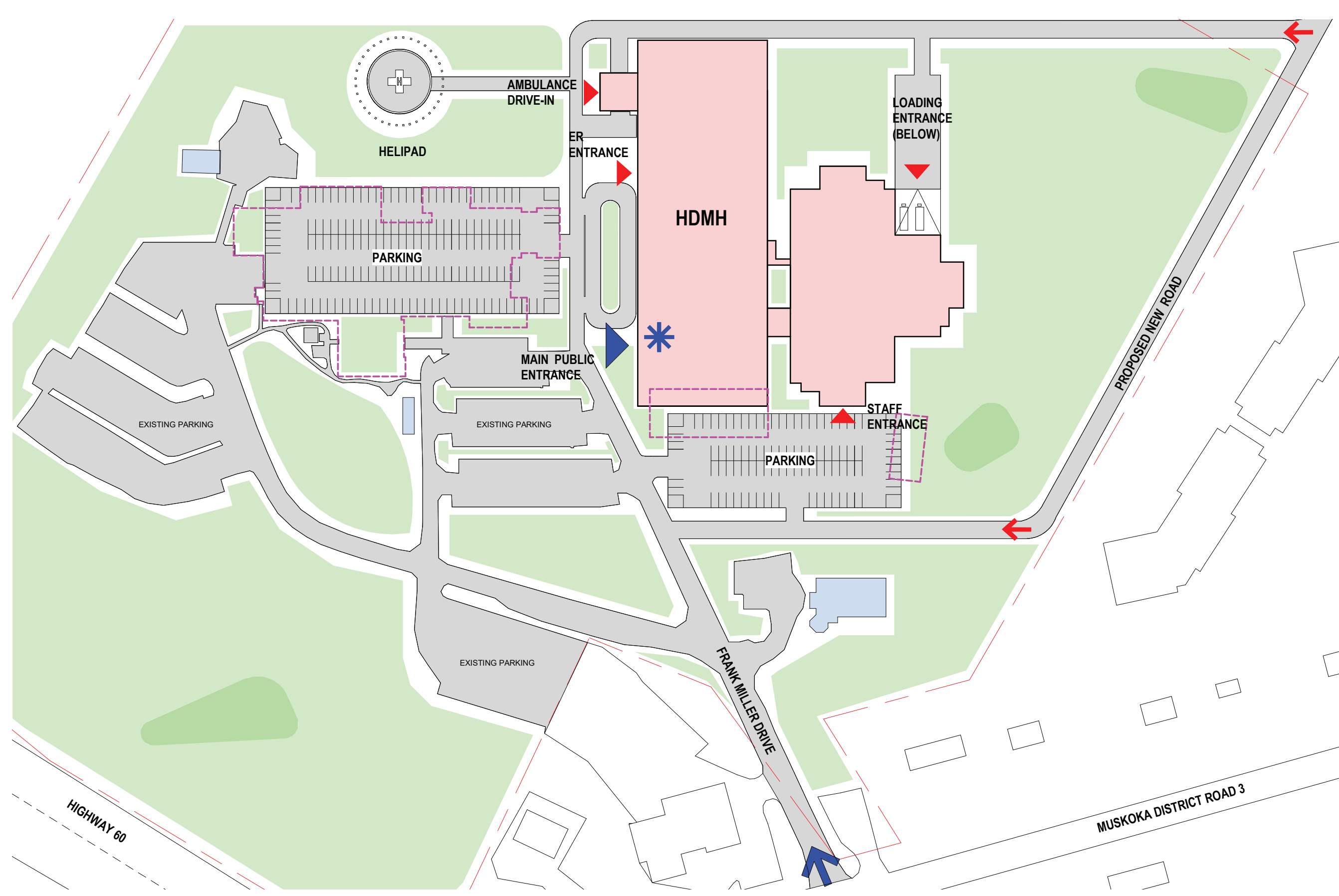
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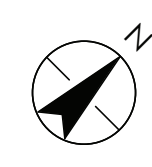


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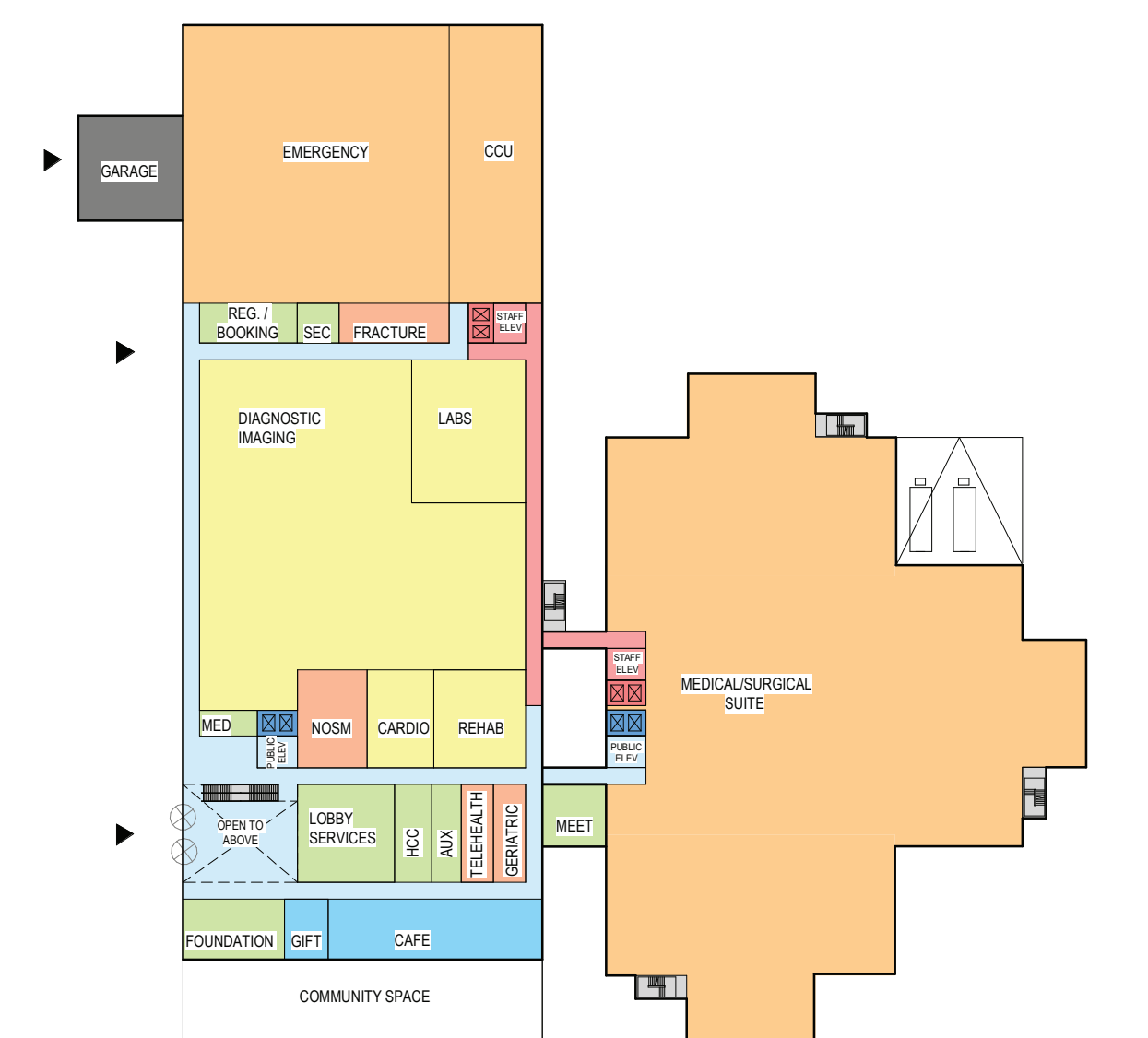
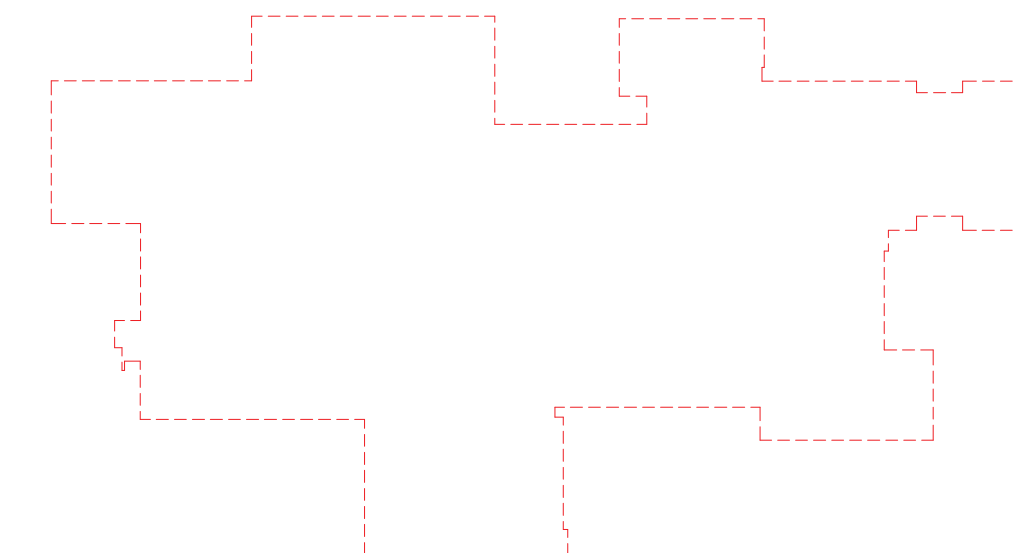


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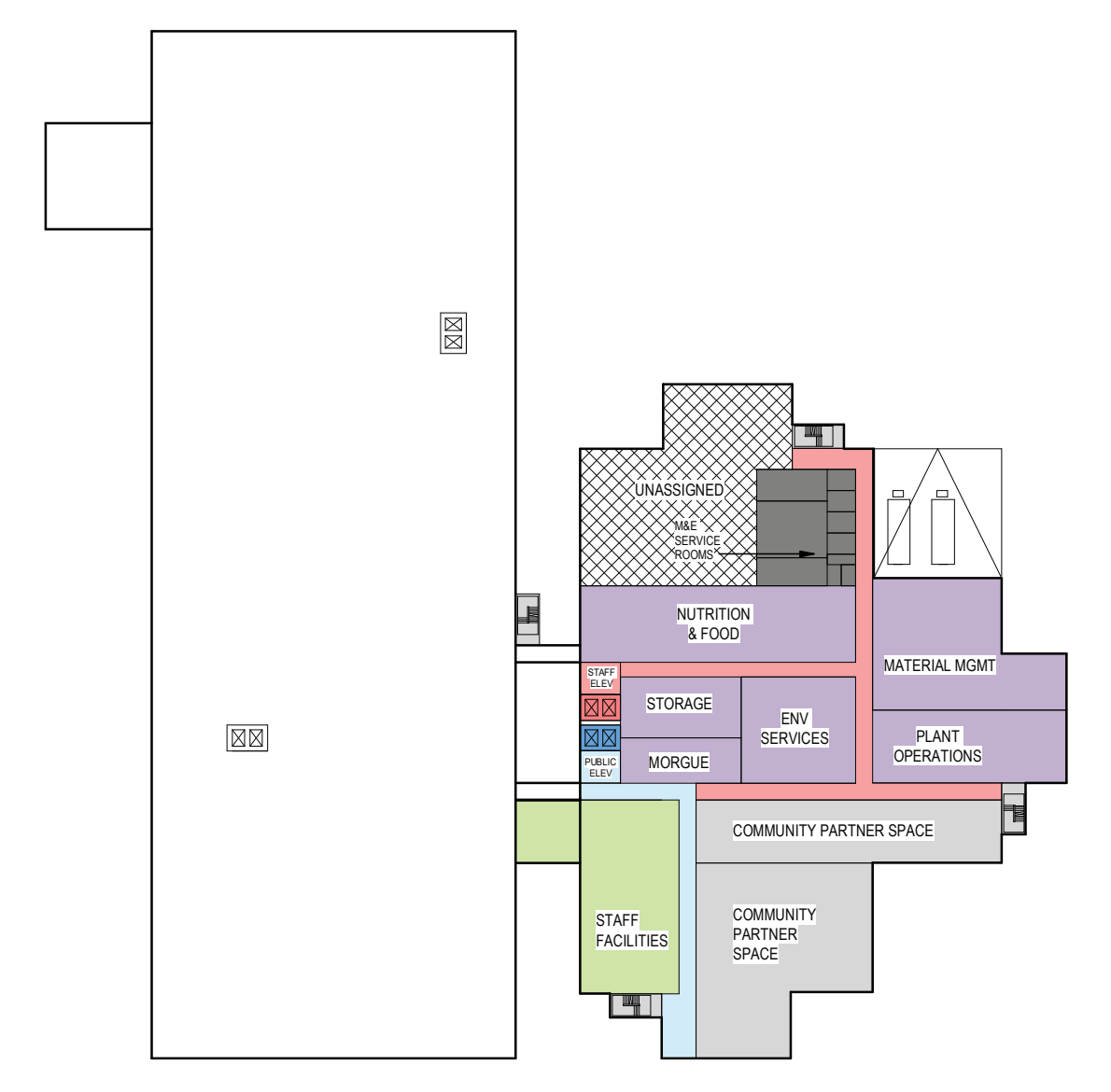
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HUNTSVILLE DISTRICT MEMORIAL HOSPITAL  
REPLACEMENT ON CURRENT SITE (H2)

FEBRUARY 2019





# Design Guiding Principles – Task Force Approved

Guiding Principle	Definition
Aligns with the goals of the MAHC organization	<ul style="list-style-type: none"> <li>- design that aligns with the strategic areas of MAHC’s strategic plan</li> <li>- spaces that support MAHC’s mission, vision and values</li> </ul>
Supports Patient- and Family-Centered Care	<ul style="list-style-type: none"> <li>- spaces that support a positive experience for visitors, patients and families</li> <li>- spaces that are suitable for all ages, religious and cultural backgrounds</li> <li>- spaces that are of appropriate size to accommodate family presence</li> <li>- spaces that facilitate high quality, safe, evidence-informed care processes</li> </ul>
Promotes Health and Wellness	<ul style="list-style-type: none"> <li>- spaces that promote patient, staff and provider health and wellness</li> <li>- environments that support a positive work force and safe work life</li> <li>- facilities that support a culture of fairness, equity and connectedness</li> <li>- designs that reflect culturally-relevant lifestyles and populations</li> </ul>
Facilitates Operational Excellence	<ul style="list-style-type: none"> <li>- embraces a design that is functional and flexible</li> <li>- spaces that appropriately balance cost with need</li> <li>- design that respects clinical adjacencies and flows</li> <li>- spaces that facilitate efficient care processes</li> </ul>
Enables Innovation and Environmental Sustainability	<ul style="list-style-type: none"> <li>- spaces that are adaptable to technological advancements and modernization</li> <li>- design that capitalizes on the natural environment, ie: light, nature</li> <li>- design that follows LEED standards and minimizes the organization’s environmental impact</li> </ul>
Promotes Community Connection and System Integration	<ul style="list-style-type: none"> <li>- spaces that complement the Muskoka and area ‘look’ and ‘feel’</li> <li>- spaces that allow for greater learning opportunities, community education and collaboration with partners</li> </ul>
Meets the ‘Quadruple Aim’	<ul style="list-style-type: none"> <li>- spaces that support better health, better care, better value, better provider experience</li> </ul>

**STAGE 1 SUBMISSION ESTIMATE**

**MUSKOKA ALGONQUIN HEALTHCARE  
SMMH AND HDMH HOSPITALS  
MUSKOKA, ONTARIO**

**Prepared for:  
SMMH and HDMH Hospitals**

**April 1, 2019**

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**Hanscomb**  
**Quantity Surveyors - Since 1957**

April 1, 2019

Ref # HAM2586

**Hanscomb**  
Quantity Surveyors - Since 1957

Stantec  
100-401 Wellington Street West  
Toronto, Ontario M5V 1E7  
T: (416) 598-2009  
E: tim.eastwood@stantec.com



Attn: SMMH and HDMH Hospitals

Re: SMMH and HDMH Hospitals, Muskoka, Ontario, March 2019

Dear Mr. Eastwood :

Please find attached our Stage 1 Submission Estimate for the SMMH and HDMH Hospitals, Muskoka, Ontario in March 2019.

This Stage 1 Submission Estimate is intended to provide a realistic allocation of direct construction costs and is a determination of fair market value. Pricing shown reflects probable construction costs obtainable in the March 2019 area on the effective date of this report and is not a prediction of low bid. Pricing assumes competitive bidding for every portion of the work.

Hanscomb has prepared this estimate(s) in accordance with generally accepted principles and practices. Our general assumptions are included in Section 3 of this report and any exclusions are identified in Section 1.6. For quality assurance, this estimate has been reviewed by the designated Team Lead as signed below and Hanscomb staff are available and pleased to discuss the contents of this report with any interested party.

Requests for modifications of any apparent errors or omissions to this document must be made to Hanscomb within ten (10) days of receipt of this estimate. Otherwise, it will be understood that the contents have been concurred with and accepted.

We trust our estimate is complete and comprehensive and provides the necessary information to allow for informed capital decisions for moving this project forward. Please do not hesitate to contact us if you have any questions or require additional information.

Yours truly,

**Hanscomb Limited**  
Team Lead

A handwritten signature in blue ink that reads 'Craig Bye'.

Craig Bye  
PQS(F), MRICS  
Director

**Hanscomb Limited**  
Principal / Estimate Reviewer

A handwritten signature in blue ink that reads 'Susan Neil'.

Susan Neil  
PQS(F), MRICS  
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## Appendices

### Estimates:

A - SMMH - Renovation/Expansion Option (B1)	A 1
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## **1. INTRODUCTION**

### **1.1 PURPOSE**

This Stage 1 Submission Estimate is intended to provide a realistic allocation of direct construction costs for the SMMH and HDMH Hospitals' Muskoka, Ontario, located in March 2019 with the exception of the items listed in 1.6 Exclusions.

### **1.2 DESCRIPTION**

The SMMH and HDMH Hospitals, Muskoka, Ontario located in March 2019 is comprised of the following key elements:

*The project includes 3 Options for the Redevelopment of the South Muskoka Memorial Hospital and 2 Options for Huntsville District Memorial Hospital .The scope of work includes but is not limited to new construction, renovations, infrastructure upgrades, demolition, decanting, site works and parking as required. It is assumed that the base design will meet LEED Silver as a target.*

### **1.3 METHODOLOGY**

Hanscomb has prepared this estimate(s) in accordance with generally accepted principles and practices. Hanscomb staff are available to discuss its contents with any interested party.

From the documentation and information provided, quantities of all major elements were assessed or measured where possible and priced at rates considered competitive for a project of this type under a stipulated sum form of contract in March 2019.

Pricing shown reflects probable construction costs obtainable in the March 2019 area on the effective date of this report. This estimate is a determination of fair market value for the construction of this project. It is not a prediction of low bid. Pricing assumes competitive bidding for every portion of the work.

### **1.4 SPECIFICATIONS**

For building components and systems where specifications and design details are not available, quality standards have been established based on discussions with the design team.



**1. INTRODUCTION**

**1.5 ESTIMATE CLASSIFICATION AND COST PREDICTABILITY**

Estimates are defined and classified based on the stage of a project’s development and the level of information available at the time of the milestone estimate.

This Stage 1 Submission Estimate is considered to have an expected degree of accuracy of +/- 30%. In other words, bid results might vary by this amount if the construction budget were set at this milestone estimate.

At the initial stages of a contemplated project, the cost accuracy of the estimate is low as there may be little or no information available to inform a first high-level concept estimate or order of magnitude estimate. As a project nears design completion and is ready to be released to market for tender, the level of accuracy of the estimate is high as the detail is generally extensive and typically represents the information on which contractors will bid.

Milestone cost estimates or “checks” are recommended as the project design develops to keep track of scope and budget. Early detection of potential budget overruns will allow for remedial action before design and scope are locked in. The number of milestone estimates will depend on a project’s size and schedule and cost predictability will improve as the design advances.

According to the Canadian Joint Federal Government/Industry Cost Predictability Taskforce, industry standards for estimate classification and cost estimate accuracy may be summarized as follows:

COST ESTIMATE CLASSIFICATION SYSTEM						
AACE	Class 5	Class 4	Class 3		Class 2	Class 1
DND			Indicative		Substantive	
RAIC	OME	Sketch Design	Design Develop		Contract Documents	Tender Documents
GOC	OME	D	C	← B →		A
	↓	↓	↓		↓	↓
<b>Design Documentation % Complete</b>		<b>12.5%</b>	<b>25.0%</b>		<b>95.0%</b>	<b>100.0%</b>
<b>Cost Estimate Accuracy (+/-%)</b>	<b>+/- 30%</b>	<b>+/- 20-30%</b>	<b>+/- 15-20%</b>		<b>+/- 10-15%</b>	<b>+/- 5-10%</b>

**Legend**

- AACE Association for the Advancement of Cost Engineering
- DND Department of National Defence
- GOC Government of Canada
- RAIC Royal Architectural Institute of Canada
- OME Order of Magnitude Estimate

While the classification categories differ from one authority to the next, the overarching principle for cost predictability remains the same – as the level of detail and design development increases, so does the level of accuracy of the estimate.

## **1. INTRODUCTION**

### **1.6 EXCLUSIONS**

This Stage 1 Submission Estimate does not provide for the following, if required:

- Cost of contaminated soil removal
- Equipment beyond that identified in this estimate
- Escalation contingency beyond that identified in this estimate
- Financing costs
- Premiums associated with Public-Private Partnership procurement model
- Costs for upgrades to utility services to site if required

## **2. DOCUMENTATION**

This Stage 1 Submission Estimate has been prepared from the documentation included in Appendix AA of this report.

All of the above documentation was received from Stantec and was supplemented with information gathered in meeting(s) and telephone conversations with the design team, as applicable.

Design changes and/or additions made subsequent to this issuance of the documentation noted above have not been incorporated in this report.

### **3. COST CONSIDERATIONS**

#### **3.6 CONSTRUCTION ALLOWANCE**

An allowance of 5.0% has been made to cover construction (post contract) unknowns. This allowance, also known as the Post Contract Contingency (PCC), is intended to cover costs for change orders during construction that are not foreseeable. It is not intended to cover scope changes to the contract. The amount carried in a budget for this allowance is typically set at the initial planning stage and should be based on the complexity of the project and the probability of unknowns and retained risks.

#### **3.7 CASH ALLOWANCE**

Cash allowances are intended to allow the contractor to include in the bid price the cost for work that is difficult to fully scope at the time of tendering based on factors that are beyond the Owner and Prime Consultant's control. Cash allowances attempt to reduce the risks by dedicating a set amount for use against a certain cost that cannot yet be detailed. The Contractor is obligated to work as best as possible within the limitations of the Cash Allowance.

Examples of Cash Allowances include hardware, inspection and testing, site conditions, replacement of existing elements during demolition for renovation, hazardous materials abatement, signage, etc.

Any Cash Allowances if applicable are included either in the details of this estimate under the appropriate discipline or at the summary level.

#### **3.8 TAXES**

No provision has been made for the Harmonized Sales Tax. It is recommended that the owner make separate provision for HST in the project budget.

#### **3.9 SCHEDULE**

Pricing assumes a standard schedule of work appropriate to the size and scope of this project. Premiums for off-hour work, working in an operational facility, accelerated schedule, etc., if applicable, are identified separately in the body of the estimate.

#### **3.10 STATEMENT OF PROBABLE COSTS**

Hanscomb has no control over the cost of labour and materials, the contractor's method of determining prices, or competitive bidding and market conditions. This opinion of probable cost of construction is made on the basis of experience, qualifications and best judgment of the professional consultant familiar with the construction industry. Hanscomb cannot and does not guarantee that proposals, bids or actual construction costs will not vary from this or subsequent cost estimates.

### **3. COST CONSIDERATIONS**

#### **3.1 COST BASE**

All costs are estimated on the basis of competitive bids (a minimum of 4 general contractor bids and at least 4 subcontractor bids for each trade) being received in March 2019 from general contractors and all major subcontractors and suppliers based on a stipulated sum form of contract. If these conditions are not met, bids received could be expected to exceed this estimate.

#### **3.2 UNIT RATES**

The unit rates in the preparation of this Stage 1 Submission Estimate include labour and material, equipment, subcontractor's overheads and profit. Union contractors are assumed to perform the work with the fair wage policy in effect.

#### **3.3 GENERAL REQUIREMENTS AND FEE**

General Requirements and Fee cover the General Contractor's indirect costs which may include but not be limited to supervision, site set up, temporary utilities, equipment, utilities, clean up, etc. as covered in Division 1 General Conditions of the Contract Documents. It also includes the contractor's fees and should not be confused with Design or Consultant fees which are excluded from the Construction Costs and carried separately in the Owner's Total Project Costs.

#### **3.4 DESIGN AND PRICING ALLOWANCE**

An allowance of 20.0% has been included to cover design and pricing unknowns. This allowance is not intended to cover any program space modifications but rather to provide some flexibility for the designers and cost planners during the remaining contract document stages.

It is expected that this allowance amount will be absorbed into the base construction costs as the design advances. The amount by which this allowance is reduced corresponds to an increase in accuracy and detailed design information. Hanscomb recommends that careful consideration be made at each milestone estimate to maintain adequate contingency for this allowance.

As a project nears completion of design, Hanscomb recommends retaining some contingency for this allowance for the final coordination of documents.

#### **3.5 ESCALATION ALLOWANCE**

All costs are based on March 2019 dollars. An allowance of 4.0% per annum has been made for construction cost escalation that may occur between March 2019 and the anticipated bid date for the project. Escalation during construction is included in the unit rates.

For escalation, the budgeted amount will typically decline as the time to award nears. Forecasting escalation requires careful assessment of a continually changing construction market which at best is difficult to predict. The escalation rate should be monitored.

### **3. COST CONSIDERATIONS**

#### **3.11 ONGOING COST CONTROL**

Hanscomb recommends that the Owner and design team carefully review this document, including line item description, unit prices, clarifications, exclusions, inclusions and assumptions, contingencies, escalation, and mark-ups. If the project is over budget, or if there are unresolved budgeting issues, alternative systems/schemes should be evaluated before proceeding into the next design phase.

It is recommended that a final updated estimate at the end of the design stage be produced by Hanscomb using Bid Documents to determine overall cost changes which may have occurred since the preparation of this estimate. The final updated estimate will address changes and additions to the documents, as well as addenda issued during the bidding process. Hanscomb cannot reconcile bid results to any estimate not produced from bid documents including all addenda.

This estimate does not constitute an offer to undertake the work, nor is any guarantee given that an offer, to undertake the work at the estimate(s) price, will subsequently be submitted by a construction contractor. Unless explicitly stated otherwise, it is assumed that competitive bids will be sought when tender documents have been completed. Any significant deviation between bids received and a pre-tender estimate prepared by Hanscomb from the same tender documents, should be evaluated to establish the possible cause(s).

