



Vision 2030

Charting the Future

Strategic Context Report

Brant Community Healthcare System

Abstract

This document was developed to provide context as the Brant Community Healthcare System launches the planning process for the development of the 2025-2030 Strategic Plan.

Contents

- Land Acknowledgement**..... 3
- Looking Back, Looking Forward** 3
 - Purpose and Perspective..... 3
 - Overview 3
 - The Brantford General Hospital 4
 - The Willett..... 4
- Scope of Services** 4
- Enduring Mission, Vision, and Values**..... 4
 - History of Strategic Plans 5
 - Current Strategic Plan Outcomes..... 6
 - Summary of Outcomes and Years Achieved 6
- Big Changes**..... 8
 - COVID-19..... 8
 - Brantford Brant Norfolk Ontario Health Team 10
 - Emergency Department Renovation Improvement Project..... 10
 - Project Grand 10
 - Health Information System 11
 - External Digital Transformation/Connections with the Community..... 11
 - Internal Digital Transformation 11
- Market Analysis**..... 12
 - Demographic Highlights..... 12
 - Voyce 14
- Brant Community Healthcare System Operations: Past & Present** 15
 - BCHS by the Numbers 15
 - Financial Performance 16
 - Breakdown of Bed Count 16
 - BCHS’s 2023-2024 Top Case Mix Groups..... 18
 - Patient Experience Data 18
 - Facility-Related Emergency Events at BGH 19
- Community Health Profile**..... 19
 - Health Profile Groups..... 19

Hospital Utilization – Emergency Department Visits	20
Community-Based Care	21
Flow and Access	22
Opioid-Related ED Visits	23
Ontario Marginalization Scores – Brantford Census Subdivision	23
Environmental SWOT	24
Provincial and Regional Context	24
Ontario Health Teams	24
Hospital Redevelopment.....	24
Local Context	25
Public Health: Brant County Health Unit	25
Brantford Brant Norfolk Ontario Health Team	25
Indigenous Communities	26
Envisioning 2030.....	27
Questions to Guide Us as we envision 2030 and beyond	28
References	33
Appendix.....	35
Ontario Hospitals: Strategic Plans.....	35
Ontario Health Central.....	35
Ontario Health East.....	35
Ontario Health North East.....	36
Ontario Health North West.....	37
Ontario Health Toronto	37
Ontario Health West	38

Land Acknowledgement

The Brant Community Healthcare System is located on the traditional land of the Huron-Wendat, the Haudenosaunee, and the Mississaugas of the Credit First Nations and today is home to many Indigenous people. This land is governed by the Dish with one spoon covenant between the Haudenosaunee Confederacy and the Confederacy of Ojibway and Allied Nations. This covenant is an agreement to share, work and protect this land together in harmony.

Looking Back, Looking Forward

Purpose and Perspective

The Brant Community Healthcare System (BCHS) is gearing up to chart its course for the forthcoming Strategic Plan spanning 2025 to 2030. To navigate the path ahead, they will contemplate the factors that will mold their trajectory and necessitate careful consideration for the next strategic plan. This environmental scan will delve into BCHS' historical journey, their current service offerings, projected shifts in community dynamics, and emerging trends shaping their landscape. Developing this plan will be propelled by engaging both internal (staff, medical professionals, patients, families, volunteers, and students) and external (local, regional, Indigenous, and priority population groups) stakeholders through collaborative sessions that will pivot around BCHS' strengths, areas for enhancement, and key priorities. By fostering inclusive discussions, the goal is to glean insights into the diverse needs of all stakeholders and distill overarching themes crucial for shaping the next strategic plan.

Overview

As the Brant Community Healthcare System embarks on the strategic planning process for the 2025-2030 strategic plan, there is value in reflecting on its past while looking to set the course for its future. This paper will review the environment in which BCHS currently operates within and outline key considerations in the context of strategic planning processes to help guide the path forward.

In 1999, The Willett Hospital in Paris and the Brantford General Hospital (BGH) forged a partnership, creating The Brant Community Healthcare System. Nestled in Southwestern Ontario, BCHS stands as a beacon of health care, catering to the City of Brantford, Brant County, Six Nations of the Grand River, Mississaugas of the Credit First Nation, and neighboring communities. Today, BCHS boasts a collective capacity of 330 beds and proudly serves as an affiliated teaching institution of McMaster University's esteemed Michael G. DeGroot School of Medicine. While Brantford General Hospital stands tall as a regional acute health center, the Willett site specializes in urgent care and ambulatory services. Positioned as integral members and key health service providers, both Brantford General Hospital and the Willett Hospital work closely with other organizations in Hamilton-Norfolk-Haldimand-Brant (HNHB) and the Ontario Health West regions.

Annually, BCHS welcomes over 300 students, spanning medical, nursing, and allied health disciplines, coming from institutions across the province and occasionally beyond, to embark on their placements. At the heart of this educational endeavor lies the Brantford General Hospital, home to the Grand Erie Six Nations Clinical Education Campus – Brantford Centre and the Mac-CARE Program.

BCHS serves countless community members each year. Both BCHS sites are busy, with more than 82,000 patients every year in the emergency department and urgent care centre, 50,000 ambulatory clinic visits

and over 14,000 patient admissions. Together, BCHS provides over 122,000 inpatient days of care and 9,300 surgeries every year, supported by 2,258,744 lab tests and over 188,000 medical imaging exams.

The Brantford General Hospital

John H. Stratford, with a prominent group of local citizens and twelve physicians opened the doors to the Hospital in 1885. Over the years, The Brantford General Hospital has developed into a busy, acute care hospital, with more than 2,200 caring health care professionals and volunteers.

The Brantford General Hospital, a 299-bed acute care facility, providing specialty programs and services for over 150,000 residents in surrounding communities boasts stable, state-of-the-art programs within a team environment that ensures high level patient-focused care.

Brantford General Hospital is the regional centre for Paediatrics, Mental Health, Obstetrics, Gynaecology, CT Scanning, Critical Care, Surgical Services, Ambulatory Care and Emergency Medicine. It is also the site of the Brant Community Cancer Clinic and the S.C. Johnson Dialysis Clinic for patients throughout Brant County and Haldimand-Norfolk.

The Willett

First built in 1922, the Willett has been a health centre serving its local area. Over the years programs at the Willett have evolved to meet the healthcare needs of the wider community.

Today, the Willett provides services including Urgent Care, Mental Health Clinics, Primary Care, Post-Acute Care Beds and serves as the location for the Activation & Restoration Program.

Scope of Services

As a comprehensive community hospital system, BCHS provides a wide array of health programming in the following key areas:

Brantford General Hospital			The Willett, Paris
Emergency Service	Indigenous Medicine	Neonatal Intensive Care	Urgent Care
Cancer Treatments	Integrated Stroke Unit	Palliative Care	Post-Acute Care Beds
Complex Care	Inpatient Rehabilitation	Paediatrics	
Diagnostic Imaging	Laboratory Medicine	Pharmacy	
Geriatric Services	Inpatient Medicine	Surgery	
Labour & Delivery	Mental Health		

BCHS offers a spectrum of specialized services. It is also a member of the Brantford Brant Norfolk Ontario Health Team (BBNOHT) and ensures seamless integration of care for its cherished community.

Enduring Mission, Vision, and Values

Throughout the years, the unwavering commitment of our resilient staff, physicians, and volunteers has been instrumental in shaping BCHS, guided by a shared philosophy centered on patient care. BCHS' journey began with the inception of its first strategic plan in 2010, marking the foundation of its strategic endeavors. The table below highlights key themes derived from BCHS' past strategic plans, spanning a total of 14 years, and encompassing 4 distinct strategic blueprints.

History of Strategic Plans

	Vision	Mission	Values	Strategic Priorities
2010-2013	Leading the way – exemplary care.	Deliver and measure the highest possible standard of healthcare in a compassionate, integrated and fiscally responsible manner.	<p><i>Quality</i> – We deliver the best possible healthcare every day</p> <p><i>Accountability</i> – We take responsibility for our actions and outcomes</p> <p><i>Respect</i> – We care about the individual's story and the well-being of our patients, team and community</p>	<p>Patient Centred Care</p> <ul style="list-style-type: none"> ○ Implementing legislation ○ Patient Relations/Customer Service Program ○ Create Quality of Care Council <p>Workplace Excellence Financial</p> <ul style="list-style-type: none"> ○ Establish quality/risk framework ○ Talent management program ○ Collaborative Care Model ○ Sick Time Reduction <p>Financial Sustainability</p> <ul style="list-style-type: none"> ○ Master Planning ○ Revised patient care skill matrix
2013-2016	BCHS...Your Partner in Lifetime Health.	Providing excellent care to our community.	<p><i>Respect</i> – We treat everyone the way they want to be treated</p> <p><i>Quality</i> – We provide the best healthcare every day through continuous quality improvement</p> <p><i>Accountability</i> – We accept responsibility for our actions and decisions</p>	<p>A Great Place to Work</p> <ul style="list-style-type: none"> ○ No injuries/harm ○ Developing top talent ○ Seeking better ways together <p>Patients First</p> <ul style="list-style-type: none"> ○ No adverse events ○ 100% patient satisfaction ○ No waiting <p>Using Resources Wisely</p> <ul style="list-style-type: none"> ○ Innovation ○ Zero waste ○ Data-driven decisions
2018-2020	To build and sustain a high quality, safe patient and family centred system of care highly respected by patients, families, physicians, staff and communities served.	Where patients come first.	<p><i>Compassion</i> – Genuine caring about others</p> <p><i>Accountability</i> – Acceptance of full responsibility for tasks, actions, outcomes and risks</p> <p><i>Respect</i> – Valuing the uniqueness of others and treating everyone with dignity</p> <p><i>Equity</i> – High quality individual care for all</p>	<p>Outstanding Patient & Family Experiences</p> <ul style="list-style-type: none"> ○ Patient needs motivate decisions ○ Engagement through PFAC ○ Interprofessional collaboration <p>Clinical & Operational Excellence</p> <ul style="list-style-type: none"> ○ Priority focus of patient safety ○ Effective Quality/Risk Management ○ Efficient utilization programs ○ Adopting leading clinical practices <p>Exemplary Community Partnerships</p> <ul style="list-style-type: none"> ○ Active engagement of community partners for timely care transitions ○ Cross-agency collaboration initiatives ○ Empower/support diverse cultures
2020-2025	Exceptional Care – Exceptional People	Working together to build a healthier community.	<p><i>Compassion</i> – Genuine caring about others</p> <p><i>Accountability</i> – Acceptance of full responsibility for tasks, actions, outcomes and risks</p> <p><i>Respect</i> – Valuing the uniqueness of others and treating everyone with dignity</p> <p><i>Equity</i> – High quality individual care for all</p>	<p>Advance Quality & Safety</p> <ul style="list-style-type: none"> ○ Seamless care transitions ○ Service-oriented culture ○ Readiness for accreditation ○ Evidence-based improvement model <p>Partner to Transform Care</p> <ul style="list-style-type: none"> ○ Patient and family engagement ○ Regional program partnerships ○ OHT partnership <p>Support & Empower People</p> <ul style="list-style-type: none"> ○ Positive and safe workplace ○ Support continuous growth ○ Skilled and diverse workforce ○ Implement wellness strategies <p>Build Sustainability</p> <ul style="list-style-type: none"> ○ Achieve financial sustainability

				<ul style="list-style-type: none"> ○ Enhance digital technology ○ Renew building infrastructure and capital equipment ○ Complete ED redevelopment Campion Health Equity <ul style="list-style-type: none"> ○ Strengthen local indigenous community ties ○ Cultural safety, diversity, inclusion and anti-racism training ○ Improve mental health care
--	--	--	--	--

Current Strategic Plan Outcomes

The [2020-2025 Strategic Plan](#) outlined five Key Goals and 20 outcomes. Below is a summary of BCHS' progress and achievements towards the outcomes.

