



Town of Newmarket

Agenda

Council Workshop - Electronic

Date: September 28, 2021
Time: 1:00 PM
Location: Streamed live from the Municipal Offices
395 Mulock Drive
Newmarket, ON L3Y 4X7

1. Notice

In accordance with the Town's Procedure By-law, no decisions are to be made but rather this meeting is an opportunity for Council to have informal discussion regarding various matters.

At this time, the Municipal Offices remain closed to the public. This meeting will be streamed live at newmarket.ca/meetings.

2. Additions & Corrections to the Agenda

3. Conflict of Interest Declarations

4. Items

4.1. Southlake Regional Health Centre

Note: The following Southlake representatives will be in attendance to provide a presentation on this matter:

- Arden Krystal, President and CEO
- Tyler Chalk, Vice President, Strategy, Analytics and Communications
- John Marshman, Vice President Capital, Facilities & Business Development
- Peter Green, Director, Capital Development

5. Adjournment



Southlake Master Plan and Advocacy Town of Newmarket Council Workshop

John Marshman, VP Capital, Facilities and Business Development

Tyler Chalk, VP Strategy, Analytics and Communications

Peter Green, Director, Capital Development

September 29, 2021

a new southlake.ca

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Southlake's unique role in Ontario's healthcare system

- One of the largest hospitals in Ontario (~\$500M budget, 550 beds, 3700 staff, 630 physicians)
- Dual mandate:
 - Core community hospital services for northern York Region and south Simcoe County.
 - Tertiary regional programs for broader population from northern GTA to as far north as Muskoka. Our regional Cardiac Program is one of Ontario's largest and our regional Cancer Program is one of the top ranked based on provincial performance indicators.

Outdated infrastructure at Southlake contributes to community access and efficiency challenges.

- Highest medical/surgical occupancy of 21 peer hospitals.
- Often have the largest volume of hallway or “unconventional” beds in the Central Region.
- No capacity to support future growth.
- Main buildings date back to the 1960s and 1970s:
 - Some buildings at end of life
 - Systems infrastructure requires full upgrades
 - Central utilities plant is at end of life for most major equipment
 - Challenged to accommodate current acute care requirements
- 89% more physical space required to right-size current units to contemporary standards (just to maintain current bed count, not factoring in the significant bed increase required now and in the future).
- **Despite all of the above, and the fact that we serve one of Ontario’s fastest growing and aging populations, Southlake has not had any significant acute care capital expansions since 2003.**

Between 2001 and 2016 the communities we serve grew dramatically

Municipality	2001	2016	overall growth (2016 vs. 2001)	CAGR
Newmarket	65,790	84,224	28.0%	1.66%
Aurora	40,170	55,445	38.0%	2.17%
Bradford West Gwillimbury	22,228	35,325	58.9%	3.14%
East Gwillimbury	20,560	23,991	16.7%	1.03%
Georgina	39,263	45,418	15.7%	0.98%
King	18,533	24,512	32.3%	1.88%
total (Southlake catchment area)	206,544	268,915	30.2%	1.77%
Ontario	11,900,000	13,450,000	13.0%	0.82%

- Overall growth in our core catchment area communities (2016 vs. 2001) significantly outpaced that of Ontario as a whole.
- Looking at the compound annual growth rate (CAGR), our catchment area grew at a pace two times the province as a whole.

Southlake's main campus has had no significant acute care expansion since 2003. Comparing our current activities to 2003/04 demonstrates the extent to which we have outgrown our current physical footprint.

	03/04	19/20	Key takeaways
Beds	362	474	31% increase (112 more beds) within the same building
ED visits	57,004	111,885	96% more visits (~55,000 more visits in 19/20 than 03/04; ~150 more/day)
Acute discharges	16,918	24,086	42% increase (~7,200 more discharges in 19/20 vs. 03/04; ~20 more/day)
Patient days	91,270	135,147	48% increase
ALC* patient days	2,884	18,292	534% increase
ALC rate	3.2%	13.5%	4.2x more ALC days as % of total patient days (overall ALC rate in 19/20, factoring in our Restorative Care Units at Humber Church and Finch, was 25%)
Inpatient surgeries	4,397	5,615	28% more surgeries within the same OR space

* ALC = Alternate Level of Care. ALC is a clinical designation for a patient in hospital who no longer requires hospital care and is waiting to be moved to another location (ex. a long-term care home, home with home care supports).

Overview of hospital use from residents of Newmarket in 2019/20 – Inpatient Care

In 2019/20, the residents of Newmarket had a total of **6,852** admissions to acute hospitals for care (average of 19/day). **76%** of these were to Southlake.

Hospital	Discharges	% of total for Newmarket
Southlake	5,216	76.1%
Mackenzie Health	290	4.2%
Sunnybrook	219	3.2%
SickKids	158	2.3%
University Health Network	150	2.2%
Other	819	12.0%
Total	6,852	100.0%



24,091 patients were discharged from Southlake in 2019/20. People from Newmarket represented almost **22%** of these discharges.

Patient's home municipality	# discharges	% of total for Southlake
Newmarket	5,216	21.7%
Georgina	3,429	14.2%
Aurora	2,580	10.7%
BWG	2,370	9.8%
East Gwillimbury	1,749	7.3%
New Tecumseth	1,035	4.3%
Richmond Hill	942	3.9%
King	760	3.2%
Other	6,010	24.9%
Total	24,091	100.0%

Total cost for inpatient visits from Newmarket residents was \$42.6M. Average cost per visit was \$8,355.

Overview of hospital use from residents of Newmarket in 2019/20

– Emergency Department visits

In 2019/20, the residents of Newmarket had a total of **36,432** visits to hospital EDs (average of 100/day). **87%** of these visits were at Southlake.

Hospital	# visits	% of total for Newmarket
Southlake	31,772	87.2%
Mackenzie Health	865	2.4%
SickKids	399	1.1%
Markham-Stouffville Hospital	373	1.0%
North York General	258	0.7%
Other	2,765	7.6%
Total	36,432	100.0%



