

Oakville Trafalgar Memorial Hospital (OTMH) Concerns:

As presented to Oakville Council September 2001 by Nicholas Hutchins

1. The OPA 198 has no indication for a new health care facility in the North of Oakville.
2. There appears to be no planning for a critical component for any Northern Development.
3. There is a need to move quickly in selecting a new hospital site.
 - a. Information: Ontario Realty Corporation sale of lands known as the Oakville Land Assembly started on 31st July 2001.
 - b. Why is there no official Oakville committee or body looking for the new hospital site?
 - c. What is the comparative cost of agricultural land vs. urban-zoned land?
 - d. Is it not true that Oakville will have to pay dearly if it has to buy back lands from developers for a new hospital site?
4. The size comparison on the new hospital and huge difficulty in accommodating it in downtown Oakville.
 - a. Summary: Size of the present hospital and what the hospital estimates that it needs by the year 2016.
 - b. Summary: Present approved of expansions.
 - c. Why are the projected patient figures for the new Oakville Hospital not readily available? Why haven't they been widely distributed?
 - d. Does it make sense to continue fund all the hospital growth in old Oakville, since if the sunk costs become too great, the Health Ministry is unlikely to fund another hospital site?
 - e. What is the effect on traffic congestion at the Trafalgar / Cornwall intersection?
 - f. Are there hospital access problems for those living North of the QEW?

5. Conclusion:

Action needed urgently:

- a. To immediately select a new hospital site.
- b. To publicize that selection and specifically incorporate it as part of the new Oakville development plan, OPA 198.
- c. To coordinate all parties interested in the new site, so Oakville and all ratepayer associations can approach the Ministry of Health to try to get immediate funding, so that the planned Oakville Hospital expansion can start to happen at the new site earlier rather than later, eliminating the need for the excessive parking and further development on the old site.

OTMH (OTMH) Plans to Double Its Size.

The OTMH wants to expand to 611 beds from the present 333 and eventually in 2016 it wants some 778 + beds, (128 chronic care, + 150 rehab., + 333 present, + plus a further 167 acute care, so that the hospital ends up with 500 total acute care beds by 2008). It already has approval for expansion to 461 beds (the present 333 + 128 long term chronic care beds). It needs to massively increase parking facilities, so it can then apply for a further 150 bed Rehab. expansion, to achieve its immediate target of 611 beds.

Hospitals never stop growing!

After reaching 611 beds, the hospital's senior management says that by 2016 (maybe as soon as 2010) even with the expansion, the present site will be too small, they then plan to abandon the downtown Oakville site in favor of a new 500 + bed regional hospital somewhere in North Oakville. However the hospital has plans, already developed, to continue its expansion and growth on the present site. If we are not careful Oakville will end up with a huge hospital institution, bigger than Toronto General (500 beds) or St Michaels hospital (569 beds), with all the traffic that implies.

The Hospital is Deliberately Over Expanding in areas it is not required to.

By law and the Ontario Hospital Restructuring Committee, (which ceases in 2004), all OTMH has to build by 2004, is 50 chronic care and 39 rehab. beds, only another 89 beds in total. However, for some reason the hospital management has deliberately elected to build 128 chronic care and 150 rehab. beds, 189 more than are required. Plans and bylaws are in place for OTMH to lease the 128 chronic care facility, although they claim revenue from the facility will be neutral.

Traffic Congestion Will Make Your Trip to Hospital Longer and More Dangerous.

Traffic congestion is already a serious concern for everyone living in Oakville. With all the development, hospital access will grow increasingly difficult and suffer from dangerous delays for those living in North Oakville. Apart from the extra noise, pollution and parking problems, the Hospital's expansion will clog an already dysfunctional traffic bottleneck at Trafalgar and Cornwall.

Over-Development is destroying an old Oakville Neighbourhood and Oakville's Main Access Route.

