BRANTFORD BRANT NORFOLK ONTARIO HEALTH TEAM

Annual Report

BRANTFORD BRANT NORFOLK

ONTARIO HEALTH TEAM

Welcome!

to the inaugural Annual Report of the Brantford Brant Norfolk Ontario Health Team (BBNOHT). The goal of this report is to build awareness of what the BBNOHT is, showcase some of the achievements of this past year, and to provide a view forward for our local healthcare system.

The 2021-2022 year was exceptional for many reasons. The COVID-19 pandemic exacerbated pressures on the healthcare system. In response, all health service providers have had to adapt in how they provide service, and partner in new ways to ensure we are providing the best possible support to the community.

This was also the first full year of the BBNOHT, so in the midst of all this we were also adapting to a new way of working together as healthcare organizations and hiring a staff team to support the transformation. The timing was an advantage to the "all hands on deck" pandemic response as the new OHT Secretariat team was able to support the deployment of mobile crisis response staff teams, develop the COVID-19 Clinical Assessment Centre, and enhance virtual care for everything from primary care to addiction supports to surgical procedures.

All of the work highlighted in this report was made possible by the healthcare organizations, patients and community members who are committed to improving the wellness of the communities we serve. We have started to truly transform the way we deliver care, and our plans for 2022-2023 will continue to be ambitious towards this objective.

Ben Deignan

BBNOHT, Director

About THE BRANTFORD BRANT NORFOLK OHT

The Brantford Brant OHT was approved as an official Ontario Health Team in November 2019. The OHT was expanded to include Norfolk in early 2022.

"The vision of the OHT is to work as an integrated healthcare system, where the relationship between primary care providers and patients is the foundation. We are working together in new ways to make this vision a reality"

- Dr. Scott Elliott,
Brantford Brant Norfolk
Primary Care Council

The Brantford Brant Norfolk OHT consists of over 20 organizations, representing a broad scope of healthcare services, working in collaboration to provide more **cohesive** care to the local population.