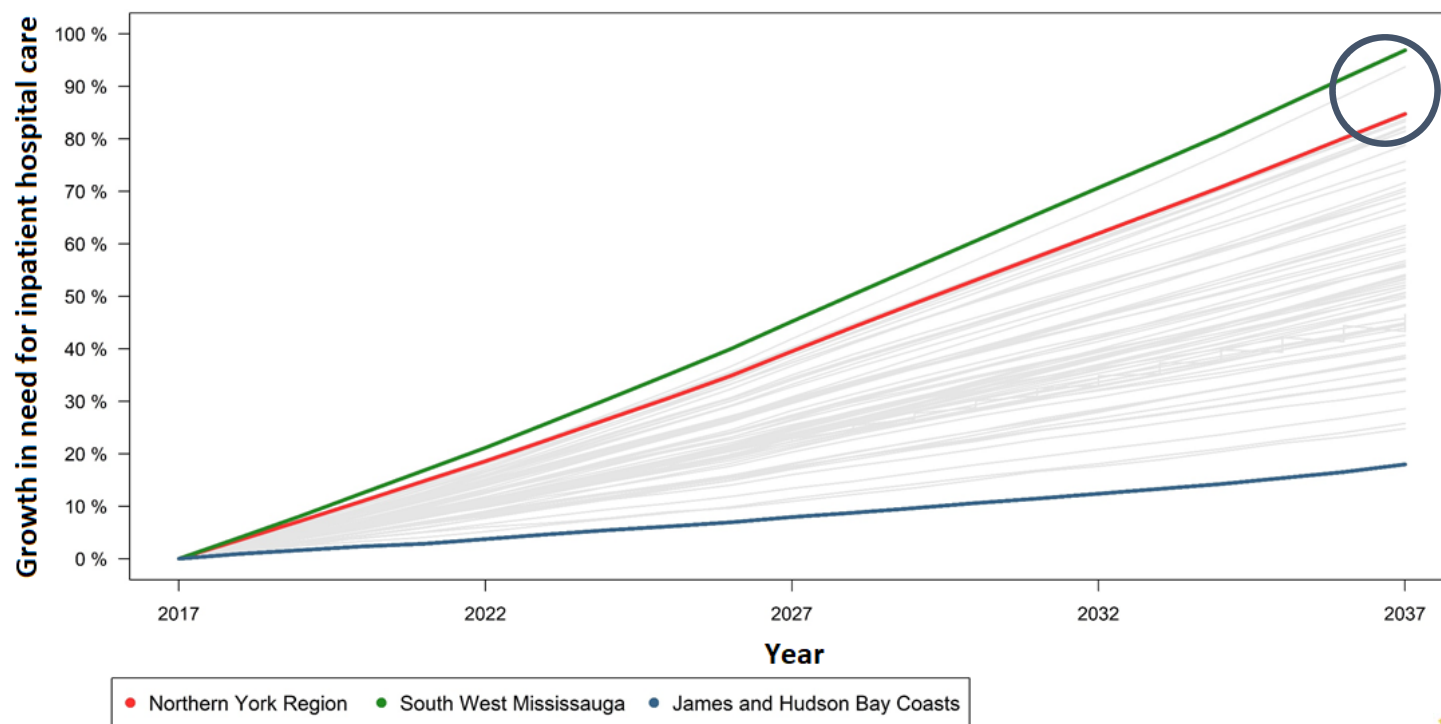
There were 111,885 ED visits at Southlake in 2019/20. People from Newmarket represented **28%** these visits.

Patient's home municipality	# visits	% of total for Southlake
Newmarket	31,772	28.4%
Georgina	15,636	14.0%
Aurora	14,856	13.3%
BWG	12,468	11.1%
East Gwillimbury	9,713	8.7%
Richmond Hill	5,309	4.7%
Other	22,131	19.8%
Total	111,885	100.0%

Total cost for ED visits from Newmarket residents was \$7.3M. The average cost per visit was \$231.

In terms of projected future growth in demand for inpatient hospital care, the communities served by Southlake are near the top of the list provincially.

Expected 20-year growth in need across the 76 sub-regions in Ontario



Methodology (from Preyra Solutions Group)

- Age groups are weighted individually to estimate future hospital service demand based on current and historical utilization (newborns, adults, younger seniors, older seniors, etc.).
- For each age cohort, inpatient hospital days per capita is calculated and then multiplied by future age cohort-specific population growth projections to get future weighted total demand.

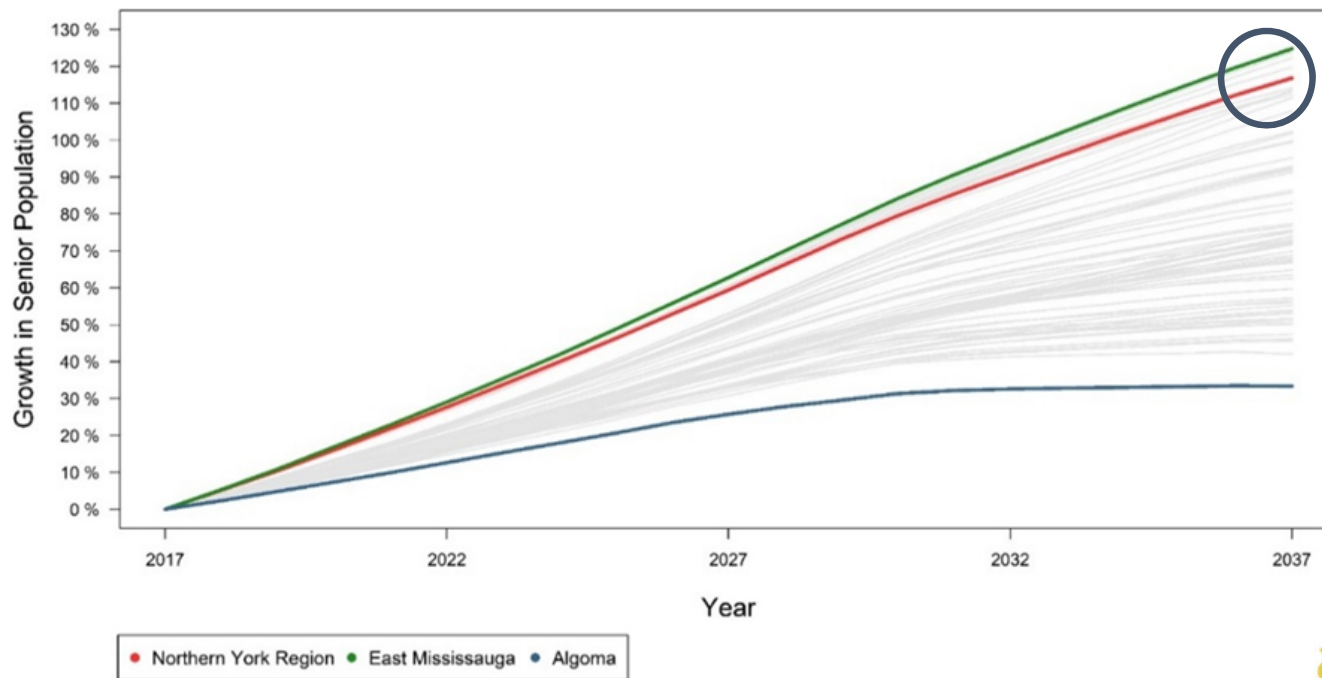
All regions with similar levels of future projected hospital demand growth have recently opened new hospitals or have major projects in development.

