

Citizens for Collingwood Hospital Development,
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May 19, 2016

To: Mayor and councillors
Town of Blue Mountains.

We wish to make a presentation to Council at its meeting on May 30 concerning proposals to replace the General and Marine Hospital in Collingwood with a new structure. Since this hospital serves the Blue Mountain community, the decision-making around the issues involved is of concern to you.

Ian Royce, a member of our committee and a resident of Blue Mountains, will make the presentation on our behalf.

Three issues are most important:

1. The provincial funding formula
2. The size of the new structure
3. The best location for a new hospital

1. The provincial funding formula

One significant issue for the Collingwood hospital - as well as for almost all other smaller hospitals in Ontario - is the provincial funding formula. For the past decade the provincial government has frozen funding for hospitals, apparently in the hope that this will help make hospitals more efficient. As elected leaders you know that as a first step freezing expenditures can create efficiencies, but when it keeps being done year after year it produces serious strains on the major item of expenditure, staffing, and usually results in fewer staff. This has been a real problem for the Collingwood hospital in spite of good work by staff. The annual budget

of the Collingwood Hospital is \$55 million, which doesn't allow much room for wiggling. Another three or four million dollars a year would go a long way to improving health care.

In thinking of a better hospital arrangement for the area, this issue must be addressed. It makes no sense to spend a large sum on bricks and mortar if there is not enough money to ensure a proper staff complement.

2. The size of the new structure

The funding formula is directly related to this second issue. The consultant retained by the hospital board has recommended that the number of beds in the new hospital be doubled from the current count of 73 to more than 152 within 17 years. As well, it has proposed that the new facility be located on a site that is at least 30 acres in size. Both these proposals indicate that the intention is to spend a considerable sum on bricks and mortar – the consultant suggests a figure of \$250 million is appropriate.

Many health officials state that more care should take place in the community and not in large hospitals. Some services are now being developed which do just that – the new hospice which has just opened in Collingwood is a good example of the direction that contemporary health care is headed.

As well, new processes are being developed to provide health care outside of hospitals. Collingwood has a strong reputation for supporting patients where they live. In fact the medical care delivered in the Collingwood catchment area has one of the most developed and integrated primary care networks in the province.

Here's an example of what happens in the Collingwood catchment area. An elderly congestive heart failure patient requires weekly blood work. A mobile phlebotanist (person who draws blood) does a home visit and sends the blood work to the lab. The lab sends the results to the physician

electronically who notifies the pharmacy of medication changes. New medications are prepared and delivered to the patient at home.

The hospital plays a part in this, but it is not central. Good health care is taking place outside of the hospital. That obviously affects what should be built for the future – you won't need as large a hospital.

It is these kinds of networks that will serve the aging population more effectively. As technology and service models evolve, what is working for primary care networks will extend to all aspects of healthcare. We know there will always be a role for acute care. If we believe the future of healthcare lies in these distributed systems then the role of the hospital is to be but one node on the network and not a giant inflexible structure that demands the community come to it.

As well, some health care functions now taking place within the hospital can be more easily delivered, and often for less cost, in a different location. The dialysis unit is a good example of that kind of service – it could easily be delivered in a different location.

One really must question why a new hospital must be double the size of what is there, given these trends. It would make much more sense to spend less on new bricks and mortar, and more supporting the operating costs of the hospital. It would be a better use of public health care dollars. Looking back, it seems like the decision to build a giant hospital on the edge of Owen Sound was not a wise decision; nor was the decision to build the quite extravagant hospital on the north edge of Barrie.

3. The best location for a new hospital

This raises the third issue. Building on the edge of a community has substantial costs to that community's property tax payers – new roads, sewers and water pipes will be needed to service an unserved area and

that is not something which the provincial government pays for: the local municipality does.

In the case of Collingwood, the hospital already owns enough surrounding land – more than 12 acres – to easily build (on two of those acres) a new two or three storey building containing all of the medical facilities needed even if one agrees that the medical facilities must be doubled in size. That land is already fully serviced so there are no further costs to incur.

There are other benefits apart from cost to keeping a new building within the current hospital site. The current site is surrounded by uses which relate to the hospital: the private offices of doctors who also work at the hospital; medical treatment facilities of various kinds; retirement homes. The current site is close to Hurontario Street so visitors can easily slip away for a coffee or something to eat, or do some shopping. Putting the new structure on the edge of town might make it marginally closer for some who do not live within Collingwood proper but it would be a much less convenient location for them. Collingwood Council has been clear that the appropriate location for the new facility is on the current site.

We believe the most constructive position for Council to take on this issue is to agree that:

1. The current provincial funding formula must be changed to ensure more funds are available to support operating costs which provide adequate staffing resources. It is better to direct funds to the care of patients than to spend a large amount on a new structure.
2. The size of the new hospital should be modest, both to ensure funds are available to increase operating funding, and to conform to contemporary ideas of providing good service outside of hospitals.
3. The new hospital should be built on the site of the current hospital in Collingwood since it is the most cost-efficient location.

We would ask Council to endorse these three recommendations.

We would be pleased to address council on these matters.

Yours very truly.

A handwritten signature in black ink, appearing to read "J. Sewell". The signature is fluid and cursive, with a large initial "J" and "S".

John Sewell, for
Citizens for a Collingwood Hospital.