

Partnering for a healthier tomorrow for everyone.



BRANTFORD BRANT NORFOLK
ONTARIO HEALTH TEAM



Welcome!

“As we reflect on the accomplishments and work from this past year, there is a core theme to the work: strengthening the foundation.”



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Welcome to the third annual report of the Brantford Brant Norfolk Ontario Health Team!

As we reflect on the accomplishments and work from this past year, there is a core theme to the work: strengthening the foundation.

A strong foundation is important for weathering storms and there is no shortage of challenges in healthcare currently. Working together, the BBNOHT is rising to these challenges. Additionally, a strong foundation allows you to grow to new heights. The BBNOHT continues to create new, innovative ways of providing a more connected health care system centred around patients, families, and caregivers.

One of the most important foundations for any organization is a strategic plan. We were very proud to launch the Strategic Plan 2023-2026, which outlines our mission of “together we deliver and advance integrated, equitable, and person-centred healthcare”.

The 19 organizations that partner to form the BBNOHT continue to align our work to bring new healthcare investment to the community. In 2023-2024 we collectively proposed integrated programs which received more than \$3M in additional funding and allowed us to expand services for interprofessional team-based primary care, persons living with dementia and older adults that may have social or financial barriers to care. It is our privilege to continue working alongside dedicated health and social service organizations and their staff, primary care providers, patients, persons with lived experience and many others to find ways to better serve our community.

We hope you enjoy this review of 2023-2024 and look forward to continuing this important work.

Sincerely,

Ben Deignan, Director, Brantford Brant Norfolk OHT

Nancy Church, Co-Chair, Brantford Brant Norfolk OHT Joint Board

Sherri Dockree, Co-Chair, Brantford Brant Norfolk OHT Joint Board

Karen Candy, Co-Chair, Brantford Brant Norfolk Executive, Leadership Group

Todd Stepanuik, Co-Chair, Brantford Brant Norfolk OHT Executive Leadership Group

BBNOHT Secretariat



Ben Deignan
Director



Lynda Kohler
Project Lead,
Homelessness



Connie DeBenedet
Navigation Project
Coordinator



**Kerry-Anne
Bartlett**
Executive Assistant



Kimberly Meier
Project Lead,
Digital Health



Jennifer Miller
Project Manager
Dementia / ALC/HCC



Nicki Straza
People with
Lived Experience
Coordinator



Ellen D'Antimo
Project Lead
Mental Health,
Addictions



Abigail Yates
Administrative
Assistant



Taylor Patterson
Communications
Coordinator

Strategic Plan 2023-2026

This year we launched our first Strategic Plan which will guide our work for the next three years



BRANTFORD BRANT NORFOLK
ONTARIO HEALTH TEAM

Vision, Mission, Values

Mission



Together we deliver and advance integrated, equitable, and person centered care.

Vision



Partnering for a healthier tomorrow for everyone.

Values



Person centred, collaborative, equitable, excellent, accountable.

Our Strategic Direction





Advance Health Equity and Access

Advancing health equity and access to eliminate unfair and avoidable differences in health outcomes.



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Norfolk Seniors Resource Guide

A product of the Dementia Town Halls held in Norfolk in February 2023; the Norfolk Seniors Resource Guide seeks to provide a one stop information source for seniors in Norfolk County. Focusing on total person wellness, the guide features information on resources from pharmacies, recreation, counselling, medical care and much more. Colour coded, senior friendly print and easy to use, the guide will be available in September 2024, in both hard copy and on-line.

Equity, Diversity and Inclusion (EDI) Community of Practice

The EDI Community of Practice was established in 2023. Following the [Ontario Health's Equity, Inclusion, Diversity and Anti-Racism Framework](#), this committee has been vital in helping our organization.

- Identify and address barriers facing community members in terms of health services and needs.
- Represent and reflect all of our Community
- Use data and best practices to establish standards, identify disparities and implement corrective action through a focus on access, experience and outcomes for the population of BBNOHT.



Digital Front Door At RAAM

Brant, Haldimand, Norfolk Rapid Access Addiction Medicine Clinic (RAAM), in partnership with the Royal Ottawa Mental Health Centre continues to integrate Digital Front Door (DFD) into operations, enabling individuals to conveniently access addiction support via their electronic devices.