Ontario's 76 sub-regions ranked from highest growth to lowest projected future growth in acute hospital care demand. Showing the top 8.

Sub-region	20 year growth	Major investments (recently opened / current projects)
South West Mississauga	97%	Trillium (two projects in pre-procurement with Infrastructure Ontario)
East Mississauga	94%	Trillium (two projects in pre-procurement with Infrastructure Ontario)
Burlington	94%	New Joseph Brant Hospital (opened 2017)
Northern York Region	85%	Last material acute care expansion at Southlake was in 2003
Oakville	85%	New Oakville Hospital (opened 2015)
Western York Region	85%	New Cortellucci Vaughan Hospital (opened 2021)
Eastern York Region	84%	Markham Stouffville Hospital (doubled in size in 2014; Uxbridge project on Infrastructure Ontario list for early planning)
Bolton-Caledon	83%	New Cortellucci Vaughan Hospital (opened 2021) and Osler (2021 Budget)

The communities we serve are also among the fastest aging in Ontario. Patients >65 drive hospital activity and cost. In 2019/20, patients over 65 represented 42% of our discharges and 59% of our costs.

Expected 20-year growth in population of people 65+ across the 76 sub-regions in Ontario



Sources:

- Statistics Canada 2016 Census
- Ministry of Finance Population Projections (Spring 2017 Release)

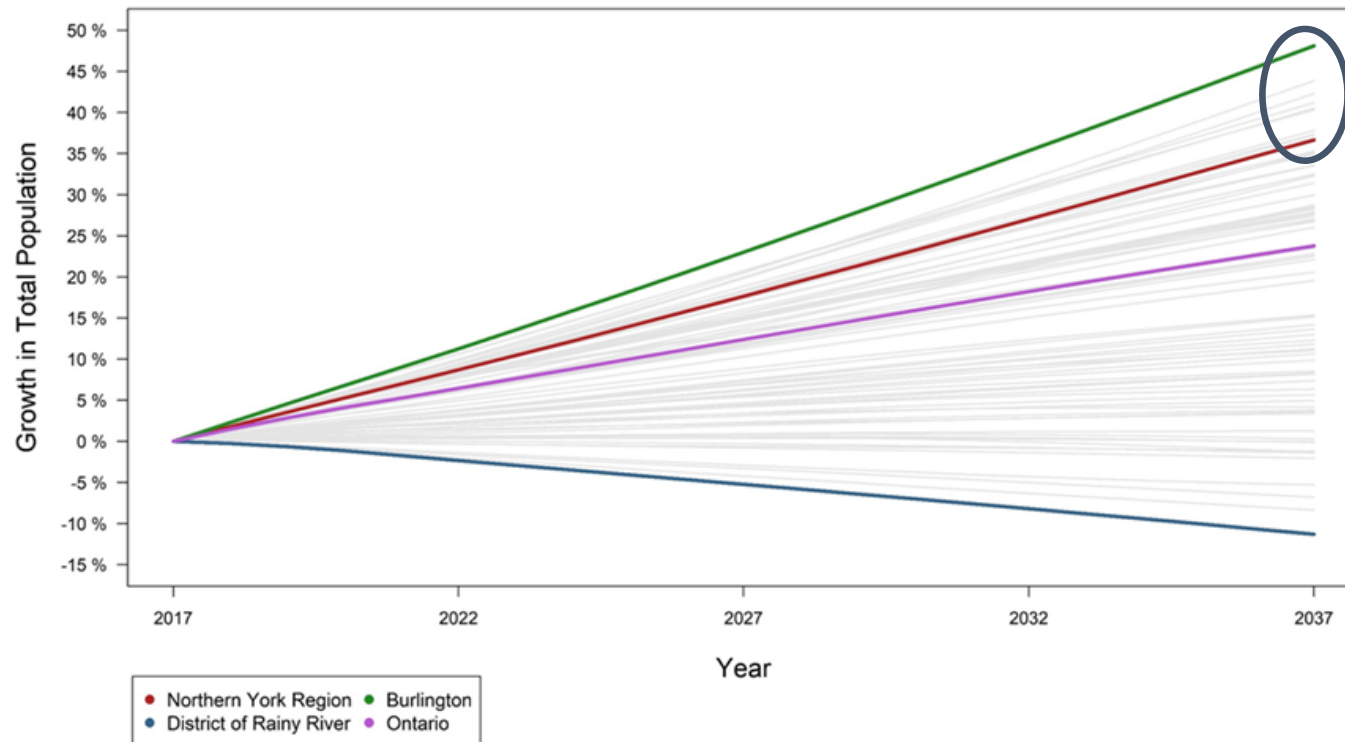
All regions with similar overall projected population growth in residents 65+ have recently opened new hospitals or have major projects in development.

Ontario's 76 sub-regions ranked from highest growth to lowest in terms of growth in seniors. Showing the top 8.

Sub-region	20 year growth (age 65+)	Major investment (recently opened / current projects)
East Mississauga	125%	Trillium (two redevelopment projects in pre-procurement)
North West Mississauga	124%	Trillium (two redevelopment projects in pre-procurement)
South West Mississauga	122%	Trillium (two redevelopment projects in pre-procurement)
Bolton-Caledon	120%	New Cortellucci Vaughan Hospital (opened 2021) and Osler (2021 Budget)
Northern York Region	117%	Last material acute care expansion at Southlake was in 2003
Brampton	117%	Osler (announcement in 2021 Budget)
Durham North East	117%	Lakeridge (two redevelopment projects in pre-procurement)
Western York Region	116%	New Cortellucci Vaughan Hospital (opened 2021)

The communities served by Southlake are among the fastest growing in Ontario

Expected 20-year population growth across the 76 sub-regions in Ontario



Sources:

- Statistics Canada 2016 Census
- Ministry of Finance Population Projections (Spring 2017 Release)

All regions with similar overall projected population growth have recently opened new hospitals or have major projects in development.

Ontario's 76 sub-regions ranked from highest growth to lowest in terms of overall population growth. Showing the top 13.