Key Goals	Outcomes	Achieved			BCHS Vision, Mission & Values
		Yes	Partial	Not started	
Advance Quality & Safety	1. Seamless care transitions		X		Exceptional Care – Exceptional People
	2. Service-oriented culture	X			
	3. Constant readiness for accreditation	X			
	4. Embrace evidence-based improvement model	X			
	5. Initiatives to ensure appropriate testing	X			
Partner to Transform Care	6. Enhance patient and family engagement	X			Working together to build a healthier community.
	7. Form regional program partnerships	X			
	8. OHT partnership	x			
Support & Empower People	9. Promote a positive and safe workplace	X			Compassion Accountability Respect Equity
	10. Support continuous growth	X			
	11. Skilled and diverse workforce		X		
	12. Implement wellness strategies	X			
Build Sustainability	13. Achieve financial sustainability		X		Legend
	14. Enhance digital technology		X		
	15. Building infrastructure renewal plan		X		
	16. Capital equipment renewal plan	X			
	17. Complete ED redevelopment		X		
Champion Health Equity	18. Strengthen local indigenous community ties		X		Completed
	19. Cultural safety, DEI, and anti-racism training		X		In progress
	20. Improve mental health and addiction care	X			Not started

Summary of Outcomes and Years Achieved

Summary of Outcomes: 2020-2024	
Key Goal 1: Advance Quality & Safety	
2020-2021	<ul style="list-style-type: none"> - Implemented the new RL6 Safety Incident Management System. - Opened 26 additional acute care beds and 5 CCU beds to support waves 2/3 of COVID-19. - Implemented geographic rounding on medical inpatient units. - Special Care Nursery got NICU designation. - Launched online booking process for COVID-19 tests. - Received Echocardiography Quality Improvement Program certificate of Accreditation. - Implemented revised Patient Incident Management Framework and Disclosure Toolkit.
2021-2022	<ul style="list-style-type: none"> - Launched patient experience bundle across the organization. - Introduced the Same Day Joint Program.

	<ul style="list-style-type: none"> - Continued to respond to the demands of COVID-19, supporting patients. - Implemented Pyxis automated dispensing cabinets.
2022-2023	<ul style="list-style-type: none"> - Partnered with Novari to implement use of ATC software for surgical wait list management. - BGH Oncology Clinic launched 'EPIC'. - Launched Internal Medicine Rapid Access Clinic to improve access. - Interventional Radiology Outreach Program launched at BGH, purchase of C-arm fluoroscopy machine. - Implemented Patient-Oriented Discharge Summary in Inpatient Mental Health Unit. - Launched BCHS Quality Improvement Framework. - Recruitment of Wound Care Team.
2023-2024	<ul style="list-style-type: none"> - Achieved Accreditation status of Exemplary Standing. - Implemented Qualtrics Patient Exp Surveys. - Co-designed Patient & Family Centered Care Framework with PFAC. - Developed 2023-2027 Patient Safety Plan. - Implemented Enhanced Integrated Risk Management Program. - Achieved 100% compliance with visible QI projects on every department across BGH. - Internal Clinical Ethics Consult Team growth. - Launched Child and Adolescent Psychiatry Clinic at BGH. - Implemented Pyxis anaesthesia workstations in all ORs and Endoscopy suites.
Key Goal 2: Partner to Transform Care	
2020-2021	<ul style="list-style-type: none"> - Ontario Government granted approval to establish BBNOHT. - Led the development of local Mobile Enhancement and Support Teams. - Renewal and growth of the CEO's PFAC to build capacity for patient partnership. - OHT received approval in November 2020 (2020-2021 fiscal year)
2021-2022	<ul style="list-style-type: none"> - Launched the COVID-19 Pediatric Assessment Centre. - Partnered with Public Health to provide Vaccine Clinics to staff and Community. - Implemented DREAM Team to provide appropriate community resources and access.
2022-2023	<ul style="list-style-type: none"> - Implemented Rapid Addictions Support Team, co-run by BCHS. - Launched LEGHO program with Participation Support Services to support Brantford Brant Norfolk region. - OHT expanded to include Norfolk in the 2022-2023 fiscal year
2023-2024	<ul style="list-style-type: none"> - Launched an enhanced Government Relations and Advocacy Plan to support the sustainability of our hospital services and infrastructure.
Key Goal 3: Support & Empower People	
2020-2021	<ul style="list-style-type: none"> - Launch of Huron/Studer Recognizing Excellence and Compassion in Healthcare Program. - Recognized 143+ BCHS staff, physicians, volunteers. - COVID-19 risk mitigation and recovery. - Mandatory vaccination implementation. - Violence Flagging Policy and procedure implemented. - Mandatory training of all leaders through Norcat.
2021-2022	<ul style="list-style-type: none"> - Maximized HHR funding. - Clinical Externs welcomed across BCHS. - Introduction of nursing continuum strategy. - Modernized application process with Njoyn. - Introduced flexible work arrangement, compressed work week policy. - Created referral program. - Biannual hospital wide violence risk assessment completed. - Safe Management Violence training revamped to ensure all employees provided with training.
2022-2023	<ul style="list-style-type: none"> - Code Lavender introduced to provide emotional support to staff/physicians when traumatic events occur. - Developed comprehensive Peer Support Program to support staff/physicians/volunteers across BGH. - Implemented Fireside Chats to increase frontline staff engagement and create a sustainable environment. - Development and implementation of the Retention & Engagement Committee. - Implemented Senior Leader Rounding to increase visibility/dialogue b/w senior leaders and frontline staff. - Introduction of self-scheduling and implemented flexible benefits for non-union. - Improved supports for staff: SCOMs and Clinical Educators. - Launched new grad residency program. - Re-introduced job shadow program. - Introduced Wellness Wagon & Thrive and Shine Newsletter. - Introduced temporary mental health benefits for part time and casual staff. - Focus on celebration with weekly Good News stories in the Pulse.

	<ul style="list-style-type: none"> - Leader training in Mental Health First Aid. - Partnered with CBI for Better at work program- employees expedited to therapy assessments. - Implemented more affiliation with post-secondary institutions to ensure student placement opportunities. - Revamp of Leader Orientation (leader shadow experience, accountability sign off, “So you are a Buddy”).
2023-2024	<ul style="list-style-type: none"> - Reinstatement of Annual Service Awards ceremony. - Introduction of BCHS Care Awards for 2023 Service Awards. - Revamp of Leader Orientation and Corporate Orientation program. - Development of Emerging Leaders’ program. - Bill 124 adjustments for all staff. - Opening new cafeteria. - Pet Therapy introduced. - Created Visitor Support role which supports scheduled visits for patients.
Key Goal 4: Build Sustainability	
2020-2021	- Strong financial position with Surplus at the HSAA Line and Bottom line.
2021-2022	<ul style="list-style-type: none"> - Launched #BuildABetterBCHS campaign to increase pressure on Ontario Government for action, successfully received our Redevelopment planning grant. - Formation of the Health Information System (HIS) Renewal Committee. - Strong financial position with Surplus at the HSAA Line and Bottom line for the second consecutive year.
2022-2023	<ul style="list-style-type: none"> - Lease agreement signed between the City of Brantford and BCHS that allows BGH to expand on the hospital parking lot on Terrace Hill Street and on the site of a former fire station on St. Paul Avenue. - Ended the fiscal year with an HSAA Surplus and a small deficit at the bottom line.
2023-2024	<ul style="list-style-type: none"> - Construction launch of the Emergency Department Renovation Improvement Project. - Implementation of the second CT scanner. - Developed comprehensive emergency planning procedures internally and with Ontario Health to support clinical contingency planning in the event of facility utility failures. - Agreement signed to move forward with our HIS upgrade project to Meditech Expanse. - Financial uncertainty exists to end the fiscal year, mainly related to Government not supporting all arbitration costs along with unsupported costs related to our infrastructure challenges.
Key Goal 5: Champion Health Equity	
2020-2021	- Partnered with Indigenous Primary Health Care Council to offer staff/physicians an opportunity to complete San’yas Core Indigenous Cultural Safety (ICS) training to educate about the history of health inequities.
2021-2022	<ul style="list-style-type: none"> - Launched Indigenous Medicine Program to maintain positive relationships with Indigenous patients, families & service providers to collaborate and better patient experience in informative/respectful manner. - Launched the Geriatrics Consult Service.
2022-2023	<ul style="list-style-type: none"> - Developed the BCHS Land acknowledgements led by the Board Indigenous Advisory Committee. - Formed the Equity, Diversity, and Inclusion (EDI) Committee. The BCHS EDI Committee seeks to champion LGBTQIA2S+ health and wellbeing, promote cultural safety and peer support, as well as provide lived-experiences and knowledge to promote enhanced patient and family care and safe practices within BCHS.
2023-2024	<ul style="list-style-type: none"> - Opened the newly renovated Pediatric Acute Referral Service (PARS) Clinic. - Introduced the Indigenous Health Lead leadership role. - Recruited the Diversity, Equity, Inclusion and Belonging Director to lead/support DEI-B initiatives at BCHS. - Launched staff, physician & volunteer DEI-B Survey to inform the organization’s DEI-B Strategic Roadmap.

Big Changes

COVID-19

In March of 2020, BCHS found themselves at the forefront of an unprecedented crisis – a global pandemic which triggered shutdowns worldwide, necessitating rapid adaptation and concerted action. A seismic shift rippled through every facet of Brantford General Hospital and the Willett Hospital, and all focus was directed towards addressing emergent challenges and prioritizing response efforts. Over the span of January 2020 to December 2023, BCHS admitted a total of 1,534 distinct patients to its hospitals for COVID-19 treatment. Additionally, 466 patients, initially visiting for other reasons, were found

positive for COVID-19 upon testing. Throughout the period of April 2020 to December 2023, BCHS effectively managed a total of 52 COVID outbreaks across the organization.