208,000+ PATIENTS IN BRANTFORD BRANT NORFOLK CATCHMENT

BRANTFORD BRANT NORFOLK ONTARIO HEALTH TEAM

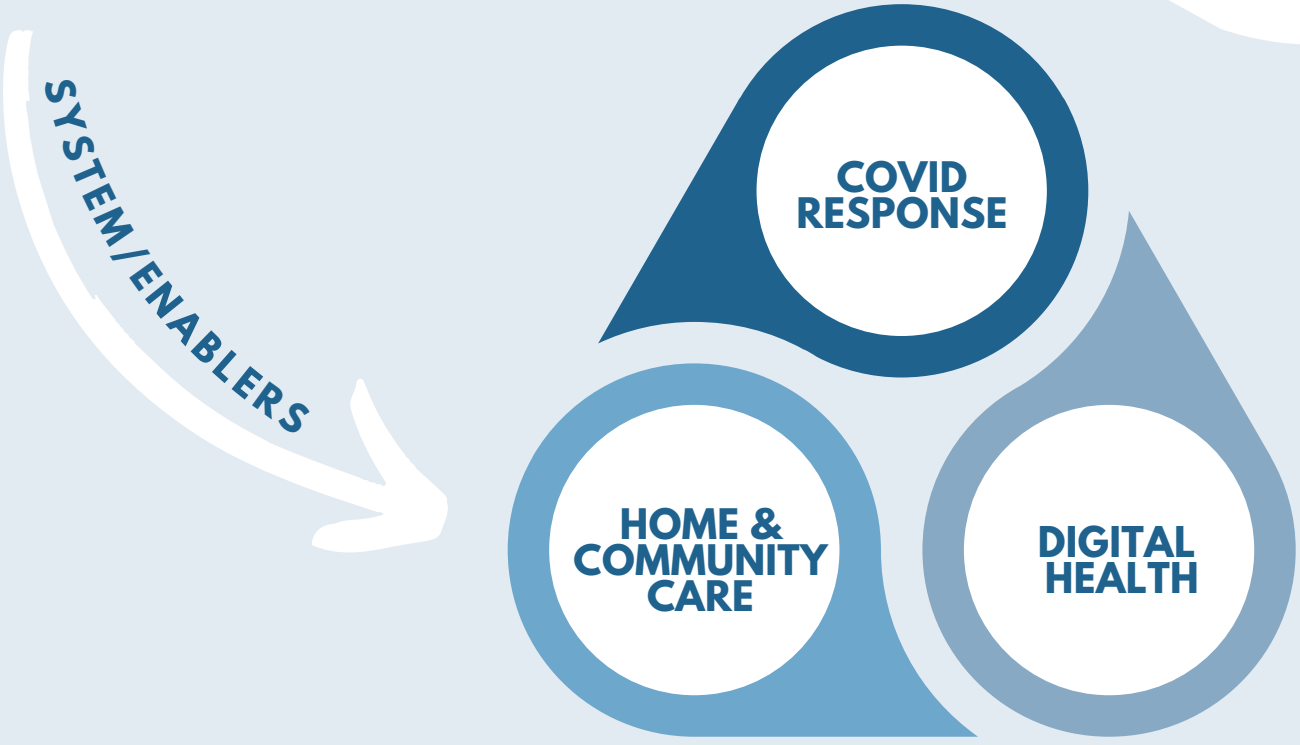
Community Partners

- Adult Recreation Therapy Centre
- Alzheimer Society of Brant, Haldimand Norfolk, Hamilton Halton
- Brant Brantford Paramedic Services
- Brant Community Healthcare System
- Brant County Health Unit
- Brantford Brant Primary Care Council
- Canadian Mental Health Association - Brant, Haldimand Norfolk Branch
- Community Addictions and Mental Health Services of Haldimand Norfolk
- Grand River Community Health Centre
- Haldimand Norfolk Community Senior Support Services
- John Noble Home
- March of Dimes
- Norfolk Association for Community Living
- Norfolk County Paramedic Services
- Norfolk Family Health Team
- Norfolk General Hospital and Norfolk Hospital Nursing Home
- Norview Lodge
- Participation Support Services
- PrimaCare Family Health Team
- St. Leonard's Community Services
- St. Joseph's Lifecare Centre Brantford
- Willowbridge Community Services
- Woodview Mental Health & Autism Services

Year One

PRIORITY POPULATIONS

In consideration of the unique needs and deficiencies in our communities, the BBNOHT has focused it's early work in **three** priority populations where people may have specific care needs.
Also prioritized were current systems and enablers that were directly affecting the healthcare system. This included the COVID-19 pandemic and the implementation of several Digital Health initiatives.



APRIL 2021

Dementia Embedded Team established in BCHS Emergency Department

AUGUST 2021

Received investment from the Ministry of Health to begin to form the OHT Secretariat team to support this work

OCTOBER 2021

BBNOHT Social Media accounts activated

OCTOBER 2021

Health Information Management Plan developed by Digital Health WG

OCTOBER 2021

Rapid Addictions Support Team was launched between St. Leonards & BCHS to improve transitions from hospital to community for those needing addiction support

NOVEMBER 2021

Implementation of standardized discharge process for Mental Health & Addictions patients (PODS & OPOC) that measures patient experience

NOVEMBER 2021

Supported the launch of the COVID-19 Pediatric Assessment Centre

NOVEMBER 2021

Brantford Brant Primary Care Council expanded to include Norfolk providers

NOVEMBER 2021

"Dementia Resources for Primary Care Providers" tool created and distributed to local primary care

DECEMBER 2021

Implementation of a Primary care outreach team at seven Brantford shelter health clinics with on-site NP & RN

JANUARY 2022

Support of COVID-19 Paxlovid antiviral access pathways to local patients through Clinical Assessment Centre

JANUARY 2022

Kick-off of Online Appointment Booking

JANUARY 2022

Launch of SeamlessMD in BCHS Hip, Knee and Shoulder surgery dept.

MARCH 2022

Kick-off of OCEAN eReferral engagement with BCHS & local primary care

MARCH 2022

Launch of GRCHC Mobile Clinic to reach vulnerable populations with limited access to medical support

MARCH 2022

Recruitment of OHT Impact Fellow to directly support Dementia initiatives

MARCH 2022

Funding received of Novari ATC project at BCHS to support waitlist management

BRANTFORD BRANT NORFOLK ONTARIO HEALTH TEAM

Secretariat

Top Row: Left to Right

Ben Deignan
Director/Executive Lead

Hayley Francis
Administrative Assistant

Jennifer Miller
OHT Impact Fellow (Dementia)