The hospital expansion is on top of other expansion in the area. Already approved for expansion at the Trafalgar-Cornwall intersection; two 10 story condominium units on the N.W. corner; the Cameso strip mall on the N.E. side of

the intersection will be in addition to the Main lumber depot; on the S.W. corner, the old peoples home is now almost completed; nearby towards 16 mile creek, on Cornwall, the second Kaneff tower is being completed, and a third started; at Trafalgar Village, the Home Depot "big box" store is moving in and due to the ever increasing traffic congestion on the QEW, the Go train will get much larger, (more parking) and much busier (perhaps an increase in the number and size of trains) over time. **Thus even without the hospital expansion, the Trafalgar/Cornwall intersection, downtown Oakville's main access route, is going to be choked with traffic at most times.** There is already a trend for commuters coming from Toronto, exiting the QEW at Ford Drive or Winston Churchill and those coming from Hamilton exiting at 3rd Line or Doval. With the extra hospital growth, there will be a further huge increase in traffic winding their way along old Oakville's heritage side streets, with inevitable pollution, decline in air quality, parking problems, and noise.

Hospital and Town Officials Are Missing A Land Opportunity To Acquire A New Hospital Site.

The Ontario Realty Corp. (ORC) has a tract of land known as the Oakville Land Assembly up for sale (31st July 2001 per its public notice 28th June 2000). All Ontario taxpayers presently collectively own this land. To date no official Oakville action has been taken to reserve land in the Oakville Land Assembly for a new hospital site. Without immediate action, Oakville will have to buy back the land, from developers, at much-inflated prices, inevitably leading to even higher property tax increases. i.e. the present cost of zoned agriculture land is somewhere between \$5,000.00 to \$10,000 per acre, the cost for zoned urban land, with utilities, is around \$150,000 per acre. If land is not acquired for the new hospital site in a timely fashion, Oakville will be unnecessarily paying much more for it.

No one has been looking for land for the hospital.

Apparently there has been no one looking into acquiring a new hospital site, **why?** The hospital's management claim to want a new site, as does the Mayor and her councilors. There is a "Land Use Task Force for the hospital", but according to the Mayor, they are not looking for a new site. After many queries, apparently a new committee has now been formed to do this. Recently the Mayor had herself confirmed as council's representative to that committee. I have asked for the names of this committee but was refused. Todate I do not know who is on the committee.

A size comparison of the new proposed hospital, with similar Toronto institutions. (Please see the attached Toronto teaching hospital size and patient loads).

Enclosed is some research on relative hospital sizes, comparing some typical

Toronto teaching hospitals with the present and the future OTMH. Note: This is an attempt to provide relative sizes, although all hospitals do the basics; different Toronto hospital groups cater to different specific patient problems.

Consider, to begin attracting Ministry of Health funding for a hospital of this magnitude, (611 to 778+ beds) OTMH will have had to demonstrate the sort of patient loads that a Mt. Sinai, or a Toronto General presently handles. It certainly gives one an order of magnitude as to the scale of the projected future OTMH and I hope a pause to think. Given present traffic problems, never mind its projected growth, how could anyone think of placing such a large institution in a small downtown residential Oakville neighbourhood serviced by 2 lane streets?

As we all know, the hospital has the funding and the permission to build the needed 128 chronic care beds. However, according to Mr. John Oliver, (OTMH CEO) the OTMH will need some 500 acute care beds, (333 from the present facility), 150 rehabilitation beds, ambulatory care facilities and is also interested in a cancer clinic to become a cancer treatment centre by 2010 - 2016. **Given all this growth on the present site, this will make a hospital of some 778 + beds.** The Hospital is gearing up to get both the funding and the permission to build these institutions. Everyone would be fully supportive of these efforts if Mr. Oliver did not insist on trying to build them all in downtown Oakville, instead of up in North Oakville where the majority of Oakville live and where it is most needed, as that area is growing the fastest.

Already the hospital has applied for excessive parking facilities and for funding and permission for the next expansion, the 150 rehabilitation beds. **Todate it has not received any official assurance on obtaining either.** We are led to believe that this is a done deal, so much so, that the hospital has obtained permission from the council to construct parking facilities far in excess of its present needs, an 850 space 7.5 story parking garage on Allan Road, based on their belief that the approval for the 150 bed additions is imminent. This is some 450 spaces more than they presently have or need.