Navigating the pandemic's complexities strained the healthcare infrastructure, presenting multifaceted challenges ranging from staffing shortages and surging workloads to the imperative to inaugurate novel programs to bolster patient care. Constant policy fluctuations further exacerbated the situation, causing a palpable decline in morale and increase in feelings of burnout among BCHS staff and beyond. Amidst these developments, the organization experienced notable shifts in recruitment and retention efforts, placing considerable demands on the HR department. This period was pivotal, characterized by a dynamic landscape that brought forth both challenges and substantial changes across the organization. The resilience of BCHS was tested at every turn as COVID-19 left a profound mark on everyone. Despite that, BCHS remained steadfast in its vision to provide exceptional care through exceptional people.

While the 2020-2025 Strategic Plan had just been launched, BCHS efficiently switched gears and swiftly implemented front door screenings and established a COVID assessment center. Internal teams across the organization united to address the challenges posed by the pandemic. This included strategic redeployment efforts, restructuring initiatives such as the implementation of negative pressure rooms, prompt assimilation of new evidence to adjust care standards, heightened infection prevention and control measures, rigorous screening protocols, and updates to visitor policies. BCHS also launched an online booking process for COVID-19 tests, mobilized COVID-19 assessment teams and increased capacity to address high demand for COVID testing during the second wave of the pandemic. New policies that were developed emphasized hand hygiene, PPE, and expanded virus testing. A dedicated COVID unit was established, and staff received advanced training in PPE use. BCHS faced PPE shortages, leading to innovative solutions and financial reallocations. Despite challenges such as access, managing multiple outbreaks and supply constraints, including a shortage of alcohol-based hand rub, the organization adapted. BCHS transitioned various outpatient care to virtual platforms and reallocated staff to meet changing demands, including delaying surgeries when necessary. Through proactive measures and collaborative efforts, BCHS effectively navigated the pandemic.

Looking Forward

COVID-19 underscored the existing disparities across the healthcare system, particularly in health outcomes and medical culture¹. These issues are intertwined and complex, posing a significant threat on our future well-being. Healthcare infrastructures across the globe were ill-prepared for the unprecedented scale and unpredictability of the pandemic, which demanded swift resource mobilization. COVID-19 starkly contrasted the direction that healthcare systems, especially those in developed nations, have been following in recent years¹.

The ramifications of this pandemic and the widened gaps in the system will continue to demand sustained dedication and resources. The Chinese Center for Disease Control, for example, predicts that the burden of chronic health problems will far exceed infectious disease rates, particularly among elderly populations in the coming years². As such, recommendations to focus resources on rising non-communicable, chronic diseases such as diabetes or cardiovascular diseases have been made².

Considering COVID-19's profound impact on healthcare systems worldwide, it's evident that a paradigm shift is necessary to address existing disparities and prepare for future health challenges². The pandemic exposed vulnerabilities in our systems and emphasized the urgent need for long-term investments and

strategic reforms. As we navigate the aftermath of this crisis, it's imperative to prioritize not only immediate responses to infectious diseases but also the management and prevention of diseases².

Brantford Brant Norfolk Ontario Health Team

In November of 2020, BCHS was approved to join the Brantford Brant Ontario Health Team (OHT) as a founding member. Later in January 2023, BCHS became one of the 27 signatory agencies spanning the healthcare and community service continuum in Brantford, Brant County and Norfolk, forming the BBNOHT³. The BBNOHT works to provide information, support, and access to health services in the Brantford-Brant community. The recognition of the increasing demand to enhance support for individuals living with dementia led to the creation of the BBNOHT Dementia Working Group. In April 2021, an Integrated Dementia Resource Team was embedded in the BGH's Emergency Department (ED) as a pilot project. During the 2022-2023 fiscal year, this initiative yielded notable outcomes, with 305 patients receiving assistance, and a 64.5% diversion rate recorded through 197 admissions diverted. Only 2 individuals living with dementia required return visits to the ED.

Emergency Department Renovation Improvement Project



The Brantford General Hospital addressed the increasing demand for emergency care by embarking on the redevelopment of its ED. With annual patient visits expected to surpass 70,000 by 2030, the current outdated facilities, housed within 64 and 56-year-old buildings, necessitate upgrades to meet evolving healthcare needs. Despite the ongoing renovations which commenced in September 2023 and are slated for completion in early 2027, the ED remains operational,

ensuring continuous patient care. BGH secured approval from the Ministry of Health to proceed with Stage 5 implementation, marking a significant step forward in the ED redevelopment process. This milestone enabled the hospital to progress tendering for Project 1, laying the groundwork for transformative changes within the ED. This \$32.4 million redevelopment initiative will see significant enhancements including new entrances, a modern waiting area, and an Indigenous Healing Suite. Notably, the project will augment the existing space by 9,795 square feet, accommodating crucial facilities such as the development of a new See & Treat area and provision of new mental health treatment areas. While the Ontario Government contributed most of the funding, the local community is also rallying to cover the remaining construction costs and equipment procurement, with the BCHS Foundation already raising \$6.2 million toward this goal.

Project Grand



Project Grand derives its name from the Grand River, which runs through Brantford and the County of Brant. Rivers continually transform their course, carving through landscapes and shaping the earth over time. BCHS is also undergoing a period of transformation, reshaping its technology, infrastructure, and model of care to better serve its patients. Project Grand and the many initiatives under its umbrella is the bridge between BCHS' hybrid digital and paper environment to a fully digital workflow state that will set the foundation for further digital health

transformation. Some initiatives under Project Grand include Equina, Firstline, Project AMPLIFI, and BCHS' largest digital transformation project, the implementation of MEDITECH Expanse. Project Grand

will transform BCHS' ability to care for patients by giving providers and front-line staff enhanced digital tools for clinical excellence.

Health Information System

MEDITECH as a Service

BCHS began the process of exploring options for a Health Information System (HIS) Renewal in 2021. In 2023, BCHS became the first Canadian MEDITECH customer to adopt MEDITECH as a Service (MaaS), a cloud-based subscription model for the Expanse HIS. The decision followed a thorough evaluation of IT platforms, with Expanse chosen for its usability, value, and technology. MaaS offers access to the full Expanse platform with simplified implementation and reduced costs compared to traditional systems, enabling BCHS to focus resources on patient-centric projects. Prioritizing interoperability, BCHS selected MEDITECH's Traverse Exchange Canada (TEC) to facilitate seamless data exchange with other healthcare providers. BCHS plans to further leverage Expanse's surveillance feature for real-time analytics.

External Digital Transformation/Connections with the Community

Project AMPLIFI

BCHS is currently moving ahead with Project AMPLIFI, a Ministry and Ontario Health funded initiative to achieve bi-directional data integration between hospitals and long-term care (LTC) facilities. The overarching goal of the project is to streamline the transition process for patients on their care continuum between hospital and LTC sites while also improving workflow efficiency for providers. This project is being spearheaded by St. Joseph's Healthcare Hamilton. There are 27 LTC facilities in scope for BCHS and it is anticipated that BCHS will be live on the AMPLIFI network by mid-June 2024.

ConnectMyHealth



ConnectMyHealth is a secure patient portal that aggregates various types of health records allowing patients to access their data from participating hospitals in Southwestern Ontario including BCHS. Further integrations such as community-based radiology and laboratory clinics will also be able to be viewed in the portal. Formal registration and

patient access to the portal began in July 2023. Some of the data currently available on the portal, posted in real-time, includes hospital lab results, clinical reports, medication, and allergy information as well as a historical list of previous hospital visits.

Internal Digital Transformation

Firstline

Firstline is an Antimicrobial Stewardship initiative led by Dr. Glavin and the Antimicrobial Stewardship Program at BCHS. It aims to help with decision-making regarding empiric antimicrobial choices, thereby reducing antimicrobial resistance. Firstline provides prescribers with tangible, up-to-date data, and clinical practice guidelines. The application functions as a point-of-care clinical decision-making support tool tailored to best practices at BCHS and needs of clinicians when treating infectious diseases.

Equina

Equina is an AI-powered physician scheduling and secure messaging platform currently beginning a staged rollout across the organization. The application will improve the efficiency and security of transfer of personal health information and scheduling. Implementation will begin June 1st for secure messaging site-wide, with scheduling functionality beginning in a staged roll-out over the summer. Critical Care, Lab, and Diagnostic Imaging will be the first to transition from the existing platform to Equina.

Market Analysis

Demographic Highlights

Brant County Catchment Area - Household Characteristics	Count	Percent (%)
Total Population (Catchment Area) ⁴	226,445	100.00
Total Households ⁴	90,914	100.00
Subdivisions in Brantford (CMA)		
Brantford ⁵	104,688	-
Brant County ⁶	39,474	-
Six Nations of the Grand River ⁷	12,892	-
Mississaugas of the Credit First Nation ⁸	957	-
Age of Household Maintainer⁶		
15 to 34	13,427	14.77
35 to 64	48,225	53.05
65+	29,262	32.19

Brant County Catchment Area – Income, Employment and Education	Count	Percent (%)
Average Household Income	109,232.01	-
Average After-Tax Household Income	76,000	-
Labour Force⁶		
Management	12,509	6.71
Business Finance Administration	18,352	9.84
Sciences/Health	14,779	7.92
Education, Gov't, Religion, Social	11,271	6.04
Art, Culture, Recreation, Sport	2,382	1.28
Sales and Service	23,528	12.61
Trades, Transport, Agriculture, Manufacturing & Utilities	31,338	16.80
Education⁶		
No certificate, Diploma or Degree	33,750	18.09
High School Certificate or Equivalent	58,131	31.16
Apprenticeship or Trades Certificate/Diploma	14,390	7.71
College/CEGEP/Non-University Certificate/Diploma	49,550	26.56
University Certificate/Diploma Below Bachelor	1,873	1.00
University Degree	28,879	15.48

Brant County Catchment Area – Identity, Language, Immigration & Visible Minority Status⁶	Count	Percent (%)
Indigenous Identity		
Indigenous Identity	10,791	4.84
Knowledge of Official Language		

English Only	212,017	95.12
French Only	54	0.02
English and French	9,314	4.18
Neither English nor French	1,503	0.67
Immigration Status		
Non-Immigrant Population	195,514	87.72
Born in Province of Residence	181,700	81.52
Born Outside Province of Residence	13,814	6.20
Immigrant Population	26,541	11.91
Visible Minority Status		
Total Visible Minorities	15,276	6.85
Chinese	1,224	0.55
South Asian	5,577	2.50
Black	3,655	1.64
Filipino	865	0.39
Latin American	687	0.31
Southeast Asian	1,424	0.64
Arab	593	0.27
West Asian	81	0.04
Korean	400	0.18
Japanese	75	0.03

Brantford (CMA) ranks 8th among the 10 Fastest Growing CMAs and experienced a growth rate change of 7.4% from 2016 to 2021, surpassing both provincial and national averages of 5.8% and 5.2%, respectively⁵. The Brant County Catchment Area encompasses a total population of 226,445 and 90,914 households, comprising subdivisions including Brantford, Brant County, Six Nations of the Grand River, Mississaugas of the Credit First Nation, Norfolk County and Haldimand County. Household maintainers primarily fall within the age groups of 35 to 64, representing 53.05% of the population, followed by those aged 65 and above.

