

How will the Task Force evaluate the options?

The Task Force has developed design guiding principles to help evaluate the building options for each site, together with weighing cost considerations, affordability, phasing impacts and community feedback before making a recommendation of the preferred option for each site to the Board of Directors. The overarching design guiding principles include:

- Aligns with the goals of the MAHC organization
- Supports Patient- and Family-Centered Care
- Promotes Health and Wellness
- Facilitates Operational Excellence
- Enables Innovation and Environmental Sustainability
- Promotes Community Connection and System Integration
- Meets the 'Quadruple Aim':
 - *(better health, better care, better value, better experience)*

When will a decision be made?

The Capital Plan Development Task Force will bring a recommendation of the preferred option for each site to the Board of Directors in the spring of 2019. Depending on the option selected for each hospital, additional work may need to be done with respect to phasing. Work is also being done to help develop the local share and financing plans. It is anticipated that MAHC will submit its Stage 1 Proposal to the Health Capital Investment Branch of the Ministry of Health and Long-Term Care in the fall of 2019.

How can I get information and provide feedback?

Please visit www.surveymonkey.com/r/MAHCfuture to complete an online survey to give us your feedback on the building options. **The survey will be available until Sunday, March 24, 2019.**

Stay updated on this planning work by visiting www.mahc.ca/planning-for-the-future. Watch for updates in the local media, on MAHC's website and Facebook page (@MAHChospitals).



Planning Together for Our Future Generations

Muskoka Algonquin Healthcare (MAHC) is planning for a future hospital model of Two Acute Sites with emergency, inpatient and surgical services at each site.

MAHC is currently at Stage 1 of the Ministry's capital planning process and is working through Part B, which is the infrastructure approach of how to build the future Two Acute Sites service delivery model.

This handout describes the five building design options that MAHC's Capital Plan Development Task Force is considering for the Two Acute Sites.

www.mahc.ca/planning-for-the-future

Having a future plan provides direction for programs and services, and sound capital investments in buildings and equipment in the meantime. Our buildings are getting older and harder to adapt to changing standards in health care that constantly evolve. MAHC has \$40 million in infrastructure needs today for the two hospitals. We can invest in the future, or we can continue to invest in upgrading our aging buildings.

South Muskoka Memorial Hospital (SMMH) Site Options:

- **RENOVATION/EXPANSION** – Utilize a portion of the existing hospital and expand it to the north with the construction of an addition toward Liddard Street. The main public access would be off of Liddard Street. Currently, the design proposes a helipad on the roof of a 4-storey building. This option would be 241,438 square feet (75% new; 25% renovation of existing) with an estimated construction cost of \$186,914,300. The duration of the project would depend on the number of phases, but at a minimum could span many years.
- **REPLACEMENT ON CURRENT LAND** – Completely replace the existing hospital with a new building in the northwest corner of the property toward Liddard Street. Following construction, the existing building would be completely removed. The main public access would be off of Ann Street. Currently, the design proposes a helipad on the roof of a 4-storey building. This option would be 251,463 square feet (100% new) with an estimated construction cost of \$198,131,300. To achieve this option, the new hospital would be built and moved into, and then the old building removed. The entire project could take up to at least six years to complete.
- **NEW BUILD ON NEW LAND** – Construct a 2-storey hospital with 233,955 square feet on a different piece of land located somewhere within the urban centre of Bracebridge. This option could be built in one phase over a period of up to five years with an estimated construction cost of \$181,996,300. If this option is selected, a separate process for site selection would be undertaken, ensuring the property has access from two roads with proximity to Highway 11 on 30 to 40 acres of serviced land.

Huntsville District Memorial Hospital (HDMH) Site Options:

- **RENOVATION/EXPANSION** – Utilize a portion of the existing hospital and expand it to the east beside the existing hospital and south toward Muskoka Road 3. The main public access would be from Frank Miller Drive with an additional road access adjacent to the new Fairvern development. There would be separate main and Emergency entrances. Currently, the design proposes a 3-storey building with 259,941 square feet (70% new; 30% renovation of existing) and an estimated construction cost of \$196,600,500. The duration of the project would depend on the number of phases, but at a minimum could span many years.
- **REPLACEMENT ON CURRENT LAND** – Completely replace the existing hospital with a new building oriented east of the existing building. Following construction, the existing building would be completely removed and parking would be built where the building was. The main public access would be off of Frank Miller Drive with an additional road access adjacent to the new Fairvern development. Currently, the design proposes a 3-storey building with 286,823 square feet (100% new) and an estimated construction cost of \$210,126,700. To achieve this option, the new hospital would be built and moved into, and then the old building removed. The entire project could take up to at least six years to complete.

See detailed diagrams of each option at: <http://bit.ly/2BCK28B>

How much is this going to cost the community?

Regardless of the option selected, we are talking about projects that will cost hundreds of millions of dollars over time. The construction cost of the building shell will be shared by the Ministry of Health and Long-Term Care (approx. 90%) and the community's 'local share' (approx. 10%). The community is also responsible for other costs, such as new equipment and furnishings, land acquisition (if necessary), servicing, revenue-generating space and other such soft costs, which can amount to as much and more than the 10% local share.