

David Lea/Oakville Beaver Staff | Feb 12, 2010 - 5:47 PM |

## Hospital cost too high for some residents

Oakville is being asked for way too much.

This was the opinion put forward by many who spoke at a public meeting held by the Town, Thursday night, to gauge local reaction to Halton Healthcare's \$200-million funding request for the new Oakville hospital.

Around 100 people attended the meeting at the Town Hall's South Atrium. While many of those present could be seen wearing yellow 'I support the new Oakville hospital' buttons, those angry about the funding request definitely had the most to say.

The tone of the evening was set early when audience members interrupted Town CAO Ray Green's introductory remarks to shout, 'It's a hell of a lot of money' while another yelled 'disgrace.'

At the heart of the matter is the funding formula established by the province for the building of the new hospital.

Under this formula, the Province covers 100 per cent of the planning and design costs associated with the hospital's construction.

The Province also covers 90 per cent of the eligible construction costs and 90 per cent of the costs associated with building equipment (such as elevators and heating, ventilation and air conditioning systems) and 30 years of building maintenance.

The Province, however, will not cover any of the non-eligible construction costs associated with building non-service related facilities (the hospital's cafeteria, retail space, parking facilities and other revenue generating areas) or any of the costs associated with the purchase of the clinical equipment needed for the hospital.

These areas not covered by the Province have left a \$530 million gap in the hospital's funding that must be raised by Halton Healthcare Services and the community.

Halton Healthcare Services has stated that much of this funding is coming from other sources with the Oakville Hospital Foundation committing to raise \$60 million from donors, while hospital revenues are expected to generate an estimated \$270 million.

This leaves \$200 million, which, under a proposed funding agreement, the Town would begin paying in 2015.

The estimated tax impact of such a funding contribution would begin at \$15 per year per \$100,000 of assessment in 2015, increasing to \$35 per year per \$100,000 of assessment over 30 years.

During the meeting, Halton Healthcare President and CEO John Oliver referred to the \$200 million as an extraordinary request, but said it was necessary.

"We are absolutely out of space at the current OTMH (Oakville Trafalgar Memorial Hospital). We are out of land and we're out of space inside the building," said Oliver.

"We are routinely now, during busy seasons, having to employ beds beyond our capacity. We are routinely looking at some care happening in corridors and are absolutely at the end of the capacity at the building we are in with no real room to expand in any significant way. We have an aging community that is demanding more service. We



**Hospital cost too high for some residents.** Artist's rendering of new Oakville hospital. Photo courtesy Halton Healthcare Services



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have a growing community that is demanding more service and there are many new types of care that are needed for Oakville that we are not able to introduce."

Oliver said the new hospital would provide room for more surgeries and different types of surgeries, as well as two MRI machines and three CT scanners (OTMH currently only has one of each).

The hospital will also open with 457 beds (OTMH now has 320 beds) with the capacity to move to 600 by 2018/2019.

A higher percentage of single-patient rooms, increased privacy and comfort, enhanced clinical support systems and a new cancer therapy program were also mentioned as some of the new hospital's planned features.

For many residents, however, these features did little to justify the mammoth cost involved.

Some residents said the province should contribute more.

"I guess my concern is what I see as this funding model being forced down the throats of the citizens of Oakville. You are being put in a position here, where you are being told, 'You either come up with \$200 million or you don't get a new hospital and you have to live with the old hospital,'" said David Trembley, former Oakville resident.

"That seems to be putting a gun to the heads of the taxpayers of Oakville and to me that seems fundamentally unfair. I don't mind paying my provincial taxes and if Oakville or another city or town in the province of Ontario needs a new hospital, I don't mind my taxes going to pay for that. I think that is the way all hospitals should be built across this province. I think it is unfair that you are being forced into this model and I think the Town of Oakville should tell the province of Ontario that they are not satisfied with this model."

East end resident Jack Lewis phrased the design of the hospital, but asked why Burlington, Milton and Georgetown were not being asked to contribute since their residents would almost certainly be using the hospital.

In response, Oliver said the Region is contributing to the hospital in other means such as building the roads on the hospital property.

He also pointed out that currently 80 per cent of the people who come to OTMH are from Oakville with that total not expected to change when the new hospital is established in the Third Line/Dundas Street area.

Green added that the Region had been asked to contribute, but had voted not to.

Ken Robertson voiced concerns about the number of private beds present in the hospital. He said having to pay for a private bed made the new hospital a private/public hospital and not strictly a public hospital.