In terms of income, employment, and education, the area demonstrates a diverse workforce, with an average household income of \$109,232.01 and an average after-tax household income of \$76,000. The labour force is distributed across various sectors, with significant representation in Trades and Transport, and Sales and Service industries. Education-wise, a notable portion of the population holds a High School Certificate or Equivalent (31.16%), followed by College/CEGEP/Non-University Certificate or Diploma (26.56%) and University Degree holders (15.48%)⁶.

Regarding identity, language, immigration, and visible minority status, the majority of individuals have knowledge of the English language (95.12%). The immigrant population represents 11.91% of the total, with visible minorities accounting for 6.85%. Notable visible minority groups include South Asian, Black, and Southeast Asian communities⁶.

Looking Forward

The Ontario Ministry of Finance published the Ontario Population Projections Update report in 2023 which illustrates population projections for Ontario and 49 census divisions, including Brant, from 2022-2046⁹. The report predicts Ontario's projected population growth to increase by 43.6%, or approximately 6.6 million, over the next 24 years⁹. The City of Brantford has reported a 10-year growth rate of 12.8%

and a population increase from 104,688 to 163,000 by 2041⁵. The number of seniors is projected to increase by 20.3% or 4.4 million by 2046. The number of Ontarians in the 15-64 age group is also projected to increase from 10.0 million to 14.0 million in 2046. Central Ontario, where Brant region lies, is expected to be among the fastest growing regions in the province⁹. The report also projected that Brant's population will increase by over 40% from 2022 to 2046. Further, seniors will account for 20-25% of Brant's population by 2046, meaning that there will be a 50-70% projected growth in the number of seniors by that year⁹. Overall, Brant's anticipated population growth surpasses that of other census divisions included in this report, ultimately showing a significant and accelerating trend.

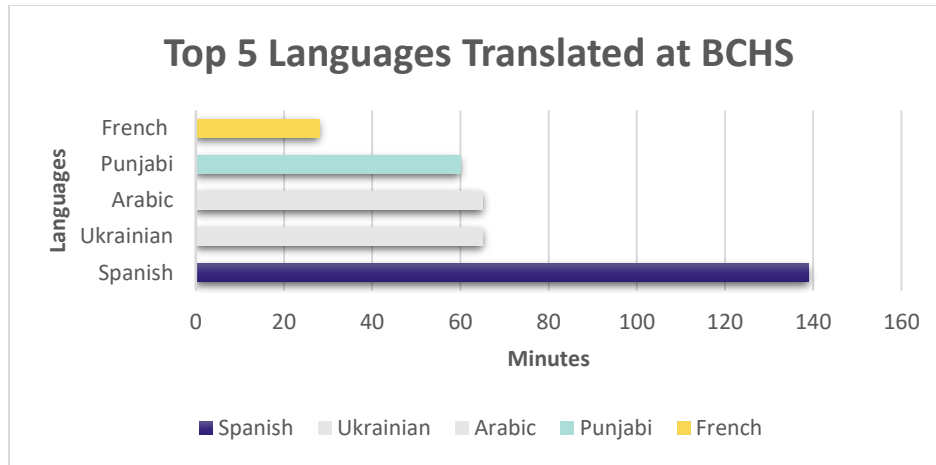
The Ontario Population Projections Update report included an immigration growth rate reference scenario in which the rate of immigration in Ontario is projected to surge from 184,000 in 2022 to an estimated 2,577,000 by 2046⁹.

Overall, the market analysis on demographics highlights the following:

- **Rapid Growth:** The above-average population growth indicates increased demand for healthcare services and signals opportunities for economic growth.
- **Diverse Workforce:** The diverse range of occupations suggests a resilient economy with potential for innovation and collaboration across sectors.
- **Education Profile:** The educational profile highlights the importance of accessible educational pathways and workforce training programs to support the evolving needs of the labor market.
- **Cultural Diversity:** The presence of various cultural and linguistic communities underscores the importance of inclusive policies and services to cater to the needs of a multicultural population.
- **Immigration and Visible Minority:** The number of immigrant and visible minority populations, that are projected to significantly rise, face unique healthcare challenges, including language barriers.

Voyce

In February of 2024, BCHS secured the services of Voyce and launched its initial 6-week pilot project within Brantford General Hospital's ED to address communication barriers in accessing services in a timely manner. Voyce is a company focused on providing medical interpretation in over 240 languages and dialects. Their solution allows BCHS to connect with medically certified interpreters in under 30 seconds on average and provides platform integrations into electronic health records to allow the organization to keep accurate records of interpretation sessions. Voyce further provides a comprehensive dashboard that gives BCHS access to real-time and historic interpretation usage. This feature enables monitoring of the most frequently translated languages at BCHS, thereby increasing understanding and cultural sensitivity, and improving communication to deliver enhanced patient care.



This image showcases the findings and data that can be obtained from BCHS’s ED pilot project, Voyce. It reveals the top five translated languages in descending order of frequency of use: Spanish, Ukrainian, Arabic, Punjabi, and French.

Brant Community Healthcare System Operations: Past & Present

BCHS by the Numbers

	2010/11	2013/14	2018/19	2023/24	Change
Staff Head Count	1,500	1,537	1,734	2032	+35.5%
Physician Head Count	175	300	N/A	346	+97.7%
Midwives	N/A	N/A	N/A	17	•
Dentists	N/A	N/A	N/A	4	•
FTE’s:	1,056	1,163	1,264	1,412.5	+33.8%
ONA	332.0	311.3	345.9	383.6	+15.5%
<i>SEIU Clerical</i>	137.1	144.2	125.1	141.8	+3.4%
<i>SEIU Service</i>	290.3	366.3	440.3	510.8	+76.0%
<i>Para-Technical</i>	156.9	182.5	198.2	230.5	+46.9%
<i>Non-Union</i>	125.6	140.2	135.7	145.8	+16.1%
Volunteers	421	427	354	290	-31.1%
Student Placements	N/A	N/A	312	460	+47.4%

	2010/11	2013/14	2018/19	2023/24	Change
Operating Expenses	\$147,322,126	\$155,913,809	\$187,577,033	\$258,236,131	+75.3%
Financial Margin (Deficit)	\$710,737	\$2,116,896	\$(1,878,413)	\$(1,954,651)	-375.0%
Inpatient Beds in Operation	272	254	295	324	+19.1%
Patient Days (Excluding Newborns)	90,412	86,593	104,289	120,620	+33.4%
Patient Admissions (Excluding Newborns)	10,336	10,755	13,216	13,047	+26.2%

Occupancy Rate (Average)	91.1%	93.4%	96.90%	101.61%	+11.5%
Average Length of Stay (Acute)	4.5 days	4.1 days	4.48 days	4.59 days	+2.0%
Average Expected Length of Stay (Acute)	4.1 days	3.8 days	4.34 days	4.22 days	+2.9%
Acute ALC Rate	15.4%	14.2%	15.26%	20.29%	+31.8%
Emergency Visits	39,932	43,877	57,656	50,631	+26.8%
Urgent Care Visits	15,760	18,788	18,373	31,004	+96.7%
Surgical Cases (Includes Day Surgery)	9,436	9,338	9,357	9,248	-2.0%
Outpatient Visits	86,456	90,432	76,578	77,208	-10.7%
Diagnostic Imaging Visits	42,985	60,683	60,501	58,659	+36.5%

Financial Performance

2023/24 Expense Budget by Category	
Salaries & Wages	46.9% \$105,774,827
Employee Benefits	13.5% \$30,388,308
Medical Staff Remuneration	12.4% \$28,051,715
Medical and Surgical Supplies	5.0% \$11,376,544
Drugs and Medical Gases	4.7% \$10,527,894
Other Supplies and Expenses	12.9% \$29,188,531
Amortization	4.6% \$10,342,311
Total Expenses	\$225,650,130

Over the last three fiscal years, BCHS has consistently closed with an Operating Surplus, reflecting a steady improvement in its Balance Sheet metrics such as the Current Ratio and Working Capital. Looking ahead, however, BCHS faces impending financial pressures. The uncertainty surrounding ongoing costs related to Bill 124 and general compensation expenditures presents a challenge. Furthermore, inflation rates outpacing BCHS' revenue growth pose additional strain. As it plans for the 24/25 Fiscal year, it's probable that BCHS will be working within a deficit budget framework. The implementation of a new EMR system entails significant operating costs, while capital equipment needs surpass the current budget allocations. These factors collectively underscore the necessity for careful financial planning and resource management moving forward.