By extending DFD access to Brantford, Simcoe, and Dunville locations, we strive to eliminate common barriers that hinder individuals from seeking assistance

9608 Visits
Facilitated during
the 2023-2024
period, by RAAM
Clinic's DFD

People with Lived Experience (PWLE) Recruitment and Engagement

All of the work we do to transform the health system is guided by persons with lived experience. There is an advisory group of 15 that informs our strategic directions and holds us accountable. There are over 100 people involved in networks with specific experiences that inform practical changes to care pathways. To learn more or get involved please visit:

<https://bbnoht.ca/PWLE/clients-andcaregivers>

Advance Health Equity and Access

The BBN OHT Health Navigator App

This app was designed to help patients and caregivers in Brantford, Brant and Norfolk explore local and provincial health services and to more seamlessly access personal health information in one convenient location!

The app is free to use and available in both Apple and Google Play stores by searching "BBN OHT Health Navigator."



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ConnectMyHealth

The BBN OHT supports the promotion and awareness of ConnectmyHealth to patients in Brantford, Brant & Norfolk. This secure digital health solution provides patients with an online, single access point to review health records from participating hospitals in Southwestern Ontario including, Brant Community Healthcare System & Norfolk General Hospital.

To learn more and register today, visit info.ConnectMyHealth.ca

Health 811

Health811 (previously Telehealth Ontario) is for non-urgent health concerns, available 24/7 online and by phone. Free, high-quality health advice from qualified health professionals. Avoid unnecessary visits to the emergency room. Dial 811 (TTY: 1-866-797-0007).

You can chat live online or access resources at ontario.ca/health811.

Over 1000

Patients Registered in
Brantford Brant, Norfolk

Grand River Community Health Centre ID Clinics

GRCHC offers a weekly ID clinic to provide administrative support for individuals needing identification, such as assistance completing forms to acquire birth certificates, health cards, and photo IDs

Minimize barriers replacing or obtaining personal ID documents.

Provides support and system navigation for clients needing additional resources.



Outreach Community Midwifery Program

The Outreach Community Midwifery Program (OCMP) offers prenatal and post-partum care, including episodic sexual healthcare to individuals facing housing precarity, homelessness, and various equity challenges

Mobile outreach capabilities allow the OCMP midwife to provide care at home, hospitals, partner agencies, and at GRCHC



Improve Care Coordination and Excellence

Enhancing care coordination and the use of leading practices to provide the best care and experiences.



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Collaborative Quality Improvement Plan

Implemented in 2023, this plan helped guide BBNOHT, and formalize collaboration with member organizations.

- ✓ Stronger internal communication between organizations
- ✓ Collaborative and cohesive messaging through social media, website, and public facing announcements.
- ✓ Collaborative and personalized care for community members
- ✓ Defined care pathways with guidance from PWLE and field professionals

Creating Care Pathways

Pathways serve as interim support to the community as we continue to strive towards creating a health system that improves the patient and caregiver experience. Current pathways we have in development are; dementia, COPD, mental health & addictions, cancer screening for unattached patients and remote monitoring for surgical patients.

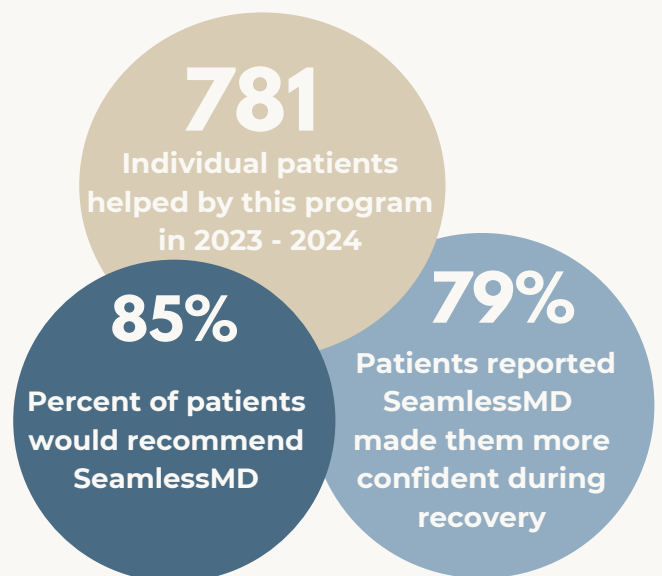
Online Appointment Booking (OAB)

OAB allows patients to request and or book an appointment electronically with their primary care provider without making a phone call to the office.