5. COST ESTIMATE SUMMARY

	SMMH - RENOVATION/EXPANSION (B1)			SMMH - REPLACEMENT ON CURRENT SITE OPTION (B2)			SMMH - NEW SITE OPTION (B3)			HDMH - RENOVATION/EXPANSION OPTION (H1)			HDMH - REPLACEMENT ON CURRENT SITE OPTION (H2)		
New Construction	211,910 SF	584.25	\$123,808,800	242,880 SF	585.99	\$142,326,400	241,955 SF	587.66	\$142,187,500	213,947 SF	589.27	\$126,072,300	251,877 SF	583.32	\$146,925,000
Renovation - Major	31,164 SF	358.15	\$11,161,500	0 SF	0.00	\$0	0 SF	0.00	\$0	38,580 SF	319.67	\$12,333,000	0 SF	0.00	\$0
Renovation - Medium	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0
Renovation - Minor	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0
Infrastructure Upgrades	1 Sum		\$3,939,000	1 Sum		\$0	1 Sum		\$0	1 Sum		\$4,609,000	1 Sum		\$0
Demolition of Existing / Decanting	16,668 SF	20.00	\$333,400	71,353 SF	20.00	\$1,427,100	0 SF	0.00	\$0	3,075 SF	20.00	\$61,500	64,680 SF	20.00	\$1,293,600
Site Works & Other	1 Sum		\$10,941,000	1 Sum		\$11,720,000	1 Sum		\$7,217,000	1 Sum		\$5,391,000	1 Sum		\$6,348,000
Parking	400 Cars	1,500.00	\$600,000	400 Cars	1,500.00	\$600,000	400 Cars	1,500.00	\$600,000	300 Cars	1,500.00	\$450,000	300 Cars	1,500.00	\$450,000
<b>NET CONSTRUCTION COST</b>	<b>243,074 SF</b>	<b>620.32</b>	<b>\$150,783,700</b>	<b>242,880 SF</b>	<b>642.60</b>	<b>\$156,073,500</b>	<b>241,955 SF</b>	<b>619.97</b>	<b>\$150,004,500</b>	<b>252,527 SF</b>	<b>589.71</b>	<b>\$148,916,800</b>	<b>251,877 SF</b>	<b>615.45</b>	<b>\$155,016,600</b>
Hazardous Materials Abatement	1 Sum		\$956,600	1 Sum		\$1,427,100	1 Sum		\$0	1 Sum		\$772,700	1 Sum		\$1,293,600
In-Contract Equipment Allowance	1 Sum		\$4,724,000	1 Sum		\$4,978,000	1 Sum		\$4,978,000	1 Sum		\$4,788,200	1 Sum		\$5,104,100
Phasing Allowance	1 Sum		\$877,500	1 Sum		\$172,700	1 Sum		\$0	1 Sum		\$942,400	1 Sum		\$151,900
<b>NET CONSTRUCTION COST</b>	<b>243,074 SF</b>	<b>647.30</b>	<b>\$157,341,800</b>	<b>242,880 SF</b>	<b>669.68</b>	<b>\$162,651,300</b>	<b>241,955 SF</b>	<b>640.54</b>	<b>\$154,982,500</b>	<b>252,527 SF</b>	<b>615.46</b>	<b>\$155,420,100</b>	<b>251,877 SF</b>	<b>641.45</b>	<b>\$161,566,200</b>
Design & Pricing Allowance	20.0%		\$31,468,100	20.0%		\$32,530,000	20.0%		\$30,996,200	20.0%		\$31,083,900	20.0%		\$32,313,000
<b>TOTAL CONSTRUCTION COST</b>	<b>243,074 SF</b>	<b>776.76</b>	<b>\$188,809,900</b>	<b>242,880 SF</b>	<b>803.61</b>	<b>\$195,181,300</b>	<b>241,955 SF</b>	<b>768.65</b>	<b>\$185,978,700</b>	<b>252,527 SF</b>	<b>738.55</b>	<b>\$186,504,000</b>	<b>251,877 SF</b>	<b>769.74</b>	<b>\$193,879,200</b>
Construction Allowance (5%)	5.0%		\$9,440,600	5.0%		\$9,759,300	5.0%		\$9,299,200	5.0%		\$9,325,900	5.0%		\$9,694,500
Project Ancillaries	21.0%		\$39,650,400	21.0%		\$40,988,400	21.0%		\$39,055,900	21.0%		\$39,166,300	21.0%		\$40,715,000
Moving Costs	243,074 SF	\$2.00	\$486,400	242,880 SF	\$2.00	\$486,400	241,955 SF	\$2.00	\$485,000	252,527 SF	\$2.00	\$504,900	251,877 SF	\$2.00	\$503,600
FF&E / IT (% blend on construction)	22%		\$42,281,200	23%		\$44,192,300	24%		\$44,150,600	23%		\$43,376,900	24%		\$45,608,900
Non-recoverable HST (1.89%)	1.89%		\$5,304,900	1.89%		\$5,492,700	1.89%		\$5,272,700	1.89%		\$5,271,000	1.89%		\$5,488,400
<b>TOTAL PROJECT COST (CURRENT)</b>	<b>243,074 SF</b>	<b>1,176.49</b>	<b>\$285,973,400</b>	<b>242,880 SF</b>	<b>1,219.12</b>	<b>\$296,100,000</b>	<b>241,955 SF</b>	<b>1,174.77</b>	<b>\$284,242,100</b>	<b>252,527 SF</b>	<b>1,125.22</b>	<b>\$284,149,000</b>	<b>251,877 SF</b>	<b>1,174.74</b>	<b>\$295,889,600</b>
Escalation ( 4% per annum)	5.0 years		\$61,957,100	5.0 years		\$64,150,800	5.0 years		\$61,581,800	5.0 years		\$61,561,500	5.0 years		\$64,105,200
<b>TOTAL PROJECT COST (ESCALATED)</b>	<b>243,074 SF</b>	<b>1,431.38</b>	<b>\$347,930,500</b>	<b>242,880 SF</b>	<b>1,483.25</b>	<b>\$360,250,800</b>	<b>241,955 SF</b>	<b>1,429.29</b>	<b>\$345,823,900</b>	<b>252,527 SF</b>	<b>1,369.00</b>	<b>\$345,710,500</b>	<b>251,877 SF</b>	<b>1,429.25</b>	<b>\$359,994,800</b>

5. COST ESTIMATE SUMMARY - POTENTIAL LOCAL SHARE

	SMMH - RENOVATION/EXPANSION (B1)			SMMH - REPLACEMENT ON CURRENT SITE OPTION (B2)			SMMH - NEW SITE OPTION (B3)			HDMH - RENOVATION/EXPANSION OPTION (H1)			HDMH - REPLACEMENT ON CURRENT SITE OPTION (H2)		
	% Local	Local Share		% Local	Local Share		% Local	Local Share		% Local	Local Share		% Local	Local Share	
New Construction	12%	\$15,339,900	\$123,808,800	12%	\$17,221,500	\$142,326,400	12%	\$17,204,700	\$142,187,500	12%	\$15,607,800	\$126,072,300	12%	\$17,777,900	\$146,925,000
Renovation - Major	10%	\$1,116,200	\$11,161,500	10%	\$0	\$0	10%	\$0	\$0	10%	\$1,233,300	\$12,333,000	10%	\$0	\$0
Renovation - Medium	10%	\$0	\$0	10%	\$0	\$0	10%	\$0	\$0	10%	\$0	\$0	10%	\$0	\$0
Renovation - Minor	10%	\$0	\$0	10%	\$0	\$0	10%	\$0	\$0	10%	\$0	\$0	10%	\$0	\$0
Infrastructure Upgrades	10%	\$393,900	\$3,939,000	10%	\$0	\$0	10%	\$0	\$0	10%	\$460,900	\$4,609,000	10%	\$0	\$0
Demolition of Existing / Decanting	10%	\$33,300	\$333,400	10%	\$142,700	\$1,427,100	10%	\$0	\$0	10%	\$6,200	\$61,500	10%	\$129,400	\$1,293,600
Site Works & Other	10%	\$1,094,100	\$10,941,000	10%	\$1,172,000	\$11,720,000	10%	\$721,700	\$7,217,000	10%	\$539,100	\$5,391,000	10%	\$634,800	\$6,348,000
Parking	100%	\$600,000	\$600,000	100%	\$600,000	\$600,000	100%	\$600,000	\$600,000	100%	\$450,000	\$450,000	100%	\$450,000	\$450,000
<b>NET CONSTRUCTION COST</b>	<b>12%</b>	<b>\$18,577,400</b>	<b>\$150,783,700</b>	<b>12%</b>	<b>\$19,136,200</b>	<b>\$156,073,500</b>	<b>12%</b>	<b>\$18,526,400</b>	<b>\$150,004,500</b>	<b>12%</b>	<b>\$18,297,300</b>	<b>\$148,916,800</b>	<b>12%</b>	<b>\$18,992,100</b>	<b>\$155,016,600</b>
Hazardous Materials Abatement	10%	\$95,700	\$956,600	10%	\$142,700	\$1,427,100	10%	\$0	\$0	10%	\$77,300	\$772,700	10%	\$129,400	\$1,293,600
In-Contract Equipment Allowance	45%	\$2,125,800	\$4,724,000	45%	\$2,240,100	\$4,978,000	45%	\$2,240,100	\$4,978,000	45%	\$2,154,700	\$4,788,200	45%	\$2,296,800	\$5,104,100
Phasing Allowance	10%	\$87,800	\$877,500	10%	\$17,300	\$172,700	10%	\$0	\$0	10%	\$94,200	\$942,400	10%	\$15,200	\$151,900
<b>NET CONSTRUCTION COST</b>	<b>13%</b>	<b>\$20,886,700</b>	<b>\$157,341,800</b>	<b>13%</b>	<b>\$21,536,300</b>	<b>\$162,651,300</b>	<b>13%</b>	<b>\$20,766,500</b>	<b>\$154,982,500</b>	<b>13%</b>	<b>\$20,623,500</b>	<b>\$155,420,100</b>	<b>13%</b>	<b>\$21,433,500</b>	<b>\$161,566,200</b>
Design & Pricing Allowance	13%	\$4,177,300	\$31,468,100	13%	\$4,307,200	\$32,530,000	13%	\$4,153,300	\$30,996,200	13%	\$4,124,700	\$31,083,900	13%	\$4,286,700	\$32,313,000
<b>TOTAL CONSTRUCTION COST</b>	<b>13%</b>	<b>\$25,064,000</b>	<b>\$188,809,900</b>	<b>13%</b>	<b>\$25,843,500</b>	<b>\$195,181,300</b>	<b>13%</b>	<b>\$24,919,800</b>	<b>\$185,978,700</b>	<b>13%</b>	<b>\$24,748,200</b>	<b>\$186,504,000</b>	<b>13%</b>	<b>\$25,720,200</b>	<b>\$193,879,200</b>
Construction Allowance (5%)	13%	\$1,253,200	\$9,440,600	13%	\$1,292,200	\$9,759,300	13%	\$1,246,000	\$9,299,200	13%	\$1,237,500	\$9,325,900	13%	\$1,286,100	\$9,694,500
Project Ancillaries	5%	\$1,982,500	\$39,650,400	5%	\$2,049,400	\$40,988,400	5%	\$1,952,800	\$39,055,900	5%	\$1,958,300	\$39,166,300	5%	\$2,035,800	\$40,715,000
Moving Costs	10%	\$48,600	\$486,400	10%	\$48,600	\$486,400	10%	\$48,500	\$485,000	10%	\$50,500	\$504,900	10%	\$50,400	\$503,600
FF&E / IT (% blend on construction)	100%	\$42,281,200	\$42,281,200	100%	\$44,192,300	\$44,192,300	100%	\$44,150,600	\$44,150,600	100%	\$43,376,900	\$43,376,900	100%	\$45,608,900	\$45,608,900
Non-recoverable HST (1.89%)	13%	\$704,200	\$5,304,900	13%	\$714,100	\$5,492,700	13%	\$685,500	\$5,272,700	13%	\$685,200	\$5,271,000	13%	\$713,500	\$5,488,400
<b>TOTAL PROJECT COST (CURRENT)</b>	<b>25%</b>	<b>\$71,333,700</b>	<b>\$285,973,400</b>	<b>25%</b>	<b>\$74,140,100</b>	<b>\$296,100,000</b>	<b>26%</b>	<b>\$73,003,200</b>	<b>\$284,242,100</b>	<b>25%</b>	<b>\$72,056,600</b>	<b>\$284,149,000</b>	<b>25%</b>	<b>\$75,414,900</b>	<b>\$295,889,600</b>
Escalation ( 4% per annum)	25%	\$15,454,700	\$61,957,100	25%	\$16,062,600	\$64,150,800	26%	\$15,816,300	\$61,581,800	25%	\$15,611,200	\$61,561,500	25%	\$16,338,800	\$64,105,200
<b>TOTAL PROJECT COST (ESCALATED)</b>	<b>25%</b>	<b>\$86,788,400</b>	<b>\$347,930,500</b>	<b>25%</b>	<b>\$90,202,700</b>	<b>\$360,250,800</b>	<b>26%</b>	<b>\$88,819,500</b>	<b>\$345,823,900</b>	<b>25%</b>	<b>\$87,667,800</b>	<b>\$345,710,500</b>	<b>25%</b>	<b>\$91,753,700</b>	<b>\$359,994,800</b>

Notes:

- [1] Please note that the above costs are PRELIMINARY and are subject to change with design.
- [2] An allowance of 5.0% on building construction (excluding shell space and decanting) has been included for in-contract equipment.
- [3] An allowance of 20% for design & pricing and scope contingency has been included to provide some further flexibility in design.
- [4] An allowance of 5% construction contingency has been included for change orders during construction.
- [5] An allowance of 21% on construction has been included for project ancillaries (soft costs).
- [6] FF&E/IT costs have been included at 25% of building construction costs for new & major renos, 10% for medium renos and require review.
- [7] Hazmat. Abatement - An allowance is made as hazmat report is not available
- [8] An allowance for escalation for at 4.0% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.
- [9] The above costs exclude items as outlined on page 4 Section 1.6

**5. COST ESTIMATE SUMMARY (NON-ESCALATED)**

	SMMH - RENOVATION/EXPANSION (B1)			SMMH - REPLACEMENT ON CURRENT SITE OPTION (B2)			SMMH - NEW SITE OPTION (B3)			HDMH - RENOVATION/EXPANSION OPTION (H1)			HDMH - REPLACEMENT ON CURRENT SITE OPTION (H2)		
New Construction	211,910 SF	584.25	\$123,808,800	242,880 SF	585.99	\$142,326,400	241,955 SF	587.66	\$142,187,500	213,947 SF	589.27	\$126,072,300	251,877 SF	583.32	\$146,925,000
Renovation - Major	31,164 SF	358.15	\$11,161,500	0 SF	0.00	\$0	0 SF	0.00	\$0	38,580 SF	319.67	\$12,333,000	0 SF	0.00	\$0
Renovation - Medium	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0
Renovation - Minor	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0	0 SF	0.00	\$0
Infrastructure Upgrades	1 Sum		\$3,939,000	1 Sum		\$0	1 Sum		\$0	1 Sum		\$4,609,000	1 Sum		\$0
Demolition of Existing / Decanting	16,668 SF	20.00	\$333,400	71,353 SF	20.00	\$1,427,100	0 SF	0.00	\$0	3,075 SF	20.00	\$61,500	64,680 SF	20.00	\$1,293,600
Site Works & Other	1 Sum		\$10,941,000	1 Sum		\$11,720,000	1 Sum		\$7,217,000	1 Sum		\$5,391,000	1 Sum		\$6,348,000
Parking	400 Cars	1,500.00	\$600,000	400 Cars	1,500.00	\$600,000	400 Cars	1,500.00	\$600,000	300 Cars	1,500.00	\$450,000	300 Cars	1,500.00	\$450,000
<b>NET CONSTRUCTION COST</b>	<b>243,074 SF</b>	<b>620.32</b>	<b>\$150,783,700</b>	<b>242,880 SF</b>	<b>642.60</b>	<b>\$156,073,500</b>	<b>241,955 SF</b>	<b>619.97</b>	<b>\$150,004,500</b>	<b>252,527 SF</b>	<b>589.71</b>	<b>\$148,916,800</b>	<b>251,877 SF</b>	<b>615.45</b>	<b>\$155,016,600</b>
Hazardous Materials Abatement	1 Sum		\$956,600	1 Sum		\$1,427,100	1 Sum		\$0	1 Sum		\$772,700	1 Sum		\$1,293,600
In-Contract Equipment Allowance	1 Sum		\$4,724,000	1 Sum		\$4,978,000	1 Sum		\$4,978,000	1 Sum		\$4,788,200	1 Sum		\$5,104,100
Phasing Allowance	1 Sum		\$877,500	1 Sum		\$172,700	1 Sum		\$0	1 Sum		\$942,400	1 Sum		\$151,900
<b>NET CONSTRUCTION COST</b>	<b>243,074 SF</b>	<b>647.30</b>	<b>\$157,341,800</b>	<b>242,880 SF</b>	<b>669.68</b>	<b>\$162,651,300</b>	<b>241,955 SF</b>	<b>640.54</b>	<b>\$154,982,500</b>	<b>252,527 SF</b>	<b>615.46</b>	<b>\$155,420,100</b>	<b>251,877 SF</b>	<b>641.45</b>	<b>\$161,566,200</b>
Design & Pricing Allowance	20.0%		\$31,468,100	20.0%		\$32,530,000	20.0%		\$30,996,200	20.0%		\$31,083,900	20.0%		\$32,313,000
<b>TOTAL CONSTRUCTION COST</b>	<b>243,074 SF</b>	<b>776.76</b>	<b>\$188,809,900</b>	<b>242,880 SF</b>	<b>803.61</b>	<b>\$195,181,300</b>	<b>241,955 SF</b>	<b>768.65</b>	<b>\$185,978,700</b>	<b>252,527 SF</b>	<b>738.55</b>	<b>\$186,504,000</b>	<b>251,877 SF</b>	<b>769.74</b>	<b>\$193,879,200</b>
Construction Allowance (5%)	5.0%		\$9,440,600	5.0%		\$9,759,300	5.0%		\$9,299,200	5.0%		\$9,325,900	5.0%		\$9,694,500
Project Ancillaries	21.0%		\$39,650,400	21.0%		\$40,988,400	21.0%		\$39,055,900	21.0%		\$39,166,300	21.0%		\$40,715,000
Moving Costs	243,074 SF	\$2.00	\$486,400	242,880 SF	\$2.00	\$486,000	241,955 SF	\$2.00	\$485,000	252,527 SF	\$2.00	\$504,900	251,877 SF	\$2.00	\$503,600
FF&E / IT (% blend on construction)	22%		\$42,281,200	23%		\$44,192,300	24%		\$44,150,600	23%		\$43,376,900	24%		\$45,608,900
Non-recoverable HST (1.89%)	1.89%		\$5,304,900	1.89%		\$5,492,700	1.89%		\$5,272,700	1.89%		\$5,271,000	1.89%		\$5,488,400
<b>TOTAL PROJECT COST (CURRENT)</b>	<b>243,074 SF</b>	<b>1,176.49</b>	<b>\$285,973,400</b>	<b>242,880 SF</b>	<b>1,219.12</b>	<b>\$296,100,000</b>	<b>241,955 SF</b>	<b>1,174.77</b>	<b>\$284,242,100</b>	<b>252,527 SF</b>	<b>1,125.22</b>	<b>\$284,149,000</b>	<b>251,877 SF</b>	<b>1,174.74</b>	<b>\$295,889,600</b>
Escalation ( 4% per annum) EXCLUDED	5.0 years		\$0	5.0 years		\$0	5.0 years		\$0	5.0 years		\$0	5.0 years		\$0

**5. COST ESTIMATE SUMMARY - POTENTIAL LOCAL SHARE (NON-ESCALATED)**

	SMMH - RENOVATION/EXPANSION (B1)			SMMH - REPLACEMENT ON CURRENT SITE OPTION (B2)			SMMH - NEW SITE OPTION (B3)			HDMH - RENOVATION/EXPANSION OPTION (H1)			HDMH - REPLACEMENT ON CURRENT SITE OPTION (H2)		
	% Local	Local Share		% Local	Local Share		% Local	Local Share		% Local	Local Share		% Local	Local Share	
<b>TOTAL CONSTRUCTION COST</b>	13%	\$25,064,000	\$188,809,900	13%	\$25,843,500	\$195,181,300	13%	\$24,919,800	\$185,978,700	13%	\$24,748,200	\$186,504,000	13%	\$25,720,200	
<b>TOTAL NON-CONSTRUCTION COSTS + FF&amp;E</b>		\$46,269,700	\$97,163,500		\$48,296,600	\$100,918,700		\$48,083,400	\$98,263,400		\$47,308,400	\$97,645,000		\$49,694,700	
<b>TOTAL PROJECT COST (CURRENT)</b>	25%	\$71,333,700	\$285,973,400	25%	\$74,140,100	\$296,100,000	26%	\$73,003,200	\$284,242,100	25%	\$72,056,600	\$284,149,000	25%	\$75,414,900	
Escalation ( 4% per annum) EXCLUDED		\$0	\$0		\$0	\$0		\$0	\$0		\$0	\$0		\$0	

Notes:

- [1] Please note that the above costs are PRELIMINARY and are subject to change with design.
- [2] An allowance of 5.0% on building construction (excluding shell space and decanting) has been included for in-contract equipment.
- [3] An allowance of 20% for design & pricing and scope contingency has been included to provide some further flexibility in design.
- [4] An allowance of 5% construction contingency has been included for change orders during construction.
- [5] An allowance of 21% on construction has been included for project ancillaries (soft costs).
- [6] FF&E/IT costs have been included at 25% of building construction costs for new & major renos, 10% for medium renos and require review.
- [7] Hazmat. Abatement - An allowance is made as hazmat report is not available
- [8] An allowance for escalation for at 4.0% per annum has been excluded to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.
- [9] The above costs exclude items as outlined on page 4 Section 1.6



**Appendix  
A - SMMH - Renovation/Expansion Option (B1)**



Description	Const. Type	Projected Area of Work	Net Const. Rate (\$/SF)	Net Const. Cost (\$)	Haz Mat Allowance \$20.00	In Contract Equipment 5.0%	Phasing 5.0%	Design & Pricing 20.0%	Total Construction Cost	Construction Allowance 5.0%	Project Ancillaries 21%	Moving Costs \$2.00	FF&E / IT Allowance of Const. %	Net HST 1.89%	Current Total Project Cost	Escalation Allowance Yrs 4.0% p.a.	Escalated Total Project Cost		
<b>Infrastructure Upgrades</b>		<b>1 Sum</b>		<b>\$3,939,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$197,100</b>	<b>\$827,300</b>	<b>\$4,963,400</b>	<b>\$248,200</b>	<b>\$1,042,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$118,300</b>	<b>\$6,372,300</b>	<b>\$1,380,600</b>	<b>\$7,752,900</b>		
Allowance for structural upgrades	Infra	1 Sum	179,000.00	\$179,000	\$0	\$0	\$9,000	\$37,600	\$225,600	\$11,300	\$47,400	\$0	0%	\$0	\$5,400	\$289,700	5.0	\$62,800	\$352,500
Allowance for mechanical upgrades	Infra	1 Sum	1,075,000.00	\$1,075,000	\$0	\$0	\$53,800	\$225,800	\$1,354,600	\$67,700	\$284,500	\$0	0%	\$0	\$32,300	\$1,739,100	5.0	\$376,800	\$2,115,900
Allowance for electrical upgrades	Infra	1 Sum	1,075,000.00	\$1,075,000	\$0	\$0	\$53,800	\$225,800	\$1,354,600	\$67,700	\$284,500	\$0	0%	\$0	\$32,300	\$1,739,100	5.0	\$376,800	\$2,115,900
Allowance for envelope upgrades	Infra	1 Sum	1,150,000.00	\$1,150,000	\$0	\$0	\$57,500	\$241,500	\$1,449,000	\$72,500	\$304,300	\$0	0%	\$0	\$34,500	\$1,860,300	5.0	\$403,000	\$2,263,300
Allowance for modifications at interface	Infra	1 Sum	460,000.00	\$460,000	\$0	\$0	\$23,000	\$96,600	\$579,600	\$29,000	\$121,700	\$0	0%	\$0	\$13,800	\$744,100	5.0	\$161,200	\$905,300
<b>Demolition of Existing / Decanting</b>		<b>16,668 bgsf</b>	<b>20.00</b>	<b>\$333,400</b>	<b>\$333,400</b>	<b>\$0</b>	<b>\$33,300</b>	<b>\$140,000</b>	<b>\$840,100</b>	<b>\$42,000</b>	<b>\$176,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$20,000</b>	<b>\$1,078,500</b>	<b>\$233,700</b>	<b>\$1,312,200</b>		
Demolition	Demo	16,668 bgsf	20.00	\$333,400	\$333,400	\$0	\$33,300	\$140,000	\$840,100	\$42,000	\$176,400	\$0	0%	\$0	\$20,000	\$1,078,500	5.0	\$233,700	\$1,312,200
<b>Site Works &amp; Other</b>		<b>1 Sum</b>		<b>\$10,941,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,188,200</b>	<b>\$13,129,200</b>	<b>\$656,400</b>	<b>\$2,757,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$312,600</b>	<b>\$16,855,300</b>	<b>\$3,651,800</b>	<b>\$20,507,100</b>		
Allowance for site development	Site	1 Sum	2,967,000.00	\$2,967,000	\$0	\$0	\$0	\$593,400	\$3,560,400	\$178,000	\$747,700	\$0	0%	\$0	\$84,800	\$4,570,900	5.0	\$990,300	\$5,561,200
Allowance for mechanical site services	Site	1 Sum	1,187,000.00	\$1,187,000	\$0	\$0	\$0	\$237,400	\$1,424,400	\$71,200	\$299,100	\$0	0%	\$0	\$33,900	\$1,828,600	5.0	\$396,200	\$2,224,800
Allowance for electrical site services	Site	1 Sum	1,187,000.00	\$1,187,000	\$0	\$0	\$0	\$237,400	\$1,424,400	\$71,200	\$299,100	\$0	0%	\$0	\$33,900	\$1,828,600	5.0	\$396,200	\$2,224,800
Allowance for helipad (rooftop)	Site	1 Sum	5,600,000.00	\$5,600,000	\$0	\$0	\$0	\$1,120,000	\$6,720,000	\$336,000	\$1,411,200	\$0	0%	\$0	\$160,000	\$8,627,200	5.0	\$1,869,100	\$10,496,300
<b>Parking</b>		<b>400 Cars</b>	<b>1,500.00</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,000</b>	<b>\$126,000</b>	<b>\$756,000</b>	<b>\$37,800</b>	<b>\$158,800</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,000</b>	<b>\$970,600</b>	<b>\$210,300</b>	<b>\$1,180,900</b>		
Surface parking		400 Cars	1,500.00	\$600,000	\$0	\$0	\$30,000	\$126,000	\$756,000	\$37,800	\$158,800	\$0	0%	\$0	\$18,000	\$970,600	5.0	\$210,300	\$1,180,900
<b>TOTAL</b>		<b>243,074 bgsf</b>	<b>620.32</b>	<b>\$150,783,700</b>	<b>\$956,600</b>	<b>\$4,724,000</b>	<b>\$877,500</b>	<b>\$31,468,100</b>	<b>\$188,809,900</b>	<b>\$9,440,600</b>	<b>\$39,650,400</b>	<b>\$486,400</b>	<b>\$42,281,200</b>	<b>\$5,304,900</b>	<b>\$285,973,400</b>	<b>\$61,957,100</b>	<b>\$347,930,500</b>		

Notes:

- [1] Please note that the above costs are **PRELIMINARY** and are subject to change with design.
- [2] An allowance of 5.0% on building construction (excluding shell space and decanting) has been included for in-contract equipment.
- [3] An allowance of 20% for design & pricing and scope contingency has been included to provide some further flexibility in design.
- [4] An allowance of 5% construction contingency has been included for change orders during construction.
- [5] An allowance of 21% on construction has been included for project ancillaries (soft costs).
- [6] FF&E/IT costs have been included at 25% of building construction costs for new & major renos, 10% for medium renos and require review.
- [7] Hazmat. Abatement - An allowance is made as hazmat report is not available
- [8] An allowance for escalation for at 4.0% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.
- [9] The above costs exclude items as outlined on page 4 Section 1.6

**Appendix  
B - SMMH - Replacement on Current Site Option (B2)**



Description	Const. Type	Projected Area of Work	Net Const. Rate (\$/SF)	Net Const. Cost (\$)	Haz Mat Allowance \$20.00	In Contract Equipment 5.0%	Phasing 5.0%	Design & Pricing 20.0%	Total Construction Cost	Construction Allowance 5.0%	Project Ancillaries 21%	Moving Costs \$2.00	FF&E / IT Allowance of Const. %	Net HST 1.89%	Current Total Project Cost	Escalation Allowance Yrs 4.0% p.a.	Escalated Total Project Cost
<b>Site Works &amp; Other</b>		<b>1 Sum</b>		<b>\$11,720,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$2,344,000</b>	<b>\$14,064,000</b>	<b>\$703,200</b>	<b>\$2,953,400</b>	<b>\$0</b>	<b>\$0</b>	<b>\$335,000</b>	<b>\$18,055,600</b>		<b>\$21,967,300</b>
Allowance for site development	Site	1 Sum	3,400,000.00	\$3,400,000	\$0	\$0	\$0	\$680,000	\$4,080,000	\$204,000	\$856,800	\$0	0%	\$0	\$97,200	5.0	\$6,372,800
Allowance for mechanical site services	Site	1 Sum	1,360,000.00	\$1,360,000	\$0	\$0	\$0	\$272,000	\$1,632,000	\$81,600	\$342,700	\$0	0%	\$0	\$38,900	5.0	\$2,549,100
Allowance for electrical site services	Site	1 Sum	1,360,000.00	\$1,360,000	\$0	\$0	\$0	\$272,000	\$1,632,000	\$81,600	\$342,700	\$0	0%	\$0	\$38,900	5.0	\$2,549,100
Allowance for helipad (rooftop)	Site	1 Sum	5,600,000.00	\$5,600,000	\$0	\$0	\$0	\$1,120,000	\$6,720,000	\$336,000	\$1,411,200	\$0	0%	\$0	\$160,000	5.0	\$10,496,300
<b>Parking</b>		<b>400 Cars</b>	<b>1,500.00</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$30,000</b>	<b>\$126,000</b>	<b>\$756,000</b>	<b>\$37,800</b>	<b>\$158,800</b>	<b>\$0</b>	<b>\$0</b>	<b>\$18,000</b>	<b>\$970,600</b>		<b>\$1,180,900</b>
Surface parking		400 Cars	1,500.00	\$600,000	\$0	\$0	\$30,000	\$126,000	\$756,000	\$37,800	\$158,800	\$0	0%	\$0	\$18,000	5.0	\$1,180,900
<b>TOTAL</b>		<b>242,880 bgsf</b>	<b>642.60</b>	<b>\$156,073,500</b>	<b>\$1,427,100</b>	<b>\$4,978,000</b>	<b>\$172,700</b>	<b>\$32,530,000</b>	<b>\$195,181,300</b>	<b>\$9,759,300</b>	<b>\$40,988,400</b>	<b>\$486,000</b>	<b>\$44,192,300</b>	<b>\$5,492,700</b>	<b>\$296,100,000</b>		<b>\$360,250,800</b>

Notes:

- [1] Please note that the above costs are **PRELIMINARY** and are subject to change with design.
- [2] An allowance of 5.0% on building construction (excluding shell space and decanting) has been included for in-contract equipment.
- [3] An allowance of 20% for design & pricing and scope contingency has been included to provide some further flexibility in design.
- [4] An allowance of 5% construction contingency has been included for change orders during construction.
- [5] An allowance of 21% on construction has been included for project ancillaries (soft costs).
- [6] FF&E/IT costs have been included at 25% of building construction costs for new & major renos, 10% for medium renos and require review.
- [7] Hazmat. Abatement - An allowance is made as hazmat report is not available
- [8] An allowance for escalation for at 4.0% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.
- [9] The above costs exclude items as outlined on page 4 Section 1.6

**Appendix  
C - SMMH - New Site Option (B3)**





Description	Const. Type	Projected Area of Work	Net Const. Rate (\$/SF)	Net Const. Cost (\$)	Haz Mat Allowance \$20.00	In Contract Equipment 5.0%	Phasing 5.0%	Design & Pricing 20.0%	Total Construction Cost	Construction Allowance 5.0%	Project Ancillaries 21%	Moving Costs \$2.00	FF&E / IT Allowance of Const. %	Net HST 1.89%	Current Total Project Cost	Escalation Allowance 4.0% p.a. Yrs	Escalated Total Project Cost
<b>Parking</b>		<b>400 Cars</b>	<b>1,500.00</b>	<b>\$600,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$120,000</b>	<b>\$720,000</b>	<b>\$36,000</b>	<b>\$151,200</b>	<b>\$800</b>	<b>\$0</b>	<b>\$17,200</b>	<b>\$925,200</b>		<b>\$1,125,600</b>
Surface parking		400 Cars	1,500.00	\$600,000	\$0	\$0	\$0	\$120,000	\$720,000	\$36,000	\$151,200	\$800	0%	\$0	\$925,200	5.0	\$1,125,600
<b>TOTAL</b>		<b>241,955 bgsf</b>	<b>619.97</b>	<b>\$150,004,500</b>	<b>\$0</b>	<b>\$4,978,000</b>	<b>\$0</b>	<b>\$30,996,200</b>	<b>\$185,978,700</b>	<b>\$9,299,200</b>	<b>\$39,055,900</b>	<b>\$485,000</b>	<b>\$44,150,600</b>	<b>\$5,272,700</b>	<b>\$284,242,100</b>		<b>\$345,823,900</b>

**Notes:**

- [1] Please note that the above costs are **PRELIMINARY** and are subject to change with design.
- [2] An allowance of 5.0% on building construction (excluding shell space and decanting) has been included for in-contract equipment.
- [3] An allowance of 20% for design & pricing and scope contingency has been included to provide some further flexibility in design.
- [4] An allowance of 5% construction contingency has been included for change orders during construction.
- [5] An allowance of 21% on construction has been included for project ancillaries (soft costs).
- [6] FF&E/IT costs have been included at 25% of building construction costs for new & major renos, 10% for medium renos and require review.
- [7] Hazmat. Abatement - An allowance is made as hazmat report is not available
- [8] An allowance for escalation for at 4.0% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.
- [9] The above costs exclude items as outlined on page 4 Section 1.6