Breakdown of Bed Count

Type	Description	2001-2002	2004-2005	2009-2010	2014-2015	2019-2020	2023-2024
Brantford General Hospital							
ACUTE	BGH Medical (MED A-B7) Acute Approv. Beds	34	34	39	22	27	30
ACUTE	BGH Surgical (SURG-B5) Acute Approv. Beds	27	27	27	31	25	31

ACUTE	BGH Med/Card (MEDC-C5) Acute Approv. Beds	27	27	27	25	25	25
ACUTE	BGH Medical (MED B-B6) Acute Approv. Beds	33	33	33	22	27	30
ACUTE	BGH Medical (MED D-B8) Acute Budgeted Beds				22	22	30
ACUTE	BGH OBS-FBC Acute Budgeted Beds				15	15	15
ACUTE	BGH Critical Care(D5) Acute Approv. Beds	7	13	15	15	15	24
ACUTE	BGH CCU - Medical IP Acute Approv. Beds	6					
ACUTE	BGH OBS (L&D-B4) Acute Approv. Beds	10	10	10			
ACUTE	BGH OBS (MATA-B3) Acute Approv. Beds	12	12	12			
ACUTE	BGH Paeds (PAEDS-B4) Acute Approv. Beds	20	20	20	8	8	8
MH	BGH MH Inpatient MH Approv. Beds	36	18	24	18	18	18
REHAB	BGH Rehab (REHAB-B2) Rehab Approv. Beds	25	25	25	17	15	15
CCC	BGH Rehab (REHAB-B2) CCIP Budgeted Beds					9	9
ACUTE	BGH RB Stroke (ISU-C2) Acute Budgeted Beds				10	10	10
REHAB	BGH RB Stroke (ISU-C2) Rehab Budgeted Beds				8	10	10
ACUTE	BGH CCC#2 (MCX-C4) Acute Budgeted Beds					7	23
CCC	BGH CCC#1(RCT-C2) CCIP Approv. Beds			44			
CCC	BGH CCC#2 (MCX-C4) CCIP Budgeted Beds			8	47	11	1
CCC	BGH CCC#3 (MCXA/PAL-C7) CCIP Budgeted Beds			21	8	20	20
The Willett							
ACUTE	WIL Medical (MED A-B7) Acute Approv. Beds	5	5				
CCC	WIL CCC#1 (RCT-C2) CCIP Approv. Beds	35	73				
CCC	WIL CCC#2 (MCX-C4) CCIP Approv. Beds	38					
LTC ELDCAP	WIL Interim LTC ELDCAP Approv. Beds	4					
ACUTE	WIL Transitional Unit Acute Budgeted Beds					16	6
CCC	WIL Transitional Unit CCIP Budgeted Beds					15	25
Grand Total		319	297	305	268	295	330

The bed count data from 2001 to 2024 reflects fluctuations in bed counts at both BGH and the Willett Hospital. Over time, there has been a trend of variability in bed allocations, particularly notable in acute care and critical care units, with majority of the allocations being prioritized at BGH. Despite fluctuations, the grand total bed count has increased, reaching its peak in 2023-2024. This indicates that a continuous effort is required to adapt and expand healthcare infrastructure to meet evolving needs and demands within the community served by BCHS. *Note: When the new tower was built at the BGH site and put into service in 2004, the beds from the Willett Hospital moved to the BGH site. There were no inpatient beds at the Willett Hospital again until January of 2018.*

BCHS's 2023-2024 Top Case Mix Groups

Rank	Case Mix Groups – Fiscal Year 2023-2024	# Cases
1	Normal Newborn, Singleton Vaginal Delivery	723
2	Viral/Unspecified Pneumonia	354
3	Vaginal Birth with Anaesthetic and Non-Major Obstetric/Gynecologic Intervention	349
4	Unilateral Knee Replacement	316
5	Vaginal Birth with Anaesthetic without Non-Major Obstetric/Gynecologic Intervention	296
6	Ischemic Event of Central Nervous System	272
7	Chronic Obstructive Pulmonary Disease with Lower Respiratory Infection	262
8	Heart Failure without Coronary Angiogram	260
9	Normal Newborn Multiple/Caesarean Delivery	249
10	Vaginal Birth without Anaesthetic without Non-Major Obstetric/Gynecologic Intervention	240
11	Newborn/Neonate 2500+ grams, Other Minor Problem	227
12	Chronic Obstructive Pulmonary Disease without Lower Respiratory Infection	212
13	Other/Unspecified Sepsis/Shock	202
14	Arrhythmia without Coronary Angiogram	197
15	Unilateral Hip Replacement	197
16	Infectious/Parasitic Disease of Respiratory System	183

Patient Experience Data

In August 2023, BCHS was one of the first 30 hospitals in Ontario to officially launch the Qualtrics Patient Experience Survey across all care areas. The updated surveys were selected and co-designed with staff, leaders, and patients and families. This includes the addition of short-form options to reduce the length and time spent completing the survey. Teams received the first round of their Patient Experience Results in October and November of 2023. BCHS continues to work on integrating its Patient Experience Data into their internal Business Intelligence tool for standardized access to data. The table below illustrates the Overall Care Rating that BCHS obtained from implementing the Qualtrics Patient Experience Survey.

Rate Your Overall Care (% of respondents who gave a 9 or 10/10)			
Care Area	2020-2021	2021-2022	2023-2024
Emergency Department	59.3%	50.1%	52%
Outpatient	79.0%	75.6%	88%
Adult Inpatient	51.3%	47.6%	58%
Pediatric Inpatient	N/A	52.6%	50%
Day Surgery	N/A	81.9%	94%

Two of the five care areas, Outpatient and Day Surgery, received the highest overall care ratings, indicating a high level of satisfaction among patients. The ED, Adult Inpatient and Pediatric Inpatient care areas received relatively low Overall Care ratings in comparison, which suggests room for improvement across those services.

Facility-Related Emergency Events at BGH

Type of Emergency Code	May 1, 2023, to May 1, 2024
Aqua - Flood/Leak	38
Brown - Hazardous Spill	5
Green - Evacuation	1
Grey - Elevator Failure	67
Grey - Utility Failure	33
Red - Fire	24
Grand Total	168

Over the period from May 1, 2023, to May 1, 2024, Brantford General Hospital experienced a total of 168 facility-related emergency events. These events encompassed various emergency codes, including Aqua (Flood/Leak), Brown (Hazardous Spill), Green (Evacuation), Grey (Elevator Failure and Utility Failure), and Red (Fire). Notably, Elevator Failure incidents were the most frequent, with 67 reported instances, followed by Flood/Leak incidents at 38. While Fire incidents were comparatively lower at 24, each event poses significant challenges and requires swift response and mitigation efforts to ensure the safety and well-being of staff, patients, and visitors.

Community Health Profile

Health Profile Groups

Health Profile Group Name	Number of People - BBNOHT	% of Total - BBNOHT	Number of People - ON	% of Total - ON	BBN compared to ON
Neurotic/anxiety/obsessive compulsive disorder	7,102	3.83%	501,422	3.70%	↑
Diabetes/hypoglycemia w/o chronic kidney disease w/o significant comorbidities	6,901	3.72%	489,310	3.61%	↑
Minor acute respiratory condition	6,456	3.48%	531,412	3.92%	↓
Minor gastrointestinal acute condition	5,749	3.10%	468,530	3.46%	↓
Joint/tendon disorder and injury	5,694	3.07%	446,936	3.30%	↓
Hypertension	4,820	2.60%	393,296	2.90%	↓
Acute ENT, upper respiratory condition	4,206	2.27%	337,614	2.49%	↓
Rheumatoid/osteoarthritis and other inflammatory arthropathy	3,556	1.92%	215,437	1.59%	↑
Drug/alcohol abuse/dependence w/o significant comorbidities	3,302	1.78%	110,268	0.81%	↑
Coronary artery disease/arrhythmia w/o heart failure w/o significant comorbidities	2,429	1.31%	196,058	1.45%	↓
Vertebral/disc and other diseases of the back	2,156	1.16%	137,733	1.02%	↑

Skin/cervical/thyroid/other unspecified cancer	2,072	1.12%	141,153	1.04%	↑
Depression	1,793	0.97%	137,866	1.02%	↓
Cataract/lens disorder	1,566	0.84%	107,006	0.79%	↑
Open wound	1,531	0.82%	82,961	0.61%	↑
Behavioural and emotional childhood/adolescent disorder	1,447	0.78%	81,034	0.60%	↑
Hernia	1,396	0.75%	68,952	0.51%	↑
Dementia (including Alzheimer's disease) with significant comorbidities	1,364	0.73%	95,215	0.70%	↑
Peripheral vascular disease/other chronic vascular diagnosis w/o comorbidities	1,135	0.61%	64,245	0.47%	↑

Hospital Utilization – Emergency Department Visits

Age-Sex Distribution of ED Visits 2023-24 for BBNOHT ¹⁰								
Sex	Female				Male			
Age (year)	ED Visit	% BBNOHT	% ON	BBN compared to ON	ED Visit	% BBNOHT	% ON	BBN compared to ON
0-4	94	0.11%	0.96%	↓	146	0.17%	1.16%	↓
5-9	2,101	2.41%	1.99%	↑	2,300	2.64%	2.37%	↑
10-14	1,433	1.65%	1.58%	↑	1,604	1.84%	1.77%	↑
15-19	2,292	2.63%	2.49%	↑	1,909	2.19%	2.07%	↑
20-24	3,089	3.55%	3.40%	↑	2,196	2.52%	2.59%	↓
25-29	3,491	4.01%	3.63%	↑	2,594	2.98%	2.92%	↑
30-34	3,385	3.89%	3.83%	↑	2,899	3.33%	3.13%	↑
35-39	3,162	3.63%	3.58%	↑	2,886	3.32%	2.99%	↑
40-44	2,636	3.03%	3.17%	↓	2,811	3.23%	2.76%	↑
45-49	2,355	2.71%	2.97%	↓	2,431	2.79%	2.60%	↑
50-54	2,619	3.01%	3.08%	↓	2,297	2.64%	2.80%	↓
55-59	2,455	2.82%	3.29%	↓	2,300	2.64%	3.22%	↓
60-64	2,871	3.30%	3.44%	↓	3,121	3.59%	3.51%	↑
65-69	2,700	3.10%	3.11%	↓	2,742	3.15%	3.16%	↓
70-74	2,630	3.02%	2.90%	↑	2,612	3.00%	2.84%	↑
75-79	2,745	3.16%	2.79%	↑	2,389	2.75%	2.65%	↑
80-84	2,191	2.52%	2.38%	↑	1,866	2.14%	2.11%	↑
85-89	2,532	1.76%	1.97%	↓	1,391	1.60%	1.62%	↓
90-94	1,165	1.34%	1.31%	↑	757	0.87%	0.92%	↓
95-99	445	0.51%	0.53%	↓	240	0.28%	0.27%	↑
100+	101	0.12%	0.11%	↑	16	0.02%	0.03%	↓
Total	45,492	52.29%	52.52%	-	41,507	47.71%	47.48%	-

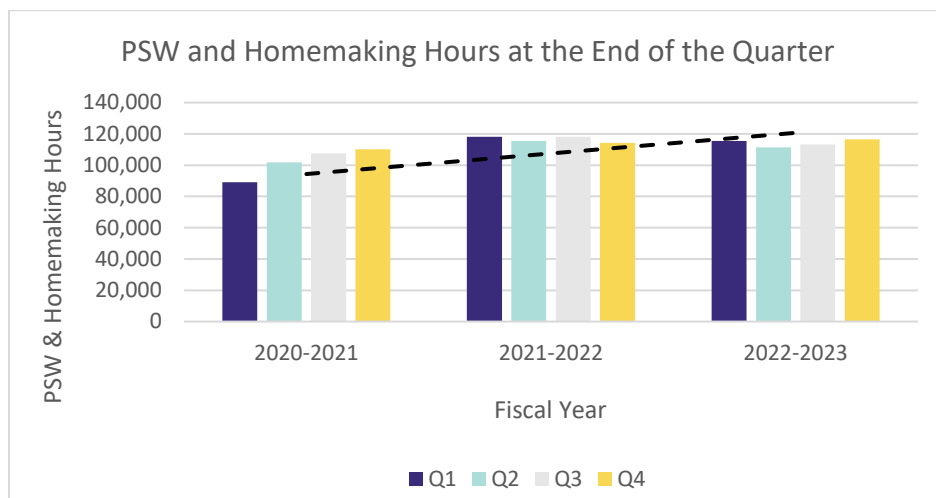
Clinical Use in BBN OHT Geographical Region ¹⁰			
Clinic	Visits	Patients	Visits/1000 pop
Day Surgery / Cardiac Catheterization Visits	418	378	4.1