Sub-region	20 year proj. growth	Major investment (recently opened / current projects)
Burlington	48%	New Joseph Brant Hospital (opened 2017)
Oakville	44%	New Oakville Hospital (opened 2015)
Halton Hills	42%	New Oakville Hospital (opened 2015)
South West Mississauga	41%	Trillium (two redevelopment projects in pre-procurement)
Milton	41%	New Oakville Hospital (opened 2015)
East Mississauga	40%	Trillium (two redevelopment projects in pre-procurement)
Eastern York Region	38%	Markham Stouffville Hospital (doubled in size in 2014; Uxbridge redevelopment on IO list for early planning)
Northern York Region	37%	Last material acute care expansion at Southlake was in 2003
Bolton-Caledon	37%	New Cortellucci Vaughan Hospital (opened 2021) and Osler (2021 Budget)
Western York Region	37%	New Cortellucci Vaughan Hospital (opened 2021)
Bramalea	35%	Osler (announcement in 2021 Budget)
North West Mississauga	35%	Trillium (two redevelopment projects in pre-procurement)
Brampton	35%	Osler (announcement in 2021 Budget)



The extent of the expansion required over the next 20-30 years cannot be economically accommodated on our current site

Our Challenge and Differentiators

01

ONE OF ONTARIO'S FASTEST GROWING & AGING POPULATION

Southlake is the 7th fastest growing hospital over the next 20 years

02

PATIENT COMPLEXITY & SEVERITY

Projected increases in patient complexity and severity will affect future resource need and result in increased length of stay

03

GROWTH IN REGIONAL PROGRAMS

Regional Cancer and Cardiac programs require access to specialty equipment and expansion in space in order to provide programs to the growing York Region, North York and South Simcoe County communities

04

AGING INFRASTRUCTURE

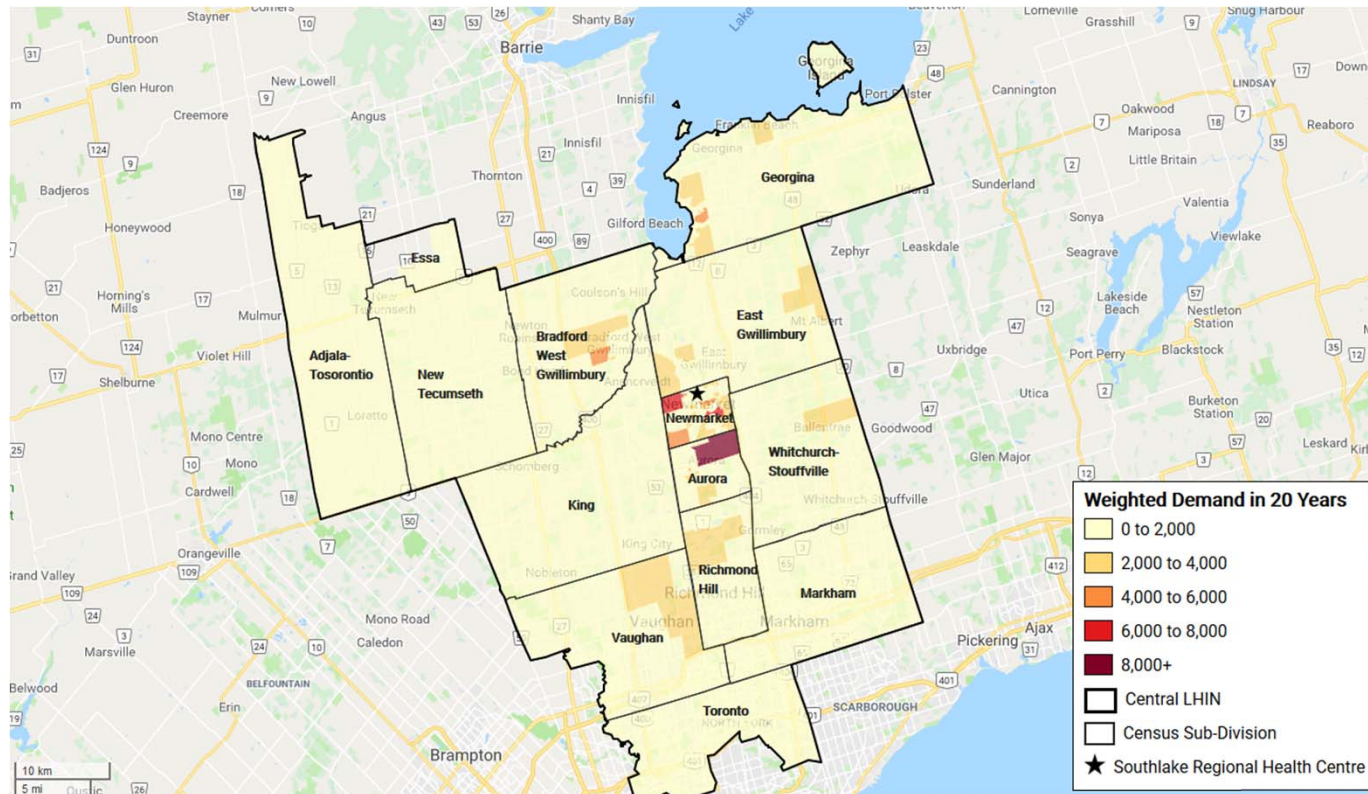
Current infrastructure needs are unable to support growth in patient population

05

LACK OF AVAILABLE ALC & LTC FACILITIES

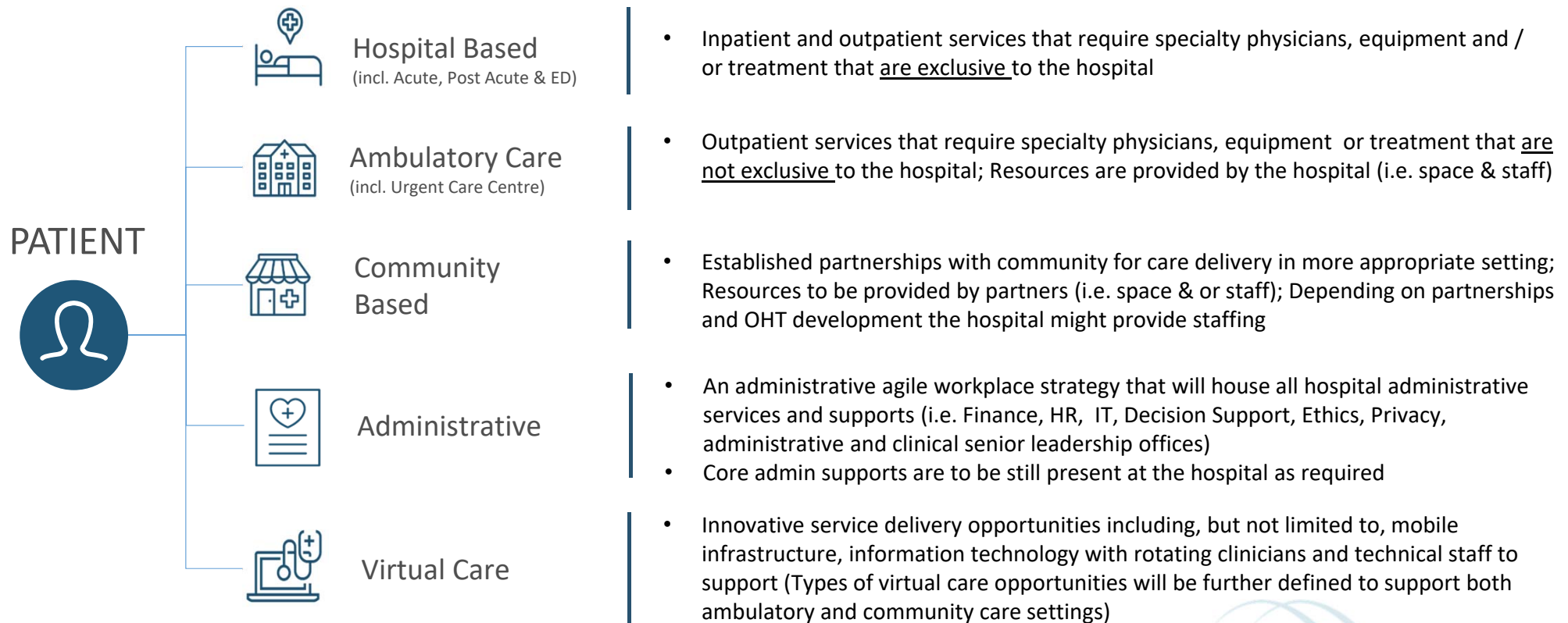
Patients are waiting longer in hospital due to low access to alternate level of care (ALC) and long-term care (LTC) facilities in the Southlake catchment