**Appendix  
D - HDMH - Renovation/Expansion Option (H1)**

Description	Const. Type	Projected Area of Work	Net Const. Rate (\$/SF)	Net Const. Cost (\$)	Haz Mat Allowance \$20.00	In Contract Equipment 5.0%	Phasing 5.0%	Design & Pricing 20.0%	Total Construction Cost	Construction Allowance 5.0%	Project Ancillaries 21%	Moving Costs \$2.00	FF&E / IT Allowance of Const. %	Net HST 1.89%	Current Total Project Cost	Escalation Allowance 4.0% p.a. Yrs	Escalated Total Project Cost
<b>New Construction</b>		<b>213,947 bgsf</b>	<b>589.27</b>	<b>\$126,072,300</b>	<b>\$0</b>	<b>\$4,171,400</b>	<b>\$0</b>	<b>\$26,048,700</b>	<b>\$156,292,400</b>	<b>\$7,814,800</b>	<b>\$32,821,500</b>	<b>\$427,900</b>	<b>\$39,073,200</b>	<b>\$4,468,500</b>	<b>\$240,898,300</b>	<b>\$52,191,200</b>	<b>\$293,089,500</b>
<b>CLINICAL PROGRAMS</b>																	
1.1 Medical/Surgical Unit	New	37,800 cgsf	685.00	\$25,893,000	\$0	\$1,294,700	\$0	\$5,437,500	\$32,625,200	\$1,631,300	\$6,851,300	\$75,600	25%	\$8,156,300	\$932,500	5.0	\$61,163,800
1.2 Obstetrics Unit	New	2,850 cgsf	625.00	\$1,781,300	\$0	\$89,100	\$0	\$374,100	\$2,244,500	\$112,200	\$471,300	\$5,700	25%	\$561,100	\$64,200	5.0	\$4,208,400
1.3 Critical Care	New	5,400 cgsf	685.00	\$3,699,000	\$0	\$185,000	\$0	\$776,800	\$4,660,800	\$233,000	\$978,800	\$10,800	25%	\$1,165,200	\$133,200	5.0	\$8,737,800
1.5 Stroke Rehabilitation Unit	New	9,450 cgsf	600.00	\$5,670,000	\$0	\$283,500	\$0	\$1,190,700	\$7,144,200	\$357,200	\$1,500,300	\$18,900	25%	\$1,786,100	\$204,200	5.0	\$13,396,400
2.0 Emergency Services	New	10,570 cgsf	765.00	\$8,086,100	\$0	\$404,300	\$0	\$1,698,100	\$10,188,500	\$509,400	\$2,139,600	\$21,100	25%	\$2,547,100	\$291,200	5.0	\$19,097,700
3.4 Fracture Clinic	New	610 cgsf	600.00	\$366,000	\$0	\$18,300	\$0	\$76,900	\$461,200	\$23,100	\$96,900	\$1,200	25%	\$115,300	\$13,200	5.0	\$864,900
3.6 OBS Non Stress Tests	New	450 cgsf	570.00	\$256,500	\$0	\$12,800	\$0	\$53,900	\$323,200	\$16,200	\$67,900	\$900	25%	\$80,800	\$9,200	5.0	\$606,100
4.00 Surgery/Endoscopy	New	11,376 cgsf	880.00	\$10,010,900	\$0	\$500,500	\$0	\$2,102,300	\$12,613,700	\$630,700	\$2,648,900	\$22,800	25%	\$3,153,400	\$360,400	5.0	\$23,639,400
<b>CLINICAL SUPPORT SERVICES</b>																	
5.0 Diagnostic Imaging Services	New	16,000 cgsf	825.00	\$13,200,000	\$0	\$660,000	\$0	\$2,772,000	\$16,632,000	\$831,600	\$3,492,700	\$32,000	25%	\$4,158,000	\$475,300	5.0	\$31,172,600
6.0 Clinical Laboratory Services	New	3,400 cgsf	710.00	\$2,414,000	\$0	\$120,700	\$0	\$506,900	\$3,041,600	\$152,100	\$638,700	\$6,800	25%	\$760,400	\$86,900	5.0	\$5,701,800
<b>BUILDING SUPPORT SERVICES</b>																	
10.1 Environmental Services	New	1,520 cgsf	500.00	\$760,000	\$0	\$38,000	\$0	\$159,600	\$957,600	\$47,900	\$201,100	\$3,000	25%	\$239,400	\$27,400	5.0	\$1,796,300
10.2 Materials Management	New	3,900 cgsf	465.00	\$1,813,500	\$0	\$90,700	\$0	\$380,800	\$2,285,000	\$114,300	\$479,900	\$7,800	25%	\$571,300	\$65,400	5.0	\$4,287,100
10.3 Medical Device Reprocessing Department	New	2,885 cgsf	625.00	\$1,803,100	\$0	\$90,200	\$0	\$378,700	\$2,272,000	\$113,600	\$477,100	\$5,800	25%	\$568,000	\$64,900	5.0	\$4,260,000
10.4 Morgue/Autopsy & Viewing	New	800 cgsf	655.00	\$524,000	\$0	\$26,200	\$0	\$110,000	\$660,200	\$33,000	\$138,600	\$1,600	25%	\$165,100	\$18,900	5.0	\$1,237,800
10.5 Nutrition & Food Services	New	3,200 cgsf	600.00	\$1,920,000	\$0	\$96,000	\$0	\$403,200	\$2,419,200	\$121,000	\$508,000	\$6,400	25%	\$604,800	\$69,200	5.0	\$4,536,400
10.6 Plant Operations & Management	New	1,950 cgsf	485.00	\$945,800	\$0	\$47,300	\$0	\$198,600	\$1,191,700	\$59,600	\$250,300	\$3,900	25%	\$297,900	\$34,100	5.0	\$2,235,600
10.7 Storage (Pandemic, Files, Archive)	New	1,500 cgsf	520.00	\$780,000	\$0	\$39,000	\$0	\$163,800	\$982,800	\$49,100	\$206,400	\$3,000	25%	\$245,700	\$28,100	5.0	\$1,843,400
<b>ADMINISTRATIVE AND EDUCATION SERVICES</b>																	
11.2 Auxiliary	New	515 cgsf	500.00	\$257,500	\$0	\$12,900	\$0	\$54,100	\$324,500	\$16,200	\$68,100	\$1,000	25%	\$81,100	\$9,300	5.0	\$608,600
11.9 Patient Registration/Booking	New	745 cgsf	500.00	\$372,500	\$0	\$18,600	\$0	\$78,200	\$469,300	\$23,500	\$98,600	\$1,500	25%	\$117,300	\$13,400	5.0	\$880,400
11.10 Physician & Staff Support	New	480 cgsf	545.00	\$261,600	\$0	\$13,100	\$0	\$54,900	\$329,600	\$16,500	\$69,200	\$1,000	25%	\$82,400	\$9,400	5.0	\$618,200
11.12 Security	New	100 cgsf	520.00	\$52,000	\$0	\$2,600	\$0	\$10,900	\$65,500	\$3,300	\$13,800	\$200	25%	\$16,400	\$1,900	5.0	\$123,000
11.15 Staff Facilities, Lockers	New	3,855 cgsf	545.00	\$2,101,000	\$0	\$105,100	\$0	\$441,200	\$2,647,300	\$132,400	\$555,900	\$7,700	25%	\$661,800	\$75,700	5.0	\$4,964,900
12.2 Meeting Room (18-20 places)	New	800 cgsf	570.00	\$456,000	\$0	\$22,800	\$0	\$95,800	\$574,600	\$28,700	\$120,700	\$1,600	25%	\$143,700	\$16,400	5.0	\$1,077,600
<b>OTHER SERVICES</b>																	
14.2 One Kids Place (Howland 1)	New	- cgsf	545.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	25%	\$0	\$0	5.0	\$0
14.4 Family Health Team (Howland 2)	New	- cgsf	545.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	25%	\$0	\$0	5.0	\$0
<b>Sub-total Program Area</b>																	
Building Gross (Circulation, Ext. Walls, etc.)	20%	55,000 bgsf	485.00	\$26,675,000	\$0	\$0	\$0	\$5,335,000	\$32,010,000	\$1,600,500	\$6,722,100	\$110,000	25%	\$8,002,500	\$915,600	5.0	\$60,054,800
M&E Space	22%	26,550 bgsf	405.00	\$10,752,800	\$0	\$0	\$0	\$2,150,600	\$12,903,400	\$645,200	\$2,709,700	\$53,100	25%	\$3,225,900	\$369,300	5.0	\$24,219,400
Ambulance Garage		2,500 bgsf	460.00	\$1,150,000	\$0	\$0	\$0	\$230,000	\$1,380,000	\$69,000	\$289,800	\$5,000	25%	\$345,000	\$39,500	5.0	\$2,589,400
Shelled Space		8,000 bgsf	375.00	\$3,000,000	\$0	\$0	\$0	\$600,000	\$3,600,000	\$180,000	\$756,000	\$16,000	25%	\$900,000	\$103,000	5.0	\$6,758,500
Bridges and Link Corridors		1,741 bgsf	615.00	\$1,070,700	\$0	\$0	\$0	\$214,100	\$1,284,800	\$64,200	\$269,800	\$3,500	25%	\$321,200	\$36,700	5.0	\$2,409,200
<b>Renovation - Major</b>		<b>38,580 cgsf</b>	<b>319.67</b>	<b>\$12,333,000</b>	<b>\$711,200</b>	<b>\$616,800</b>	<b>\$683,100</b>	<b>\$2,868,800</b>	<b>\$17,212,900</b>	<b>\$860,900</b>	<b>\$3,615,000</b>	<b>\$77,000</b>	<b>\$4,303,700</b>	<b>\$493,000</b>	<b>\$26,562,500</b>	<b>\$5,754,700</b>	<b>\$32,317,200</b>
<b>CLINICAL PROGRAMS</b>																	
3.1 Chemo Infusion	Major	4,500 cgsf	420.00	\$1,890,000	\$90,000	\$94,500	\$103,700	\$435,600	\$2,613,800	\$130,700	\$548,900	\$9,000	25%	\$653,500	\$74,800	5.0	\$4,904,000
3.2 Dialysis	Major	4,000 cgsf	420.00	\$1,680,000	\$80,000	\$84,000	\$92,200	\$387,200	\$2,323,400	\$116,200	\$487,900	\$8,000	25%	\$580,900	\$66,500	5.0	\$4,359,100
3.5 NQSM Clinic	Major	1,000 cgsf	360.00	\$360,000	\$20,000	\$18,000	\$19,900	\$83,600	\$501,500	\$25,100	\$105,300	\$2,000	25%	\$125,400	\$14,400	5.0	\$941,300
3.9 Psychogeriatric Clinic	Major	390 cgsf	360.00	\$140,400	\$7,800	\$7,000	\$7,800	\$32,600	\$195,600	\$9,800	\$41,100	\$800	25%	\$48,900	\$5,600	5.0	\$367,200
3.11 Surgical Clinic	Major	610 cgsf	650.00	\$396,500	\$12,200	\$19,800	\$21,400	\$90,000	\$539,900	\$27,000	\$113,400	\$1,200	25%	\$135,000	\$15,400	5.0	\$1,012,100
3.12 Telehealth	Major	400 cgsf	275.00	\$110,000	\$8,000	\$5,500	\$6,200	\$25,900	\$155,600	\$7,800	\$32,700	\$800	25%	\$38,900	\$4,500	5.0	\$292,400
<b>CLINICAL SUPPORT SERVICES</b>																	
7.0 Allied Health Services (Rehab, Social Work, Dietitian)	Major	1,560 cgsf	280.00	\$436,800	\$31,200	\$21,800	\$24,500	\$102,900	\$617,200	\$30,900	\$129,600	\$3,100	25%	\$154,300	\$17,700	5.0	\$1,159,200
8.0 Cardiorespiratory Services	Major	1,100 cgsf	420.00	\$462,000	\$22,000	\$23,100	\$25,400	\$106,500	\$639,000	\$32,000	\$134,200	\$2,200	25%	\$159,800	\$18,300	5.0	\$1,199,000
9.0 Pharmacy Services	Major	2,105 cgsf	390.00	\$821,000	\$42,100	\$41,100	\$45,200	\$189,900	\$1,139,300	\$57,000	\$239,300	\$4,200	25%	\$284,800	\$32,600	5.0	\$2,137,900

Description	Const. Type	Projected Area of Work	Net Const. Rate (\$/SF)	Net Const. Cost (\$)	Haz Mat Allowance \$20.00	In Contract Equipment 5.0%	Phasing 5.0%	Design & Pricing 20.0%	Total Construction Cost	Construction Allowance 5.0%	Project Ancillaries 21%	Moving Costs \$2.00	FF&E / IT Allowance of Const. %	Net HST 1.89%	Current Total Project Cost	Escalation Allowance 4.0% p.a. Yrs	Escalated Total Project Cost		
<b>ADMINISTRATIVE AND EDUCATION SERVICES</b>																			
11.1 Administration (Exec, Fin, HR, IC, MD, PR, OHSA)	Major	4,945 cgsf	260.00	\$1,285,700	\$98,900	\$64,300	\$72,400	\$304,300	\$1,825,600	\$91,300	\$383,400	\$9,900	25%	\$456,400	\$52,300	\$2,818,900	5.0	\$610,700	\$3,429,600
11.3 CCAC/Home & Community Care	Major	480 cgsf	280.00	\$134,400	\$9,600	\$6,700	\$7,500	\$31,600	\$189,800	\$9,500	\$39,900	\$1,000	25%	\$47,500	\$5,400	\$293,100	5.0	\$63,500	\$356,600
11.4 Clinical Practise & Educational Staff	Major	320 cgsf	280.00	\$89,600	\$6,400	\$4,500	\$5,000	\$21,100	\$126,600	\$6,300	\$26,600	\$600	25%	\$31,700	\$3,600	\$195,400	5.0	\$42,300	\$237,700
11.5 Foundation	Major	1,500 cgsf	260.00	\$390,000	\$30,000	\$19,500	\$22,000	\$92,300	\$553,800	\$27,700	\$116,300	\$3,000	25%	\$138,500	\$15,900	\$855,200	5.0	\$185,300	\$1,040,500
11.6 Health Records	Major	1,400 cgsf	260.00	\$364,000	\$28,000	\$18,200	\$20,500	\$86,100	\$516,800	\$25,800	\$108,500	\$2,800	25%	\$129,200	\$14,800	\$797,900	5.0	\$172,900	\$970,800
11.7 Information & Telecommunications	Major	1,560 cgsf	275.00	\$429,000	\$31,200	\$21,500	\$24,100	\$101,200	\$607,000	\$30,400	\$127,500	\$3,100	25%	\$151,800	\$17,400	\$937,200	5.0	\$203,000	\$1,140,200
11.8 Lobby Services	Major	1,560 cgsf	305.00	\$475,800	\$31,200	\$23,800	\$26,500	\$111,500	\$668,800	\$33,400	\$140,400	\$3,100	25%	\$167,200	\$19,100	\$1,032,000	5.0	\$223,600	\$1,255,600
11.14 Spiritual Care/Quiet Room	Major	300 cgsf	305.00	\$91,500	\$6,000	\$4,600	\$5,100	\$21,400	\$128,600	\$6,400	\$27,000	\$600	25%	\$32,200	\$3,700	\$198,500	5.0	\$43,000	\$241,500
12.1 Boardroom	Major	1,200 cgsf	360.00	\$432,000	\$24,000	\$21,600	\$23,900	\$100,300	\$601,800	\$30,100	\$126,400	\$2,400	25%	\$150,500	\$17,200	\$928,400	5.0	\$201,100	\$1,129,500
12.3 Meeting Room (6-8 places)	Major	200 cgsf	335.00	\$67,000	\$4,000	\$3,400	\$3,700	\$15,600	\$93,700	\$4,700	\$19,700	\$400	25%	\$23,400	\$2,700	\$144,600	5.0	\$31,300	\$175,900
12.5 On-Call Room	Major	600 cgsf	275.00	\$165,000	\$0	\$8,300	\$8,700	\$36,400	\$218,400	\$10,900	\$45,900	\$1,200	25%	\$54,600	\$6,300	\$337,300	5.0	\$73,100	\$410,400
12.6 Medical Learners Facilities	Major	250 cgsf	355.00	\$88,800	\$0	\$4,400	\$4,700	\$19,600	\$117,500	\$5,900	\$24,700	\$500	25%	\$29,400	\$3,400	\$181,400	5.0	\$39,300	\$220,700
<b>RETAIL SERVICES</b>																			
13.1 Gift Shop	Major	450 cgsf	325.00	\$146,300	\$0	\$7,300	\$7,700	\$32,300	\$193,600	\$9,700	\$40,700	\$900	25%	\$48,400	\$5,500	\$298,800	5.0	\$64,700	\$363,500
13.2 Cafeteria/Coffee Shop/Seating	Major	1,720 cgsf	325.00	\$559,000	\$0	\$28,000	\$29,400	\$123,300	\$739,700	\$37,000	\$155,300	\$3,400	25%	\$184,900	\$21,200	\$1,141,500	5.0	\$247,300	\$1,388,800
<b>Sub-total Program Area</b>																			
Building Gross (Circulation, Ext. Walls, etc.)	10%	3,215 bgsf	240.00	\$771,600	\$64,300	\$38,600	\$43,700	\$183,600	\$1,101,800	\$55,100	\$231,400	\$6,400	25%	\$275,500	\$31,600	\$1,701,800	5.0	\$368,700	\$2,070,500
M&E Space	10%	3,215 bgsf	170.00	\$546,600	\$64,300	\$27,300	\$31,900	\$134,000	\$804,100	\$40,200	\$168,900	\$6,400	25%	\$201,000	\$23,100	\$1,243,700	5.0	\$269,500	\$1,513,200
<b>Infrastructure Upgrades</b>																			
Allowance for structural upgrades	Infra	1 Sum	222,000.00	\$222,000	\$0	\$0	\$11,100	\$46,600	\$279,700	\$14,000	\$58,700	\$0	0%	\$0	\$6,700	\$359,100	5.0	\$77,800	\$436,900
Allowance for mechanical upgrades	Infra	1 Sum	1,331,000.00	\$1,331,000	\$0	\$0	\$66,600	\$279,500	\$1,677,100	\$83,900	\$352,200	\$0	0%	\$0	\$39,900	\$2,153,100	5.0	\$466,500	\$2,619,600
Allowance for electrical upgrades	Infra	1 Sum	1,331,000.00	\$1,331,000	\$0	\$0	\$66,600	\$279,500	\$1,677,100	\$83,900	\$352,200	\$0	0%	\$0	\$39,900	\$2,153,100	5.0	\$466,500	\$2,619,600
Allowance for envelope upgrades	Infra	1 Sum	1,725,000.00	\$1,725,000	\$0	\$0	\$86,300	\$362,300	\$2,173,600	\$108,700	\$456,500	\$0	0%	\$0	\$51,800	\$2,790,600	5.0	\$604,600	\$3,395,200
<b>Demolition of Existing / Decanting</b>																			
Demolition	Demo	3,075 bgsf	20.00	\$61,500	\$61,500	\$0	\$6,200	\$25,800	\$155,000	\$7,800	\$32,600	\$0	0%	\$0	\$3,700	\$199,100	5.0	\$43,100	\$242,200
<b>Site Works &amp; Other</b>																			
Allowance for site development	Site	1 Sum	2,995,000.00	\$2,995,000	\$0	\$0	\$0	\$599,000	\$3,594,000	\$179,700	\$754,700	\$0	0%	\$0	\$85,600	\$4,614,000	5.0	\$999,600	\$5,613,600
Allowance for mechanical site services	Site	1 Sum	1,198,000.00	\$1,198,000	\$0	\$0	\$0	\$239,600	\$1,437,600	\$71,900	\$301,900	\$0	0%	\$0	\$34,200	\$1,845,600	5.0	\$399,900	\$2,245,500
Allowance for electrical site services	Site	1 Sum	1,198,000.00	\$1,198,000	\$0	\$0	\$0	\$239,600	\$1,437,600	\$71,900	\$301,900	\$0	0%	\$0	\$34,200	\$1,845,600	5.0	\$399,900	\$2,245,500
Allowance for loading dock	Site	1 Sum	0.00	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	0%	\$0	\$0	\$0	5.0	\$0	\$0
<b>Parking</b>																			
Surface parking		300 Cars	1,500.00	\$450,000	\$0	\$0	\$22,500	\$94,500	\$567,000	\$28,400	\$119,100	\$0	0%	\$0	\$13,500	\$728,000	5.0	\$157,700	\$885,700
<b>TOTAL</b>		<b>252,527 bgsf</b>	<b>589.71</b>	<b>\$148,916,800</b>	<b>\$772,700</b>	<b>\$4,788,200</b>	<b>\$942,400</b>	<b>\$31,083,900</b>	<b>\$186,504,000</b>	<b>\$9,325,900</b>	<b>\$39,166,300</b>	<b>\$504,900</b>	<b>\$43,376,900</b>	<b>\$5,271,000</b>	<b>\$284,149,000</b>		<b>\$61,561,500</b>	<b>\$345,710,500</b>	

Notes:

- [1] Please note that the above costs are **PRELIMINARY** and are subject to change with design.
- [2] An allowance of 5.0% on building construction (excluding shell space and decanting) has been included for in-contract equipment.
- [3] An allowance of 20% for design & pricing and scope contingency has been included to provide some further flexibility in design.
- [4] An allowance of 5% construction contingency has been included for change orders during construction.
- [5] An allowance of 21% on construction has been included for project ancillaries (soft costs).
- [6] FF&E/IT costs have been included at 25% of building construction costs for new & major renos, 10% for medium renos and require review.
- [7] Hazmat. Abatement - An allowance is made as hazmat report is not available
- [8] An allowance for escalation for at 4.0% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.
- [9] The above costs exclude items as outlined on page 4 Section 1.6

**Appendix  
E - HDMH - Replacement on Current Site Option (H2)**



Description	Const. Type	Projected Area of Work	Net Const. Rate (\$/SF)	Net Const. Cost (\$)	Haz Mat Allowance \$20.00	In Contract Equipment 5.0%	Phasing 5.0%	Design & Pricing 20.0%	Total Construction Cost	Construction Allowance 5.0%	Project Ancillaries 21%	Moving Costs \$2.00	FF&E / IT Allowance of Const. %	Net HST 1.89%	Current Total Project Cost	Escalation Allowance 4.0% p.a. Yrs	Escalated Total Project Cost
<b>Demolition of Existing / Decanting</b>		<b>64,680 cgsf</b>	<b>20.00</b>	<b>\$1,293,600</b>	<b>\$1,293,600</b>	<b>\$0</b>	<b>\$129,400</b>	<b>\$543,300</b>	<b>\$3,259,900</b>	<b>\$163,000</b>	<b>\$684,600</b>	<b>\$0</b>	<b>\$0</b>	<b>\$77,600</b>	<b>\$4,185,100</b>		<b>\$5,091,800</b>
Demolition	Demo	64,680 cgsf	20.00	\$1,293,600	\$1,293,600	\$0	\$129,400	\$543,300	\$3,259,900	\$163,000	\$684,600	\$0	0%	\$0	\$4,185,100	5.0	\$5,091,800
<b>Site Works &amp; Other</b>		<b>1 Sum</b>		<b>\$6,348,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,269,600</b>	<b>\$7,617,600</b>	<b>\$381,000</b>	<b>\$1,599,800</b>	<b>\$0</b>	<b>\$0</b>	<b>\$181,400</b>	<b>\$9,779,800</b>		<b>\$11,898,700</b>
Allowance for site development	Site	1 Sum	3,526,000.00	\$3,526,000	\$0	\$0	\$0	\$705,200	\$4,231,200	\$211,600	\$888,600	\$0	0%	\$0	\$5,432,200	5.0	\$6,609,100
Allowance for mechanical site services	Site	1 Sum	1,411,000.00	\$1,411,000	\$0	\$0	\$0	\$282,200	\$1,693,200	\$84,700	\$355,600	\$0	0%	\$0	\$2,173,800	5.0	\$2,644,800
Allowance for electrical site services	Site	1 Sum	1,411,000.00	\$1,411,000	\$0	\$0	\$0	\$282,200	\$1,693,200	\$84,700	\$355,600	\$0	0%	\$0	\$2,173,800	5.0	\$2,644,800
<b>Parking</b>		<b>300 Cars</b>	<b>1,500.00</b>	<b>\$450,000</b>	<b>\$0</b>	<b>\$0</b>	<b>\$22,500</b>	<b>\$94,500</b>	<b>\$567,000</b>	<b>\$28,400</b>	<b>\$119,100</b>	<b>\$0</b>	<b>\$0</b>	<b>\$13,500</b>	<b>\$728,000</b>		<b>\$885,700</b>
Surface parking		300 Cars	1,500.00	\$450,000	\$0	\$0	\$22,500	\$94,500	\$567,000	\$28,400	\$119,100	\$0	0%	\$0	\$728,000	5.0	\$885,700
<b>TOTAL</b>		<b>251,877 bgsf</b>	<b>615.45</b>	<b>\$155,016,600</b>	<b>\$1,293,600</b>	<b>\$5,104,100</b>	<b>\$151,900</b>	<b>\$32,313,000</b>	<b>\$193,879,200</b>	<b>\$9,694,500</b>	<b>\$40,715,000</b>	<b>\$503,600</b>	<b>\$45,608,900</b>	<b>\$5,488,400</b>	<b>\$295,889,600</b>		<b>\$359,994,800</b>

Notes:

- |   |   |
|---|---|
| <p>[1] Please note that the above costs are <b>PRELIMINARY</b> and are subject to change with design.</p> <p>[2] An allowance of 5.0% on building construction (excluding shell space and decanting) has been included for in-contract equipment.</p> <p>[3] An allowance of 20% for design &amp; pricing and scope contingency has been included to provide some further flexibility in design.</p> <p>[4] An allowance of 5% construction contingency has been included for change orders during construction.</p> <p>[5] An allowance of 21% on construction has been included for project ancillaries (soft costs).</p> | <p>[6] FF&amp;E/IT costs have been included at 25% of building construction costs for new &amp; major renos, 10% for medium renos and require review.</p> <p>[7] Hazmat. Abatement - An allowance is made as hazmat report is not available</p> <p>[8] An allowance for escalation for at 4.0% per annum has been included to cover potential cost increases in labour and material from this current date to the time of construction start to allow for project approval and design.</p> <p>[9] The above costs exclude items as outlined on page 4 Section 1.6</p> |
|---|---|

# Local Share Report

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## Introduction

In all capital planning in the Province of Ontario, on average the Ministry of Health will pay up to 90% of the total construction costs of hospital redevelopment. The Ministry expects the community to develop a plan to raise the 10% of total construction costs, called the 'local share'. The community is also responsible for other project costs, such as new land acquisition (if necessary), land servicing, revenue-generating space, and new equipment and furnishings, which can amount to as much or more than the 10% local share requirement for construction.

The Ministry of Health provided direction with respect to expectations regarding a Funding and Finance Plan for the Stage 1 Proposal:

*The Health Service Provider must identify how the capital project will be funded. Evidence of financial viability is required. A plan for the local share will be required which clearly identifies the cost of financing and the sources of payment for such costs.*

The Ministry's Capital Investment Branch further clarified expectations:

*The Stage 1 Proposal may include the following:*

- 1. Minutes from the hospital Board meeting showing the Board of Directors motion to support the proposed hospital redevelopment project and Local Share Plan for the project.*
- 2. A letter from the Foundations' Board Chair committing to the fundraising for the required local share amount for the proposed hospital redevelopment project.*
- 3. Description of other funding sources to support the local share requirement.*
- 4. The submission may also include the Hospital and/or Foundation Strategic Plan and qualifications of the Hospital and Foundation to successfully raise the required local share amount to support the proposed hospital redevelopment project e.g. average Foundation fundraising revenues over the past 10 years, success of previous campaigns, campaign timelines, current commitments and contingency plans.*

## Objectives

The Local Share Working Group was formed in the spring of 2019 to validate the cost estimates report associated with the building design options and the calculation of the potential community local share as submitted by Hanscomb Ltd. cost consultants on behalf of the Capital Plan Development Task Force. The group was also tasked with constructing a financing model to address affordability criteria to support the Task Force's evaluation of the options. The Local Share Working Group's work culminated with a recommendation to the Task Force to raise the local share.



## Membership

The Local Share Working Group involved the Mayors of Huntsville, Bracebridge, Lake of Bays, Gravenhurst, Muskoka Lakes, the Village of Burk's Falls, the Chair of the District of Muskoka, and representatives from MAHC and both Hospital Foundations (see Appendix A).

## Findings

The Local Share Working Group reviewed the information related to the cost estimate report as recommended by Hanscomb Ltd., dated April 1, 2019. The report from the consultants does not recognize MAHC's ability to transfer assets from existing operations to the new facilities. Therefore the total project cost, which reflects all new furniture and fixtures and equipment, is higher than would be necessary.

The following table demonstrates the costs per option as estimated by Hanscomb Ltd. in its report dated April 1, 2019.

Option	Square Feet	Total Construction Cost	Total Project Cost	Potential Local Share
SMMH Renovation/Expansion	243,074 SF	\$188,809,900	\$285,973,400	\$71,333,700
SMMH Replacement on Current Land	242,880 SF	\$195,181,300	\$296,100,000	\$74,140,100
SMMH New Build on New Land	241,955 SF	\$185,978,700	\$284,242,100	\$73,003,200
HDMH Renovation/Expansion	252,527 SF	\$186,504,000	\$284,149,000	\$72,056,600
HDMH Replacement on Current Land	251,877 SF	\$193,879,200	\$295,889,600	\$75,414,900

The Local Share Working Group analysis is based on a new build in Huntsville on current land and new build in Bracebridge on new land, as a starting point.

MAHC Finance staff analyzed the capital acquisitions and utilization over the last 10 years to determine and quantify the feasibility of transferring assets to calculate the local share. Finance staff identified \$35M in assets that could be transferred to the redeveloped hospitals.

Staff collaborated with a biomedical engineering firm to help identify and quantify the incremental assets that would be required due to expanded services and space, identified as \$36M across the two sites. Therefore the total furniture, fixtures and equipment (FF&E) and information technology (IT) required is \$71M, which equates to an approximate \$20M savings from the initial FF&E/IT figure in the Hanscomb report.

Both Foundations have committed \$10M each, on top of their annual \$2M each year fundraising commitment to support ongoing capital needs. A balance of \$74M or 13% of the total project cost is recognized by the Muskoka and area municipalities as the required local share for redevelopment.

## Recommendation

From this in-depth analysis of capital needs and utilization, the Local Share Working Group finalized the following:

Item	Value
Initial local share by Hanscomb cost consultants	\$129 million
Cost mitigation through transfer of assets	(\$35 million)
Foundations' commitments (2 x \$10 million)	(\$20 million)
Approximate local share balance	\$74 million

Furthermore, a potential approach through taxation to fund the approximate local share balance of the redevelopment cost over a 15-year period is demonstrated in the table below.

Years	Accumulation Period				
	10	10	15	15	20
Interest %	3.5%	3.5%	3.5%	3.5%	3.5%
Annual Amount	\$4M	\$5.5M	\$3.5M	\$4.0M	2.5M
Total	\$54.2M	\$74.5M	\$75.8M	\$86.5M	\$85M
Households (straight-lined)	50,000	50,000	50,000	50,000	50,000
Amount / Annually	\$108	\$110	\$70	\$80	\$50
Amount / Monthly	\$9.03	\$9.16	\$5.83	\$6.67	\$4.16

MAHC, the upper- and lower-tier municipalities, and the foundations are fully committed to this critical redevelopment project. The Board of Directors for each foundation has approved a fundraising commitment of \$10M each (see Appendix B). To date, seven municipal resolutions of support have been approved (see Appendix C).