We believe this 150 bed expansion should occur at the new hospital site and be part of the new hospital. If built downtown, these extra 150 beds will almost guarantee the construction of the rest of the hospital at the downtown site, and Oakville could end up with the entire 778 + beds downtown.

Question: If the hospital is allowed to build everything it has so far asked for on the present small 14 acre site, (128 + 150 added to the 333 = 611 beds), **is it believable that in 2010 - 2016 the hospital will stop expanding on the present site and move to a North Oakville site?** Will the Health Ministry, having funded the present expansion \$13.5 million for the new emergency, some \$55 million on earlier improvements then abandon the site to fund a new 500 acute care and the ambulatory care facility?

Why would the Ministry of Health and the Town of Oakville, via escalating property taxes, pour in millions of dollars into developing the downtown Oakville hospital and then abandon the facility and waste the sunk costs to then turn around and pour millions more into developing a completely new hospital?

OR

Is it much more likely, that once the 150 rehabilitation beds are built on the present site, there will be so much money invested in the present site, that adding the needed extra 167 new acute care beds, (to bring it up to the needed 500 acute care beds by 2010 - 2016), will be the easiest, cheapest way to go? This whole debacle will be sold to the community and the Ministry as “economic sense” and everything will be built in downtown Oakville.

Oakville is being sold out, without knowing the costs.

Once everything is built, the hospital will be of a size, somewhere between the University Hospital Network (UHN), which includes Toronto General, Toronto Western and Princess Margaret Hospitals with some 910 beds, and St. Michael's Hospital with 569 beds. It's patient loads will also be somewhere between these hospitals. The community costs will be translated into difficult if not impossible quick emergency access for those in North Oakville, perhaps resulting in patient deaths due to traffic holdups, huge increases in traffic congestion, gridlock in downtown Oakville, pollution, noise, parking problems and significant loss of Oakville's ambience and quality of life, qualities we all appreciate and the main reason we moved to Oakville in the first place.

A comparison with Mt. Sinai, a small Toronto general hospital:

The Mt. Sinai Hospital (440 active beds) has significant patient loads yet OTMH will be much larger (778 active beds, or if the 128 chronic care beds are discounted, 650 beds). Mt. Sinai Hospital is a general hospital and other than being much smaller will be similar to the proposed expanded OTMH. Each year it has some 129,272 patient days, (# of admitted patients to the hospital X the average # of days spent in hospital), 572,000 ambulatory care patients, 34,588 rehabilitation patients, 34,022 emergency patients and 5,569 births. **Note: This omits the # of supply / delivery, and service trucks per day needed to service the hospital.**

As part of its expansion sales pitch, the OTMH told the community that traffic would not increase markedly. Their massive parking increase argues eloquently against this position. In the presented calculations, what they did not say was that every chronic long-term care and rehabilitation bed they build on the present

site frees up the acute care beds, thus increasing the acute care capacity, which does increase traffic.

Could the council find out the actual project patient care figures that the hospital gave to the Ministry of Health to justify its future funding?

Contrary to the agreed to bylaws at the time, the hospital is now trying to change the building density on the old Oakville high school lands they acquired. If they accomplish this then the 778-bed hospital becomes even more likely.

As per the council's own Citizen Survey of 23rd May 2001: As reported by Oakville Today.

%

When asked to look at Oakville 10 yrs. into the future:

87% said that they wanted Oakville to look the same as it is now.

Green space

86% wanted to keep more as open / treed area / trails.

What they replied when asked what they most liked about Oakville?

50% said that they liked its small community / quiet / heritage.

36% liked green spaces / parks/ recreation.

%

What they replied when asked what they most disliked about Oakville?

31% Traffic congestion.

22% Rapid growth.

Most Important issues were:

23% Urban sprawl.

19% Traffic congestion.

Future Improvements:

23% better road maintenance / Transportation accessibility.

21% better aesthetics / cleaner / more green space.

All this suggests that the people of Oakville do not want a massive hospital complex downtown, eliminating green space and further contributing to already bad traffic congestion, pollution and bad air quality. They do not want a dramatic change to old residential neighborhoods or heritage areas. They would oppose a massive change right on the main access route to downtown Oakville, as they clearly want to keep Oakville's ambience, which is the main reason why people like to live in Oakville in the first place.