Expected 20 Year Weighted Demand



Where and how we will deliver care

The future service delivery model proposed 5 care settings.



Facilities Plan – Short Listing to Three

West Building (1960s)

- End of life - Impractical to renovate for acute or ambulatory care

East Building (1970s)

- Extensive renovation required for acute care
- Design does not align with acute care standards

CUP

- Many systems end of life



Option 1a – Existing Site



Option 1b – 30 Year Stage
 Option 1a and 1c provided variations to this same theme





Option 2a – 30 Year Stage



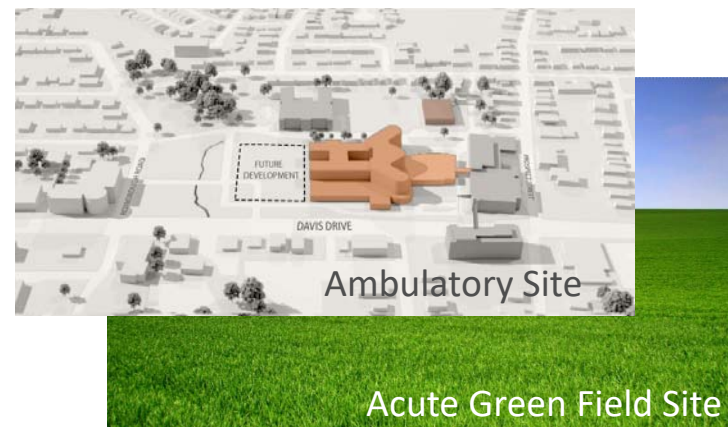
Option 2b – 30 Year Stage

From Six Facilities Options to Short Listed Three

Option 2A – 30 Year Horizon



Option 2B – 30 Year Horizon



Option 3 – 30 Year Horizon



Considerations

- Lengthy time period for full renovation and expansion required for Option 2A
- Site constraints
- Renovations within operating facilities adversely impact efficiency, patient/family satisfaction and staff retention

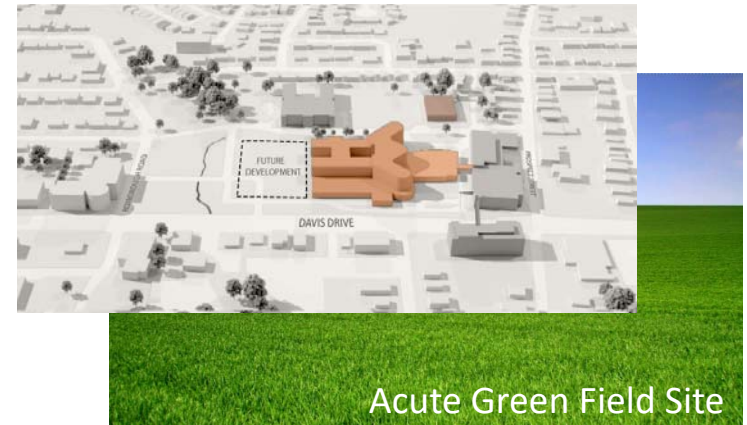


Option	Forecasted 10 Year Cost
Option 2A – Acute on existing site	\$2,452,948,600
Option 2B – Ambulatory on existing site	\$1,916,902,600
Option 3 – Full relocation to a greenfield site	\$2,725,532,200

Strengths of Preferred Option

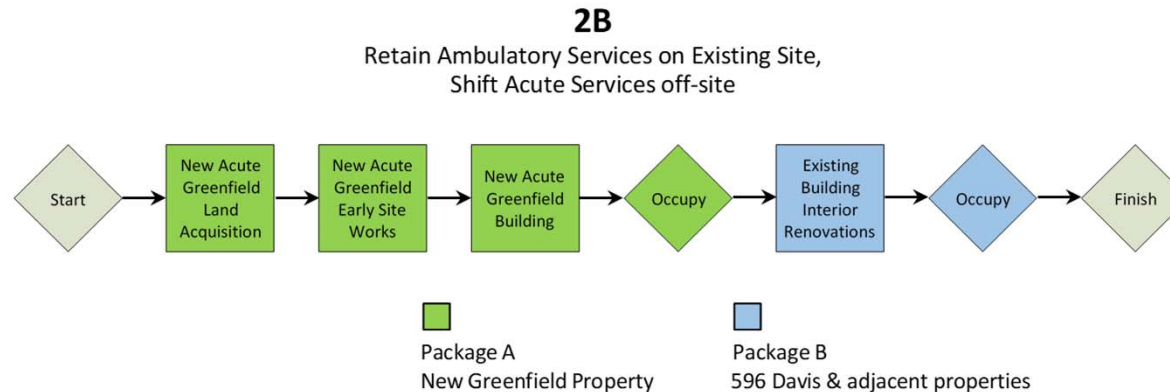
(Option 2B – Acute Green Field, Renovation of Existing for Ambulatory)

- Aligns with trends in positive healthcare outcomes through dedicated ambulatory sites
- Fully utilizes existing assets over 10, 20 and 30 year timeframe as desired by MOHLTC
- Builds on most current existing asset investments – ex: 2004 infill, cancer centre and Regional VIVA rapid way
- Mitigates potential sanitary sewer capacity issues
- Potential for LTC and OHT partners to maintain existing site as a vibrant healthcare centre
- Floodplain/watercourse encroachment avoided
- Density reduced for improved patient, staff and vehicular flows
- Major mitigation of long-term renovation impact on patient care and staff retention
- Mitigates community concerns of expansive parking structures on the existing site