Oliver said nothing would be happening in the new hospital that is not already taking place at OTMH.

"At OTMH we are charging people with insurance or who have the capacity and interest in paying for private accommodation and semi-private accommodation. This is happening today and it's happening at every single hospital across the province," said Oliver.

"(At the new hospital) There will be 36 beds in a bed cluster and in that cluster there is one four bed room, three semi-private (two bed) rooms, the rest are single patient rooms. This contrasts with the current OTMH where we only have less than 20 per cent single patient rooms. The difference here is that if you don't have insurance you are far more likely to end up in a single patient room than you would ever be today in the current OTMH."

Oliver said having 80 per cent of the rooms on the medical and surgical floors as single patient rooms is the new planning standard for Ontario.

He also said this large number of single patient rooms is being implemented to control the spread of infectious diseases and pointed out that these rooms will not only be for people who have insurance or can pay.

"If you ask and have the means to pay you will absolutely go into a single patient room," he said.

"If you don't have insurance and don't have the means to pay and don't want to pay, then you will be placed in a ward bed, one of the four bed rooms. Once they are filled, the next person in goes into a single patient room at no charge."

Oliver also made the commitment that anyone, who needs to be admitted to the hospital, would be admitted and anyone, who needs a single-patient room, would be placed in one.

Andrew Morrison, of the Ministry of Health and Long-Term Care's Communications Branch, said the implementation of 80 per cent single patient rooms in new hospitals is not a blanket policy, but something that the province is doing on a project-by-project basis.

"There are a number of factors to consider. Staffing is a pretty important one, clinical outcome, so if it is going to make a better result of the person's treatment, and obviously operating and capital costs to see if it's feasible to have single rooms or not," said Morrison in a telephone interview.

While many had concerns about the building of the new hospital, others expressed asked what would happen if nothing is done.

"I got treatment at Toronto General about six years ago and they had two wings. They had one wing that was like a month old and one wing that was built in the 40's or 50's," said Garry Gullison, who works in Oakville.

"You don't want to be treated in the old part of the building. The new building with the private rooms and semi-private rooms was excellent. Most people here are scared. Their employers have cut back on their benefits and people are on fixed incomes, but you don't want to be treated in an old hospital."

This public meeting is only one method the Town has used to gain input on the hospital question with a survey mailed to every Oakville household and business on the subject. A telephone survey is also being conducted.

Halton Healthcare Services has agreed to give the existing OTMH lands to the Town in exchange for the \$200 million commitment.

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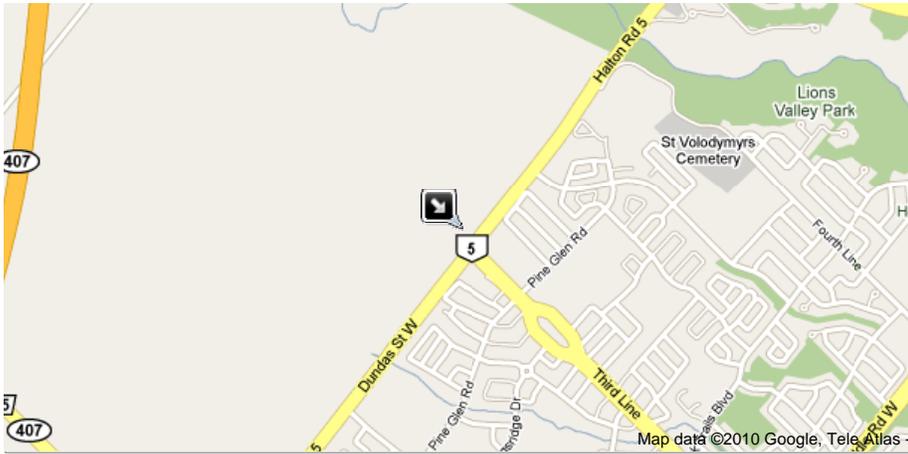


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Staff will report the results of the public consultation campaign to council on Monday, March 1, at which point a decision will be made as to whether the Town will support the hospital.



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**Frog**

Feb 16, 2010 5:39 PM

#### Public input?

There has been very little solid information about the costs for the proposed hospital in north Oakville. This public meeting was no different. Rather than filling most of the article with the same vague platitudes we have heard repeatedly from Halton Healthcare Services (and more recently the local government) I would have preferred to hear more of the resident comments and questions. Better still, you could be asking the question of whether the meeting was designed as a public consultation or as a sales job?

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