The Local Share Working Group agrees to continued advocacy to the Province of Ontario for relief from and/or modifications to the local share requirements throughout the five-stage capital planning process. The Local Share Working Group will continue to meet to finalize and secure funding requirements as each municipal council works with its staff to identify and finalize the financial investment that each of the Muskoka-area municipal governments can commit to support the capital redevelopment project.

## Appendices

Appendix A – Local Share Working Group Membership/Attendance Record

Appendix B – Resolutions of Support from Foundations' Board of Directors

Appendix C – Resolutions of Support from Muskoka and Area Municipalities

	May 1	June 10	July 15	Aug 28
District Chair John Klinck, District of Muskoka	✓	✓	R	✓
Mayor Terry Glover, Township of Lake of Bays	✓	✓	✓	✓
Mayor Scott Aitchison, Town of Huntsville	✓	✓	✓	✓
Mayor Phil Harding, Township of Muskoka Lakes	✓	✓	✓	✓
Mayor Cathy Still, Village of Burk's Falls	R	✓	R	✓
Mayor Graydon Smith, Town of Bracebridge	✓*	✓	✓*	✓*
Mayor Paul Kelly, Town of Gravenhurst	R	✓	R	R
Collin Reaney, HH Foundation	✓	✓	R	✓
Jodie Evans, SMH Foundation	✓	✓	✓	R
Cathy McMurray HH Foundation	✓	✓	✓	✓
Dave Smith SMH Foundation	✓	✓	✓	✓
Katherine Craine, HH Foundation	R	✓	R	✓
Colin Miller, SMH Foundation	✓	✓	✓	✓
Phil Matthews, MAHC Board	✓	✓	✓	✓
Moreen Miller, MAHC Board	✓	✓	✓	✓
Cameron Renwick, MAHC Board	R	✓	✓	✓
Peter Deane, MAHC Board	✓	✓	✓	✓
Terry Shields, MAHC Administration	✓	✓	✓	✓

- *John Sisson, delegate for Mayor Graydon Smith*
- *Deputy Mayor Karin Terziano, delegate for Mayor Aitchison*

## **HHF Board of Directors Motion to support Stage #1 MAHC Capital Plan Re Development**

**May 27 2019**

We recognize the need to participate in the Stage 1B submission process for the Huntsville Hospital re development, the Huntsville Hospital Foundation Board is committed to contributing \$10 million costed in 2019 dollars to the local share, defined as 10% of total capital costs (2019 dollars). It is understood that the Huntsville Hospital Foundation will prepare a letter in support for the submission.

- A commitment to \$10 million in today's dollars over a 15 year period as the HHF contribution to the local share as costed in 2019 dollars. Recognizing that through investment yields this amount could grow and that increase will be set aside for the Huntsville Hospital re development.
- An understanding that the total local share for the Huntsville site is a shared responsibility with the District of Muskoka and local municipalities making up the balance of funds required estimated to be \$50 million in today's dollars.
- The HHF is strongly supportive of this collaborative approach for the MAHC two sites re development which includes the South Muskoka Hospital Foundation, Municipal Government, MAHC and First Nations
- Given the success of recent HHF fundraising programs (past five years – \$13,457,689): special events like the Annual Bigwin Island Charity Golf Tournament, the business cares program with 52 local businesses at \$25,000 each and the cultivation of major donors over the past five years ranging from \$10,000 to \$1 million - the HHF is confident in its capacity to reach our stated goal. The HHF looks forward to further demonstrating its' capacity as required in the next stages of the development process.
- The HHF will work to sustain its annual contribution to ongoing equipment/capital needs with a goal of \$1.6 million annually over the next 15 years. The HHF is fully aware that some of the furnishings and equipment purchased in the last 10 years of the planned campaign will be assets transferred to the re developed facility. The value of the transfer will constitute a part of the HHF contribution to the local share.
- The HHF is realistic in recognizing that cost as outlined in 2019 could likely be subject to inflationary costs in the range of 5% to 20%
- The HHF recognizes the economic and financial benefit that will accrue to the community as the site is developed.
- Understanding that the HHF Local Share goal will be adjusted in time as the redevelopment option is determined, and an estimate of future dollar requirements are set within the MOHLTC Five Stage Process



**EXERPT FROM MINUTES OF THE BOARD OF DIRECTORS MEETING  
REGARDING STAGE 1 CAPITAL SUBMISSION  
JUNE 19, 2019  
SMMH BOARD ROOM**

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Mr. Shields advised the Board that in order to move forward with the next stage of the capital submission, a motion of support is required from the Foundation Board.

It was moved by: Paul Hammond  
Seconded by: Jodie Evans

That the South Muskoka Hospital Foundation commits to raising an additional \$10M over the next 15 years for the capital redevelopment plan.

**-- Carried --**

CORPORATION OF THE TOWN OF HUNTSVILLE

Huntsville Town Council

Date: June 24, 2019

No. 175-19

Moved by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

**WHEREAS:** the provision of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge by Muskoka Algonquin Healthcare (MAHC) is vital for all of the communities in the Muskoka region and the East Parry Sound area;

**AND WHEREAS:** the continued delivery of those core hospital services at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge is crucial to the long-term sustainability and economic vitality of the communities in the Muskoka region and the East Parry Sound area;

**AND WHEREAS:** the residents of the Muskoka region and the East Parry Sound area have strongly supported multi-site delivery of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge;

**AND WHEREAS:** following extensive community consultation and careful study, engagement and evaluation of potential models for the hospital services in the future, the Board of Directors of Muskoka Algonquin Healthcare endorsed the recommendations of MAHC's Capital Plan Development Task Force for a Two Acute Site model for hospital services;

**AND WHEREAS:** MAHC is continuing the development of a Stage One Submission to the Health Investment Capital Branch of the Ministry of Health and Long-Term Care for approval for MAHC to continue on to the next stages in the lengthy capital planning process;

**AND WHEREAS:** the Ministry of Health and Long-Term Care for the Province of Ontario requires a community contribution, or local share, toward the capital costs of hospital expansion or new hospital construction;

**NOW THEREFORE THE CORPORATION OF THE TOWN OF HUNTSVILLE RESOLVES AS FOLLOWS:**

1. That the Province of Ontario, through the Ministry of Health and Long-Term Care, be requested to support the continued equitable delivery of emergency health care services and inpatient care, emergency, diagnostic and surgical services at the two acute care sites in Huntsville (Huntsville District Memorial Hospital - HDMH) and Bracebridge (South Muskoka Memorial Hospital - SMMH);
2. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented do not negatively impact access to services and the quality of care in Huntsville, Bracebridge and the East Parry Sound area.
3. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented recognize the unique and important role that smaller hospitals, such as the South Muskoka Memorial Hospital and the Huntsville District Memorial Hospital have in promoting economic development and creating sustainable communities in Ontario.
4. That, consistent with recommendations from the Association of Municipalities of Ontario (AMO), the Province of Ontario, through the Ministry of Health and Long-Term Care, be encouraged to:
  - Reform the funding formula to ensure that base funding provided to hospitals recognizes the diverse models for hospital operations including small, rural, and multi-site hospitals;

No.: 175-19

- Tie provincial base hospital operational funding at least to inflation annually;
  - Provide adequate capital and operational funding to hospitals to support the services that residents need in their communities;
  - Remove, or at very least cap, the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
  - Ensure that the capital planning process for hospitals leverages the significant municipal investments in existing or planned local infrastructure;
  - Respect the importance of municipal plans and policies;
  - Recognize key factors such as land use planning, community economic impacts, the ability to raise funds, operational and cost impacts of long-term plans for hospitals, and the direct impact on local health care providers when approving hospital capital plans;
5. That the Huntsville Hospital Foundation and the South Muskoka Hospital Foundation be requested to identify specific targets for fundraising that can be used collectively to support hospital expansion or new hospital construction in Huntsville and Bracebridge and that the funds raised by the local hospital foundations be recognized as a portion of the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
6. That, after exhaustion of other funding sources, the provision of a community contribution, or local share, by the Town of Huntsville toward the capital costs of hospital expansion or new hospital construction be endorsed;
7. That Muskoka Algonquin Healthcare's "Local Share Working Group" continue deliberations to identify a specific target for the financial or in-kind contribution by the Corporation of the Town of Huntsville to support the capital costs of hospital expansion or new hospital construction; and



No.: 175-19

8. That the municipalities in the Muskoka region and the East Parry Sound area initiate appropriate internal financial planning to identify appropriate methods to fund the financial or in-kind contributions required to support the capital costs of hospital expansion or new hospital construction to serve the MAHC catchment area.

**RECORDED VOTE**

MEMBERS OF COUNCIL	YEA	NAY
Councillor Alcock		
Councillor Armour		
Councillor FitzGerald		
Councillor Schumacher		
Deputy Mayor Terziano		
Councillor Thompson		
Councillor Wiebe		
Councillor Withey		
Mayor Aitchison		
TOTAL:		

**DECLARATION OF PECUNIARY INTEREST**

MEMBERS OF COUNCIL	PERSONAL	BUSINESS	EMPLOYMENT	OTHER
Councillor Alcock				
Councillor Armour				
Councillor FitzGerald				
Councillor Schumacher				
Deputy Mayor Terziano				
Councillor Thompson				
Councillor Wiebe				
Councillor Withey				
Mayor Aitchison				

Carried: 

**1. CALL TO ORDER**

Councillor, M. Quemby (Chair) called the meeting to order at 9:00 a.m. and the following were recorded as being present:

Committee Members: Councillor, M. Quemby (Chair)  
Mayor, G. Smith  
Deputy Mayor, R. Maloney  
Councillor, A. Buie  
Councillor, S. Clement  
Councillor, B. McMurray  
Councillor, D. Smith  
Councillor, C. Wilson

Regrets: Councillor, A. Struthers

Staff: Chief Administrative Officer, J. Sisson  
Director of Corporate Services/Clerk, L. McDonald  
Director of Public Works, G. Carleton (left at 10:20 a.m.)  
Director of Planning and Development, C. Kelley (left at 10:20 a.m.)  
Director of Recreation, C. O'Regan (left at 10:20 a.m.)  
Director of Finance/Treasurer, S. Rettie  
Fire Chief, M. Medley (arrived at 9:35 a.m. - left at 10:20 a.m.)  
Deputy Clerk, T. Arbuckle  
Chief By-law Enforcement Officer, S. Stakiw (left at 9:30 a.m.)

**2. DECLARATIONS OF PECUNIARY INTEREST**

Nil.

**3. PUBLIC MEETINGS**

Nil.

**4. DELEGATIONS AND PRESENTATIONS**

Nil.

**5. MINUTES FROM ADVISORY COMMITTEES**

**5.1. Active Transportation Advisory Committee Minutes – June 24, 2019**

19-GC-221 Moved by: Councillor, S. Clement  
Seconded by: Councillor, A. Buie

(Section A) That the minutes from the Active Transportation Advisory Committee meeting held on June 24, 2019 be received.

**CARRIED**

**5.2. Annie Williams Memorial Park Advisory Committee Minutes – July 8, 2019**

19-GC-222 Moved by: Councillor, A. Buie  
Seconded by: Councillor, S. Clement

(Section A) That the minutes from the Annie Williams Memorial Park Advisory Committee meeting held on July 8, 2019 be received.

**CARRIED**

**6. NEW BUSINESS**

**6.1. Local Share Contribution for Hospital Construction**

19-GC-223 Moved by: Councillor, S. Clement  
Seconded by: Councillor, A. Buie

(Section A) WHEREAS, the provision of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the South Muskoka Memorial Hospital in Bracebridge and the Huntsville District Memorial Hospital by Muskoka Algonquin Healthcare (MAHC) is vital for all of the communities in the Muskoka region and the East Parry Sound area;

AND WHEREAS, the continued delivery of those core hospital services at both the South Muskoka Memorial Hospital in Bracebridge and the Huntsville District Memorial Hospital is crucial to the long-term sustainability and economic vitality of the communities in the Muskoka region and the East Parry Sound area;

AND WHEREAS, the residents of the Muskoka region and the East Parry Sound area have strongly supported multi-site delivery of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the South Muskoka Memorial Hospital in Bracebridge and the Huntsville District Memorial Hospital;

AND WHEREAS, following extensive community consultation and careful study, engagement and evaluation of potential models for the hospital services in the future, the Board of Directors of Muskoka Algonquin Healthcare endorsed the recommendations of MAHC's Capital Plan Development Task Force for a Two Acute Site model for hospital services;

AND WHEREAS, MAHC is continuing the development of a Stage One Submission to the Health Investment Capital Branch of the Ministry of Health and Long-Term Care for approval for MAHC to continue on to the next stages in the lengthy capital planning process;

AND WHEREAS, the Ministry of Health and Long-Term Care for the Province of Ontario requires a community contribution, or local share, toward the capital costs of hospital expansion or new hospital construction;

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NOW THEREFORE THE CORPORATION OF THE TOWN OF BRACEBRIDGE RESOLVES AS FOLLOWS:

1. That the Province of Ontario, through the Ministry of Health and Long-Term Care, be requested to support the continued delivery of emergency health care services and inpatient care at the two acute care sites in Bracebridge (South Muskoka Memorial Hospital - SMMH) and in Huntsville (Huntsville District Memorial Hospital - HDMH).
2. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented do not negatively impact access to services and the quality of care in Bracebridge, Huntsville, the rest of the Muskoka region and the East Parry Sound area.
3. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented recognize the unique and important role that smaller hospitals, such as the South Muskoka Memorial Hospital and the Huntsville District Memorial Hospital have in promoting economic development and creating sustainable communities in Ontario.
4. That, consistent with recommendations from the Association of Municipalities of Ontario (AMO), the Province of Ontario, through the Ministry of Health and Long-Term Care, be encouraged to:
  - 4.1. Reform the funding formula to ensure that funding provided to hospitals recognizes the diverse models for hospital operations including small, rural, and multi-site hospitals;
  - 4.2. Tie provincial hospital operational funding at least to hospital inflation annually;
  - 4.3. Provide adequate capital and operational funding to hospitals to support the services that residents need in their communities;
  - 4.4. Remove, or at very least cap, the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
  - 4.5. Ensure that the capital planning process for hospitals leverages the significant municipal investments in existing or planned local infrastructure;
  - 4.6. Respect the importance of municipal plans and policies; and
  - 4.7. Recognize key factors such as land use planning, community economic impacts, the ability to raise funds, operational and cost impacts of long-term plans for hospitals, and the direct impact on local health care providers when approving hospital capital plans.

5. That the South Muskoka Hospital Foundation and the Huntsville Hospital Foundation be requested to identify specific targets for fundraising that can be used collectively to support hospital expansion or new hospital construction in Bracebridge and Huntsville and that the funds raised by the local hospital foundations be recognized as a portion of the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction.
6. That, after exhaustion of other funding sources, the provision of a community contribution, or local share, by the Town of Bracebridge toward the capital costs of hospital expansion or new hospital construction be endorsed.
7. That Muskoka Algonquin Healthcare's "Local Share Working Group" continue deliberations to identify a specific target for the financial or in-kind contribution by The Corporation of the Town of Bracebridge to support the capital costs of hospital expansion or new hospital construction.
8. That the municipalities in the Muskoka region and the East Parry Sound area initiate appropriate internal financial planning to identify appropriate methods to fund the financial or in-kind contributions required to support the capital costs of hospital expansion or new hospital construction to serve the MAHC catchment area. **(CA0002-19)**

**CARRIED**

#### **6.2. Update Vehicle Idling By-law**

19-GC-224 Moved by: Councillor, A. Buie  
Seconded by: Councillor, S. Clement

- (Section A)
1. That the draft "Vehicle Idling By-Law" attached as Appendix "A" to Staff Report CS027-19 be approved.
  2. That an application be submitted to the Ministry of the Attorney General for review and approval of the recommended set fines under Part II of the *Provincial Offences Act* as contained in Schedule "A" of the by-law.
  3. That the Director of Corporate Services/Clerk be authorized to present directly to Council, amendments to the Vehicle Idling By-Law where future amendments to Provincial Legislation are inconsistent with the Vehicle Idling By-Law. **(CS027-19)**

**CARRIED**

#### **6.3. Adoption of IT Policies**

19-GC-225 Moved by: Councillor, S. Clement  
Seconded by: Councillor, A. Buie

- (Section A)
- That Staff Report CS032-19 regarding the use of delegated authority for approval and implementation or amendment of the Town's Information Technology-related policies be received for information purposes. **(CS032-19)**

**CARRIED**



Date: July 11, 2019

GFC- 5 - 11/07/19

MOVED BY:

*Allen Kelley*

SECONDED BY:

*N. Hayes*

**WHEREAS:** the provision of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge by Muskoka Algonquin Healthcare (MAHC) is vital for all of the communities in the Muskoka region and the East Parry Sound area;

**AND WHEREAS:** the continued delivery of those core hospital services at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge is crucial to the long-term sustainability and economic vitality of the communities in the Muskoka region and the East Parry Sound area;

**AND WHEREAS:** the residents of the Muskoka region and the East Parry Sound area have strongly supported multi-site delivery of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge;

**AND WHEREAS:** following extensive community consultation and careful study, engagement and evaluation of potential models for the hospital services in the future, the Board of Directors of Muskoka Algonquin Healthcare endorsed the recommendations of MAHC's Capital Plan Development Task Force for a Two Acute Site model for hospital services;

**AND WHEREAS:** MAHC is continuing the development of a Stage One Submission to the Health Investment Capital Branch of the Ministry of Health and Long-Term Care for approval for MAHC to continue on to the next stages in the lengthy capital planning process;

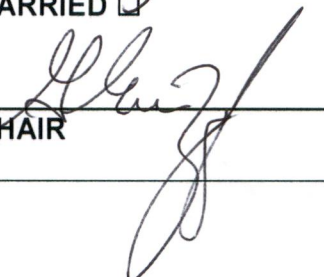
**AND WHEREAS:** the Ministry of Health and Long-Term Care for the Province of Ontario requires a community contribution, or local share, toward the capital costs of hospital expansion or new hospital construction;

**NOW THEREFORE THE GENERAL/FINANCE COMMITTEE RECOMMENDS TO TOWNSHIP COUNCIL THAT:**

1. The Province of Ontario, through the Ministry of Health and Long-Term Care, be requested to support the continued equitable delivery of emergency health care services and inpatient care, emergency, diagnostic and surgical services at the two acute care sites in Huntsville (Huntsville District Memorial Hospital - HDMH) and Bracebridge (South Muskoka Memorial Hospital - SMMH);

2. The Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented do not negatively impact access to services and the quality of care in Huntsville, Bracebridge and the East Parry Sound area.
3. The Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented recognize the unique and important role that smaller hospitals, such as the South Muskoka Memorial Hospital and the Huntsville District Memorial Hospital have in promoting economic development and creating sustainable communities in Ontario.
4. Consistent with recommendations from the Association of Municipalities of Ontario (AMO), the Province of Ontario, through the Ministry of Health and Long-Term Care, be encouraged to:
  - Reform the funding formula to ensure that base funding provided to hospitals recognizes the diverse models for hospital operations including small, rural, and multi-site hospitals;
  - Tie provincial base hospital operational funding at least to inflation annually;
  - Provide adequate capital and operational funding to hospitals to support the services that residents need in their communities;
  - Remove, or at very least cap, the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
  - Ensure that the capital planning process for hospitals leverages the significant municipal investments in existing or planned local infrastructure;
  - Respect the importance of municipal plans and policies;
  - Recognize key factors such as land use planning, community economic impacts, the ability to raise funds, operational and cost impacts of long-term plans for hospitals, and the direct impact on local health care providers when approving hospital capital plans;
5. The Huntsville Hospital Foundation and the South Muskoka Hospital Foundation be requested to identify specific targets for fundraising that can be used collectively to support hospital expansion or new hospital construction in Huntsville and Bracebridge and that the funds raised by the local hospital foundations be recognized as a portion of the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
6. After exhaustion of other funding sources, the provision of a community contribution, or local share, by the Township of Muskoka Lakes toward the capital costs of hospital expansion or new hospital construction be endorsed;

- 7. Muskoka Algonquin Healthcare's "Local Share Working Group" continue deliberations to identify a specific target for the financial or in-kind contribution by the Corporation of the Township of Muskoka Lakes to support the capital costs of hospital expansion or new hospital construction; and
- 8. The municipalities in the Muskoka region and the East Parry Sound area initiate appropriate internal financial planning to identify appropriate methods to fund the financial or in-kind contributions required to support the capital costs of hospital expansion or new hospital construction to serve the MAHC catchment area.

RECORDED VOTE:	NAYS	YEAS	
COUNCILLOR ZAVITZ (Chair)	<input type="checkbox"/>	<input type="checkbox"/>	
COUNCILLOR HAYES (Vice-Chair)	<input type="checkbox"/>	<input type="checkbox"/>	
COUNCILLOR EDWARDS	<input type="checkbox"/>	<input type="checkbox"/>	
COUNCILLOR KELLEY	<input type="checkbox"/>	<input type="checkbox"/>	
COUNCILLOR MAZAN	<input type="checkbox"/>	<input type="checkbox"/>	
MAYOR HARDING (Ex-Officio)	<input type="checkbox"/>	<input type="checkbox"/>	
<b>TOTALS</b>			<b>DEFEATED</b> <input type="checkbox"/> <b>CARRIED</b> <input checked="" type="checkbox"/>
Recorded Vote Requested by: _____	_____	_____	 _____ <b>CHAIR</b>



August 23, 2019

Via email: [mmiller@vianet.ca](mailto:mmiller@vianet.ca)

Phillip Matthews, Board Chair  
Terry Shields, CFO  
Maureen Miller, Director  
Muskoka Algonquin Healthcare  
100 Frank Miller Drive  
Huntsville, ON P1H 1H7

Dear Mr. Matthews, Mr. Shields and Ms. Miller,

**Re: Capital Plan Development**

---

On behalf of the Council of the Corporation of the Township of Lake of Bays, we would like to thank you for your delegation with respect to the above-noted update at the last regularly scheduled meeting on August 20, 2019.

The presentation was very informative and clearly illustrated the importance of planning for our future in terms of the continuance of a full range of core hospital services for all communities in the Muskoka and East Parry Sound area.

Council appreciates the work that Muskoka Algonquin Healthcare (MAHC) is doing to ensure the development of a capital funding plan to cover the costs outside of what the Ministry of Health and Long-Term Care will be responsible for.

Council commends the MAHC task force and board's efforts and supports continued deliberations by MAHC's "Local Share Working Group" in identifying a specific target for the financial or in-kind contribution by local municipalities in supporting the capital costs of hospital expansion or new hospital construction. Please refer to the attached Notice of Motion passed by Council.

Sincerely,



Carrie Sykes, *Dipl. M.A., CMO, AOMC*  
Director of Corporate Services/Clerk

CS/tlm

cc: All District Municipalities

Enclosure

**THE CORPORATION OF THE TOWNSHIP OF LAKE OF BAYS**  
**Council Meeting**

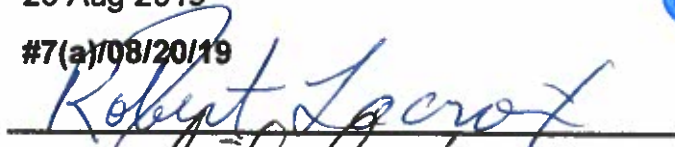

**COPY**

**DATE:** 20 Aug 2019

**RESOLUTION:** #7(a) 08/20/19

**MOVED BY:**

**SECONDED BY:**

  
\_\_\_\_\_  
  
\_\_\_\_\_

WHEREAS the provision of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge by Muskoka Algonquin Healthcare (MAHC) is vital for all of the communities in the Muskoka region and East Parry Sound area;

AND WHEREAS the continued delivery of those core hospital services at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge is crucial to the long-term sustainability and economic vitality of the communities in the Muskoka region and East Parry Sound area;

AND WHEREAS the residents of the Muskoka region and East Parry Sound area have strongly supported multi-site delivery of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge;

AND WHEREAS following extensive community consultation and careful study, engagement and evaluation of potential models for the hospital services in the future, the Board of Directors of Muskoka Algonquin Healthcare endorsed the recommendations of MAHC's Capital Plan Development Task Force for a Two Acute Site model for hospital services;

AND WHEREAS MAHC is continuing the development of a Stage One Submission to the Health Investment Capital Branch of the Ministry of Health and Long-Term Care for approval for MAHC to continue on to the next stages in the lengthy capital planning process;

AND WHEREAS the Ministry of Health and Long-Term Care for the Province of Ontario requires a community contribution, or local share, toward the capital costs of hospital expansion or new hospital construction;

NOW THEREFORE THE CORPORATION OF THE TOWNSHIP OF LAKE OF BAYS RESOLVES AS FOLLOWS:

1. That the Province of Ontario, through the Ministry of Health and Long-Term Care, be requested to support the continued equitable delivery of emergency health care services and inpatient care, emergency, diagnostic and surgical services at the two acute care sites in Huntsville (Huntsville District Memorial Hospital – HDMH) and Bracebridge (South Muskoka Memorial Hospital – SMMH);
2. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented do not negatively impact access to services and the quality of care in Huntsville, Bracebridge and the East Parry Sound area;
3. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented recognize the unique and important role that smaller hospitals, such as the South Muskoka Memorial Hospital and the Huntsville District Memorial Hospital have in promoting economic development and creating sustainable communities in Ontario;

4. That, consistent with recommendations from the Association of Municipalities of Ontario (AMO), the Province of Ontario, through the Ministry of Health and Long-Term Care, be encouraged to:

- Reform the funding formula to ensure that base funding provided to hospitals recognizes the diverse models for hospital operations including small, rural, and multi-site hospitals;
- Tie provincial base hospital operational funding at least to inflation annually;
- Provide adequate capital and operational funding to hospitals to support the services that residents need in their communities;
- Remove, or at very least cap, the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
- Ensure that the capital planning process for hospitals leverages the significant municipal investments in existing or planned local infrastructure;
- Respect the importance of municipal plans and policies;
- Recognize key factors such as land use planning, community economic impacts, the ability to raise funds, operational and cost impacts of long-term plans for hospitals, and the direct impact on local health care providers when approving hospital capital plans;

5. That the Huntsville Hospital Foundation and the South Muskoka Hospital Foundation be requested to identify specific targets for fundraising that can be used collectively to support hospital expansion or new hospital construction in Huntsville and Bracebridge and that the funds raised by the local hospital foundations be recognized as a portion of the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;

6. That, after exhaustion of other funding sources, the provisions of a community contribution, or local share, by the Township of Lake of Bays toward the capital costs of hospital expansion or new hospital construction be endorsed;
  
7. That Muskoka Algonquin Healthcare's "Local Share Working Group" continue deliberations to identify a specific target for the financial or in-kind contribution by the Corporation of the Township of Lake of Bays to support the capital costs of hospital expansion or new hospital construction; and
  
8. That the municipalities in the Muskoka region and the East Parry Sound area initiate appropriate internal financial planning to identify appropriate methods to fund the financial or in-kind contributions required to support the capital costs of hospital expansion or new hospital construction to serve the MAHC catchment area.

**RECORDED VOTE**

**NAYS                      YEAS**

**Councillor Mike Peppard**

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\_\_\_\_\_

**Councillor Robert Lacroix**

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**Councillor Nancy Tapley**

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**Councillor Rick Brooks**

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\_\_\_\_\_

**Councillor Jacqueline Godard**

\_\_\_\_\_

\_\_\_\_\_


**Mayor Terry Glover**

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\_\_\_\_\_

<b>Carried</b>	✓	<b>Defeated</b>		<b>Postponed</b>		<b>Lost</b>	
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**MAYOR**

  
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*Township of Algonquin Highlands*

# The Township of Algonquin Highlands

**RESOLUTION**

19 Sep 2019

Moved by: *Lisa Barry*

Seconded by: *Carol Moffatt*

BE IT RESOLVED THAT Council receives a copy of Resolution #7(a)/08/20/19 from the Township of Lake of Bays regarding the Capital Plan development presented by the Muskoka Algonquin Health Care;

AND FURTHER THAT Council supports, in principle, Lake of Bay's Resolution.