Sequencing & Preliminary Schedule

Subject to change due to external approvals



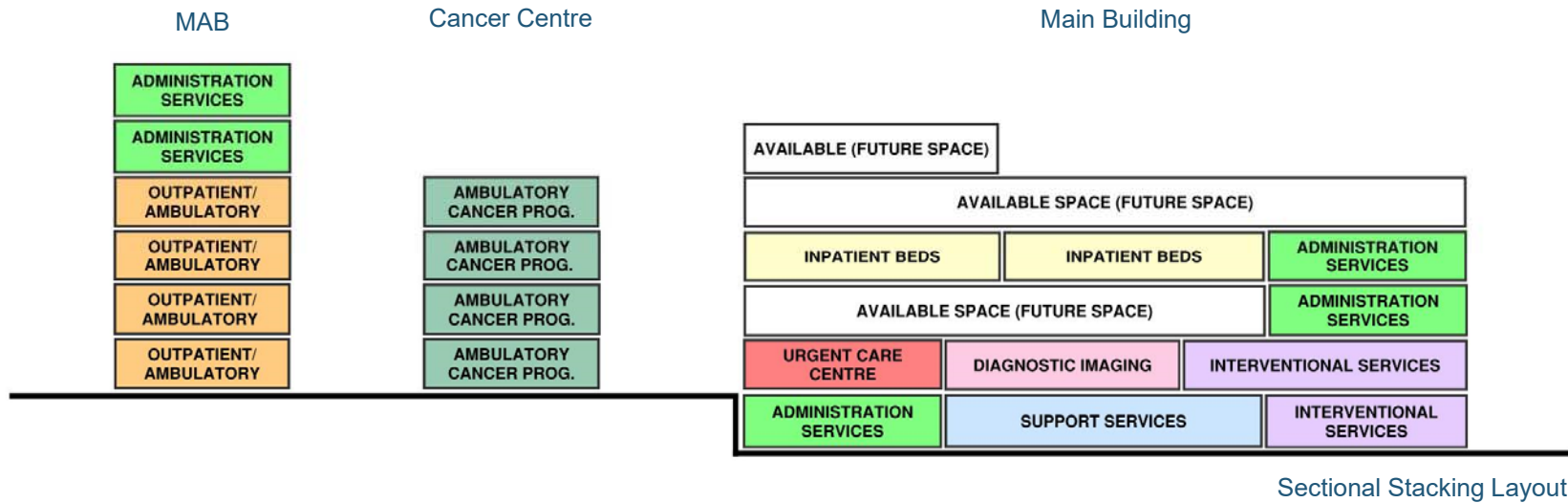
- Package A: Construction of a new Acute Care facility. Once the Acute Care programs are moved to this new off-site location, the existing hospital will undergo some renovations to accommodate the expanding Ambulatory programs including repatriation of RCC beds. A new CUP will be constructed replace the existing aged facility and equipment.
- Package B: Interior renovations to the existing East building Interventional Ambulatory services, Urgent Care Centre and improvements to public circulation.
- Typical Ministry of Health capital projects of this magnitude require 10 to 15 years to implement. With the submission of the initial capital request in January 2020 it is possible that the project could be completed between 2030 and 2035.

Option 2B - Ambulatory Site Services and Projected Visits at 596 Davis Drive

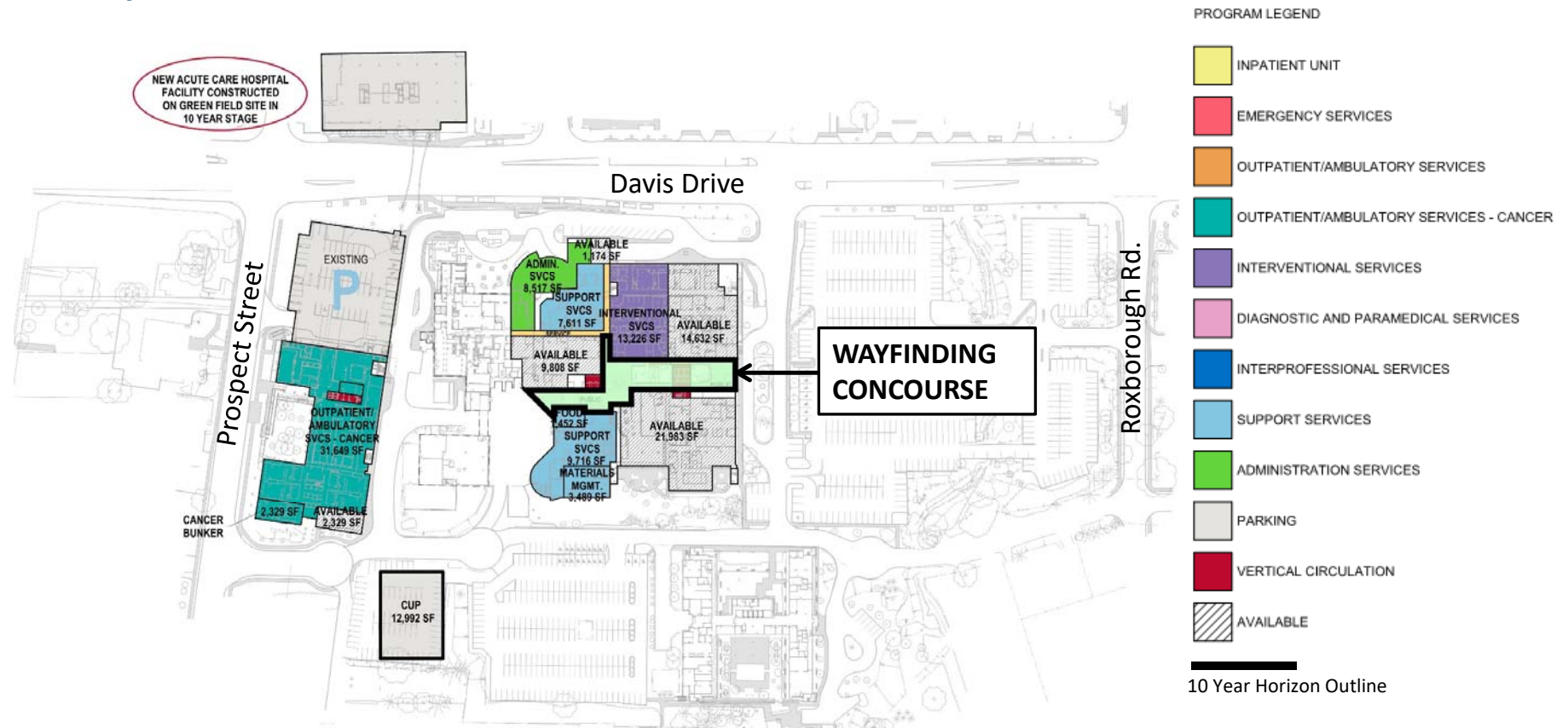
- **Surgical Services**
 - Cataract, Hips and Knees, Endoscopy
- **Urgent Care**
- **Outpatient Medical Clinics**
- **Outpatient Cancer Care**
- **Diagnostic Imaging**
 - PET/CT, MRI, CT, Xray, Mammography, Ultrasound
- **Restorative Care Beds repatriated from Humber**
 - Currently 60 beds which are projected to be 75 at the 10 year horizon