There has been an increased number of provider offices across Brantford Brant Norfolk have this digital health service available and Patient feedback has been positive and find it user-friendly, easy to use and accessible as appointments can be scheduled 24/7.

SeamlessMD Supports Hip/ Knee and Shoulder Surgery Patients through Remote Monitoring

SeamlessMD is an app that provides at home pre-operative and post-operative care guidelines, education and support for patients undergoing hip, knee and shoulder surgery at Brantford General Hospital. With SeamlessMD, hospitals have leveraged technology to discharge patients sooner, increase surgical throughput, and enable safer transitions from hospital to home.



Brant Community Health Systems (BCHS) has been awarded the Patient Advocacy Award from SeamlessMD for honouring the health system with the highest adoption of digital care journeys!



Strengthen Collaboration and Engagement



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DREAM in Brant Community Health System (BGH)

The BBNOHT was proud to advocate for and scale the Embedded Dementia Resource Team (known as DREAM) across 15 hospitals across Southwestern Ontario. Thanks to funding support from Ontario Health, the following outcomes which were achieved at Brantford General Hospital are now being seen across the region

Outcomes

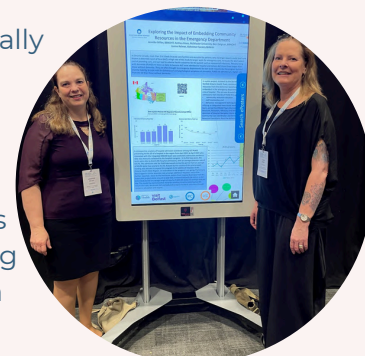
- Increased ER Capacity
- Connection to Community Resources
- Admission Diversion
- Substantial savings to healthcare system
- Reduced ER visits due to caregiver burn out
- Reduced alternate level care

Innovation and Leading Practice: A Spotlight on Dementia

The BBNOHT continues to develop innovative solutions, and is committed to scaling best practices to other regions. We continue to be recognized provincially and now internationally for our work in dementia care. Some of our strategies for this year included a year-long awareness campaign, scaling the initiative across 15 hospitals in Southwestern Ontario, and presenting internationally. Other strategies involved virtual and in-person events, workshops & presentations as well as partnerships and collaboration.

ICIC 2024

The BBNOHT was internationally recognized, and invited to participate in the 24th International Conference on Integrated Care in Belfast, Ireland, to share the initiatives underway aimed at enhancing care for individuals living with dementia!



2021
The Year
DREAM started
in BGH

327
Annual Hospital
Admission
Diversions

69.8%
Average
diversion rate
in 2023

Strengthen Collaboration and Engagement



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Co-Designing Change

This past year we refined and improved our process for engaging the community and our network in targeted town halls and focus groups covering a wide range of topics including;

- Navigation: Accessing Primary Care Services
- Navigator APP & Website Quality Improvement
- Navigation: Accessing Primary Care Services
- Health 811/ConnectMyHealth Info Sharing
- Dementia Town Halls
- Mental Health & Addiction Navigation
- Eating Disorders
- COPD (Delivered April 2024)



Strengthening Governance in BBNOHT

Aligning with the Ministry of Health vision outlined in the Path Forward 2022, we are building more formal relationships and structures with our members to support planning, implementation, adoption and sustainment of the initiatives, building a strong process which enables the Executive Leadership Group (ELG) to make well informed decisions that move the health system forward.

Consistent collaboration in decision-making

- ✓ Ensuring Primary Care has a Strong Voice within decision making and leadership structures
- ✓ BBNOHT has inclusion from all groups suggested in the Standardized Inclusion of OHT Decision Making.