Jessica Ackland
Communications Coordinator

John Stoneman
Project Lead, Digital Health

Kerry-Anne Bartlett
Executive Assistant

Bottom Row: Left to Right

Kim Meier
Project Manager, Digital Health

Kim Sheehan
Health Care Navigation Service Lead

Lynda Kohler
Project Lead, Homelessness

Maritza Yawching-Robertson
Project Coordinator, Homelessness

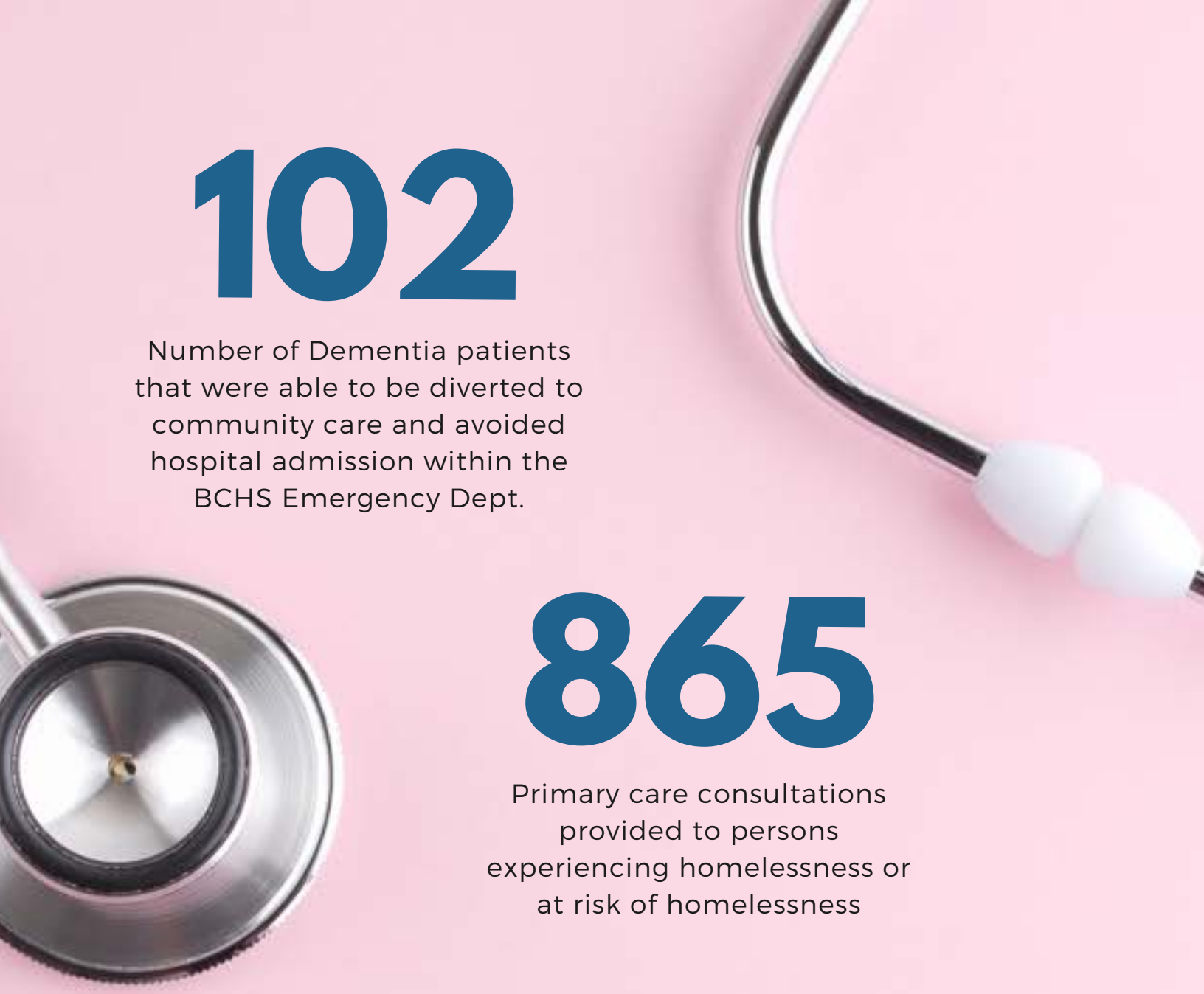
Sunil Mammen
Change Manager, Digital Health

Todd Gould
Integration Lead, Mental Health & Addictions

Sarah Cannon (Not pictured)
PWLE Transformation Lead

102

Number of Dementia patients that were able to be diverted to community care and avoided hospital admission within the BCHS Emergency Dept.