Mayor Carol Moffatt	Yea	Nay
Deputy Mayor Liz Danielsen	Yea	Nay
Councillor Lisa Barry	Yea	Nay
Councillor Jennifer Dailoux	Yea	Nay
Councillor Julia Shortreed	Yea	Nay

Carried

Defeated

Deferred

\_\_\_\_\_  
Mayor Carol Moffatt

\_\_\_\_\_  
Clerk Dawn Newhook



The Municipality of the  
**VILLAGE OF BURK'S FALLS**

172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0  
P 705-382-3138 • F 705-382-2273 • [www.burksfalls.net](http://www.burksfalls.net)

**BE IT RESOLVED;**

**WHEREAS:** the provision of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge by Muskoka Algonquin Healthcare (MAHC) is vital for all of the communities in the Muskoka region and the East Parry Sound area;

**AND WHEREAS:** the continued delivery of those core hospital services at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge is crucial to the long-term sustainability and economic vitality of the communities in the Muskoka region and the East Parry Sound area;

**AND WHEREAS:** the residents of the Muskoka region and the East Parry Sound area have strongly supported multi-site delivery of a full range of core hospital services, including acute care inpatient, emergency, diagnostic and surgical services, at both the Huntsville District Memorial Hospital and the South Muskoka Memorial Hospital in Bracebridge;

**AND WHEREAS:** following extensive community consultation and careful study, engagement and evaluation of potential models for the hospital services in the future, the Board of Directors of Muskoka Algonquin Healthcare endorsed the recommendations of MAHC's Capital Plan Development Task Force for a Two Acute Site model for hospital services;

**AND WHEREAS:** MAHC is continuing the development of a Stage One submission to the Health Investment Capital Branch of the Ministry of Health and Long-Term care for approval for MAHC to continue to the next stages in the lengthy capital planning process;

- Tie provincial base hospital operational funding at least to inflation annually;
- Provide adequate capital and operational funding to hospitals to support the services that residents need in their communities;
- Remove, or at very least cap, the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
- Ensure that the capital planning process for hospitals leverages the significant municipal investments in existing or planned local infrastructure;
- Respect the importance of municipal plans and policies;
- Recognize key factors such as land use planning, community economic impacts, the ability to raise funds, operational and cost impacts of long-term plans for hospitals, and the direct impact on local health care providers when approving hospital capital plans;

That the Huntsville Hospital Foundation and the South Muskoka Hospital Foundation be requested to identify specific targets for fundraising that can be used collectively to support hospital expansion or new hospital construction in Huntsville and Bracebridge and that the funds raised by the local hospital foundations be recognized as a portion of the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;



The Municipality of the  
**VILLAGE OF B U R K ' S F A L L S**

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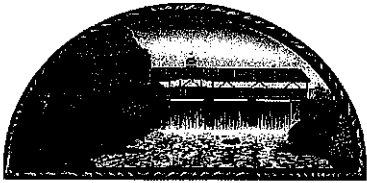
172 Ontario Street • PO Box 160 • Burk's Falls ON P0A 1C0  
P 705-382-3138 • F 705-382-2273 • [www.burksfalls.net](http://www.burksfalls.net)

**LET IT BE RESOLVED;**

That, after exhaustion of other funding sources, the provision of a community contribution, or local share, by the Village of Burk's Falls toward the capital costs of hospital expansion or new hospital construction be endorsed;

That Muskoka Algonquin Healthcare's "Local Share Working Group" continue deliberations to identify a specific target for the financial or in-kind contribution by the Corporation of the Town of Huntsville to support the capital costs of hospital expansion or new hospital construction;





The Municipality of the  
**VILLAGE OF BURK'S FALLS**

Moved By: Jarvis Osborne Date: October 2, 2019

Seconded By: Cathy Still Resolution # 2019-\_\_\_\_\_

Be it resolved;

That the Council for the Village of Burk's Falls hereby  
*support this resolution attached*

Recorded Vote requested by: \_\_\_\_\_

Jarvis Osborne	for / opposed
Lewis Hodgson	for / opposed
Lisa Morrison	for / opposed
Rex Smith	for / opposed
Cathy Still	for / opposed

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carried	Defeated	Deferred

Pecuniary Interest declared by:


\_\_\_\_\_  
\_\_\_\_\_

Cathy Still  
Mayor



1. That the Province of Ontario, through the Ministry of Health and Long-Term Care, be requested to support the continued delivery of emergency health care services and inpatient care at the two acute care sites in Huntsville (Huntsville District Memorial Hospital - HDMH) and Bracebridge (South Muskoka Memorial Hospital - SMMH).
2. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented do not negatively impact access to services and the quality of care in Bracebridge, Huntsville and the East Parry Sound area.
3. That the Province of Ontario, through the Ministry of Health and Long-Term Care, ensure that the changes to Ontario's health care delivery system currently being implemented recognize the unique and important role that smaller hospitals, such as the South Muskoka Memorial Hospital and the Huntsville District Memorial Hospital have in promoting economic development and creating sustainable communities in Ontario.
4. That, consistent with recommendations from the Association of Municipalities of Ontario (AMO), the Province of Ontario, through the Ministry of Health and Long-Term Care, be encouraged to:
  - Reform the funding formula to ensure that base funding provided to hospitals recognizes the diverse models for hospital operations including small, rural, and multi-site hospitals;
  - Tie provincial base hospital operational funding at least to inflation annually;
  - Provide adequate capital and operational funding to hospitals to support the services that residents need in their communities;
  - Remove, or at very least cap, the community contribution, or local share, expected of local municipalities toward the capital costs of hospital expansion or new hospital construction;
  - Ensure that the capital planning process for hospitals leverages the significant municipal investments in existing or planned local infrastructure;
  - Respect the importance of municipal plans and policies;
  - Recognize key factors such as land use planning, community economic impacts, the ability to raise funds, operational and cost impacts of long-term plans for hospitals, and the direct impact on local health care providers when approving hospital capital plans;
5. That the South Muskoka Hospital Foundation and the Huntsville Hospital Foundation be requested to identify specific targets for fundraising to collectively support hospital expansion or new hospital construction in Bracebridge and

6. Huntsville and that the funds raised by the local hospital foundations be recognized as a portion of the community contribution, or local share;
7. That, after exhaustion of other funding sources, the provision of a community contribution, or local share, by the Town within its financial capacity and at the discretion of Council toward the capital costs of hospital expansion or new hospital construction be endorsed;
8. That Muskoka Algonquin Healthcare's "Local Share Working Group" continue deliberations to identify suggested targets for the financial or in-kind contribution by the Town to support the capital costs of hospital expansion or new hospital construction; and;
9. That, once these suggested targets have been put forward, the municipalities in the Muskoka region and the East Parry Sound area consider these targets, confirm level of support based on municipal priorities, and initiate appropriate internal financial planning to identify appropriate methods to fund the financial or in-kind contributions required to support the capital costs of hospital expansion or new hospital construction to serve the MAHC catchment area.

DISCLOSURE OF PECUNIARY INTEREST		RECORDED VOTE			
MEMBER OF COUNCIL	(√)	YEA	NAY	LOST	CARRIED
Councillor Cairns					
Councillor Gordon					
Councillor Klinck					
Councillor Lorenz					
Councillor Morphy					✓
Councillor Murray					
Councillor Pilger					
Councillor Varney					
Mayor Kelly				 <b>SIGNATURE</b>	

## 3.0 Business Case/Options Analysis

### 3.1 Summary of available Development Plan options

The Two Acute Sites service delivery model was endorsed by the MAHC Board of Directors in August 2018, as part of the Part A work of Stage 1. This model includes an emergency department, inpatient services, obstetrics and surgical services at each site. In addition, there will be 61 additional inpatient beds across both sites by the year 2032 including a new stroke rehabilitation unit, and the addition of MRI technology.

Following this decision and the subsequent completion of the space projections, the consultant team held three workshops with hospital leadership, clinicians and community care partners in October, November and December 2018 to:

- Determine the preferred adjacencies of programs and services for optimal flow; and
- Develop multiple development options to achieve the service delivery model and subsequent space projections.

The result of these workshops was the identification of five development options for consideration. There are three options for the South Muskoka Memorial Hospital site and two options for the Huntsville District Memorial Hospital site.

The options under consideration are as follows.

#### South Muskoka Memorial Hospital (SMMH)

- Renovation and expansion of current building;
- New, replacement building on current land; and
- New build on new land.

#### Huntsville District Memorial Hospital (HDMH)

- Renovation and expansion of current building; and
- New, replacement building on current land.

### 3.1.2 South Muskoka Memorial Hospital Development Options

#### 3.1.2.1 Renovation and expansion of current building

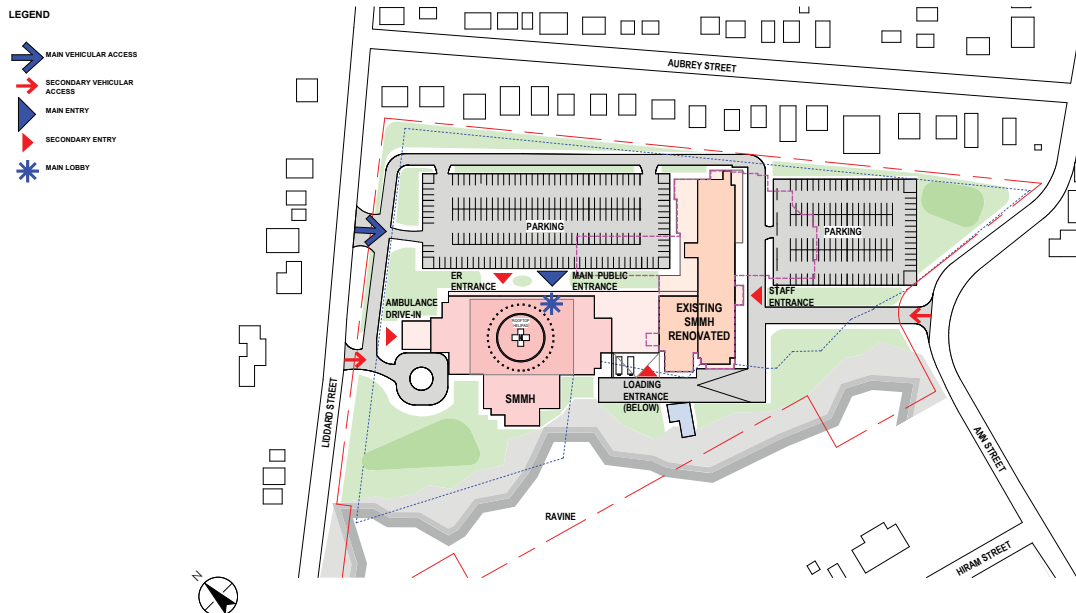
The renovation and expansion option at SMMH consists of a renovation of a portion of the existing hospital and expands it to the north with the construction of an addition toward Liddard Street.

It would be constructed in two primary phases. The first phase would be to construct a 4 storey addition connecting to the hospital in the north west corner of the existing building. Programs in the 4 storey addition include: medical / surgical inpatient units, surgical services, diagnostic imaging and an emergency department. Upon completion and occupancy of this first phase, the existing hospital would be renovated to accommodate new clinical programs such as CCC beds, as well as, Administrative and Education services. Following the renovation, two of the wings of the existing building, the north wing and southeast wing will be demolished. Finally, site work would be completed.

The main public access would be off Liddard Street, with secondary access from Ann Street for staff and service vehicles. There would be a dedicated access off Liddard Street for emergency vehicles. Due to the limited site area, the heliport would be located on the roof of the new building.

This option has a total area of 243,000 square feet (BGSF) with an estimated construction cost of \$188 million.

The duration of the project would depend on the number of sub-phases during renovation, but at a minimum could span up to 6 years.



### 3.1.2.2 New, replacement building on current land

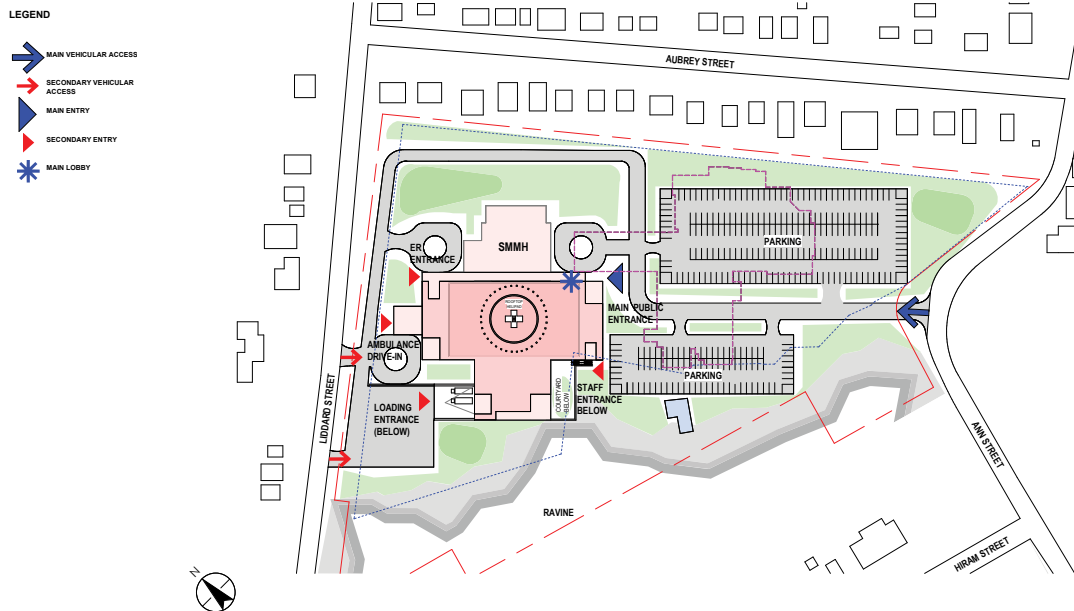
The replacement on current land option for SMMH replaces the existing hospital with a new building located in the northwest corner of the property toward Liddard Street. Following construction, the existing building would be completely removed. Once the existing building is demolished, it would be replaced with a surface parking lot.

The new building is 4-storeys high housing all programs for the acute care facility. Due to the limited site area, the helipad will be located on the roof.

The main public access would be off of Ann Street with secondary access from Liddard Street for staff, emergency vehicles and service vehicles.

This option has a building area of 242,000 square feet (BGSF) with an estimated construction cost of \$195 million.

The duration of the project could span up to 5 years.



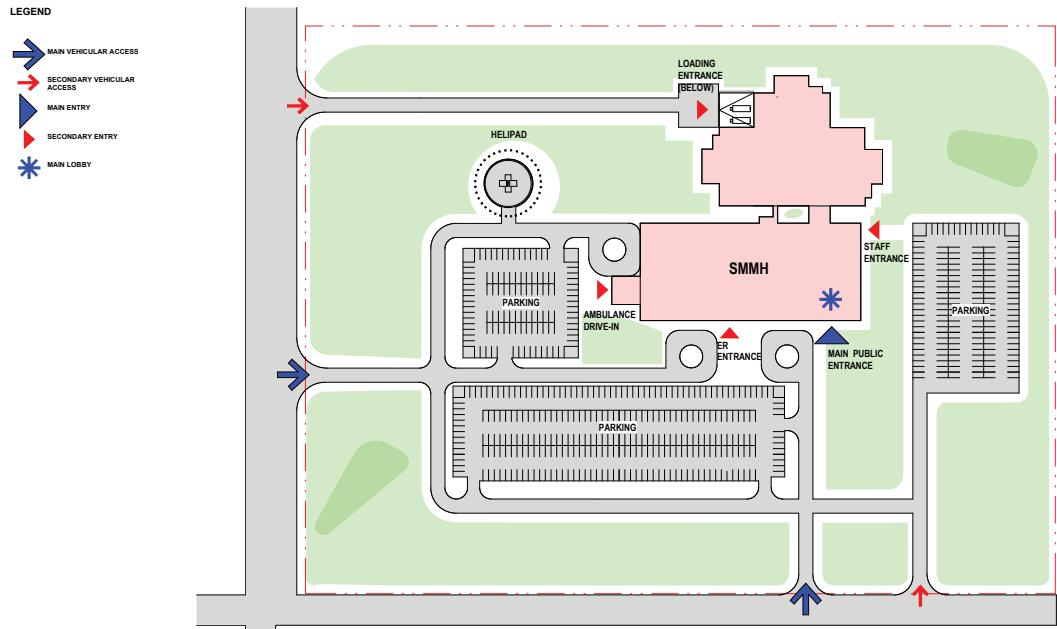
3.1.2.3 New build on new land

This option constructs a 2-storey acute care hospital with an area of 241,000 square feet (BGSF) on a new location somewhere within the urban centre of Bracebridge.

As the location for the option has not been selected at this time, a generic greenfield site has been used for evaluation purposes. Requirements of a new property include the need for 30 to 40 acres of serviced land, two road accesses and proximity to Highway 11. If this option is selected, a separate process for site selection would be undertaken to ensure all sites are properly evaluated in a fair process.

The estimated construction cost of this option is \$185 million.

This option would be built in one phase over a period of up to four years





### 3.1.3 Huntsville District Memorial Hospital Development Options

#### 3.1.3.1 Renovation and expansion of current building

The renovation and expansion option for HDMH involves renovating a portion of the existing hospital and constructing a 3 storey addition to the east beside the existing hospital. Programs in the addition include: medical / surgical inpatient units, surgical services, diagnostic imaging and an emergency department. Upon completion and occupancy of this first phase, the existing hospital would be renovated to accommodate new clinical programs which include: ambulatory clinics, administrative, education, and retail. Following the renovation, the single-storey structure at the northeast corner of the existing east building will be demolished. Finally, site work would be completed.

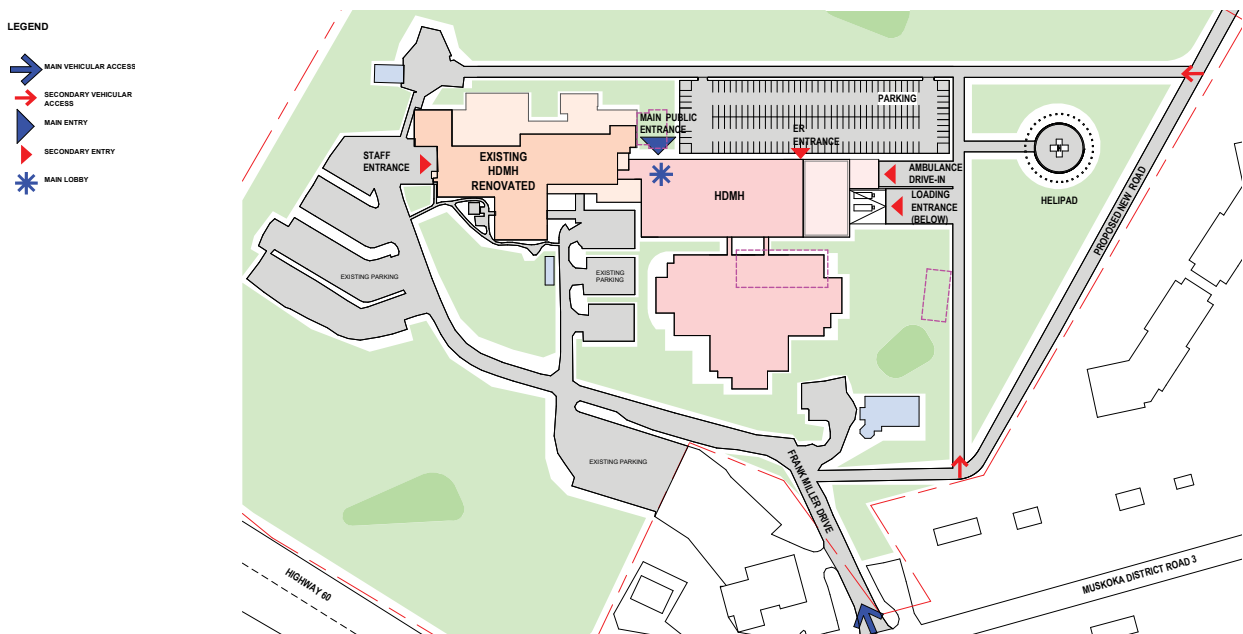
A new public parking lot is constructed at ground adjacent to an expanded main entry. The helipad will be relocated on the site. The staff parking is maintained in the current location.

The main public access is maintained from Frank Miller Drive, with a new road access from the north for staff, emergency vehicles and service vehicles.

As part of this option, the existing outbuildings like Building B and the Howland Building will be demolished, with their functions moving into the new facility.

This option has a total area of 252,000 square feet (BGSF) with an estimated construction cost of \$186 million.

The duration of the project would depend on the number of sub-phases during renovation, but at a minimum could span up to 6 years.



### 3.1.3.2 New, replacement building on current land

The replacement on current land option for HDMH completely replaces the existing hospital with a new building. Following construction, the existing building would be completely demolished, and a parking lot would be built where the building was.

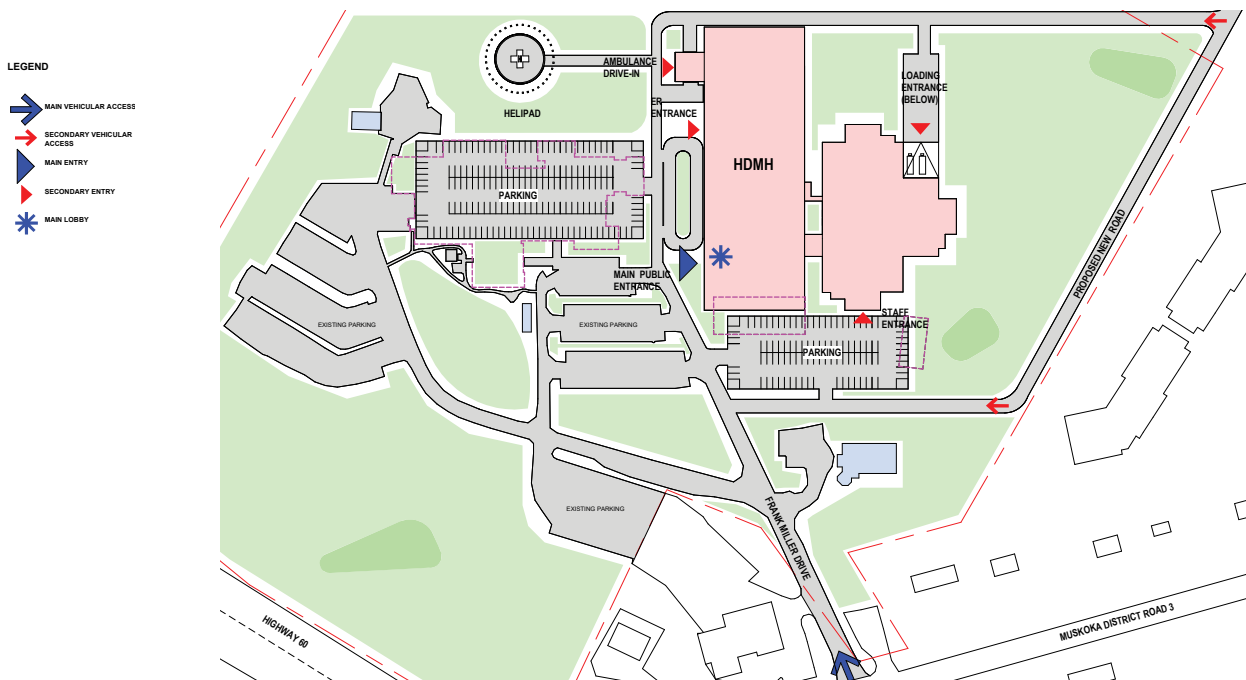
The new building is 3-storeys high housing all programs for the acute care facility. The helipad will be relocated on the site. The staff parking is maintained in the current location.

The main public access is maintained from Frank Miller Drive, with a new road access from the north for staff, emergency vehicles and service vehicles.

As part of this option, the existing outbuildings like Building B and the Howland Building will be demolished, with their functions moving into the new facility.

This option has a building area of 251,000 square feet (BGSF) with an estimated construction cost of \$193 million.

The duration of the project could span up to 5 years.



## 3.2 Factors Considered

### 3.2.1 Overview

Design Guiding Principles were developed by the Muskoka Algonquin Healthcare (MAHC) Capital Plan Development Task Force. These guiding principles, though somewhat subjective, were used to evaluate the proposed development options through examining cost considerations, affordability, phasing impacts and community feedback. Also, quantitative criteria is considered in evaluating the options.

### 3.2.2 Design Guiding Principles

The following is a list of the design guiding principles and a short description of each one.

#### 3.2.2.1 Aligns with the goals of the MAHC organization

The development option should be aligned with and support the five strategic areas of the strategic plan. These are:

- Quality Care & Safety;
- Partnership & Collaboration;
- Innovation & Technology;
- People; and
- Sustainable Future.

The development option should be aligned with and support the mission, vision and values.

These are:

- Mission: Working together to provide outstanding integrated health care to our communities, delivering best patient outcomes with exemplary standings and compassion.
- Vision: As a trusted partner, we strive to improve the delivery of health care to our communities and to be known as an outstanding place to work, learn, live and be cared for.
- Values:

**Accountability**

**Respect**

**Optimism**

**Leadership**

**Engagement**

### 3.2.2.2 Supports Patient- and Family-Centered Care

The development option should support a positive experience for visitors, patients and families. It should be suitable for all ages, religious and cultural backgrounds.

The development option should have spaces that are of appropriate size to accommodate family presence in a space that facilitates high quality, safe, evidence-informed care processes.

### 3.2.2.3 Promotes Health and Wellness

The physical environment in the development option should promote patient, staff and provider health and wellness. All workspaces in the development option should be environments that support a positive work force and safe work life. The development option should be a facility that supports a culture of fairness, equity and connectedness reflecting culturally-relevant lifestyles and populations.

### 3.2.2.4 Facilitates Operational Excellence

The development option should be designed in such a way that is resilient in terms of durable, functional and flexible. There should be an appropriate balance of cost with need in the development option.

The design of the facility should have optimal clinical adjacencies and flows in the layout and organization of spaces in order to facilitate efficient care processes.

This guiding principal is split into two sub-criteria, operational performance and flexibility.

### 3.2.2.5 Enables Innovation and Environmental Sustainability

The development option should be adaptable to technological advancements and modernization.

The design of the development option should capitalize on the natural environment, ie: light, nature.

The design will target a LEED Silver standard and be able to minimize the organization's environmental impact.

This guiding principal is split into two sub-criteria, innovation and environmental sustainability.

### 3.2.2.6 Promotes Community Connection and System Integration

The design of the development option should complement the Muskoka

and area 'look' and 'feel'. The development option should allow for greater learning opportunities, community education and collaboration with partners.

#### 3.2.2.7 Meets the 'Quadruple Aim' of Healthcare

All spaces in the development option should support the quadruple aim of healthcare. These are:

- better health;
- better care;
- better value; and
- better provider experience.

#### 3.2.3 Quantitative Criteria

Along with the design guiding principles, all options will be evaluated in terms of project cost, project duration, support from the community and anticipated support from the municipalities and MOHLTC, and affordability.

### **3.3 Prioritization**

The five options were analyzed according to criteria based on the Design Guiding Principles as discussed in the previous section 3.2 Factors Considered through a comparison chart.

The evaluation used a scoring system. A score of 1-3 had been considered:

1 = low adherence to Design Guiding Principles

2 = moderate adherence to Design Guiding Principles

3 = high adherence to Design Guide Principles

A total of 42 points was available for each of the design options.

Refer to comparison chart attached.

**Legend:** 1 = 1 point, low adherence to Design Guiding Principles  
 2 = 2 points, moderate adherence to Design Guiding Principles  
 3 = 3 points, high adherence to Design Guiding Principles

Design Guiding Principles	South Muskoka Memorial Hospital Development Options			Huntsville District Memorial Hospital Options	
	Renovation / Expansion (B1)	Replacement on Current Land (B2)	New Build on New Land (B3)	Renovation / Expansion (H1)	Replacement on Current Land (H2)
<b>Aligns with the goals of the MAHC organization</b>	<p>Maintaining the current hospital location would allow the hospital to continue its current proximity to the community and neighbouring health partners, supporting the goal of partnership and collaboration.</p> <p>The ability to deliver quality care and safety, may be challenging in a renovated building.</p> <p>This option also aligns with the other goals of the MAHC organization.</p>	<p>Maintaining the current hospital location would allow the hospital to continue its current proximity to the community and neighbouring health partners, supporting the goal of partnership and collaboration.</p> <p>This option also aligns with the other goals of the MAHC organization.</p>	<p>Building on a new site within Bracebridge may require some adjustment in existing partnerships and collaboration, it would not be significant.</p> <p>A new site would not preclude the ability to offer excellent patient care, in collaboration with partners.</p> <p>This option also aligns with the other goals of the MAHC organization.</p>	<p>Maintaining the current hospital location would allow the hospital to continue its current relationships with the community and neighbouring health partners, supporting the goal of partnership and collaboration.</p> <p>The ability to deliver quality care and safety, may be challenging in a renovated building.</p> <p>This option also aligns with the other goals of the MAHC organization.</p>	<p>Maintaining the current hospital location would allow the hospital to continue its current relationships with the community and neighbouring health partners, supporting the goal of partnership and collaboration.</p> <p>This option also aligns with the other goals of the MAHC organization.</p>
	2	3	3	2	3
<b>Supports Patient and Family – Centered Care</b>	<p>The renovation/expansion option may have compromised quality of space in the renovated space due to the existing building conditions and constraints.</p> <p>The renovated hospital may have compromised clinical flow and difficulty separating public and clinical circulation.</p> <p>This may result in a sub-optimal experience for patients and family.</p>	<p>A replacement building on current land would provide an opportunity to optimize the patient and family experience.</p> <p>For example, views could be oriented towards the ravine, and other natural features. While there is limited space available on the current site, it would not impact greatly the ability to adhere to this principle.</p>	<p>A new building on new land would provide the best opportunity to maximize daylight and view and rooms sizes.</p> <p>These features, along with the opportunity for a thoughtful design of circulation and experience within the building, would provide optimal patient- and family-centered care.</p>	<p>The renovation/expansion option may have compromised quality of space in the renovated space due to the existing building conditions and constraints.</p> <p>The renovated hospital may have compromised clinical flow and difficulty separating public and clinical circulation.</p> <p>This may result in a sub-optimal experience for patients and family.</p>	<p>A replacement building on current land would provide an opportunity to optimize the patient and family experience. For example, views could be oriented towards the lake, and other natural features.</p> <p>Parking would be located on the same level as the entrances to the replacement hospital.</p> <p>These features, along with the opportunity for a thoughtful design of circulation and experience within the building, would provide an optimal patient and family experience.</p>
	2	3	3	2	3
<b>Promotes Health and Wellness</b>	<p>Due to site constraints, the renovation/expansion option provides limited opportunity for green space on-site or additional community spaces to promote health and wellness.</p> <p>Inside the building, there is equal opportunity among all options to develop positive work and care delivery spaces that promote a healthy and safe work environment for staff and patients.</p>	<p>The replacement on current land option provides some opportunity for green space on-site and additional community spaces to promote health and wellness.</p> <p>Inside the building, there is equal opportunity among all options to develop positive work and care delivery spaces that promote a healthy and safe work environment for staff and patients.</p>	<p>A new building on new land would provide the most opportunity for green space and exterior courtyards and additional community areas to promote health and wellness.</p> <p>Inside the building, there is equal opportunity among all options to develop positive work and care delivery spaces that promote a healthy and safe work environment for staff and patients.</p>	<p>This option allows for green space on-site and additional areas that promotes health and wellness.</p> <p>Inside the building, there is equal opportunity among all options to develop positive work and care delivery spaces that promote a healthy and safe work environment for staff and patients.</p>	<p>This option allows for green space on-site and additional areas that promotes health and wellness.</p> <p>Inside the building, there is equal opportunity among all options to develop positive work and care delivery spaces that promote a healthy and safe work environment for staff and patients.</p>
	2	2	3	3	3