	Projected Visits/Year	Projected Visits/Week
Surgical Procedures	46,900	950
Urgent Care	40,750	800
Outpatient Medical Care	603,250	12,050
Diagnostic Imaging	217,000	4,350
TOTAL	907,900	18,150

Option 2B – Ambulatory Concept on Existing Davis Drive Campus (@ 10 yrs)

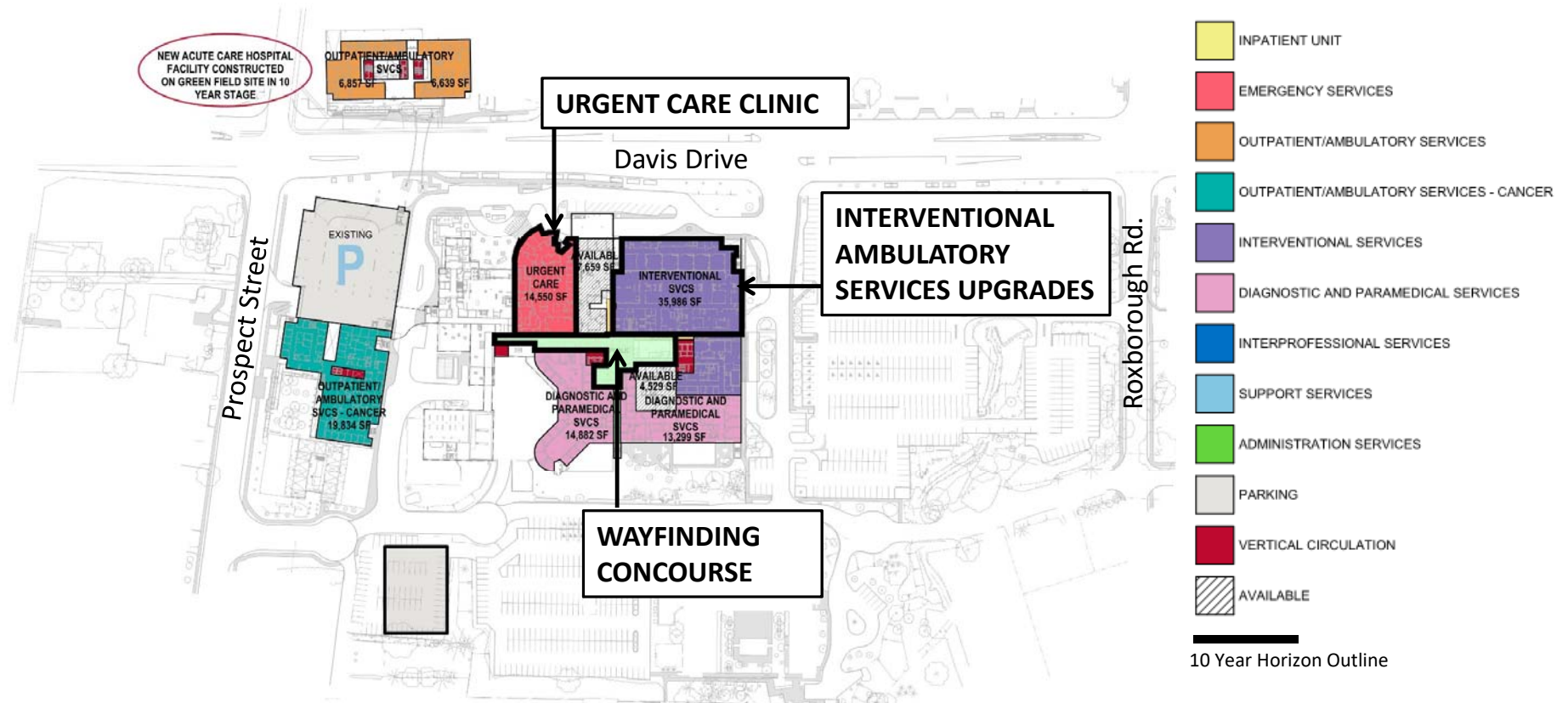


Option 2B – Davis Drive Campus 10 -15 yr horizon



Floor Plan – Ground Level

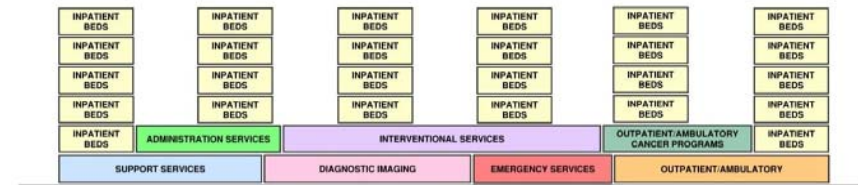
Option 2B – Davis Drive Campus 10 -15 yr horizon



Floor Plan – Level One



Sunshine Coast University Hospital, Birtinya, Australia, HDR



Southlake Regional Health Centre – Conceptual Layout



Sunshine Coast University Hospital, Birtinya, Australia, HDR

Masterplan Advocacy Strategy

Advocacy approach

- Since submitting the Master Plan in January 2020, we've met with Minister Elliott, Minister Mulroney, and MPP Parsa (local MPPs who represent the communities we serve) and discussed it with Premier Ford on a variety of occasions. We have also met thus far with Ministers Bethlenfalvy, Lecce, Jones, Fullerton, Cho and Calandra.
- We have recently launched an advocacy strategy to help rally support for our Master Plan. This includes letters of support, media, engagement with other key stakeholders (municipal councils, Chambers of Commerce, other community organizations). We have also held a series of community virtual Town Halls co-hosted by the mayors of the municipalities we serve as well as presentations at local Chambers of Commerce:

Town	Date	Host
East Gwillimbury	Jul. 27	Mayor Virginia Hackson
Newmarket	Aug. 10	Mayor John Taylor
Bradford West Gwillimbury	Aug. 12	Mayor Rob Keffer
Georgina	Sept. 1	Mayor Margaret Quirk
Aurora	Sept. 2	Mayor Tom Mrakas