865

Primary care consultations provided to persons experiencing homelessness or at risk of homelessness

253

Number of virtual visits provided in March 2022 through The Rapid Access to Addictions Medicine program "Digital Front Door" project

84

Number of hip, knee and shoulder surgical patients enrolled in SeamlessMD at Brantford General Hospital between January and March 2022

PRIORITY POPULATION:
Mental Health & Addictions

As the largest of all the BBNOHT working groups, the mental health & addictions team made great strides in coordinating care and providing patients with continual support, despite ongoing complications associated with the COVID-19 pandemic. Here are a few accomplishments on the MH&A team

RAPID ADDICTIONS SUPPORT TEAM

A Rapid Addictions Support Team was launched October 4, 2021. St. Leonard's Community Services and the Brant Community Healthcare System collaborated to provide on-site access to evidence-based addictions care for individuals presenting to the Emergency Department (ED) with Opioid Use Disorder and/or Opioid Overdose.

VIRTUAL CARE ENHANCEMENTS

The Rapid Access to Addictions Medicine (RAAM) program, with sites across Brantford and Norfolk, was successful in receiving funding for virtual care enhancements. The "digital front door" project has led to an increase in virtual visits from 30 per month from November 2021 to February 2022 to **253 visits** in March 2022.

STANDARDIZED DISCHARGE PROCESS

Multiple organizations have launched a standardized process for measuring patient experience as well as discharge patients from a service, specifically the Ontario Perception of Care (OPOC) tool and Patient Oriented Discharge Summaries (PODS). This work will continue through 2022-2023.

INCREASING LOCAL ACCESS

Willowbridge, as the lead agency in Brantford Brant, was successful in being selected as a site for the Ontario Structured Psychotherapy program, which will lead to increased local access to mental health services.

33
ACTIVE MEMBERS IN WORK GROUP

22
ACTIVE MEMBERS IN DEMENTIA WORK GROUP

PRIORITY POPULATION: *Dementia*

In order to determine gaps and needs, a brainstorming session and process mapping exercise was conducted by the working group in early 2021. During this exercise, two areas of priority were identified:

USE OF THE EMERGENCY ROOM FOR SOCIAL CRISIS AND CAREGIVER BURNOUT

A pilot project was developed to provide individuals presenting in the emergency room for non-acute reasons with information, support and caregiver resiliency education with a goal to divert hospital admissions and prevent future return visits. The embedded community resource team began work in the emergency department in April of 2021 and has seen **102 hospital admissions diverted** in the first four quarters!

GREATER AWARENESS OF DEMENTIA AMONGST BOTH THE PUBLIC, PRIMARY CARE AND OTHER HEALTH PROVIDERS

A Raising Awareness sub-committee was created that went on to develop a Primary Care Resource tool entitled Dementia Resources for Primary Care Providers. The tool drew on the expertise of Physicians and team members experienced in dementia care. The tool touches on medicinal approaches, behavioural strategies and available community resources. The tool was finalized and professionally printed and distributed to area physicians for use in November of 2021.

OHT Impact Fellow

In partnership with the University of Toronto, an OHT Impact Fellow was recruited to start April 2022, to support the evaluation of these initiatives and support the development of strategy for dementia care going forward.

PRIORITY POPULATION: Homelessness

For persons experiencing homelessness, there are daily challenges associated with the Social Determinants of Health, including food insecurity, inadequate housing, financial security and poor health. Below are a few examples of how the BBNOHT Homelessness Working Group has made a difference in our community.

SHELTER HEALTH SERVICES

An opportunity to **increase access** of primary care services to Homeless and precariously housed clients was created with the implementation of GRCHC Primary Care Outreach services at seven (7) shelter health clinics with access to an on-site Nurse Practitioner (NP) and Registered Nurse (RN). This program provides health care support such as physical and mental health assessment, wound care, management of chronic conditions, referrals to harm reduction supports and community resources, along with COVID-19 support.

This coordinated outreach model has provided 865 client visits by the GRCHC Nurse Practitioner, along with an additional 322 client visits for the grant-funded RN positions in 2021/22 fiscal year. For the Brantford Downtown Outreach Team (BDOT) grant-funded NP, there were 126 client visits from January 2022 – April 2022.

COVID-19 ISOLATION MOTELS

A Shelter Health isolation motel protocol was implemented to support clients who tested positive for COVID-19, were symptomatic or were a close contact. Through a **collaborative effort** with the Housing Resource Centre (HRC), BDOT and GRCHC Primary Care Outreach team, an integrated response to support these individuals was created in order to identify medical needs of the client, coordinate follow up and support health concerns and basic needs during the isolation process.