Design Guiding Principles	South Muskoka Memorial Hospital Development Options			Huntsville District Memorial Hospital Options	
	Renovation / Expansion (B1)	Replacement on Current Land (B2)	New Build on New Land (B3)	Renovation / Expansion (H1)	Replacement on Current Land (H2)
<b>Facilitates Operational Excellence</b>	<p>The renovation / expansion option would be the least functional and flexible of the options.</p> <p>While the capital cost may be slightly lower than the other options, operational costs maybe increased due to layout inefficiencies.</p> <p>The design of the facility will have less than optimal clinical adjacencies and flows in the layout and organization of spaces.</p>	<p>While a replacement on current land would provide an opportunity for a more optimal layout than the renovation/expansion option, due to the limited space available on the site, the building would need to be a condensed vertical design. This building massing would not be the most functional and flexible of the options.</p> <p>Operational costs may be increased due to layout inefficiencies.</p> <p>The design of the facility may have less than optimal clinical adjacencies and flows in the layout and organization of spaces.</p>	<p>A new building on new land would provide an opportunity for the most optimal layout of the various options. Based on the potential space available on the site, the building could be a more horizontal design. This building massing would be the most functional and flexible of the options.</p> <p>Operational costs would be optimized</p> <p>The design of the facility will have optimal clinical adjacencies and flows in the layout and organization of spaces allowing facilitation of an efficient care process.</p>	<p>The renovation / expansion option would be the least functional and flexible of the options.</p> <p>While the capital cost may be slightly lower than the other options, operational costs maybe increased due to layout inefficiencies.</p> <p>The design of the facility will have less than optimal clinical adjacencies and flows in the layout and organization of spaces.</p>	<p>Due to the size of the current site, a replacement building on current land would provide an opportunity for the most optimal layout of the two options for HDMH. Based on the potential space available on the site, the building could be a more horizontal design. This building massing would be the most functional and flexible of the options.</p> <p>Operational costs would be optimized</p> <p>The design of the facility will have optimal clinical adjacencies and flows in the layout and organization of spaces allowing facilitation of an efficient care process.</p>
	1	2	3	1	3
<b>Facilitates Future Flexibility</b>	<p>The renovation / expansion option would provide minimal flexibility or options to accommodate future program growth due to the existing building conditions.</p>	<p>The replacement on current land option would provide some opportunity for flexibility to accommodate future growth.</p>	<p>A new building on new land would provide the most optimal layout for future growth.</p>	<p>The renovation/expansion option would be the least flexible of the options to accommodate future program growth due to the existing building conditions.</p>	<p>The replacement on the current HDMH site option would provide the most flexibility to accommodate future growth.</p>
	1	1	3	2	3
<b>Enables Innovation</b>	<p>The size of the current site for the renovation/expansion option is below contemporary standards for health care facilities and therefore has limited growth opportunity.</p> <p>This option may have compromised quality of space in the renovated area due to the existing building conditions and constraints. This will result in less opportunity for innovation.</p>	<p>The size of the current site for the renovation/expansion option is below contemporary standards for health care facilities and therefore has limited growth opportunity.</p> <p>Nevertheless, since the building is new, the quality of space in the building can be optimized which will result in opportunity for innovation.</p>	<p>The flexibility of a new building on a new land is good and enables innovation and environmental sustainability.</p> <p>In addition, the quality of space in the new building can be optimized which will result in opportunity for innovation.</p>	<p>The potential for innovation within the renovation/expansion option is reasonably good provided coordinated site planning with the adjacent long-term care development is undertaken. It is however less flexible than the replacement on current land option.</p> <p>This option may have compromised quality of space in the renovated area. This will result in less opportunity for innovation.</p>	<p>The potential for innovation within the replacement on current land option is reasonably good provided coordinated site planning with the adjacent long-term care development is undertaken.</p> <p>In addition, the quality of space in the building can be optimized which will result in opportunity for innovation.</p>
	1	2	3	1	3
<b>Enables Environmental Sustainability</b>	<p>Renovation of the existing buildings would reuse existing physical assets.</p> <p>This option is a redevelopment of existing site/brownfield.</p> <p>The reuse of the existing building may result in less environmentally efficient systems.</p>	<p>Demolition of the existing building would add to the regional landfill with the demolition waste.</p> <p>This option is a redevelopment of existing site/brownfield.</p> <p>All new construction would allow for the most environmentally efficient systems and materials.</p>	<p>Since the new site will be within the urban centre of the Town of Bracebridge, it would not contribute to urban sprawl.</p> <p>With the assumption that the existing site would be repurposed, there would be no demolition waste.</p> <p>All new construction would allow for the most environmentally efficient systems and materials.</p>	<p>Renovation of the existing buildings would reuse existing physical assets.</p> <p>This option is a redevelopment of existing site/brownfield.</p> <p>The reuse of the existing building may result in less environmentally efficient systems.</p>	<p>Demolition of the existing building would add to the regional landfill with the demolition waste.</p> <p>This option is a redevelopment of existing site/brownfield.</p> <p>All new construction would allow for the most environmentally efficient systems and materials.</p>
	2	3	3	2	3

Design Guiding Principles	South Muskoka Memorial Hospital Development Options			Huntsville District Memorial Hospital Options	
	Renovation / Expansion (B1)	Replacement on Current Land (B2)	New Build on New Land (B3)	Renovation / Expansion (H1)	Replacement on Current Land (H2)
<b>Promotes Community Connection and System Integration</b>	The existing community connections will be maintained; however, the site access will be changed, with the existing access from Liddard becoming the primary entrance. Access from Hwy 11 will remain as somewhat remote.	Opportunity for community connection is good through maintaining the existing access from Liddard and Ann street to the site with the new build option.  The scale of the building will be significant.  Access from Hwy 11 will remain as somewhat remote.	The scale and location of the new building on new land will have most ideal impact on the community. It will allow for the development of strong community connection and system integration.	Existing community connections will be maintained. Opportunity for further community connection is good with this site through coordination with the adjacent long-term care development which will promote further connection and system integration.	Existing community connections will be maintained. Opportunity for further community connection is good with this site through coordination with the adjacent long-term care development which will promote further connection and system integration.
	2	1	3	3	3
<b>Meets the 'Quadruple Aim'</b>	The renovation and expansion of the current facility would be able to meet some of the "Quadruple Aim" priorities of better health; better care; better value; and better provider experience.	A new building on the current site would be able to meet most of the "Quadruple Aim" priorities of better health; better care; better value; and better provider experience.	A new building on a new site would be able to meet all the "Quadruple Aim" priorities of better health; better care; better value; and better provider experience.	The renovation and expansion of the current facility would be able to meet some of the "Quadruple Aim" priorities of better health; better care; better value; and better provider experience.	A new building on the current site would be able to meet all the "Quadruple Aim" priorities of better health; better care; better value; and better provider experience.
	2	3	3	2	3
<b>Score</b>	15	20	27	18	27



Quantitative Criteria	South Muskoka Memorial Hospital Development Options			Huntsville District Memorial Hospital Options	
	Renovation / Expansion (B1)	Replacement on Current Land (B2)	New Build on New Land (B3)	Renovation / Expansion (H1)	Replacement on Current Land (H2)
<b>Cost</b>	Estimated construction cost: \$188 M Estimated project cost: \$285 M	Estimated construction cost: \$195 M Estimated project cost: \$296 M	Estimated construction cost: \$185 M Estimated project cost: \$284 M <small>Note: cost excludes Land Acquisition, Servicing, etc.</small>	Estimated construction cost: \$186 M Estimated project cost: \$284 M	Estimated construction cost: \$193 M Estimated project cost: \$295 M
	3	3	3	3	3
<b>Project Duration</b>	Up to 6 years – 2 primary phases Decanting	Up to 5 years – 2 primary phases	Up to 4 years – 1 phase	Up to 6 years – 2 primary phases; Decanting	Up to 5 years – 2 primary phases
	1	2	3	1	2
<b>Community Support</b>	54% of survey respondents agreed it meets needs of community	51% of survey respondents agreed it meets needs of community	65% of survey respondents agreed it meets needs of community	62% of survey respondents agreed it meets needs of community	68% of survey respondents agreed it meets needs of community
	2	2	3	2	3
<b>Regulatory Support</b>	Since the existing bylaw sets the building height limit at 10.5m, the proposed development would require planning approval.  The proposed design option encroaches on the existing environmental protection zone, which would require approval.	Since the existing bylaw sets the building height limit at 10.5m, the proposed development would require planning approval.  The proposed design option encroaches on the existing environmental protection zone, which would require approval.	Zoning by-laws to be reviewed once site has been selected.	Since the existing bylaw sets the building height limit at 11m, the proposed development would require planning approval.	Since the existing bylaw sets the building height limit at 11m, the proposed development would require planning approval.
	2	2	3	3	3
<b>Affordability</b>	All options are considered to have an equal level of affordability for this community.	All options are considered to have an equal level of affordability for this community.	All options are considered to have an equal level of affordability for this community.	All options are considered to have an equal level of affordability for this community.	All options are considered to have an equal level of affordability for this community.
	3	3	3	3	3
<b>Score</b>	11	12	15	12	14
<b>Total Score</b>	26	32	42	30	41

### 3.4 Preferred Development Plan option

The development option evaluation process produced scores for each of the options.

The Renovation/Expansion Option, for both the SMMH and HDMH sites, scored the lowest. This was primarily due to the existing building condition to be the least flexible to accommodate future growth.

The Replacement on Current Land, for both SMMH and HDMH, and New Build on New Land, score relatively higher. A new building would provide the best opportunity to maximize daylight and views. Also, a new building would provide the most optimal layout for future growth options.

Refer to summary matrix below.

#### South Muskoka Memorial Hospital Development Options

	Renovation / Expansion (B1)	Replacement on Current Land (B2)	New Build on New Land (B3)
<b>Design Guiding Principles</b>			
Aligns with the goals of the MAHC organization	2	3	3
Supports Patient and Family – Centered Care	2	3	3
Promotes Health and Wellness	2	2	3
Facilitates Operational Excellence	1	2	3
Facilitates Future Flexibility	1	1	3
Enables Innovation	1	2	3
Enables Environmental Sustainability	2	3	3
Promotes Community Connection and System Integration	2	1	3
Meets the 'Quadruple Aim'	2	3	3
score	15	20	27
<b>Quantitative Criteria</b>			
Cost	3	3	3
Project Duration	1	2	3
Community Support	2	2	3
Regulatory Support	2	2	3
Affordability	3	3	3
score	11	12	15
<b>Total score</b>	<b>26</b>	<b>32</b>	<b>42</b>

Huntsville District Memorial Hospital Development Options

	Renovation / Expansion (H1)	Replacement on Current Land (H2)
<b>Design Guiding Principles</b>		
Aligns with the goals of the MAHC organization	2	3
Supports Patient and Family – Centered Care	2	3
Promotes Health and Wellness	3	3
Facilitates Operational Excellence	1	3
Facilitates Future Flexibility	2	3
Enables Innovation	1	3
Enables Environmental Sustainability	2	3
Promotes Community Connection and System Integration	3	3
Meets the 'Quadruple Aim'	2	3
score	18	27
<b>Quantitative Criteria</b>		
Cost	3	3
Project Duration	1	2
Community Support	2	3
Regulatory Support	3	3
Affordability	3	3
score	12	14
<b>Total score</b>	<b>30</b>	<b>41</b>

3.4.1 Recommendation

The Capital Plan Development Task Force recommends that the Board of Directors approve for submission to the North Simcoe Muskoka Local Health Integration Network and Ministry of Health the following building design options for the future redevelopment of the Muskoka Algonquin Healthcare Two Acute Sites service delivery model:

- **New hospital build on current land for the Huntsville site**
- **New hospital build on new land for the South Muskoka site**



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# Capital Plan Development Task Force Update #23

RELEASE: September 28, 2018

The Capital Plan Development Task Force reconvened on September 24, having completed half of its mandate — the Part A work related to defining programs and services that MAHC proposes to provide in the future, and identifying a preferred two acute sites model for the future that has been endorsed by the MAHC Board of Directors.

The Task Force's Part B work is underway to study options for the physical building infrastructure approach, the siting of the two acute sites, cost estimates, and the local share plan for the community's portion of the cost. This work is much more technical and will rely heavily on the consultant experts and MAHC clinical leader expertise through workshops that will explore things like footprint size of the clinical program and service spaces and adjacencies to one another.

The Task Force revisited its terms of reference and supported changes to its role and membership, having received resignations of Don Mitchell due to competing commitments, and Philip Matthews who in June became the MAHC Board Chair. As well, MAHC Chief Nursing Executive & Clinical Services Esther Millar has joined the Task Force, bringing clinical and nursing expertise and experience. The Task Force confirmed its role is to endorse the approach to planning and key design principles, receive summaries of workshop findings and consultant reports, and provide guidance, insight, and oversight on communication, engagement and community education and the development of a local share funding and financing plan. The Task Force will continue its oversight of the project schedule, which is anticipated to culminate in the spring of 2019 with a recommendation of preferred development options to the MAHC Board.

The Task Force directed the consultants to study a number of potential physical development options for the two acute sites model, and is working to finalize design parameters that include alignment with the goals of the MAHC organization, a patient- and family-focused approach, the promotion of health and wellness, operational excellence and environmental sustainability, for example.

Due to the highly technical nature of the Part B work, the Task Force will meet less regularly. The next Task Force meeting is October 22, 2018.

## \*Part B of Stage 1

### Membership

Cameron Renwick (Chair)

Scott Aitchison

Dr. Sheena Branigan

Natalie Bubela

Charlane Cluett

Dr. Caroline Correia

Dr. Keith Cross

John Curran

Jan Davidson

Peter Deane

Donna Denny

Michael Duben

Harold Featherston

Dr. Graeme Gair

Dr. Biagio Iannantuono

Dr. Jennifer Macmillan

Dr. David Mathies

Cathy McMurray

Esther Millar

Graydon Smith

Terry Shields

Eric Spinks

Cathy Still

Beth Ward



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# Capital Plan Development Task Force Update #24

RELEASE: November 2, 2018

## \*Part B of Stage 1

### Membership

Cameron Renwick (Chair)  
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Dr. Sheena Branigan  
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Charlane Cluett  
Dr. Caroline Correia  
Dr. Keith Cross  
John Curran  
Jan Davidson  
Peter Deane  
Donna Denny  
Michael Duben  
Harold Featherston  
Dr. Graeme Gair  
Dr. Biagio Iannantuono  
Dr. Jennifer Macmillan  
Dr. David Mathies  
Cathy McMurray  
Esther Millar  
Graydon Smith  
Terry Shields  
Eric Spinks  
Cathy Still  
Beth Ward

The Capital Plan Development Task Force met on October 22.

The architectural consultant from Stantec engaged members in dialogue regarding 'Design Guiding Principles' that will serve as the goals and objectives for developing the future physical facilities for the Two Acute Sites model. The Task Force identified seven guiding principles for consideration. More work to clearly define each guiding principle is underway and the Task Force will unveil the Design Guiding Principles once they are finalized.

The Task Force reviewed the Site Analysis Report for each of the existing MAHC sites. The report provided high-level context of each site's current location, articulated the current traffic circulation at each site, and the topography of the properties. As well, within the context of the existing properties, the report provided the conceptual development options for each site, such as renovation and addition, and new build. For the South Muskoka site, a greenfield approach where a hospital would be built on a different piece of land was also discussed.

The Task Force received an update on the service distribution workshop held on Oct. 10 with MAHC clinicians and leadership and the Resource Planning Group consultants. The purpose of the workshop was to complete the clinical and support services modelling to account for the future space required to provide core services (emergency care, inpatient care, surgical services) at each of the Two Acute Sites. The workshop identified the future bed distribution across the Two Acute Sites using 36-bed unit sizes. The workshop also served to allocate outpatient services aligned to the inpatient services where appropriate, and reflected continued single siting of some outpatient services as they are today.

Discussion around the Ministry's expectations regarding the local share of the redevelopment cost included clarification that the Stage 1 Proposal requires a 'Funding/Financing Plan'. This plan is high-level assurance of how the redevelopment would be funded with evidence of financial viability of the funders, as well as the potential commitment from the hospital foundations and greater community. The foundations are developing a feasibility study in conjunction with MAHC and will involve consultation with municipal governments. The next Task Force meeting is December 10, 2018.



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# Capital Plan Development Task Force Update #25

RELEASE: December 27, 2018

## \*Part B of Stage 1

### Membership

Cameron Renwick (Chair)  
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Natalie Bubela  
Charlane Cluett  
Dr. Caroline Correia  
Dr. Keith Cross  
John Curran  
Jan Davidson  
Peter Deane  
Donna Denny  
Michael Duben  
Harold Featherston  
Dr. Graeme Gair  
Dr. Biagio Iannantuono  
Dr. Jennifer Macmillan  
Dr. David Mathies  
Cathy McMurray  
Esther Millar  
Graydon Smith  
Terry Shields  
Eric Spinks  
Cathy Still  
Beth Ward

The Capital Plan Development Task Force met on December 10.

The Task Force revisited the 'Design Guiding Principles' identified to serve as the goals and objectives for developing the future physical facilities for the Two Acute Sites model. Members reviewed draft definitions of each guiding principle, and with additional refinement, are looking forward to finalizing these values and their meanings to guide the principles of design.

The Task Force received an update on a second 'blocking and stacking' workshop on Nov. 10 led by the planning consultants with approximately 50 MAHC staff, physicians and leadership participants. Using breakout groups, the workshop engaged participants in key spatial relationships and physical adjacencies of programs and services, and ideal access for each of the potential options for redevelopment. The options that are being considered for both sites include: renovation and addition and complete new build. For the South Muskoka site, a greenfield approach where a hospital would be built on a different piece of land is also contemplated. The Task Force reviewed mock-ups that have been conceptualized by the Stantec architectural firm following the workshop. The mock-ups demonstrate the most ideal expansion and/or development areas on each piece of land, and blocking of the various services on each potential floor of each building. The Task Force was informed these high-level design options will be brought back to the third and final workshop in December for workshop participants to review. The Task Force will present finalized options to the community in the New Year before recommending a preferred design option for each of the Two Acute Sites model to the MAHC Board of Directors in the spring of 2019.

The Task Force continued to discuss the local share requirement for financing the Two Acute Sites redevelopment. The Foundations presented some of their research with respect to a fundraising feasibility study that has included key individuals through focus groups and interviews in order to determine a potential capital commitment from each Foundation. A small working group is also being developed to focus on the balance of the anticipated local share requirement and strategies for how it could be raised.

The next Task Force meeting is February 4, 2019.



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# Capital Plan Development Task Force Update #26

RELEASE: February 15, 2019

## \*Part B of Stage 1

### Membership

Cameron Renwick (Chair)  
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Dr. Keith Cross  
John Curran  
Jan Davidson  
Peter Deane  
Donna Denny  
Michael Duben  
Harold Featherston  
Dr. Graeme Gair  
Dr. Biagio Iannantuono  
Dr. Jennifer Macmillan  
Dr. David Mathies  
Cathy McMurray  
Esther Millar  
Graydon Smith  
Terry Shields  
Eric Spinks  
Cathy Still  
Beth Ward

The Capital Plan Development Task Force met on February 4.

The Task Force approved the 'Design Guiding Principles' that are serving as the goals and objectives for designing the future physical facilities for the Two Acute Sites model with emergency, inpatient and surgical services at each site, plus a stroke rehabilitation unit and the addition of MRI technology. These guiding principles are posted on the MAHC website at: <http://bit.ly/2BCK28B>.

The building development options that are being considered for both sites include: renovation and addition, or a complete new build. For the South Muskoka site, a greenfield approach where a hospital would be built on a different piece of land is also contemplated.

The Task Force received an update on the final 'blocking and stacking' workshop with clinicians in December that confirmed the space needs for the future services at each of the Two Acute Sites and the appropriate clinical adjacencies. From these workshops, the architectural consultant Stantec has developed high-level floor plans that were shown to the Task Force. The floor plans depict the blocks of space anticipated for each of the various services on each potential floor of each building that will be sent to a cost consultant for construction cost estimates. Stantec also showed the conceptual development options of where and how buildings could take shape on the properties in the future in line with the most ideal expansion and/or development areas.

The Task Force confirmed plans to engage the community through information sessions across the region the week of March 4-8 where the building options being considered will be explained and community feedback invited through online survey and hard copy forms.

The Task Force continued to discuss the local share requirement for financing the Two Acute Sites redevelopment. The Task Force received a presentation from a charitable sector consultant (KCI) regarding the feasibility of raising the community's local share of the redevelopment cost through donations. KCI examined the Foundations' philanthropic history to help estimate each Foundation's capacity for capital redevelopment fundraising and also provides campaign advice.

The next Task Force meeting is March 4, 2019.



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# Capital Plan Development Task Force Update #27

RELEASE: March 15, 2019

## \*Part B of Stage 1

### Membership

Cameron Renwick (Chair)  
Scott Aitchison  
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Charlane Cluett  
Dr. Caroline Correia  
Dr. Keith Cross  
John Curran  
Jan Davidson  
Peter Deane  
Donna Denny  
Michael Duben  
Harold Featherston  
Dr. Graeme Gair  
Dr. Biagio Iannantuono  
Dr. Jennifer Macmillan  
Dr. David Mathies  
Cathy McMurray  
Esther Millar  
Graydon Smith  
Terry Shields  
Eric Spinks  
Cathy Still

The Capital Plan Development Task Force met on March 4.

The Task Force received an update on the community engagement plan for presenting the building design options to the public. Task Force members provided feedback on the community presentation that was given at each of the six information sessions the week of March 4-8. Members were encouraged to attend sessions as schedules would allow to represent the Task Force and speak to community members at the poster boards stations for each of the five building design options. MAHC engaged nearly 400 people with information sessions and questions asked were insightful. All materials from the information sessions are on the MAHC website at [bit.ly/2BCK28B](http://bit.ly/2BCK28B). The Task Force supported development of a [video series](#) to help explain the options and how to provide feedback in hopes of reaching those who did not attend. The feedback survey will remain open until March 24 and can be accessed at <https://www.surveymonkey.com/r/MAHCfuture>.

The Task Force was informed about the Ford government's recent announcement regarding health care restructuring, and was advised that the Ministry direction to MAHC is to continue through the future planning work on the Stage 1 Proposal.

The Task Force received the preliminary construction cost estimates for the building design options. The Task Force was reminded that furniture, fixtures and equipment, and other items such as land acquisition or servicing of land (if necessary) are not considered in the construction costs. The Task Force understood that the estimates are directional and are intended to provide a potential order of magnitude to assist Task Force members in comparing the relative differences and in evaluating the options. Additional work to refine the costs is anticipated for the preferred options in line with considerations of potential phasing of redevelopment projects, for example.

The Task Force considered the criteria it will use to evaluate the options. The draft criteria reflects qualitative criteria utilizing the approved [Design Guiding Principles](#), and quantitative criteria including costs, approvals, construction duration and phasing, and community feedback.

The next Task Force meeting is April 8, 2019.





Planning Together for Our Future Generations



# Capital Plan Development Task Force Update #28

RELEASE: April 29, 2019

## \*Part B of Stage 1

### Membership

Cameron Renwick (Chair)  
Scott Aitchison  
Dr. Sheena Branigan  
Natalie Bubela  
Charlane Cluett  
Dr. Caroline Correia  
Dr. Keith Cross  
John Curran  
Jan Davidson  
Peter Deane  
Donna Denny  
Michael Duben  
Harold Featherston  
Dr. Graeme Gair  
Dr. Biagio Iannantuono  
Dr. Jennifer Macmillan  
Dr. David Mathies  
Cathy McMurray  
Esther Millar  
Graydon Smith  
Terry Shields  
Eric Spinks  
Cathy Still

The Capital Plan Development Task Force would like to thank all those who attended the March community information sessions and/or took the time to respond to a feedback survey about the building design options. A total of 140 responses were received. Common themes for each of the building options were summarized into a report that was presented to the Task Force at its April 8 meeting. Common themes focused on cost and affordability of the options, while also weighing in on the disadvantages of access to care during renovation. Although options seemed to rank differently for respondents, the Task Force determined from the feedback that generally all options seem reasonable and would meet the needs for future hospital care. The full report is available on the [MAHC website](#).

The Task Force discussed the initial construction cost report. Revised figures were shared as a result of standardizing the potential space needs associated with onsite community partners to ensure that the option costs are equally comparable. The Task Force reinforced that cost estimates at this point are directional to inform its evaluation of the building design options, and will continue to be refined after preferred options for each of the Two Acute Sites are selected, and on a go-forward basis at each stage of the capital planning process.

Work continues around the 'local share' component as meetings involving elected officials and stakeholders from each Foundation are taking place to help determine local share requirements and identify opportunities and strategies to raise the local share. Beyond the construction costs of the options, it is recognized that fixtures, furnishings and equipment are substantial additional costs to be funded by the local community. A detailed analysis of these needs is underway to further inform the potential total magnitude of cost for the building design options before the Task Force completes its evaluation of the options.

With the continued dialogue occurring with respect to costs, affordability, local share and the potential to scale or phase construction, the Task Force acknowledged its recommendation is not likely to come forward to the MAHC Board of Directors before the summer of 2019.

The Task Force is awaiting a call of the chair for its next meeting once details and information resulting from the local share working group work become available.



Planning Together for Our Future Generations



# Capital Plan Development Task Force Update #29

RELEASE: September 18, 2019

## \*Part B of Stage 1

### Membership

Cameron Renwick (Chair)  
Dr. Khaled Abdel-Razek  
Dr. Sheena Branigan  
Natalie Bubela  
Charlane Cluett  
Dr. Caroline Correia  
Dr. Keith Cross  
John Curran  
Jan Davidson  
Peter Deane  
Donna Denny  
Michael Duben  
Harold Featherston  
Dr. Graeme Gair  
Dr. Jennifer Macmillan  
Dr. David Mathies  
Cathy McMurray  
Janice Raine  
Graydon Smith  
Terry Shields  
Eric Spinks  
Cathy Still  
Karin Terziano\*

*\*for Scott Aitchison*

The Capital Plan Development Task Force reconvened on September 12 for its final meeting to complete its evaluation of the [five building design options](#) contemplated for the Two Acute Sites service delivery model. The options considered for both sites include: renovation and expansion, or a complete new build. For the South Muskoka site, a further approach to build a new hospital on a different piece of land was also considered.

The task force's analysis included [construction cost estimates](#) from a cost consultant, [public consultation and feedback](#) on the options, in-depth study of the local share portion of the capital cost that the community is responsible for through the Ministry's capital planning process, and objective and subjective evaluation of the options using approved [design guiding principles](#) and quantitative criteria.

To assist the task force in completing its evaluation, a Local Share Working Group was formed to determine the financial contribution that could be required of our communities and identify opportunities and strategies to raise these funds. Having met several times over the spring and summer, representatives of the Local Share Working Group presented their findings to the task force at the meeting. The task force understands from this work that the local share is relatively the same and not materially different for each option, and that the hospital foundations, District of Muskoka and area municipalities recognize the financial commitment required and philosophically support the need.

With the affordability piece of work accepted, the task force evaluated the options by the scoring the options against the design guiding principles and quantitative criteria. The task force arrived at a unanimous recommendation of a:

- New hospital build on current land for the Huntsville site
- New hospital build on new land for the South Muskoka site

The task force looks forward to bringing a formal report with this recommendation to the MAHC Board of Directors at its regular meeting on October 10, 2019.

The Chair thanked all members of the task force for their hard work, dedication and commitment to hospital future planning over the past 25 months.

# Communications Rollout Plan/Check List

Project: Capital Planning Process - Stage 1 - Communication Record

Created: June 2017  
Last updated: October 3, 2019

## COMMUNICATIONS OBJECTIVES

- To openly communicate the capital planning process and educate stakeholders of the rationale for completing the capital planning process.
- To reinforce the lengthy timelines of the Ministry's capital planning process and that a future plan won't be realized for 15-20 years.
- To inform stakeholders of our communities about the current state of our facilities and the millions in infrastructure needs.
- To create interest and excitement in future redevelopment.