Chamber of Commerce	Date
Aurora Chamber of Commerce	Jul. 29
Newmarket Chamber of Commerce	Sept. 14
East Gwillimbury Chamber of Commerce	Sept. 21
Bradford Board of Trade	to be scheduled
Georgina Chamber of Commerce	to be scheduled

Advocacy approach – media highlights

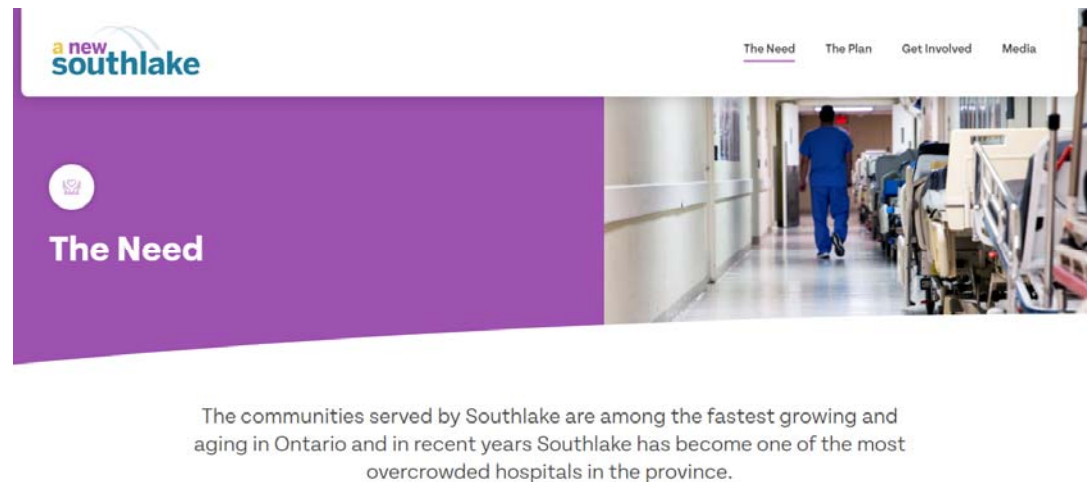
- As part of our advocacy strategy for the Master Plan, we invited local reporters from York Region Media Group (Metroland) and Newmarket Today to tour various areas of the hospital and meet with physician, operational leaders and patients.
- This was an opportunity for them to see firsthand the impact of the ever-growing gap between increases in demand from our rapidly growing and aging communities and the limitations of our outdated infrastructure.
- This work led to 11 stories as part of Newmarket Today's "Southlake at Capacity" series and YRMG's "Pulling Back the Curtain" series. Some of the stories were picked up by the Toronto Star.
- Links to the stories can be found at <https://anewsouthlake.ca/media/>

Current status and next steps

- We submitted our Master Plan to the Ministry of Health in January 2020 and our Pre-Capital Submission in June 2020.
- We have been working with the Capital Branch on the technical facets of the submission over the past several months, and have addressed the vast majority of technical questions.
- We have invested over \$2M to date to develop our full stage 1 submission. We anticipate the next phase of planning will cost \$6-9M to complete stage 2, which is typical for a project of this size.
- As a next step, we are looking for approval to move to stage 2 and the associated planning grant (\$6-9M).

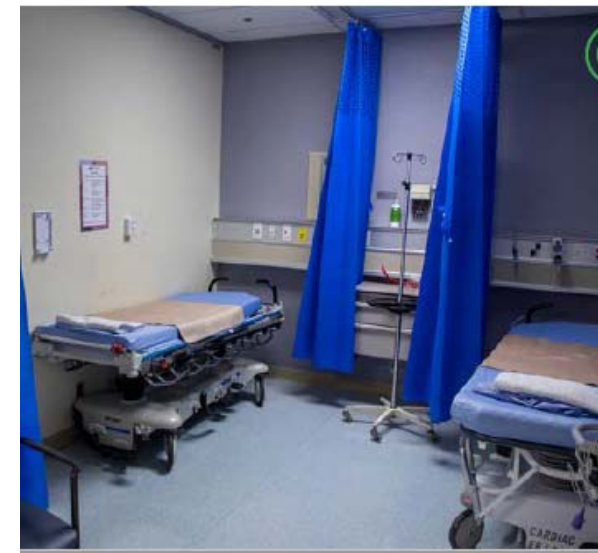
How the community can get involved

- Stay informed via anewsouthlake.ca
- Attend Town Halls and other community engagement events
- We are encouraging people to contact their MPP to their voice to the call for a new Southlake



Appendix: Our Campaign to Transform Mental Health Care

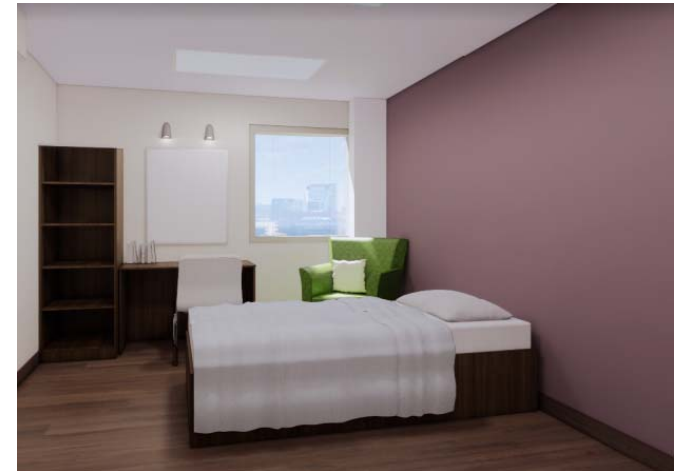
- Mental health needs more than medicine. For mental health patients, space is treatment.
- Even prior to COVID-19, our community's **need for mental health care has increased**, while the space for treatment has not—most often, **we are over capacity**.
- Our **environment is outdated and substandard**—an unacceptable barrier to providing the best possible care. Small, overcrowded, without privacy; our spaces lack the necessities that allow optimal healing and recovery.



Building Spaces that Heal

The needs of our Mental Health Program start with **space that meets standard, modern, and best practice** approaches to care from admission through treatment and provides capacity to meet escalating demand.

- ✓ Emergent Mental Health Assessment Unit
- ✓ 12 bed expansion to the Adult Inpatient Unit
- ✓ Revitalized spaces including an outdoor patio



We need help to give help

In October 2020, we launched “Better begins today” to build spaces that heal.

Thank you! We are over 60% to our \$7.5M goal.

“Patients need a more positive, continuous journey, right from the start. With your help, we can make that possible. While patients continue to count on us, we’re counting on you.” – Dr. Mahdi Memarpour, Chief of Psychiatry

We still have to raise a critical \$2.5 million.

Donate today at southlake.ca/better

a new southlake.ca



**a new
southlake**