What else is the hospital not telling us? What about a helicopter-landing site?

As with the downtown teaching hospitals, such a large Regional hospital will probably need to have emergency helicopter access. If built at the site, consider the further noise and pollution that would bring to Oakville. Presently helicopters land at the Ford plant helipad, however with the added traffic they could easily decide to develop a helipad at the hospital.

What about the further hospital plans, phases 4, 5, 6, 7 etc.

The hospital already has plans for phased construction on the downtown hospital site of 4, 5, 6 and 7. Phase 4 calls for the construction of an ambulatory care centre off Reynolds between the present hospital and the new 150-bed Rehab. Unit. Phase 5, 6 and 7 calls for the Lawson Psychiatric Centre to be torn down for yet another 8.5 story parking facility. The Allan Road parking garage will also be raised at least 2 stories to equal the height of the new facility. The present 2 story (1 above ground) maternity wing is to be changed and raised by 2 or more stories. **Why does the hospital have these plans for all these extra phased expansions, if they are not going to be built at the present site? Why are these plans not widely publicized? Could the council have them publicized before proceeding with any downtown expansion?**

Each step of the present expansion has been carefully crafted to cause a minimum outcry, until it is too late. The citizens of Oakville are being sold a bill of goods, with a creeping hospital expansion, to create a “fait accomplis”. Once the critical size has been reached, it becomes inevitable that the rest of the hospital will be built on the same site. In my view that will happen once the 150 rehabilitation beds are approved for the downtown site.

For Oakville’s future: To provide equal speedy access to a hospital for all living in Oakville, including those living in North Oakville; to preserve the downtown heritage core and minimize further traffic congestion, this council must immediately have a new hospital site designated in North Oakville. The new OPA198 must reflect this as part of the official plan. This new site must be publicized so that all interested parties can combine to achieve the necessary funding for the new hospital, obviating the need to continue the downtown hospital expansion beyond the approved 128 chronic care beds.

Toronto Hospital Sizes and Patient loads, for comparison with projected OTMH size. 20/09/01 N.D.H.

Institution	# of active beds	Patient days	# of staff Total	# Doctors PT= Part time	#volunteers
HSC.	372	88,916	3000		1500
UHN.	910	262,571 Amb. 730,738 Emrg. 70,000 Clinic 560,000	8000+	500 + PT800	800+
TGH.	500	141,763			
PMH.	133	39,710			
TWH.	277	81,098			
Mt. Sinai	440	129,272 Amb. 572,000 Emrg. 34,022 Rehab 37,588 Births 5,569	3600	750	645
St. Mike's	569	25,024 Amb. 414,908 Emrg. 60,000	3500	639	575
Sunny. + Women's Arth/Orth	900 300	Amb. 600,000 Emrg 51,000	6000+	600	1500
Presently OTMH	333	77,626	1800	187+ PT110	750
OTMH Immediate Projected Old site	333 Acute 150 Rehab.* <u>128 Chronic</u> 611				
Final Projected OTMH 2016 need	500 Acute * 150 Rehab*. <u>128 Chronic</u> 778				

*Note: Projected hospital needs, not yet approved or funded.

Institution	# of active beds	Patient days	# of staff Total	# Doctors PT= Part time	#volunteers
Present					
OTMH	333	77,626	1800	187+ PT110	750
Ambulatory.		200,000			
Emergency.		?			
Rehabilitation.		?			
Births.		?			
Presently some		300,000 patients per year			

Immediate**Projected**

Old site **333 Acute**
150 Rehab.*
128 Chronic
611

OTMH**2016 yr.****Projected**

Need: **500 Acute ***
150 Rehab*.
128 Chronic
778*

To achieve funding for this size of hospital, the hospital would have to demonstrate similar patient use figures as a Mt. Sinai or a Toronto General hospital.

Note: Projected hospital growth, not yet approved or funded.

Mt. Sinai	440	129,272	3600	750	645
Ambulatory.		572,000			
Emergency.		34,022			
Rehabilitation.		37,588			
Births.		5,569			