GRCHC MOBILE CLINIC

Mobile clinics coordinated by the BBNOHT Homelessness Team provide an integrated model of care which include the GRCHC Primary Care Outreach team, BDOT NP and the BDOT Case managers. These **"Outreach on the Go"** services have offered the benefit of increased accessibility to primary care services, wound care, mental health and addiction support, prescription referrals, and other responsive/urgent Primary Care support.

INDIGENOUS ENGAGEMENT

The BBOHT Homelessness team has ongoing collaboration with Brantford Native Housing and the Aboriginal Health Centre, to develop valuable partnerships to support transitional housing and their homeless clientele to access Primary care outreach services. Management at GRCHC has met with the leadership team at the Aboriginal Health Centre to share information on both agencies programs and services to create a collaborative integrated care approach to supporting our clientele.

Digital Health

OUR VISION:

digitally enabled
standards-based
automated
private
SECURE
efficient
population-based
planning
fiscally accountable
streamlined
accessible

DIGITAL FRONT DOOR

Ability for Mental Health and Addictions (Rapid Access to Addictions Medicine RAAM) patient care to be virtual through DFD – Digital Front Door Project

- In partnership / collaboration with the Ottawa Royal Hospital
- Improved **accessibility** to care using virtual technology
- Virtual visits have increased from an average of 30 visits per month (November 2021 – February 2022) to **253** visits just in March 2022
- Patients surveys have shared that their experience was "the same and/or better than care I would have received in person"

This virtual care service will continue to advance and provide benefits to patients in need of timely support providing access to care delivery.

SEAMLESSMD

Successful engagement and implementation of SeamlessMD, an app which provides at home pre-operative and post-operative care guidelines, education and support for patients undergoing Hip, Knee and Shoulder Surgery at the Brantford General Hospital.

- **84** patients enrolled (signed up) between January 27 - March 31, 2022
- Patient feedback has been positive:
  - *"Feeling **connected** to my health care team so that I do not feel isolated, confused and alone"*
  - *"Like to **get answers** without having to go in or call"*

This digital patient care pathway app will continue to be offered to patients undergoing surgery and will continue to guide, educate and support pre and post-operative care enabling at home support.

10 ACTIVE MEMBERS IN WORK GROUP

Persons With Lived Experience

It is the intent of the Brantford Brant Norfolk Ontario Health Team to build trust with the people it serves, and to include them as equal partners in decision-making. It has been identified that to meaningfully do that, **authentic relationships** with opportunities for people with lived experience to express their views, stories, and ideas freely must be created.
The Persons With Lived Experience committee has representation in the following BBNOHT working groups:

- Executive Leadership Group
- Digital Health
- Communications
- Mental Health & Addictions

BRANTFORD BRANT NORFOLK

Primary Care Council

The Brantford Brant Norfolk Primary Care Council is a largely self-organized group that has been actively engaged as a Brantford Brant Norfolk Ontario Health Team partner. The Council has been remarkably successful in providing leadership and a cohesive voice for primary care providers in the region as well as a forum for effective engagement with primary care during the development and implementation of the integrated Brantford Brant Norfolk Ontario Health Team. The group is currently comprised of representatives of the majority of primary care organizations within Brantford Brant and Norfolk, which are affiliated with approximately 101 Nurse Practitioners and Physicians providing care to a patient population of over 194,000.
Members have volunteered their time to contribute to many of the Ontario Health Team's working groups and its overall leadership structure, and have leveraged a collective sense of purpose to spearhead the community's response to COVID-19.

BRANTFORD
BRANT
NORFOLK
Primary Care Council

Looking forward...

- Develop a strategic plan that reflects the expanded partnership with stakeholders from Norfolk, as well as growing relationships with Norfolk providers
- Launch and support the Brantford Brant Norfolk Primary Care Council 2022-2025 Strategic Plan, recognizing that primary care is the foundation of an integrated healthcare system.
- Work with the Ministry of Health and Ontario Health to implement the vision for Ontario Health Teams
- Enhance our website to serve as a 24/7 healthcare navigation tool to patients
- Increase local access to digital health technology in order to enhance the delivery of care

Where to find us!

@brantoht

Brantford Brant Norfolk Ontario Health Team

www.brantoht.ca

contact@brantoht.ca