Ambulatory Dialysis Visits	6,117	80	60.1
Ambulatory Oncology Visits	8,651	704	85.0

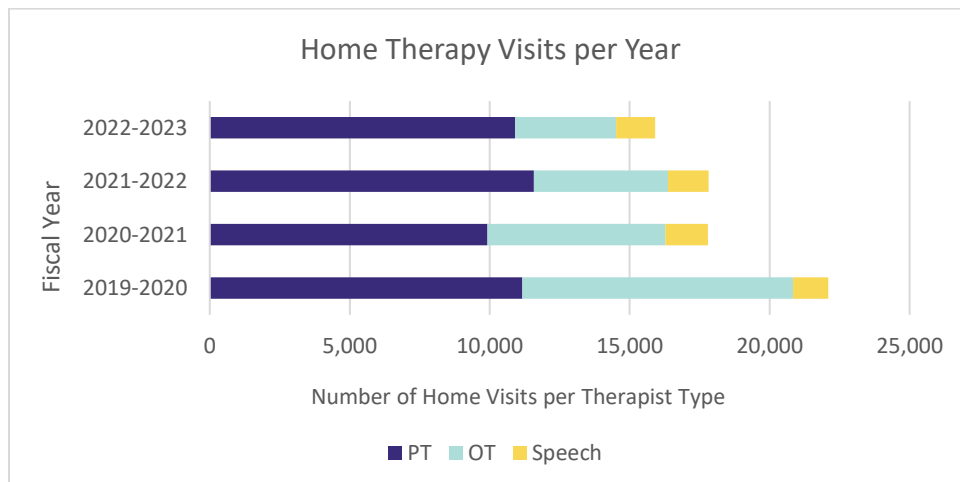
The data highlights varying healthcare needs within the region, with oncology and dialysis services showing particularly high demand.

Community-Based Care

Total Long-Term Care (LTC) Residents at the End of the Quarter (2020-2023) ¹⁰					
Year	LTC Residents	Q1	Q2	Q3	Q4
2020-2021	Residents	1,308	1,280	1,235	1,221
2020-2021	Residents per 100,000 pop	667.28	652.99	630.04	622.90
2021-2022	Residents	1,227	1,235	1,191	1,189
2021-2022	Residents per 100,000 pop	633.34	637.47	614.76	613.73
2022-2023	Residents	1,203	1,197	1,201	1,199
2022-2023	Residents per 100,000 pop	628.35	625.22	627.31	626.26



The data from this image demonstrates a general upward trend in the number of hours recorded at the end of each fiscal year. This trend suggests a steady increase in the demand for PSW's and homemaking services over the last 4 years¹⁰.



This image illustrates that Physical Therapists conduct the highest number of home therapy visits annually, followed by Occupational Therapists and Speech Therapists. The discrepancy in the number of visits among therapist types suggests varying levels of demand or utilization of services across these specialties. Furthermore, the number of total visits per year has decreased from 2019 to 2023¹⁰.

Flow and Access

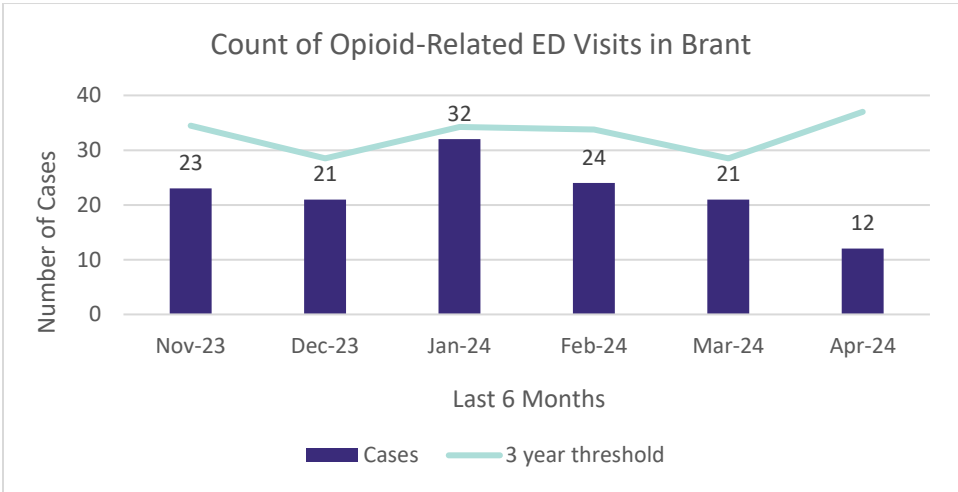
BCHS Emergency Department (ED) Wait Times ¹⁰						
Fiscal Year	Average Wait Time (hours) to Physician Initial Assessment in ED			Average Wait Time (hours) for Inpatient Bed from ED		
	BCHS Wait Time	Provincial Average	BCHS compared to ON	BCHS Wait Time	Provincial Average	BCHS compared to ON
2019-2020	2.0	2.13	↓	11.40	11.26	↑
2020-2021	1.60	2.13	↓	7.0	11.26	↓
2021-2022	2.10	2.13	↓	8.90	11.26	↓
2022-2023	2.30	2.13	↑	15.0	11.26	↑
2023-2024	2.60	2.13	↑	14.40	11.26	↑

Bed Occupancy Rate (OR) and Hallway Patients at BCHS ¹⁰				
Date	Acute OR	CCC OR	General Rehab OR	Mental Health OR
January 2020	106.0%	96.4%	74.3%	92.6%
February 2020	98.9%	102.6%	78.8%	98.6%
March 2020	96.1%	108.9%	75.7%	96.5%
January 2021	105.7%	94.3%	74.6%	97.8%
February 2021	106.8%	96.0%	67.8%	92.8%
March 2021	106.9%	107.4%	54.2%	80.3%
October 2021	105.9%	89.0%	71.9%	92.8%
November 2021	107.6%	98.7%	77.7%	99.4%
December 2021	104.4%	95.7%	75.7%	97.1%
January 2022	109.3%	89.2%	85.5%	95.7%
February 2022	110.8%	86.5%	84.6%	102.7%
March 2022	108.4%	86.5%	87.5%	90.1%
April 2022	100.1%	115.8%	63.5%	92.2%
May 2022	105.1%	104.6%	81.8%	93.5%
June 2022	106.5%	104.8%	69.9%	94.4%
July 2022	104.4%	101.1%	60.1%	86.6%
August 2022	111.8%	94.0%	50.5%	98.6%
September 2022	108.9%	108.9%	52.8%	97.2%
October 2022	109.2%	99.2%	63.6%	85.7%
November 2022	108.6%	105.6%	56.3%	75.6%
December 2022	101.7%	106.5%	52.7%	84.4%
April 2023	104.4%	107.0%	55.4%	77.8%
May 2023	104.1%	94.4%	51.4%	90.0%
June 2023	105.8%	94.4%	70.2%	105.9%
July 2023	103.8%	87.9%	73.3%	89.4%
August 2023	105.0%	83.1%	57.6%	95.7%
September 2023	108.2%	82.0%	71.9%	97.8%
October 2023	103.8%	79.7%	83.4%	84.4%
November 2023	109.9%	79.1%	94.1%	105.9%

December 2023	107.5%	80.4%	89.2%	91.9%
April 2024	110.6%	83.7%	88.9%	80.4%

Opioid-Related ED Visits

Rate of Opioid-Related ED Visits (per 100,000) in Brant and Ontario ¹¹			
Date	Brant County Health Unit	Ontario	Brant compared to ON
2018	14.1	5.8	↑
2019	15.8	8.5	↑
2020	18.2	7.6	↑
2021	23.0	10.3	↑
2022	19.7	7.4	↑
2023	23.8	8.4	↑
2024	19.8	6.7	↑



This image displays the dynamic trend of opioid-related ED visits at BCHS over the past 6 months. Notably, the highest number of cases was recorded in January of 2024, while the lowest occurred in April 2024. It is important to note that despite the fluctuations in cases, the overall count over the past 6 months has remained below the threshold observed over 3 years.

Ontario Marginalization Scores – Brantford Census Subdivision

Ontario Marginalization scores help BCHS understand the socio demographic ‘health’ of the population it serves. Quintiles (scores) for marginalization are available at the lowest level, dissemination area, whereby scores of 4 and 5 represent the most marginalized neighbourhoods. Marginalization Quintiles (MQs) range from 1-5, with 1 representing the least marginalized and 5 meaning the most marginalized. The greater the percent of the population with a score of 4 and 5 indicates how marginalized the community may be. Material Resources (poverty) is often used as a measure in conjunction with health utilization as it is seen as a measure that can significantly affect healthcare usage and health outcomes for patients.

		MQ 1	MQ 2	MQ 3	MQ 4	MQ 5
Households & Dwellings	Population % Pop.	21,827	16,517	17,137	24,741	24,466
		20.8%	15.8%	16.4%	23.6%	23.4%

Material Resources	Population % Pop.	8,921 8.5%	17,137 16.4%	18,127 17.3%	23,756 22.7%	36,747 35.1%
Age & Labour Force	Population % Pop.	24,607 23.5%	16,168 15.4%	25,390 24.3%	19,675 18.8%	18,848 18.0%
Racialized & Newcomer Populations	Population % Pop.	13,464 12.9%	34,797 33.2%	33,078 31.6%	14,637 14.0%	8,712 8.3%

Environmental SWOT

During the Discovery Phase of the Strategic Planning Process (June 2024 to October 2024), BCHS will actively involve its staff, physicians, volunteers, patients, families, and community partners. This collaborative effort aims to comprehensively identify and discern the organization’s strengths, weaknesses, opportunities, and threats.

Provincial and Regional Context

Ontario Health Teams

In November 2020, the Ontario Government announced the approval of 13 new Ontario Health Teams across the province, and the Brantford Brant OHT was among the newly endorsed teams. This addition of 13 new teams brought the tally of OHTs to 42 across the province, which collectively encompassed over 86 percent of the province’s population upon reaching maturity¹².

As of 2023, the Ontario Government greenlit 58 OHTs spanning the province, marking comprehensive provincial coverage. This ensures that every individual in Ontario has access to the invaluable support of an OHT. The Ontario Government’s vision is to ensure that all Ontario residents benefit from seamlessly coordinated and integrated healthcare¹².