A common structure to progress to full implementation

- ✓ Readiness to become incorporated not-for-profit
- ✓ Awaiting Ministry & Ontario Health Guidelines and supports
- ✓ This will support integrated accountability and funding

Cultivating consistency in OHT-led public communications

- ✓ Continued development of communications protocol and branding / visual identity approach
- ✓ Reinstatement of Communications Community of Practice

Clinical pathways to improve patient care

- ✓ Chronic Obstructive Pulmonary Disease
- ✓ Mental Health
- ✓ Cancer Pathways for Unattached Patients



Support Priority Populations

Supporting priority populations to address BBNOHT's most pressing health needs in addition to the care provided to all.



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Mental Health & Addictions

The Mental Health and Addictions (MH&A) Committee is trialing a more formal partnership with the Brantford-Brant Community Drugs Strategy to co-create more targeted projects that improve population health and well-being in those experiencing substance use disorders.

Shelter Health Services

The GRCHC has Primary Care Outreach services at four shelter health clinics using an on-site NP, increasing access to primary care services for homeless and precariously housed clients. This coordinated outreach model has provided 821 client visits this year by the program's Nurse Practitioner.

831

Client visits this year by the program's Nurse Practitioner



Fentanyl Test Strips Pilot

The BBNOHT Mental Health & Addictions Steering Committee sponsored a seven month project for the distribution of fentanyl test strips in Brantford, Brant and Norfolk.

85%

Despite being a small sample size, 85% of pilot participants liked using the test strips

90%

Participants who would recommend using test strips

Support Priority Populations



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Dementia and Alternate Level Care (ALC)

In Ontario, Canada, more than 1 in 5 beds in acute care facilities are occupied by patients who no longer require acute level care, known as Alternate Level of Care (ALC).

A high rate of ALC leads to longer waits for emergency care, increases the total system cost of providing care, and can lead to adverse health outcomes for patients. Persons living with dementia (PLWD) are twice as likely to become ALC once admitted to hospital and remain ALC three times longer than those without dementia.

BBNOHT is working to decrease this rate by inserting Dementia Resource Consultants from the Alzheimer Society into hospital emergency rooms. The consultants work together with hospital staff and Ontario Health at Home as an integrated team to prevent non-acute admissions of persons living with dementia by providing patients and care takers with resources, information and education.

DREAM Team (Dementia, Resource, Education, Advocacy and Mentorship)

DREAM program shows positive results through timely care for dementia patients

Date issued: Thursday, April 11, 2024



New program at Norfolk hospital aims to divert patients with dementia from the emergency ward

J.P. Antonacci • Local Journalism Initiative Reporter
Published Apr 11, 2023 • Last updated Apr 12, 2023 • 3 minute read

[Join the conversation](#)



\$4 Million

The calculated amount to have been saved on prevented Alternate Level Care (ALC) during initial DREAM Pilot Project





Enhance Operational Effectiveness

Enhancing operational effectiveness to create a greater positive impact from the resources available.



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BBNOHT Health Navigator Evaluation

In alignment with our strategic direction and our commitment to continuously monitor and measure performance to identify areas for improvement and enhance operational effectiveness.

This evaluation was undertaken to measure the success of patient and provider navigation of the BBNOHT Health Navigator Mobile application and website. The evaluation monitored external analytics, user experience with two focus groups and survey distribution to gather stakeholder feedback.

Respondents thought the Health Navigator Application provided a great source of local health and social information accessible through one trusted source.

BBNOHT was also able to identify application weaknesses which lead to the current improvement plan that is underway in 2024.

[Click here to learn more, and download the Health Navigator App](#)

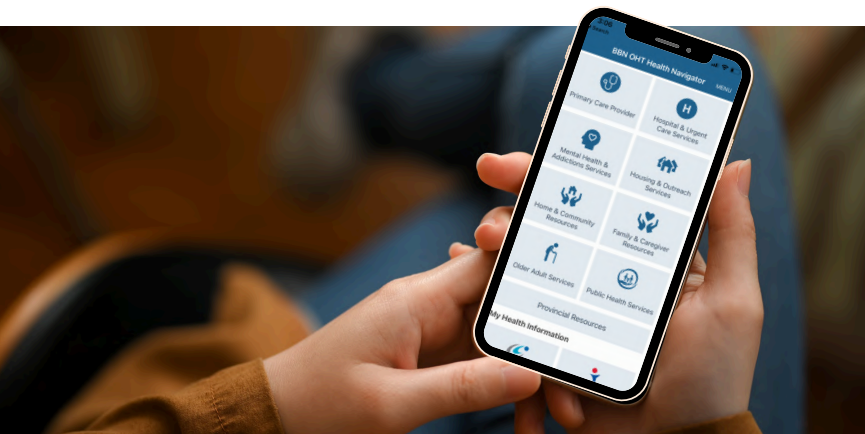
Expanding and Enhancing Interprofessional Primary Care Teams