## KEY AUDIENCES - in no particular order

- MAHC Board of Directors
- Unions
- Partner Hospitals & LHINS
- MAHC Leadership Team
- Community Health Care Providers
- Area Politicians & CAOs
- MAHC Staff & Physicians
- Service Clubs & Community Groups
- Media
- Foundations & Auxiliaries
- Cottager/Lake Associations
- Public (Community at large)

## KEY MESSAGES - prepared separately as per message to be delivered

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
May 11, 2017	Internal - Board of Directors	Meeting	<ul style="list-style-type: none"> <li>• Advise of planning grant</li> </ul>	E. Brown	COMPLETE
May 27, 2017	External - Ministry of Health and Long-Term Care Capital Branch	Meeting	<ul style="list-style-type: none"> <li>• Review planning agreement, reporting requirements, ministry expectations</li> </ul>	N. Bubela H. Featherston	COMPLETE
June 6, 2017	External - Ministry of Health and Long-Term Care Capital Branch	Meeting	<ul style="list-style-type: none"> <li>• MAHC planning projections (HBAM)</li> <li>• Ministry introduced 30-year planning horizon (direction to MAHC to consider four planning horizons: 8, 15, 20, 30 years)</li> </ul>	N. Bubela H. Featherston	COMPLETE
June 8, 2017	Internal - Board of Directors	Meeting	<ul style="list-style-type: none"> <li>• Provide additional details around planning grant</li> </ul>	N. Bubela	COMPLETE
June 20, 2017	External - Gravenhurst Town Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>• Include planning for the future topic in council update</li> </ul>	E. Brown N. Bubela	COMPLETE
June 22, 2017	Internal - Board Executive Committee	Meeting Briefing Note	<ul style="list-style-type: none"> <li>• Provide update; present draft Briefing Note &amp; Communication Plan</li> </ul>	E. Brown H. Featherston	COMPLETE
June 26, 2017	Internal - CEO	Email from MOHLTC	<ul style="list-style-type: none"> <li>• Embargo lifted allowing dissemination of announcement</li> </ul>	MOHLTC	COMPLETE
June 27, 2017	Internal - Managers	Leadership Meeting	<ul style="list-style-type: none"> <li>• Advise of confidential information regarding Stage 1 announcement</li> </ul>	N. Bubela	COMPLETE
June 28, 2017	Internal - Staff, Physicians, Volunteers	Memo	<ul style="list-style-type: none"> <li>• Provide notice of upcoming Town Hall meeting (includes planning for future topic)</li> </ul>	A. Snelling	COMPLETE
June 29, 2017	Internal - Board Executive Committee	Email & Proposed News Release	<ul style="list-style-type: none"> <li>• Share revised news release in follow up to June 22 meeting EC feedback</li> </ul>	T. Tkachuk	COMPLETE
June 30, 2017	Internal - Board of Directors	Meeting Package	<ul style="list-style-type: none"> <li>• Circulate communication plan, key messages, news release in addition to executive briefing note and terms of reference</li> </ul>	A. Snelling T. Tkachuk	COMPLETE
July 5, 2017	Internal - Board of Directors	Special Meeting	<ul style="list-style-type: none"> <li>• Obtain support for MAHC Capital Development Planning Task Force model</li> </ul>	N. Bubela H. Featherston	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
July 7, 2017	Internal/External	Website	<ul style="list-style-type: none"> <li>Update webpage to advise of commencement of Stage 1 work; reflect backgrounder messages</li> </ul>	A. Snelling	COMPLETE
July 7, 2017 0900hrs	Internal - Staff, Physicians, Volunteers	Memo	<ul style="list-style-type: none"> <li>Advise of Stage 1 announcement and planning grant</li> </ul>	A. Snelling	COMPLETE
July 7, 2017 0930hrs	Internal - Foundation Boards Internal - Auxiliary Executives	Letter	<ul style="list-style-type: none"> <li>Advise of Stage 1 announcement and planning grant</li> </ul>	A. Snelling	COMPLETE
July 7, 2017 0900-1000hrs	External - Leaders - Mayors, MP, MPP	Quarterly Teleconference	<ul style="list-style-type: none"> <li>Advise of Stage 1 announcement and planning grant, communication rollout</li> <li>Ask Paisley Donaldson if we should revisit Gravenhurst council?</li> </ul>	E. Brown N. Bubela A. Snelling	COMPLETE
July 7, 2017 1130-1200hrs	External - MAHST Executive Council	Teleconference	<ul style="list-style-type: none"> <li>Advise of Stage 1 announcement and planning grant</li> </ul>	N. Bubela	COMPLETE
July 7, 2017 1300hrs	External - MAHST (Cheryl/Molly)	Email	<ul style="list-style-type: none"> <li>Request sharing of news release to MAHST participants</li> </ul>	A. Snelling	COMPLETE
July 7, 2017	External - MAHST Executive & General Council & Working Group	Email & News Release	<ul style="list-style-type: none"> <li>Advise of Stage 1 announcement and &amp; planning grant</li> </ul>	D. Mitchell C. Faber	COMPLETE
July 7, 2017 1300hrs	External - Community/Media	News Release	<ul style="list-style-type: none"> <li>Advise of Stage 1 work announcement &amp; planning grant</li> </ul>	A. Snelling	COMPLETE
July 7, 2017 1300hrs	External - Community Provider Partners External - Muskoka Municipal CAOs	Email & News Release	<ul style="list-style-type: none"> <li>Advise of Stage 1 work announcement &amp; planning grant</li> </ul>	A. Snelling	COMPLETE
July 7, 2017 1300hrs	External - Partner Hospital CEOs & Communicators in NSM, North Bay, West Parry Sound, NSM/NE LHIN	Email & News release	<ul style="list-style-type: none"> <li>Advise of Stage 1 work announcement &amp; planning grant</li> </ul>	A. Snelling	COMPLETE
July 8, 2017	External - Mary Lake Association	Meeting PowerPoint	<ul style="list-style-type: none"> <li>Advise of Stage 1 work announcement &amp; planning grant</li> </ul>	P. Matthews N. Bubela	COMPLETE
July 11, 2017	Internal - Staff, Physicians, Volunteers	Town Hall Meeting	<ul style="list-style-type: none"> <li>Include topic in Town Hall Meeting</li> <li>Take questions</li> </ul>	N. Bubela H. Featherston A. Snelling	COMPLETE
July 11, 2017	External - Bracebridge Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	E. Brown N. Bubela	COMPLETE
July 13, 2017	External - Muskoka Lakes Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	E. Brown N. Bubela	RESCHEDULED
July 18, 2017	External - Lake of Bays Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	COMPLETE
July 24, 2017	External - Huntsville Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	E. Brown N. Bubela	COMPLETE
July 28, 2017	External - Community	CEO Blog	<ul style="list-style-type: none"> <li>Advise of Stage 1 announcement and planning grant</li> </ul>	A. Snelling	COMPLETE
August 8, 2017	External - Gravenhurst Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Revisit Gravenhurst council with Stage 1 announcement slides</li> </ul>	E. Brown N. Bubela	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
August 8, 2017	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Create post that reinforces Stage 1 work announcement/planning grant (share local TV interview video link and CEO blog)</li> </ul>	A. Snelling	COMPLETE
August 10, 2017	Internal/External - Interdisciplinary Planning Team	Email Invitation	<ul style="list-style-type: none"> <li>Invitation to key stakeholders to participate in data validation workshop</li> </ul>	A. Snelling	COMPLETE
August 16, 2017	Internal - Physicians External - Community Primary Care	Email Invitation	<ul style="list-style-type: none"> <li>Advise of Information Sessions for physicians and community care providers</li> </ul>	A. Snelling	COMPLETE
August 17 & 24 2017	Internal/External	Newspaper ad	<ul style="list-style-type: none"> <li>Advertise five community information sessions in Muskoka Region &amp; Almaguin News</li> </ul>	A. Snelling	COMPLETE
August 17, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Memo News Release	<ul style="list-style-type: none"> <li>Introduce membership of Capital Plan Development Task Force</li> </ul>	A. Snelling	COMPLETE
August 18, 2017	Internal - Staff, Physicians, Volunteers	Memo	<ul style="list-style-type: none"> <li>Promote five community information sessions, internal Town Hall</li> </ul>	A. Snelling	COMPLETE
August 18, 2017	External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Digital Advert	<ul style="list-style-type: none"> <li>Promote five community information sessions</li> </ul>	A. Snelling	COMPLETE
<b>Capital Plan Development Task Force begins meeting (August 21, 2017) PART A</b>					
August 21, 2017	External - Community	Facebook	<ul style="list-style-type: none"> <li>Promote Capital Plan Development Task Force first meeting, point to CPDTF web page with membership</li> </ul>	A. Snelling	COMPLETE
August 22-25, 2017	External - Community	Radio ad on two Moose FM stations	<ul style="list-style-type: none"> <li>Promote community information sessions</li> </ul>	A. Snelling	COMPLETE
August 22, 2017	External - Community	Facebook Event	<ul style="list-style-type: none"> <li>Event created for five Community Information Sessions</li> </ul>	A. Snelling	COMPLETE
August 23, 2017	External - Community	Facebook	<ul style="list-style-type: none"> <li>'Share' created event for five Community Information Sessions</li> </ul>	A. Snelling	COMPLETE
August 24, 2017	External - Huntsville-Lake of Bays Rotary Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela H. Featherston	COMPLETE
August 24, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #1</li> </ul>	A. Snelling	COMPLETE
August 28-Sept. 1, 2017	External - Community	Radio ad on two Moose FM stations	<ul style="list-style-type: none"> <li>Advertise each individual session on info session date</li> </ul>	A. Snelling	COMPLETE
August 28, 2017	External - Community	Feedback Survey	<ul style="list-style-type: none"> <li>Complete survey build, and launch online feedback survey</li> </ul>	A. Snelling	COMPLETE
August 28, 2017	External - Community	Facebook	<ul style="list-style-type: none"> <li>Promote five Community Information Sessions</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
August 28, 2017	External - Gravenhurst area	Community Information Session	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria</li> </ul>	C. Renwick C. Faber Dr. D Mathies N. Bubela H. Featherston	COMPLETE
August 29, 2017	External - Community	Facebook	<ul style="list-style-type: none"> <li>Promote five Community Information Sessions by sharing photos of Gravenhurst event</li> </ul>	A. Snelling	COMPLETE
August 29, 2017	Internal - Staff, Physicians, Volunteers	Town Hall Meeting	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria in Town Hall Meeting</li> <li>Take questions, seek survey feedback</li> </ul>	N. Bubela H. Featherston A. Snelling	COMPLETE
August 29, 2017	External - East Parry Sound area	Community Information Session	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria</li> <li>Clarify information; seek survey feedback</li> </ul>	C. Renwick D. Mitchell Dr. D Mathies N. Bubela H. Featherston	COMPLETE
August 30, 2017	Internal - Physicians External - Community Primary Care	Info Session (rounds HDMH)	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria</li> <li>Clarify information; seek survey feedback</li> </ul>	N. Bubela H. Featherston Dr. C. Correia	COMPLETE
August 30, 2017	External - Bracebridge area	Community Information Session	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria</li> <li>Clarify information; seek survey feedback</li> </ul>	C. Renwick C. Faber Dr. D. Mathies N. Bubela H. Featherston	COMPLETE
August 31, 2017	Internal - Physicians External - Community Primary Care	Info Session (rounds SMMH)	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria</li> <li>Clarify information; seek survey feedback</li> </ul>	N. Bubela H. Featherston Dr. K. Cross	COMPLETE
August 31, 2017	External - Huntsville area	Community Information Session	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria</li> <li>Clarify information; seek survey feedback</li> </ul>	C. Renwick D. Mitchell Dr. D. Mathies N. Bubela H. Featherston	COMPLETE
September 1, 2017	External - Muskoka Lakes area	Community Information Session	<ul style="list-style-type: none"> <li>Present model concepts, evaluation criteria</li> <li>Clarify information; seek survey feedback</li> </ul>	C. Renwick C. Faber Dr. K. Jewell N. Bubela H. Featherston	COMPLETE
September 5, 2017	External - Community	Website	<ul style="list-style-type: none"> <li>Post community information session presentation and two fold-backgrounder on website</li> </ul>	A. Snelling	COMPLETE
September 5, 2017	External - Community	Facebook	<ul style="list-style-type: none"> <li>Promote feedback survey; point to community information session presentation and two fold- backgrounder on website and survey link</li> </ul>	A. Snelling	COMPLETE
September 5-6, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Memo News Release	<ul style="list-style-type: none"> <li>Share community information session presentation and survey link broadly</li> </ul>	A. Snelling	COMPLETE
September 5, 2017	Internal/External - Interdisciplinary Planning Team	Email	<ul style="list-style-type: none"> <li>Provide participants with Workshop Agenda</li> </ul>	H. Featherston	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
September 7, 2017	Internal/External - Interdisciplinary Planning Team	Workshop #1	<ul style="list-style-type: none"> <li>Validate data through Stage 1 Planning workshop</li> <li>Direction received to hold subsequent session with ED/Surgical groups</li> </ul>	RPG/Preyra H. Featherston	COMPLETE
Throughout September 2017	Internal/External - Feedback Survey promotion	Media Release, Newspaper ads, Facebook, email blasts, posters	<ul style="list-style-type: none"> <li>Promote survey extensively using various tactics</li> <li>Provide hard copies in key locations and upon request</li> </ul>	A. Snelling	COMPLETE
September 13, 2017	Internal - Board Strategic Planning Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on planning work</li> <li>Seek direction as necessary</li> </ul>	C. Renwick H. Featherston	COMPLETE
September 14, 2017	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick	COMPLETE
September 14, 2017	External - Muskoka Lakes Council	PowerPoint Deputation	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	E. Brown N. Bubela	COMPLETE
September 18, 2017	Internal/External - Interdisciplinary Planning Team	Email	<ul style="list-style-type: none"> <li>Provide Workshop participants with thank you, minutes, and PowerPoint slides</li> </ul>	H. Featherston	COMPLETE
September 19, 2017	Internal - Staff, Physicians, Volunteers	Memo	<ul style="list-style-type: none"> <li>Promote feedback survey</li> </ul>	A. Snelling	COMPLETE
September 20, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #2</li> </ul>	A. Snelling	COMPLETE
September 20, 2017	External - Huntsville Rotary Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela H. Featherston	COMPLETE
September 21, 2017	External - Community	Facebook	<ul style="list-style-type: none"> <li>Promote feedback survey</li> </ul>	A. Snelling	COMPLETE
September 21, 2017	External - Community	CEO Blog	<ul style="list-style-type: none"> <li>Promote feedback survey</li> </ul>	A. Snelling	COMPLETE
September 29, 2017	Internal - Staff, Physicians, Volunteers	Email	<ul style="list-style-type: none"> <li>Promote feedback survey</li> </ul>	A. Snelling	COMPLETE
September 29, 2017	External - Community	Facebook	<ul style="list-style-type: none"> <li>Promote feedback survey</li> </ul>	A. Snelling	COMPLETE
September 29, 2017	External - Community Partners, Service Clubs, Lake Associations, Chambers of Commerce, BIAs, Libraries, Health Care Partners, Municipalities, Political Leaders	Email	<ul style="list-style-type: none"> <li>Promote feedback survey</li> </ul>	A. Snelling	COMPLETE
October 3, 2017	External - Media	News Release	<ul style="list-style-type: none"> <li>Promote feedback survey</li> </ul>	A. Snelling	COMPLETE
October 4, 2017	Internal - Patient & Family Advisory Committee	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning</li> <li>Hold Q&amp;A</li> </ul>	N. Bubela H. Featherston	COMPLETE
October 5, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #3 and #4</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
	Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals				
October 5, 2017	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Email Invitation	<ul style="list-style-type: none"> <li>Invitation to key stakeholders to participate in Two, Two-Site Models Workshop</li> </ul>	H. Featherston P. Bildson	COMPLETE
October 6, 2017	External - Muskoka Mayors, MP, MPP	Quarterly Teleconference	<ul style="list-style-type: none"> <li>Provide update on Stage 1 work</li> </ul>	E. Brown N. Bubela A. Snelling	COMPLETE
October 10, 2017	External - Georgian Bay Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	E. Brown N. Bubela	COMPLETE
October 12, 2017	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick	COMPLETE
October 17, 2017	External - Gravenhurst Lions Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> <li>Hold Q&amp;A</li> </ul>	N. Bubela H. Featherston	COMPLETE
October 27, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #5</li> </ul>	A. Snelling	COMPLETE
November 1, 2017	Internal - Surgical Services Physicians, Emergency Physicians	Workshop #1 Follow Up	<ul style="list-style-type: none"> <li>Further discuss and validate Emergency and Surgical data</li> </ul>	H. Featherston RPG/Preyra P. Bildson	COMPLETE
November 6, 2017	External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	News Release	<ul style="list-style-type: none"> <li>Share results of future planning survey</li> </ul>	A. Snelling	COMPLETE
November 8, 2017	Internal - Huntsville Hospital Auxiliary	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> <li>Hold Q&amp;A</li> </ul>	H. Featherston	COMPLETE
November 9, 2017	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick	COMPLETE
November 14, 2017	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Workshop #2 Agenda by Email	<ul style="list-style-type: none"> <li>Provide participants with Workshop Agenda</li> </ul>	H. Featherston P. Bildson	COMPLETE
November 14, 2017	Internal - Auxiliary to South Muskoka Memorial Hospital	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> <li>Hold Q&amp;A</li> </ul>	N. Bubela H. Featherston	COMPLETE
November 14, 2017	External - Bracebridge-Muskoka Lakes Rotary Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> <li>Hold Q&amp;A</li> </ul>	N. Bubela H. Featherston	COMPLETE
November 17, 2017	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Workshop #2	<ul style="list-style-type: none"> <li>Workshop to develop One Site Inpatient/One Site Outpatient model</li> </ul>	RPG/Preyra H. Featherston	COMPLETE
November 21, 2017	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Workshop #2 Thank You by Email	<ul style="list-style-type: none"> <li>Thank workshop participants for attendance</li> </ul>	H. Featherston P. Bildson	COMPLETE



Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
November 22, 2017	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Workshop #2 documents by Email	<ul style="list-style-type: none"> <li>Provide Workshop participants with minutes, workshop documents, PowerPoint slides</li> </ul>	H. Featherston P. Bildson	COMPLETE
November 22, 2017	Internal - Board Strategic Planning Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's work, seek direction as necessary</li> </ul>	C. Renwick H. Featherston	COMPLETE
November 24, 2017	Internal - North Simcoe Muskoka LHIN	Meeting	<ul style="list-style-type: none"> <li>Provide update (PowerPoint) on planning work</li> </ul>	N. Bubela H. Featherston C. Renwick D. Mitchell	COMPLETE
November 24, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #6 and #7</li> </ul>	A. Snelling	COMPLETE
Week of Nov. 27, 2017	Internal/External	Website	<ul style="list-style-type: none"> <li>Comprehensive update of Planning for the Future section to clarify current work vs historic planning work, new 'Consultation' page added</li> </ul>	A. Snelling	COMPLETE
November 30, 2017	Internal/External	Website	<ul style="list-style-type: none"> <li>Post Survey Results Report on 'Consultation' page in Planning for the Future section</li> </ul>	A. Snelling	COMPLETE
November/ December 2017	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Availability Polls	<ul style="list-style-type: none"> <li>Poll participants for availability in order to schedule Workshop #2</li> </ul>	P. Bildson	COMPLETE
December 5, 2017	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #8</li> </ul>	A. Snelling	COMPLETE
December 13, 2017	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Email Invitation	<ul style="list-style-type: none"> <li>Invitation to key stakeholders to participate in Two-Site Model Workshop</li> </ul>	H. Featherston P. Bildson	COMPLETE
January 5, 2018	External - Muskoka Mayors, MP, MPP	Quarterly Teleconference	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	E. Brown N. Bubela H. Featherston	COMPLETE
January 8, 2018	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Workshop #3	<ul style="list-style-type: none"> <li>First Workshop to develop Two-Site model</li> <li>Need for subsequent workshop determined</li> </ul>	RPG/Preyra H. Featherston P. Bildson	COMPLETE
January 10, 2018	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Workshop #3 Thank You by Email	<ul style="list-style-type: none"> <li>Thank workshop participants for attendance</li> </ul>	H. Featherston P. Bildson	COMPLETE
January 10, 2018	Internal - Huntsville Hospital Auxiliary	General Meeting	<ul style="list-style-type: none"> <li>Provide update with latest news in hospital future planning</li> </ul>	N. Bubela H. Featherston	COMPLETE
January 11, 2018	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick	COMPLETE
January 24, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #9 and #10</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
	of Commerce/Lake Associations/ Partner Hospitals				
January 24, 2018	Internal - Board Strategic Planning Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on planning work, seek direction as necessary</li> </ul>	C. Renwick H. Featherston	COMPLETE
January 24, 2018	Capital Plan Development Task Force MAHC Board of Directors	Save the Date for Public Meeting	<ul style="list-style-type: none"> <li>Share March 1 Public Delegation Meeting date for the purpose of members' scheduling</li> </ul>	A. Snelling	COMPLETE
January 31, 2018	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Email Invitation	<ul style="list-style-type: none"> <li>Invitation to key stakeholders to participate in follow-up Two-Site Model Workshop</li> </ul>	H. Featherston P. Bildson	COMPLETE
January 31, 2018	Capital Plan Development Task Force	Save the Date digital advert	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting date through task force members' networks</li> </ul>	H. Featherston P. Bildson	COMPLETE
February 8, 2018	Internal/External	Delegation Procedure	<ul style="list-style-type: none"> <li>Create a delegation procedure for presenters to follow</li> </ul>	H. Featherston P. Bildson	COMPLETE
February 8, 2018	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work, seek direction as necessary</li> <li>Provide update on planning for March 1 Public Delegation Meeting</li> </ul>	C. Renwick	COMPLETE
February 9, 2018	Internal/External	Website	<ul style="list-style-type: none"> <li>Revise "Consultation" web page content to include details/documents for March 1 meeting</li> </ul>	A. Snelling	COMPLETE
February 9, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #11</li> </ul>	A. Snelling	COMPLETE
February 12, 2018	Internal/External	Website	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting through homepage infographic</li> </ul>	A. Snelling	COMPLETE
February 12, 2018	Internal/External	Email with Poster	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting and parameters to all contacts</li> <li>Encourage sharing/event posting by recipients, etc.</li> </ul>	A. Snelling	COMPLETE
February 13, 2018	Internal/External	CEO Blog	<ul style="list-style-type: none"> <li>Clarify information about Board deputation to District of Muskoka regarding reserve fund for health care capital needs in Muskoka</li> </ul>	N. Bubela A. Snelling	COMPLETE
February 13-24, 2018	Internal/External	Radio Ads - Moose FM	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting via 30-second ad</li> </ul>	A. Snelling	COMPLETE
February 14, 2018	External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	News Release	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting and parameters</li> </ul>	A. Snelling	COMPLETE
February 15, 2018	Internal/External	Facebook Event	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting and parameters</li> </ul>	A. Snelling	COMPLETE
February 15, 2018	Internal/External	Print Ad - MuskokaRegion	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting via ¼ page ad</li> </ul>	A. Snelling	COMPLETE
February 20, 2018	Internal - Staff, Physicians, Volunteers	Memo	<ul style="list-style-type: none"> <li>Promote Town Hall Meeting</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
February 22, 2018	Internal/External	Print Ad - MuskokaRegion	<ul style="list-style-type: none"> <li>Promote meeting via ¼ page ad</li> </ul>	A. Snelling	COMPLETE
February 22, 2018	Internal/External	Print Ad - Almaguin News	<ul style="list-style-type: none"> <li>Promote meeting via 1/8 page ad</li> </ul>	A. Snelling	COMPLETE
Regularly until event	Internal/External	Facebook Posts	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting</li> </ul>	A. Snelling	COMPLETE
February 22, 2018	Internal - Auxiliary to South Muskoka Memorial Hospital	Auxiliary General Meeting	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning</li> <li>Hold Q&amp;A</li> </ul>	N. Bubela H. Featherston	COMPLETE
February 22, 2018	Internal/External	Print Ad - MuskokaRegion	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting via ¼ page ad</li> </ul>	A. Snelling	COMPLETE
February 22, 2018	Internal/External	Print Ad - Almaguin News	<ul style="list-style-type: none"> <li>Promote March 1 Public Delegation Meeting via 1/8 page ad</li> </ul>	A. Snelling	COMPLETE
February 27, 2018	Internal/External - Interdisciplinary Planning Team, Task Force, Board of Directors	Workshop #4	<ul style="list-style-type: none"> <li>Second Workshop to develop Two-Site model</li> </ul>	RPG/Preyra H. Featherston P. Bildson	COMPLETE
February 28, 2018	Internal - Staff, Physicians, Volunteers	Town Hall Meeting	<ul style="list-style-type: none"> <li>Provide internal update on future planning</li> </ul>	N. Bubela H. Featherston	COMPLETE
March 1, 2018	External - Community at large	Public Meeting	<ul style="list-style-type: none"> <li>Provide brief opening presentation, rules of engagement</li> <li>Accommodate delegations from public</li> <li>Take notes, collect questions from public delegations</li> </ul>	C. Renwick D. Mitchell A. Snelling P. Bildson	COMPLETE
March 2, 2018	External - North Simcoe Muskoka LHIN	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston N. Bubela	COMPLETE
March 7, 2018	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	N. Bubela H. Featherston	COMPLETE
March 8, 2018	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick	COMPLETE
March 16, 2018	Internal/External	Letter to Editor	<ul style="list-style-type: none"> <li>Submit letter to editor to MuskokaRegion, Huntsville Doppler responding to questions posed by reader</li> </ul>	A. Snelling	COMPLETE
March 15, 2018	Internal/External	Website	<ul style="list-style-type: none"> <li>Post Q&amp;A from March 1 Public Delegation Meeting on "Consultation" web page</li> </ul>	A. Snelling	COMPLETE
March 16, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Provide overview of March 1 Public Delegation Meeting</li> </ul>	A. Snelling	COMPLETE
March 20, 2018	External - Gravenhurst Probus Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela	COMPLETE
March 21, 2018	Internal/External	Letter to Editor	<ul style="list-style-type: none"> <li>Submit letter to editor to Huntsville Doppler responding to questions posed by reader</li> </ul>	A. Snelling	COMPLETE
March 21, 2018	External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers	News Release	<ul style="list-style-type: none"> <li>Share themes of March 1 Public Delegation Meeting</li> <li>Promote develop FAQ to clarify or respond to questions posed</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
	of Commerce/Lake Associations/ Partner Hospitals				
March 22, 2018	External - Huntsville Lakes Probus Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela H. Featherston	COMPLETE
March 22, 2018	External - Bracebridge Lions Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela H. Featherston	COMPLETE
March 26, 2018	External - Huntsville Town Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Reaction to council motion, update on planning work</li> </ul>	E. Brown C. Renwick	COMPLETE
March 27, 2018	External - Media/Public Muskoka and area Political Leaders, MP, MPP	News Release	<ul style="list-style-type: none"> <li>Reaction to council motion, update on planning work</li> </ul>	A. Snelling	COMPLETE
March 29, 2018	Internal/External	Webpage 'Proposed Models' Models on a Page document	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> </ul>	A. Snelling	COMPLETE
April 3, 2018	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	N. Bubela H. Featherston RPG/Stantec	COMPLETE
April 5, 2018	Capital Plan Development Task Force	Email, Models on a Page, Key Messages	<ul style="list-style-type: none"> <li>Share tools developed supporting programs and services proposed in models</li> </ul>	P. Bildson	COMPLETE
April 5, 2018	Internal - Board of Directors	Email	<ul style="list-style-type: none"> <li>Post and point to documents on portal: Models on a Page, Communication Plan, Key Messages</li> </ul>	T. Tkachuk	COMPLETE
April 5, 2018	Internal - Leadership Team	Memo, Models on a Page, Key Messages, PowerPoint, Q&As	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> <li>Encourage information sharing through huddles</li> </ul>	A. Snelling for CPDTF	COMPLETE
April 6, 2018	Internal - Staff, Physicians, Volunteers & Foundations	Memo Models on a Page	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> <li>Save date for Town Hall Meeting</li> </ul>	A. Snelling	COMPLETE
April 6, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #13 and #14</li> </ul>	A. Snelling	COMPLETE
April 6, 2018	Internal - Unions (SEIU, OPSEU, ONA)	Email and Models on a Page	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> <li>Commitment to include on May/June agendas</li> </ul>	R. Allred-Hughes	COMPLETE
April 2018	Internal - Staff	Staff Meetings/Huddles	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> <li>Emphasize future planning component</li> </ul>	MAHC Leadership	
April 6, 2018	External - Muskoka Mayors  Muskoka and area Political Leaders, MP, MPP, Almaguin Highlands Health Centre	Quarterly Teleconference Letter to all councils Models on a Page	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> <li>Further offer opportunity to provide update to council(s)</li> </ul>	E. Brown N. Bubela H. Featherston A. Snelling	COMPLETE
April 9, 2018	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	N. Bubela H. Featherston	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
				RPG/Stantec	
April 10, 2018	Internal - Staff, Physicians, Volunteers & Foundations	Memo	<ul style="list-style-type: none"> <li>Provide notice of Town Hall Meeting</li> </ul>	A. Snelling	COMPLETE
April 10, 2018	External - Media/Public Muskoka and area Political Leaders, MP, MPP	News Release	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> </ul>	A. Snelling	COMPLETE
April 12, 2018	External - North Simcoe Muskoka LHIN	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston N. Bubela	COMPLETE
April 12, 2018	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on Task Force's work</li> <li>Define programs and services proposed in models</li> </ul>	E. Brown C. Renwick	COMPLETE
April 16, 2018	External - Muskoka District Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> <li>Provide update on planning work</li> </ul>	H. Featherston C. Renwick P. Deane	COMPLETE
April 17, 2018	Internal - Staff, Physicians, Volunteers	Town Hall Meeting	<ul style="list-style-type: none"> <li>Define programs and services proposed in models</li> <li>Provide general update, facilitate Q&amp;A</li> </ul>	R. Alldred-Hughes H. Featherston	COMPLETE
April/May 2018	Internal - MAHC Committees: <ul style="list-style-type: none"> <li>Medical Advisory Committee</li> <li>ED Committee</li> <li>Surgical Services</li> <li>Family Practice</li> <li>Obstetrics</li> <li>General Internal Medicine</li> <li>PFAC (Patient &amp; Family Advisory)</li> <li>Quality Council</li> <li>Patient- &amp; Family-Centered Care</li> <li>Fiscal Advisory</li> </ul>	Meetings Circulate Models on a Page	<ul style="list-style-type: none"> <li>For information: Define programs and services proposed in models</li> </ul>	Committee Chairs via EA support: L. Parrott A. O'Mara C. Loshaw T. Tkachuk	COMPLETE
April 23, 2018	External - Huntsville Town Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Provide update on planning work</li> </ul>	E. Brown C. Renwick P. Deane H. Featherston	COMPLETE
April 24, 2018	External - North Simcoe Muskoka LHIN	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston R. Alldred-Hughes	COMPLETE
April 26, 2018	Internal/External	Webpage: Evaluation Criteria	<ul style="list-style-type: none"> <li>Create webpage to share Task Force approved evaluation criteria</li> </ul>	A. Snelling	COMPLETE
April 26, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #15</li> </ul>	A. Snelling	COMPLETE
May 1, 2018	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston R. Alldred-Hughes	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
May 9, 2018	Internal- Board Strategic Planning Committee	Meeting	<ul style="list-style-type: none"> <li>Define programs and services proposed in models, provide overall update, seek direction as necessary</li> </ul>	C. Renwick H. Featherston	COMPLETE
May 9, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #16</li> </ul>	A. Snelling	COMPLETE
May 10, 2018	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on Task Force's work, seek direction as necessary</li> </ul>	E. Brown C. Renwick	COMPLETE
May 17, 2018	External - Huntsville Probus 1	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela	COMPLETE
May 22, 2018	External - Bracebridge Town Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Define programs and services proposed in models, provide update on planning work</li> </ul>	E. Brown C. Renwick P. Deane N. Bubela	COMPLETE
May 23, 2018 May 24, 2018 June 7, 2018	Internal - Unions <ul style="list-style-type: none"> <li>SEIU</li> <li>OPSEU Paramedical General</li> <li>ONA</li> <li>OPSEU</li> </ul>	Meeting	<ul style="list-style-type: none"> <li>Define and discuss proposed models</li> </ul>	R. Alldred-Hughes	COMPLETE
May 28, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website/Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #17</li> </ul>	A. Snelling	COMPLETE
June 14, 2018	Internal - Board of Directors	Regular Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick	COMPLETE
June 15, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #18</li> </ul>	A. Snelling	COMPLETE
June 18, 2018	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Share Task Force Update #18</li> </ul>	A. Snelling	COMPLETE
June 29, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #19</li> </ul>	A. Snelling	COMPLETE
July 3, 2018	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Share Task Force Update #19</li> </ul>	A. Snelling	COMPLETE
July 5, 2018	External - Muskoka Mayors, MP, MPP	Quarterly Teleconference	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	P. Matthews N. Bubela H. Featherston	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
July 5, 2018	Internal - Staff, Physicians, Volunteers	Town Hall Meeting	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	N. Bubela H. Featherston	COMPLETE
July 13, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #20</li> </ul>	A. Snelling	COMPLETE
July 13, 2018	Internal/External	SurveyMonkey	<ul style="list-style-type: none"> <li>Create online sign up for taking registrations</li> </ul>	T. Tkachuk	COMPLETE
July 17, 2018	Capital Plan Development Task Force	Email - Save the Date	<ul style="list-style-type: none"> <li>Share meeting date</li> <li>Invite RSVPs to Paula (phone/email)</li> </ul>	P. Bildson	COMPLETE
July 19, 2018	MAHC Staff & Physicians Foundations & Auxiliaries	Memo	<ul style="list-style-type: none"> <li>Inform of the meeting format / approach, how to view, how to register</li> </ul>	A. Snelling	COMPLETE
July 19, 2018	External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	News Release Website Infographic Facebook	<ul style="list-style-type: none"> <li>Inform of the meeting format / approach, how to view, how to register</li> </ul>	A. Snelling	COMPLETE
July 23, 2018	Internal/External	Facebook Event	<ul style="list-style-type: none"> <li>Create event for Aug 8 Special Board Meeting</li> </ul>	A. Snelling	COMPLETE
July 24, 2018	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Share event for Aug 8 Special Board Meeting</li> </ul>	A. Snelling	COMPLETE
July 24, 2018	MAHC Leadership Team	Regular Meeting	<ul style="list-style-type: none"> <li>Inform of the meeting format / approach, how to view, how to register</li> </ul>	N. Bubela H. Featherston	COMPLETE
August 1, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force Meeting #21 and #22</li> </ul>	A. Snelling	COMPLETE
August 3, 2018 (noon)		SurveyMonkey (deadline for RSVPs)	<ul style="list-style-type: none"> <li>Close survey tool /confirm registrations</li> </ul>	P. Bildson T. Tkachuk	COMPLETE
August 3, 2018	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston N. Bubela	COMPLETE
August 8, 2018	MAHC Board of Directors	Special Meeting	<ul style="list-style-type: none"> <li>Recommendation presented by Task Force representatives</li> <li>Live web-based streaming of meeting online and six-month archive</li> </ul>	C. Renwick D. Mitchell H. Featherston	COMPLETE
August 8, 2018 7 p.m.	Internal/External	Website	<ul style="list-style-type: none"> <li>Post report/appendices under <i>Latest News</i></li> </ul>	A. Snelling	COMPLETE
August 8, 2018 7 p.m.	Internal - Staff, Physicians & Volunteers	Memo	<ul style="list-style-type: none"> <li>Advise of recommendation from Task Force, timing of Board decision, reminder of Town Hall Meeting</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
August 8, 2018 7 p.m.	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Post Task Force recommendation and turnaround of Board announcement</li> </ul>	A. Snelling	COMPLETE
August 8, 2018	External - CTV	Email briefing	<ul style="list-style-type: none"> <li>Provide briefing on August 8 meeting for 11pm newscast</li> </ul>	A. Snelling	COMPLETE
August 9, 2018	Internal - Board of Directors	Closed Session Board Meeting Open Session Board Meeting	<ul style="list-style-type: none"> <li>Further discussion and debate if necessary</li> <li>Make decision on preferred model</li> </ul>	P. Matthews	COMPLETE
August 10, 2018	Internal - Board of Directors	Board of Directors	<ul style="list-style-type: none"> <li>Post Q&amp;A</li> <li>Post final copies of communications on portal</li> </ul>	T. Tkachuk	COMPLETE
August 10, 2018 10 a.m.	Capital Plan Development Task Force	Email Q&A	<ul style="list-style-type: none"> <li>Inform of preferred model decision, give thanks to all involved</li> </ul>	P. Bildson	COMPLETE
August 10, 2018 10 a.m.	Internal - Staff, Physicians, Volunteers	Memo & Q&A	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B), thanks to all involved</li> </ul>	A. Snelling	COMPLETE
August 10, 2018 10 a.m.	Internal - Unions	Email with Memo and Q&A enclosure	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> <li>Provide invitation to discuss at regular meeting(s)</li> </ul>	R. Alldred-Hughes	COMPLETE
August 10, 2018 10 a.m.	Internal - Foundation Board of Directors Internal - Auxiliaries	Letter by email Q&A	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps (Part B)</li> <li>Provide invitation to meet</li> </ul>	T. Tkachuk	COMPLETE
August 10, 2018 10 a.m.	External - Muskoka Mayors & CAOs, District Chair, East Parry Sound Reeves, MPP, MP	Letter by email	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> <li>Provide invitation to meet</li> </ul>	T. Tkachuk	COMPLETE
August 10, 2018	External - MOHLTC	News Release by email	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> </ul>	P. Bildson	COMPLETE
August 10, 2018 AFTERNOON	Internal - Staff, Physicians, Volunteers	Huddles in all areas/depts. both sites	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B), thanks to all involved</li> </ul>	P. Matthews N. Bubela H. Featherston T. Shields	COMPLETE
August 10, 2018 10:30 a.m.	External - Community/Media/Political Leaders/Municipal CAOs	News Release	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> </ul>	A. Snelling	COMPLETE
August 10, 2018 11 a.m.	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Share News Release</li> </ul>	A. Snelling	COMPLETE



Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
August 10, 2018 1 p.m.	External - Bracebridge Rotary Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> </ul>	H. Featherston	COMPLETE
August 10, 2018 1-4 p.m.	External - Media	Interviews	<ul style="list-style-type: none"> <li>Inquiries from YourTV, Doppler, Metroland facilitated</li> </ul>	P. Matthews N. Bubela	COMPLETE
August 14, 2018	External - Community Health Care Partners/NSM LHIN/NSM Hospitals	Letter to Partners	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> </ul>	A. Snelling	COMPLETE
August 16, 2018	Internal - Staff, Physicians, Volunteers	Town Hall Meeting & OTN webcast	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B), thanks to all involved</li> <li>Opportunity for questions</li> </ul>	N. Bubela A. Snelling	COMPLETE
August 16, 2018	External - Community	Open Letter to Community via 211/Community Connection e-blast	<ul style="list-style-type: none"> <li>Utilize 211/Community Connection e-blast to inform of preferred model decision, inform of next steps (Part B)</li> </ul>	A. Snelling	COMPLETE
August 2018	External - Key Donors	Foundation Message to Donors	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> </ul>	C. Miller K. Craine	COMPLETE
August 20, 2018	External - Service Clubs/Community Agencies/Chambers of Commerce/Lake Associations	Open Letter to Community	<ul style="list-style-type: none"> <li>Inform of preferred model decision, inform of next steps (Part B)</li> </ul>	A. Snelling	COMPLETE
August 24, 2018	Internal - Staff, Physicians, Volunteers	MAHC Matters	<ul style="list-style-type: none"> <li>Reinforce preferred model decision, inform of next steps (Part B)</li> </ul>	A. Snelling	COMPLETE
August 24, 2018	Internal/External	CEO Blog	<ul style="list-style-type: none"> <li>Reinforce preferred model decision , inform of next steps (Part B)</li> </ul>	N. Bubela A. Snelling	COMPLETE
August 24, 2018	Internal/External	Open Letter to Community <ul style="list-style-type: none"> <li>Posted on website</li> <li>Full-page ads in:               <ul style="list-style-type: none"> <li>Muskokan (Aug 24);</li> <li>Muskoka Life (Sept);</li> <li>Unique Muskoka (Sept);</li> <li>Toronto Star (Aug 24 Muskokan inserted into Sept 1 Saturday Star)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Reinforce preferred model decision , inform of next steps (Part B)</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
<b>Capital Plan Development Task Force begins PART B</b>					
September 10, 2018	Internal/External	Website - new page Website refresh old pages	<ul style="list-style-type: none"> <li>• Create <i>Future Service Delivery Model</i> page with all recommendation supporting documentation</li> <li>• Inform of preferred model decision, describe</li> <li>• Inform of next steps (Part B)</li> </ul>	A. Snelling	COMPLETE
September 14, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Save the Date/Invitation	<ul style="list-style-type: none"> <li>• Invitation to key stakeholders to participate in Service Distribution Workshop</li> </ul>	H. Featherston P. Bildson	COMPLETE
September 20, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Invitation Reminder	<ul style="list-style-type: none"> <li>• Reminder of Service Distribution Workshop</li> </ul>	H. Featherston P. Bildson	COMPLETE
September 28, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>• Share key messages of Task Force Meeting #23</li> </ul>	A. Snelling	COMPLETE
October 3, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Invitation Reminder	<ul style="list-style-type: none"> <li>• Reminder of Service Distribution Workshop</li> </ul>	H. Featherston P. Bildson	COMPLETE
October 10, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Workshop	<ul style="list-style-type: none"> <li>• Workshop to refine service distribution for space requirements</li> </ul>	T. Eastwood H. Featherston P. Bildson	COMPLETE
November 2, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>• Share key messages of Task Force meeting #24</li> </ul>	A. Snelling	COMPLETE
November 2, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Save the Date/Invitation	<ul style="list-style-type: none"> <li>• Notice of Blocking and Stacking Workshop dates</li> </ul>	H. Featherston P. Bildson	COMPLETE
November 21, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Blocking/Stacking Workshop #1	<ul style="list-style-type: none"> <li>• Develop space requirements per department, adjacencies</li> </ul>	H. Featherston P. Bildson	COMPLETE
November 21, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Email	<ul style="list-style-type: none"> <li>• Thank Workshop participants with thank you, minutes, and PowerPoint slides</li> </ul>	H. Featherston	COMPLETE
December 11, 2018	Internal/External - Interdisciplinary Planning Team, Task Force	Blocking/Stacking Workshop #2	<ul style="list-style-type: none"> <li>• Further develop space requirements per department, adjacencies</li> </ul>	T. Eastwood H. Featherston P. Bildson	COMPLETE
December 27, 2018	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>• Share key messages of Task Force meeting #25</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
February 14, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Provide notice of community engagement dates</li> </ul>	C. Renwick	COMPLETE
February 15, 2019	Capital Plan Development Task Force MAHC Board of Directors	Save the Date Notice	<ul style="list-style-type: none"> <li>Share slate of community engagement opportunities</li> <li>Request attendance and share forward dates to promote</li> </ul>	A. Snelling P. Bildson	COMPLETE
February 15, 2019	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force meeting #26</li> </ul>	A. Snelling	COMPLETE
February 15, 2019	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston N. Bubela	COMPLETE
February 18- March 3, 2019	External - Community	Radio ad on two Moose FM stations	<ul style="list-style-type: none"> <li>Promote community information sessions with 30-second ad</li> </ul>	A. Snelling	COMPLETE
February 19, 2019	MAHC Board of Directors	Board Portal	<ul style="list-style-type: none"> <li>Upload Communication Plan, Key Messages, Public Notice advertisement/poster</li> </ul>	T. Tkachuk	COMPLETE
February 19, 2019	Internal - Staff, Physicians, Volunteers Internal - Unions	Memo Forward memo	<ul style="list-style-type: none"> <li>Promote Town Hall Meeting</li> <li>Promote community information sessions</li> </ul>	A. Snelling R. Alldred-Hughes	COMPLETE
February 19, 2019	Internal/External	Website (new) Part B web page	<ul style="list-style-type: none"> <li>Revise content to include details regarding engagement sessions, feedback survey, etc.</li> </ul>	A. Snelling	COMPLETE
February 20, 2019	Internal/External	News Release Website Event Calendar Community Calendars	<ul style="list-style-type: none"> <li>Promote community information sessions</li> </ul>	A. Snelling P. Bildson	COMPLETE
February 21, 2019	External - Municipalities (webmasters)	Email request re: municipal websites, digital screens in public facilities, posters	<ul style="list-style-type: none"> <li>Encourage in-kind promotion of community information sessions</li> <li>Encourage sharing/event posting by recipients, etc.</li> </ul>	A. Snelling	COMPLETE
February 21, 2019	Internal/External	Facebook Events	<ul style="list-style-type: none"> <li>Promote each community information session, tag municipality and encourage sharing/event posting</li> </ul>	A. Snelling	COMPLETE
February 21, 2019	Internal/External	Print Ad - MuskokaRegion.com Print Ad - Almaguin News	<ul style="list-style-type: none"> <li>Promote meeting via 1/4 page ad</li> <li>Promote meeting via 1/8 page ad</li> </ul>	A. Snelling	COMPLETE
February 25, 2019	Internal - MAC	Regular Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	N. Bubela (L. Parrott)	COMPLETE
February 25, 2019	External - Huntsville Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	COMPLETE
Regularly until events	Internal/External	Facebook Posts	<ul style="list-style-type: none"> <li>Promote community information sessions</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
February 26, 2019	Internal - Managers	Leadership Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	N. Bubela H. Featherston (C. Loshaw)	COMPLETE
February 26, 2019	Internal - Surgical Services Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	E. Millar (A. O'Mara)	COMPLETE
February 27, 2019	Internal - HDMH Physicians	Pre-Rounds Info Session	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	N. Bubela H. Featherston	COMPLETE
February 27, 2019	Internal - ED Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	For information (A. O'Mara)	COMPLETE
February 28, 2019	Internal/External	Print Ad - MuskokaRegion.com Print Ad - Almaguin News	<ul style="list-style-type: none"> <li>Promote meeting via 1/4</li> <li>Promote meeting via 1/8 page ad</li> </ul>	A. Snelling	COMPLETE
February 28, 2019	Internal - Staff, Physicians, Volunteers	Town Hall Meeting & OTN webcast	<ul style="list-style-type: none"> <li>Provide internal update on future planning, present building design options, survey</li> </ul>	N. Bubela H. Featherston	COMPLETE
February 28, 2019	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Promote community information sessions</li> </ul>	A. Snelling	COMPLETE
<del>February 28, 2019</del>	<del>Internal - SMMH Physicians</del>	<del>Pre-Rounds Info Session</del>	<ul style="list-style-type: none"> <li><del>Explain engagement plan</del></li> <li><del>Encourage review of options and feedback</del></li> </ul>	<del>N. Bubela H. Featherston</del>	<del>CANCELLED AT MDs' REQUEST</del>
March 1, 2019	Internal/External	SurveyMonkey (feedback)	<ul style="list-style-type: none"> <li>Finalize survey/hard-copy feedback form</li> </ul>	P. Bildson	COMPLETE
March 4-8, 2019	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Share each event the day of the session</li> </ul>	A. Snelling	COMPLETE
March 4, 2019	External - Bracebridge	Community Information Session	<ul style="list-style-type: none"> <li>Tell story of work to date, present conceptual options, liaise around stations, invite feedback</li> </ul>	Presenters A. Snelling P. Bildson	COMPLETE
March 5, 2019	External - Lake of Bays (Dwight)	Community Information Session	<ul style="list-style-type: none"> <li>Tell story of work to date, present conceptual options, liaise around stations, invite feedback</li> </ul>	Presenters A. Snelling P. Bildson	COMPLETE
March 5, 2019	External - Gravenhurst	Community Information Session	<ul style="list-style-type: none"> <li>Tell story of work to date, present conceptual options, liaise around stations, invite feedback</li> </ul>	Presenters A. Snelling P. Bildson	COMPLETE
March 5, 2019	Internal - GIM Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	For information (L. Parrott)	COMPLETE
March 6, 2019	Internal/External	VIDEO SERIES DEVELOPMENT	<ul style="list-style-type: none"> <li>Develop and shoot 7-video series: recap work to date, capture each of the 5 options in a video, explain next steps</li> </ul>	T. Eastwood N. Bubela C. Renwick	COMPLETE
March 6, 2019	External - Muskoka Lakes	Community Information Session	<ul style="list-style-type: none"> <li>Tell story of work to date, present conceptual options, liaise around stations, invite feedback</li> </ul>	Presenters A. Snelling P. Bildson	COMPLETE
March 6, 2019	Internal - HDMH Physicians	Pre-Rounds meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	N. Bubela H. Featherston	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
March 6, 2019	Internal - PFAC	Regular Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	E. Millar (C. Loshaw)	COMPLETE
March 7, 2019	Internal - SMMH Physicians	Rounds	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	N. Bubela H. Featherston	COMPLETE
March 7, 2019	External - Huntsville	Community Information Session	<ul style="list-style-type: none"> <li>Tell story of work to date, present conceptual options, liaise around stations, invite feedback</li> </ul>	Presenters A. Snelling P. Bildson	COMPLETE
March 7, 2019	Internal - Obstetrics Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	S. Branigan (L. Parrott)	COMPLETE
March 8, 2019	External - East Parry Sound (Burk's Falls)	Community Information Session	<ul style="list-style-type: none"> <li>Tell story of work to date, present conceptual options, liaise around stations, invite feedback</li> </ul>	Presenters A. Snelling P. Bildson	COMPLETE
March 8, 2019	External - Georgian Bay Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	RESCHEDULE
Week of March 11, 2019	Internal/External	Post-Event News Release	<ul style="list-style-type: none"> <li>Report back to community on events</li> </ul>	A. Snelling	COMPLETE
March 12, 2019	Internal - Family Practice Committee	Regular Meeting	<ul style="list-style-type: none"> <li>Explain engagement plan</li> <li>Encourage review of options and feedback</li> </ul>	For information (L. Parrott)	COMPLETE
March 12, 2019	External - Bracebridge Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	COMPLETE
March 12, 2019	Internal/External	YouTube Facebook	<ul style="list-style-type: none"> <li>Video upload to YouTube/playlist created</li> <li>Promote video series playlist and feedback</li> </ul>	A. Snelling	COMPLETE
March 14, 2019	External - Muskoka Lakes Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	COMPLETE
March 14, 2019	Internal/External	Facebook Videos	<ul style="list-style-type: none"> <li>Upload 7 videos to Facebook; pin post to top of page</li> <li>Boost March 14-24 to targeted communities</li> </ul>	A. Snelling	COMPLETE
March 14, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Provide regular update</li> </ul>	C. Renwick	COMPLETE
March 15, 2019	Internal/External	CEO Blog	<ul style="list-style-type: none"> <li>Report back to community on events, provide links to building designs, videos, feedback survey</li> </ul>	N. Bubela A. Snelling	COMPLETE
March 15, 2019	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force meeting #27</li> <li>Remind of videos, survey, webpage</li> </ul>	A. Snelling	COMPLETE
March 19, 2019	External - Gravenhurst Council (rescheduled due to Feb 12 weather cancellation)	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	COMPLETE
March 19, 2019	External - Lake of Bays Council	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
March 21, 2019	Internal/External	Facebook	<ul style="list-style-type: none"> <li>Share CEO Blog</li> </ul>		
April 3, 2019	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston N. Bubela	COMPLETE
April 5, 2019	External - Muskoka Mayors, District Chair, East Parry Sound Mayors MP, MPP	Quarterly Teleconference	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick H. Featherston	COMPLETE
April 11, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Provide regular update</li> </ul>	C. Renwick	COMPLETE
April 29, 2019	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force meeting #28</li> </ul>	A. Snelling	COMPLETE
May 1, 2019	Local Share Working Group	Meeting	<ul style="list-style-type: none"> <li>Work to confirm and refine local share and foster municipal support for financing model</li> </ul>	M. Miller T. Shields	COMPLETE
May 9, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Provide regular update</li> </ul>	C. Renwick	COMPLETE
May 14, 2019	External - Georgian Bay Council <i>(rescheduled from March 8)</i>	Council Update via Deputation & PowerPoint	<ul style="list-style-type: none"> <li>Include topic in council update</li> </ul>	P. Matthews N. Bubela	COMPLETE
June 10, 2019	Local Share Working Group	Meeting	<ul style="list-style-type: none"> <li>Work to confirm and refine local share and foster municipal support for financing model</li> </ul>	M. Miller T. Shields	COMPLETE
June 11, 2019	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston N. Bubela	COMPLETE
June 13, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Provide regular update</li> </ul>	C. Renwick	COMPLETE
July 5, 2019	External - Muskoka Mayors, District Chair, East Parry Sound Mayors MP, MPP	Quarterly Teleconference	<ul style="list-style-type: none"> <li>Provide update on task force's Stage 1 work</li> </ul>	C. Renwick H. Featherston	COMPLETE
July 15, 2019	Local Share Working Group	Meeting	<ul style="list-style-type: none"> <li>Work to confirm and refine local share and foster municipal support for financing model</li> </ul>	M. Miller T. Shields	COMPLETE
July 16, 2019	External - Gravenhurst Town Council	Meeting	<ul style="list-style-type: none"> <li>Presentation by Local Share Working Group</li> </ul>	M. Miller T. Shields P. Matthews	COMPLETE
August 3, 2019	External - Shoe Lake Association	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela	COMPLETE
August 20, 2019	External - Ministry of Health and Long-Term Care Capital Branch	Update Meeting	<ul style="list-style-type: none"> <li>Stage 1 update</li> </ul>	H. Featherston N. Bubela	COMPLETE
August 20, 2019	External - Lake of Bays Council	Meeting	<ul style="list-style-type: none"> <li>Presentation by Local Share Working Group</li> </ul>	M. Miller T. Shields	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
August 28, 2019	Local Share Working Group	Meeting	<ul style="list-style-type: none"> <li>Work to confirm and refine local share and foster municipal support for financing model</li> </ul>	M. Miller T. Shields	COMPLETE
September 11, 2019	External - Central Muskoka Probus Club	Speakers Bureau	<ul style="list-style-type: none"> <li>Present latest news in hospital future planning at Speakers Bureau</li> </ul>	N. Bubela	COMPLETE
September 12, 2019	Local Share Working Group	Meeting	<ul style="list-style-type: none"> <li>Work to confirm and refine local share and foster municipal support for financing model</li> </ul>	M. Miller T. Shields	COMPLETE
September 12, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Provide update, including Task Force recommendation</li> </ul>	P. Matthews	COMPLETE
September 13, 2019	Capital Plan Development Task Force	Email	<ul style="list-style-type: none"> <li>Confirm timing of recommendation to Board; communication plan</li> </ul>	C. Renwick	COMPLETE
September 18, 2019	Capital Plan Development Task Force	Email, Key Messages Task Force Update	<ul style="list-style-type: none"> <li>Provide supportive key messages, Task Force Update #29</li> </ul>	C. Renwick	COMPLETE
September 18, 2019	Local Share Working Group	Email, Key Messages Task Force Update	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps to bring recommendation to Board, thanks to all involved</li> <li>Provide supportive key messages</li> </ul>	C. Renwick	COMPLETE
September 18, 2019	Internal - Staff, Physicians, Volunteers External - Community/Media/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update Website Email Facebook	<ul style="list-style-type: none"> <li>Share key messages of Task Force meeting #29</li> </ul>	A. Snelling	COMPLETE
September 18, 2019	Unions	Task Force Update	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps</li> </ul>	R. Alldred-Hughes	COMPLETE
September 18, 2019	Internal/External	Website	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps</li> </ul>	A. Snelling	COMPLETE
September 18, 2019	Medical Advisory Committee	Meeting	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Provide mechanism to respond to any questions</li> </ul>	K. Abdel-Razek H. Featherston	COMPLETE
September 22, 2019	South Muskoka Hospital Foundation Donors	Dave Ellis Pro-Am	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Respond to any questions</li> </ul>	C. Miller	COMPLETE
September 24, 2019	Leadership Team	Meeting	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Respond to any questions</li> <li>Request huddles in all areas/depts</li> </ul>	N. Bubela H. Featherston	COMPLETE
September 24, 2019	Professional Staff Association	Meeting	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Respond to any questions</li> </ul>	N. Bubela P. Matthews	COMPLETE
October 3, 2019	Staff, Physicians, Volunteers	Memo	<ul style="list-style-type: none"> <li>Advise of process for recommendation on October 10</li> <li>Promote Town Hall meeting</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable/Method	Responsibility	Status
October 3, 2019	Internal/External	Social Media	<ul style="list-style-type: none"> <li>• Advertise October 10 Board meeting (EVENT)</li> <li>• Advertise October 10 Board meeting (POSTS)</li> </ul>	A. Snelling	COMPLETE
October 4, 2019	External - Muskoka Mayors, District Chair, East Parry Sound Mayors MP, MPP	Quarterly Teleconference	<ul style="list-style-type: none"> <li>• Reinforce TF recommendation and next steps</li> <li>• Respond to any questions</li> </ul>	C. Renwick H. Featherston	
October 10, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>• Presentation of preferred building design options recommendation to Board</li> <li>• Board poses questions, receives answers, debates openly</li> <li>• Decision on preferred options recommendation</li> </ul>	P. Matthews	

*\*This plan will be updated with further communication and engagement tactics and opportunities until completion of the project. Master copy is available through Muskoka Algonquin Healthcare.*

*\*Please note the above chronology does not include individual media inquiries received and answered by MAHC.*



# Communications Rollout Plan/Check List - DRAFT

Project: Capital Planning Process - Stage 1 Part B Recommendation & Decision

Created: September 13, 2019

Revised: October 3, 2019

## COMMUNICATION STRATEGY

- To utilize a variety of channels to broadly inform of the preferred infrastructure options that will be recommended to the North Simcoe Muskoka LHIN and Ministry of Health and Long-Term Care in the Stage 1 Proposal.

## COMMUNICATIONS OBJECTIVES

- To communicate the rationale for the preferred building design options recommendation from the Capital Plan Development Task Force and final deliberations of the Board of Directors.
- To inform stakeholders of our communities about the current state of our facilities and inspire support today and in the future for the millions in infrastructure needs.
- To create interest and excitement in future redevelopment.

## KEY AUDIENCES - in no particular order

- Capital Plan Development Task Force
- Local Share Working Group
- MAHC Staff & Physicians
- Foundations & Auxiliaries
- Primary Care Providers
- Service/Social Clubs
- First Nations
- Health Care Partners
- Area Politicians & CAOs
- Lake/Cottage Associations
- Partner Hospitals, NSM & NE LHINS
- Media/Community at large
- Community Agencies/Organizations
- Patients & Families

## KEY MESSAGES - to be developed as per report/recommendation to Board and Board decision

Timeline/ Date	Audience	Tool	Deliverable	Responsibility	Status
September 12, 2019	Capital Plan Development Task Force	Meeting	<ul style="list-style-type: none"> <li>Recommend preferred building design options</li> </ul>	C. Renwick	COMPLETE
September 12, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Provide update, including Task Force recommendation</li> </ul>	P. Matthews	COMPLETE
September 13, 2019	Capital Plan Development Task Force	Email	<ul style="list-style-type: none"> <li>Confirm timing of recommendation to Board; communication plan</li> </ul>	C. Renwick	COMPLETE
September 18, 2019	Capital Plan Development Task Force	Email, Key Messages Task Force Update #29	<ul style="list-style-type: none"> <li>Provide supportive key messages, Task Force Update #29</li> </ul>	C. Renwick	COMPLETE
September 18, 2019	Local Share Working Group	Email, Key Messages Task Force Update #29	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps to bring recommendation to Board, thanks to all involved</li> <li>Provide supportive key messages</li> </ul>	C. Renwick	COMPLETE
September 18, 2019	Staff, Physicians, Volunteers (Auxiliaries) Unions Foundations' Board of Directors	Task Force Update #29	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps</li> </ul>	A. Snelling R. Alldred-Hughes	COMPLETE COMPLETE
September 18, 2019	Community/Media/Donors/Political Leaders/Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/ Partner Hospitals	Task Force Update #29	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps</li> </ul>	A. Snelling	COMPLETE
September 18, 2019	Internal/External	Website	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps</li> </ul>	A. Snelling	COMPLETE
September 18, 2019	Internal/External	Social Media	<ul style="list-style-type: none"> <li>Inform of TF recommendation, inform of next steps</li> </ul>	A. Snelling	COMPLETE

Timeline/ Date	Audience	Tool	Deliverable	Responsibility	Status
September 18, 2019	Medical Advisory Committee	Meeting	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Provide mechanism to respond to any questions</li> </ul>	K. Abdel-Razek H. Featherston	COMPLETE
September 22, 2019	South Muskoka Hospital Foundation Donors	Dave Ellis Pro-Am	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Respond to any questions</li> </ul>	C. Miller	COMPLETE
September 24, 2019	Leadership Team	Meeting	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Respond to any questions</li> <li>Request huddles in all areas/depts</li> </ul>	N. Bubela H. Featherston	COMPLETE
September 24, 2019	Professional Staff Association	Meeting	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Respond to any questions</li> </ul>	N. Bubela P. Matthews	COMPLETE
October 3, 2019	Staff, Physicians, Volunteers (Auxiliaries)	Memo	<ul style="list-style-type: none"> <li>Advise of process for recommendation on October 10</li> <li>Promote Town Hall meeting</li> </ul>	A. Snelling	COMPLETE
October 3, 2019	External	News Release	<ul style="list-style-type: none"> <li>Advise of process for recommendation on October 10</li> </ul>	A. Snelling	COMPLETE
October 3, 2019	Internal/External	Social Media	<ul style="list-style-type: none"> <li>Advertise October 10 Board meeting (EVENT)</li> <li>Advertise October 10 Board meeting (POSTS)</li> </ul>	A. Snelling	COMPLETE
October 4, 2019	Political Leaders	Quarterly Teleconference	<ul style="list-style-type: none"> <li>Reinforce TF recommendation and next steps</li> <li>Respond to any questions</li> </ul>	C. Renwick	
October 10, 2019	MAHC Board of Directors	Meeting	<ul style="list-style-type: none"> <li>Presentation of preferred building design options recommendation to Board</li> <li>Board poses questions, receives answers, debates openly</li> <li>Decision on preferred options recommendation</li> </ul>	P. Matthews	
<b>Board Decision (post October 10, 2019)</b>					
October 10, 2019	Capital Plan Development Task Force Local Share Working Group	Email	<ul style="list-style-type: none"> <li>Inform of Board decision, thanks to all involved</li> </ul>	A. Snelling	
October 10, 2019	Internal/External	Website FAQ	<ul style="list-style-type: none"> <li>Develop supporting tools</li> </ul>	A. Snelling	
October 11, 2019	Professional Staff Leadership Administrative Leadership Team	Memo	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps, thanks to all involved</li> </ul>	L. Parrott A. Snelling	
October 11, 2019	Staff, Physicians, Volunteers	Memo FAQ	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps, thanks to all involved</li> </ul>	A. Snelling	
October 11, 2019	Unions	Email with memo enclosure	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps</li> <li>Provide invitation to discuss at regular meeting(s)</li> </ul>	R. Aildred-Hughes	
October 11, 2019	Foundations Board of Directors Auxiliaries Executive	Letter by email	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps</li> </ul>	T. Tkachuk	
October 11, 2019	Muskoka Mayors, District Chair, East Parry Sound Reeves, MPP, MP	Letter by email	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps</li> </ul>	T. Tkachuk	
October 11, 2019	Community/Media/Political Leaders/ Municipal CAOs/Service Clubs/Community Partners/Chambers of Commerce/Lake Associations/Partner Hospitals	News Release	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps</li> </ul>	A. Snelling	

Timeline/ Date	Audience	Tool	Deliverable	Responsibility	Status
October 11, 2019	Donors	TBD by Foundations	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps</li> </ul>	C. Miller K. Craine	
October 15-18, 2019	Staff	Huddles in all areas/depts	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps</li> <li>Opportunity for questions</li> </ul>	Leadership Team	
October 15, 2019	Staff, Physicians & Volunteers	Town Hall Meeting & OTN webcast	<ul style="list-style-type: none"> <li>Inform of Board decision, inform of next steps, thanks to all involved</li> <li>Opportunity for questions</li> </ul>	N. Bubela H. Featherston	
October 15, 2019	Gravenhurst Town Council	Council Update	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> </ul>	P. Matthews N. Bubela	
October 16, 2019	Medical Advisory Committee	Meeting	<ul style="list-style-type: none"> <li>Reinforce Board decision and next steps</li> <li>Respond to any questions</li> </ul>	K. Abdel-Razek H. Featherston	
October 21, 2019	Muskoka District Council	Council Update	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> </ul>	P. Matthews C. Renwick H. Featherston	
October 22, 2019	Leadership Team	Meeting	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> <li>Respond to any questions</li> <li>Request huddles in all areas/depts.</li> </ul>	N. Bubela H. Featherston	
October 2019	Internal/External	Board Chair Blog	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> </ul>	P. Matthews A. Snelling	
October 2019	Internal/External	Social Media MuskokaRegion.com Moose FM Country 102 MAHC Matters	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> </ul>	A. Snelling	
Fall 2019	Internal/External	Community Health Bulletin	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> </ul>	A. Snelling	
November 15, 2019	Muskoka Lakes Town Council	Council Update	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> <li>Respond to any questions</li> </ul>	P. Matthews N. Bubela	
November 19, 2019	Bracebridge Town Council	Council Update	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> <li>Respond to any questions</li> </ul>	P. Matthews N. Bubela	
November 25, 2019	Huntsville Town Council	Council Update	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> <li>Respond to any questions</li> </ul>	P. Matthews N. Bubela	
December 17, 2019	Lake of Bays Town Council	Council Update	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> <li>Respond to any questions</li> </ul>	P. Matthews N. Bubela	
TBD	Service Clubs/Organized Groups	Speakers Bureau	<ul style="list-style-type: none"> <li>Reinforce Board decision, inform of next steps</li> <li>Respond to any questions</li> </ul>	TBD	