As BCHS moves through its strategic planning process, it will be important to consider the possibilities for improved care coordination, expanded service offerings, and the opportunity for further partnerships and collaborations to promote enhanced patient-centered care across the healthcare continuum.

Hospital Redevelopment

In March of 2022, the premier of Ontario, Doug Ford, and the Minister of Health, Christine Elliott, granted BCHS permission to proceed to Stage 1 for the planning of a new hospital in Brantford. The approval came with \$2.5M in funding to begin planning for the new facilities. BCHS had been in the pre-capital stage of this process since February 2020 and launched the #BuildABetterBCHS campaign to advocate for enhanced infrastructure and more modern healthcare facilities within the community. In October 2023, BCHS submitted its Stage 1.2 Proposal to the Ministry of Health and is currently awaiting feedback.

As BCHS moves through the planning of its hospital’s redevelopment, it will be important to consider funding allocation, community engagement and consultation efforts, and exploring potential partnership opportunities.

Local Context

Public Health: Brant County Health Unit

The Health Unit is among one of the 34 health units across Ontario that serves a geographic area encompassing 144,000 people and two municipalities: Brant County and the City of Brantford. While there has been rapid population growth in both municipalities over the past decade, the County of Brant experienced a higher population growth rate of 10.8% compared to the City of Brantford's 6.2% growth rate from 2016 to 2021¹³. The median age in Brant is 41.6, however, the fastest growing population group for the last 15 years has been seniors aged 65 and older, who account for 19.3% of Brant's population. Reportedly, there are more seniors in the County (20.4%) compared to Brantford (18.9%)¹³. The aging population will have important implications for local public health services moving forward.

Many individuals in Brant continue to face serious threats to their health, such as overweight and obesity, smoking, alcohol and drug misuse, poor diet, and physical inactivity. The number of opioid-related deaths reported in Brant more than doubled from 2018-2022¹⁴. This rate was consistently greater than the province's opioid-related death rate. Males and individuals aged 25 to 44 represented the highest proportion of opioid-related fatalities¹⁴. One in six households in Brant are food insecure, meaning they have inadequate access to nutritious food because of lack of money¹⁵. Households experiencing food insecurity are more likely to develop poor oral health, infectious diseases, depression, anxiety, heart disease, chronic pain, and increased risk of diabetes¹⁵. From 2017 to 2022, there were 10 births per 1000 people in Brant, which was reportedly higher than the provincial average¹⁶. The prevalence of risk factors throughout pregnancy was also higher in Brant than in Ontario. These health risks are likely to have an impact on life expectancy and quality of life for Brant's population¹⁶.

Brant County Health Unit Strategic Priorities (2023-2027)

1. **Build a Strong Team:** Cultivate a talented, motivated, and cohesive workforce that is aligned with our values, vision and mission.
2. **Establish and Strengthen Partnerships:** Leverage expertise, resources and networks to enhance programs and services, address community health needs more effectively, and advocate for policies that improve public health outcomes.
3. **Maximize Access to Quality Programs and Services:** Continuously evaluate the needs of the community, identify areas where access to programs and services may be limited, and develop innovates strategies to bridge these gaps.
4. **Communication:** Develop clear and timely communication strategies that reach diverse audiences across the community and within the organization.

Brantford Brant Norfolk Ontario Health Team

The BBNOHT is comprised of more than 20 health service and related organizations located across the city of Brantford and counties of Brant and Norfolk. In 2023, the BBNOHT began the development of its [Strategic Plan](#) in which BCHS played a significant role in setting the local health system transformation strategy. The BBNOHT's mission is to deliver and advance integrated, equitable, and person-centred healthcare together. Their vision is to partner for a healthier tomorrow for everyone.

Brantford Brant Norfolk Ontario Health Team Strategic Priorities (2023-2026)

1. **Advance Health Equity and Access:** to eliminate unfair and avoidable differences in health outcomes.
2. **Improve Care Coordination & Excellence:** to provide the best care and experiences.
3. **Strengthen Collaboration & Engagement:** to further develop relationships between partners and the community.
4. **Support Priority Populations:** to address BBNOHT's most pressing health needs in addition to the care provided to all.
5. **Enhance Operational Effectiveness:** to create a greater positive impact from the resources available.

Indigenous Communities

BCHS serves local indigenous communities including Six Nations of the Grand River and Mississaugas of the Credit First Nation. Six Nations consists of the Mohawk, Oneida, Cayuga, Seneca, Onondaga, and Tuscarora. It has the largest population of all First Nations in Canada, with a population of over 27,000 individuals¹⁷. The Mississaugas of the Credit First Nation is part of the Ojibway (Anishinaabe) Nation, one of the largest Aboriginal Nations in North America, with the Band membership comprising of approximately 2,700 individuals. The Brant County Health Unit reported that in comparison to Ontario (2.9%), Brant has a larger proportion of Indigenous people (4.8%)¹³.

As BCBS looks to the development of the 2025-2030 Strategic Plan, prioritizing the establishment of a culturally safe environment for Indigenous peoples to access healthcare services is important. Creating a platform for meaningful dialogue and allowing for the open exchange of ideas and perspectives to enhance the experience of Indigenous individuals receiving care at BCBS is a priority.

In January of 2024, Ontario Health released The First Nations, Inuit, Métis and Urban Indigenous [FNIMUI Health Framework](#) which was developed in partnership with First Nations, Inuit, Métis and Urban Indigenous leaders, communities, organizations and Nations¹⁸. This framework's vision involves providing a platform to build upon in the discussions and development with First Nations, Inuit, Métis and Urban Indigenous partners of a First Nations, Inuit, Métis, and Urban Indigenous Health Plan¹⁸.

The FNIMUI Health Framework outlines the following 5 areas of focus:

1. **Build and Sustain Productive Relationships:** Continue to honour established relationships with First Nations, Inuit, Métis and urban Indigenous leaders, communities, organizations, and nations based on trust, accountability, and mutual respect.
2. **Equitable Access to Culturally Safe Care:** Strengthen access, quality and safety of health services and the health system with and for First Nations, Inuit, Métis and urban Indigenous people, families, communities, and nations.
3. **Build and Enhance Capacity and Education:** Of First Nations, Inuit, Métis and urban Indigenous partners, health system partners and Ontario Health to understand, respond to and meet First Nations, Inuit, Métis and urban Indigenous health needs and priorities.
4. **Measure, Monitor and Evaluate:** Support and promote effective data collection, analysis, evaluation, and governance that impact First Nations, Inuit, Métis and urban Indigenous people, communities, organizations, and nations and collaboratively address their priorities.

5. **Coordinate Regional and Provincial Programs and Services:** Coordinate, communicate and align programs and services to best serve First Nations, Inuit, Métis and urban Indigenous people, communities, organizations, and nations across the health system.

Envisioning 2030

The current 2020-2025 Strategic Plan for BCHS strives to provide outstanding patient and family experiences, demonstrate clinical and operational excellence, champion health equity, and cultivate exemplary community partnerships. As BCHS embarks on its strategic planning process for 2025-2030, there is a desire to focus on the right things and improve in areas that will continue to serve in the interest of our mission of putting patients first and building a healthier community.

Throughout our engagement process, 10 themes will be assessed, including:

- Envisioning 2030
- Vision, Mission & Values
- Diversity, Equity, Inclusion and Belonging
- Cultural Safety
- Collaboration and Partnerships
- People Experience
- Quality & Patient Experience
- Technology and Innovation
- Sustainability
- Hospital Redevelopment

BCHS will provide strategic planning engagement opportunities through the following mechanisms:

- Virtual participation through the **Vision 2030** Survey
- Internal focus groups with BCHS Board members, BCHS Foundation Board members, employees, professional staff, patient advisors, and volunteers
- External focus group sessions and virtual participation options with key community partners and Indigenous communities:
 - Brantford Brant Norfolk Ontario Health Team
 - Community Care Centres and Health Clinics
 - Educational Institutions
 - Emergency Medical Services/Paramedics
 - Fire Services
 - Indigenous Health Services
 - Long-term Care and Retirement Homes
 - Police Services
 - Primary Care Clinics
 - Regional Hospital Partners

The Guiding Principles of the Strategic Planning Process include:

1. The Strategic Plan will identify Brant Community Healthcare System's vision, mission, values, and strategic goals and outcomes for the period 2025-2030.

2. It will be concise but inspiring, and contain measurable, realistic, and achievable outcomes so that progress can be monitored. It will be used to guide performance and annual goal setting to ensure progress along each strategic goal.
3. It will build on BCHS's strengths and provide clarity in terms of BCHS's core services and its role as a health service provider locally and regionally in meeting the future needs of the populations served.
4. It will identify how the patient experience will be different in the next five years and what BCHS can do that is unique in improving the quality of care and the patient experience.
5. It will be built on a foundation of population health and be responsive to the needs of the local and regional populations served.
6. It will be built on the principles of partnership and integration where the patient is the focus of integration efforts.
7. It will describe how BCHS will partner to advance equity in health outcomes and cultural safety of the care experience for Indigenous peoples.
8. It will describe how equity, diversity, inclusion and belonging will be advanced for everyone at BCHS.
9. It will identify strategies that will enable BCHS to achieve sustainable engagement and support of its employees, professional staff, and volunteers.
10. It will describe how patients will take on a lead role in designing and shaping the care experience.
11. It will incorporate leading clinical and business practices that will transform the BCHS into an innovative health service provider that demonstrates that effective use of its resources.
12. It will position BCHS to continue to achieve exemplary standing with Accreditation Canada and be recognized for its leading quality, patient safety, and improvement practices.
13. It will guide the capital redevelopment of the BCHS over the next five to ten years and beyond.
14. It will be informed by developments from the Ontario Ministry of Health considering future system Governance, integration strategies and funding arrangements.
15. The Strategic Planning Process will be driven by patients, employees, and professional staff, volunteers and learners and involve the broader community and external providers.
16. The process will provide the opportunity to engage everyone through a variety of options including virtual, focus groups, written submissions, topical lectures, and regular operational and governance forums.
17. The process will foster collaboration and multi-stakeholder discussions.
18. The process will be led by a Strategic Planning Steering Committee.

Questions to Guide Us as we envision 2030 and beyond

The strategic planning engagement questions below include a total of **10 topics** and **20 questions**.

Initial Identity Question

1. I am a:
 - a. Patient or Family/Caregiver of a Patient
 - b. BCHS Employee
 - c. BCHS Professional Staff Member
 - d. BCHS Learner
 - e. BCHS Volunteer
 - f. BCHS Patient & Family Advisor
 - g. Community Member
 - h. Community Partner

Envisioning 2030

2. Imagine it is 2030. What does success look like for BCHS?
3. What do you think BCHS' future role should be within the healthcare system and the community?
4. What new patient care services should BCHS offer to meet future health needs?