This funding agreement, completed by GRCHC with the collaboration of BNOHT, was in response to the Government of Ontario's immediate action plan to move forward with with process to expand existing teams and or create up to 18 new teams in communities with the greatest needs.

This funding will help improve areas of service to priority populations including people experiencing homelessness, patients with chronic diseases, unattached cancer patients, and more.



\$1.7 million secured in funding agreement





Primary Care Council (PCC)



The Brantford Brant Norfolk Primary Care Council (PCC) is instrumental in providing leadership, and a cohesive voice for primary care providers in the region of Brant, Brantford and, Norfolk , as well as a forum for effective engagement with primary care for the OHT.

The group is comprised of representatives from the majority of primary care organizations within Brantford Brant and Norfolk, and members have contributed their expertise to many of the Ontario Health Team's working groups.

In 2023, the PCC continued the work set forth by their 2022-2025 Primary Care Strategic Plan. This plan is one of the first regional provider-led initiatives of its kind in Ontario and will serve as a guide for future health system planning in Brantford Brant and Norfolk.

PCC Strategic Plan

The 2022-2025 Primary Care Strategic Plan is one of the first regional provider-led initiatives of its kind in Ontario and will serve as a guide for future health system planning in Brantford Brant and Norfolk.

The plan elaborates on five main strategic objectives:

Address Provider Burn Out

Improve Local Access to Primary Care

Enhance Communication

Increase community supports for complex patients

Advocate for increased provincial support for primary care.

Highlights and Updates

Improve Cancer Screening for Unattached Patients

BBNOHT and the PCC have partnered with Hamilton Health Sciences, and Cancer Care Ontario to bring the Mobile Cancer Screening Coach to Brantford. Paps, colorectal and mammograms are available to anyone facing screening barriers, such as not having a doctor, or geographic, cultural, and language barriers.

[Click here to view schedule and book an appointment .](#)

Designation

The Primary Care Network is actively engaged and working towards the expectations of a mature OHT.

Addressing Provider Burnout with Digital Health Solutions

The PCC continues to find solutions that relieve administration burn out experienced by providers. These include, [Ocean e-referral](#), [SeamlessMD](#), [online remote monitoring for shoulder, hip and knee surgery](#), and [ConnectMyHealth](#).





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Where to Find Us!



https://www.instagram.com/bbnoht_ig/



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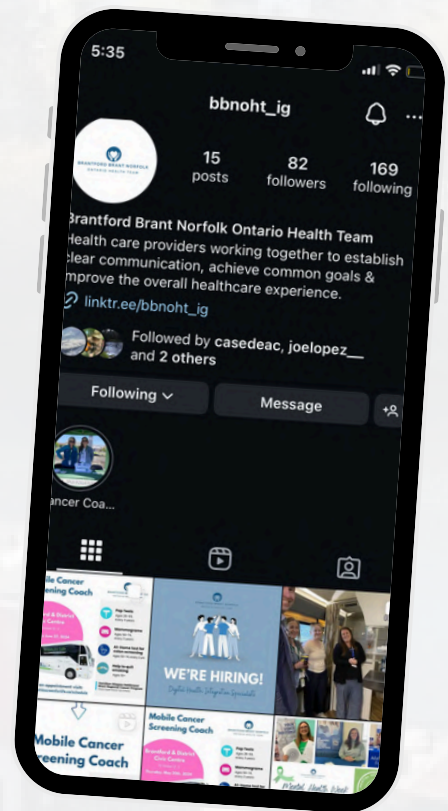
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