Vision, Mission & Values

Definitions:

Vision: A vision statement outlines what an organization wants to be in the future. It serves as a clear guide for choosing current and future courses of action. The vision statement is meant to inspire and provide direction for the organization's growth and development. Example: *A healthier community.*

Mission: A mission statement defines the organization's purpose and primary objectives. It describes what the organization does, who it serves, and how it serves them. The mission statement focuses on the present and sets a foundation for future goals. Example: *To provide high-quality, patient-centered healthcare services.*

Values: Core values are the fundamental beliefs and guiding principles of an organization. They shape the culture and decision-making processes, ensuring that the organization operates consistently with its principles and ethics. Examples: *Compassion, Accountability, Respect and Equity.*

5. What do you believe should be the vision for BCHS in 2025-2030?
6. What mission statement would best represent BCHS' purpose?
7. What core values should BCHS prioritize and uphold?

Diversity, Equity, Inclusion and Belonging

Equity-Deserving Groups: Including but not limited to First Nations and Indigenous Peoples, Racialized Persons, Persons with Disabilities, Women, 2SLGBTQIA+ Individuals, Individuals impacted by age-based discrimination, and those who are impoverished or experiencing lower socioeconomic status.

8. How can BCHS create safe, supportive, and inclusive spaces for equity-deserving groups of patients, families, employees, professional staff, volunteers, and learners in our organization?

9. What actions can BCHS implement to break down systemic barriers and achieve health equity for patients and families?

Cultural Safety

10. How could BCHS improve the experience of First Nations, Inuit, Métis and Urban Indigenous people and communities whether they are patients, families, employees, professional staff, volunteers, or learners?

Collaboration and Partnerships

11. What are external ways BCHS can partner with others to improve patient care?

People Experience

12. How can we provide better experiences for our learners (high school, college, and university students)?
13. How can we improve recruitment, retention and/or workplace culture?

Quality & Patient Experience

14. How can BCHS improve quality and patient safety?
15. How can we improve the experiences of patients and families?

Technology and Innovation

16. What new technologies do you think will impact healthcare in the next 5-10 years?
17. What innovations should we pursue in the next 5 years to enhance patient care?

Sustainability

18. How can BCHS improve its financial health?
19. What opportunities can BCHS explore to be more environmentally friendly?

Hospital Redevelopment

20. What is your vision for the future redevelopment of the Brantford General Hospital and The Willett facilities?

Additional Comments

21. Is there anything else you would like to add?

Demographic Questionnaire

As part of this Vision 2030 Survey, we have included **optional demographic questions** to support our commitment to hearing and understanding diverse voices.

Why are we doing this?

We are focused on creating a more inclusive healthcare system that fosters an environment where every person feels valued and heard. By introducing these demographic questions, we aim to provide

space for you to share your unique identity and contribute to better serving our diverse community.

This portion of the survey contains 7 questions and should take approximately 1-2 minutes to complete. Please note that all responses are **anonymous**.

22. How do you identify with regards to your gender? (select all that apply)
- a. Woman
 - b. Man
 - c. Non-Binary, Gender Fluid, Gender Queer, or similar term
 - d. Two-Spirit
 - e. Transwoman
 - f. Transman
 - g. I do not identify with a gender
 - h. Prefer not to answer
 - i. I would like to specify an identity:
23. Do you identify as an Indigenous person of North America/Turtle Island?
- a. Yes
 - b. No
 - c. Prefer not to answer
24. Do you identify as a racialized person?
- a. Yes
 - b. No
 - c. Prefer not to disclose
 - d. Not applicable
25. Please select your current age group:
- a. 20-29
 - b. 30-29
 - c. 40-49
 - d. 50-59
 - e. 60-69
 - f. 70-79
 - g. Over 80
 - h. Prefer not to disclose
26. With which sexual identity do you identify?
- a. Asexual
 - b. Bisexual
 - c. Gay
 - d. Heterosexual/Straight
 - e. Lesbian
 - f. Queer
 - g. Prefer not to answer
 - h. Other (please specify)
27. Are you a person with a disability? Or do you identify as a person with a disability?
- a. Yes
 - b. No

- c. Prefer not to answer
28. Are you an immigrant or refugee?
- a. Yes
 - b. No
 - c. Prefer not to answer

References

- ¹Canadian Medical Association. (2023). *Seizing the Moment - Impact 2040 Strategy*. Retrieved from: <https://www.cma.ca/about-us/what-we-do/seizing-moment-impact-2040-strategy>
- ²Deloitte. (2024). *Impact of the COVID-19 pandemic on Healthcare Systems?* Deloitte. Retrieved from: <https://www2.deloitte.com/fr/fr/pages/covid-insights/articles/impact-covid19-healthcare-systems.html>
- ³Government of Ontario. (2024). *Ontario Health Teams*. Ontario Health. Retrieved from: <https://www.ontario.ca/page/ontario-health-teams>
- ⁴Environics Analytics. (2023). *DemoStats 2023 Map*. Retrieved from: <https://en.environicsanalytics.com/Envision/About/1/2023>
- ⁵City of Brantford. (2021). *Demographic and Census Information*. Advantage Brantford. Retrieved from: <https://www.advantagebrantford.ca/en/data-centre/demographic-and-census-information.aspx#Demographic-Snapshot>
- ⁶Government of Canada. (2023). *Census Profile, 2021 Census of Population Profile Table*. Statistics Canada. Retrieved from: <https://www12.statcan.gc.ca/censusrecensement/2021/dppd/prof/details/page.cfm?Lang=E&SearchText=Brantford&GENDERlist=1%2C2%2C3&STATISTIClist=1&DGUIDlist=2021A00053529006&HEADERlist=0>
- ⁷The Canadian Encyclopedia. (2020). *Six Nations of the Grand River*. Retrieved from: <https://www.thecanadianencyclopedia.ca/en/article/six-nations-of-the-grand-river#:~:text=The%20reserve%2C%20legally%20known%20as,of%20whom%20live%20on%2Dreserve.>
- ⁸The Canadian Encyclopedia. (2022). *Mississaugas of the Credit First Nation*. Retrieved from: <https://www.thecanadianencyclopedia.ca/en/article/mississaugas-of-the-credit-first-nation>
- ⁹Government of Ontario. (2022). *Ontario Population Projections*. Retrieved from: <https://www.ontario.ca/page/ontario-population-projections>
- ¹⁰Ontario Health. (2024). *eReport Portal: Indicator Inventory*. Retrieved from: <https://ereport.ontariohealth.ca/>
- ¹¹Brant County Health Unit. (2024). *Brant/Brantford Opioid Information System*. Opioid Surveillance. Retrieved from: <https://bchu.org/statistics-and-reports/opioid-surveillance/>
- ¹²Office of the Premier. (2020). *Province Approves 13 New Ontario Health Teams*. Government of Ontario. Retrieved from: <https://news.ontario.ca/en/backgrounder/59250/province-approves-13-new-ontario-health-teams>

- ¹³Brant County Health Unit. (2023a). *Demographic and Socio-Economic Profile of Brant Residents*. Retrieved from:
<https://bchu.org/wp-content/uploads/2023/07/Census-Report-2021-Final-Updated-Copy-FINAL.pdf>
- ¹⁴Brant County Health Unit. (2023b). *Opioid-Related Fatalities in Brant: 2018-2022*. Retrieved from:
https://bchu.org/wp-content/uploads/2023/09/Opioid-Related-Mortality-Brant-Summary-Report-2018-2022_Final_August-29-2023-LE.pdf
- ¹⁵Brant County Health Unit. (2023c). *Food Affordability in Brant*. Retrieved from:
https://bchu.org/wp-content/uploads/2023/11/Food-Affordability-in-Brant-2023-Report_final-draft_v7.pdf
- ¹⁶Brant County Health Unit. (2024). *Reproductive and Maternal Health: Current Status and Trends in Brant*. Retrieved from:
<https://bchu.org/wp-content/uploads/2024/03/Reproductive-and-maternal-health-V8-Final.pdf>
- ¹⁷Indigenous Services Canada. (2018). *Registered Indian Population by Sex and Residence, 2018*. Retrieved from:
https://www.sac-isc.gc.ca/DAM/DAM-ISC-SAC/DAM-STSCRD/STAGING/texte-text/registered_indian_population_2018_1633443124069_eng.pdf
- ¹⁸Ontario Health. (2024). *First Nations, Inuit, Métis and Urban Indigenous Health Framework*. Retrieved from:
<https://www.ontariohealth.ca/about-us/our-programs/provincial-equity-indigenous-health/indigenous-health-equity-coordination/indigenous-health-framework>

Appendix

Ontario Hospitals: Strategic Plans

Ontario Health Central

Stevenson Memorial Hospital: [Stevenson HSP-PDF-Final-Novideos.pdf \(stevensonhospital.ca\)](#)

Royal Victoria Regional Health Centre: [2021-RVH-Strategic-Plan-Refresh-FINAL.pdf](#)

William Osler Health System: [Health | Ontario | William Osler Health System Strategic Plan 2019-24 \(oslerstrategicplan2019-24.ca\)](#)

Collingwood General and Marine Hospital: [G&M Strat Plan 2022.pdf \(cgmh.on.ca\)](#)

Muskoka Algonquin Healthcare: [Muskoka Algonquin Healthcare Strategic Plan \(mahc.ca\)](#)

Oak Valley Health: [Strategic Plan 2024–2029 \(oakvalleyhealth.ca\)](#)

Georgian Bay General Hospital: [Strategic Plan Booklet 23-30 \(gbgh.on.ca\)](#)

Trillium Health Partners: [Trillium Health Partners 10 Year Strategic Plan Short Version](#)

Southlake Regional Health Centre: [2019-2023-southlake-strat-plan-spreads.pdf](#)

Halton Healthcare Services Corporation: [Strategic Plan - Halton Healthcare](#)

Headwaters Health Care Centre: [2024-29 StrategicPlan Booklet FINAL-2-WEB-NoCrops-Spreads.pdf \(headwatershealth.ca\)](#)

Orillia Soldiers' Memorial Hospital: [Our Strategic Plan - Soldiers' Memorial Hospital \(osmh.on.ca\)](#)

Waypoint Centre for Mental Health Care: [2020 Strategic Plan Eng PDF-compressed.pdf \(civiclive.com\)](#)

Mackenzie Health: [mh-strategic-plan-guide-booklet_fnl.pdf \(mackenziehealth.ca\)](#)

Ontario Health East

Glengarry Memorial Hospital: [HGMH-Strategic-Plan---2023-2028.pdf](#)

Almonte General Hospital: [Almonte General Hospital - Strategic Plan \(agh-fvm.com\)](#)

Arnprior and District Memorial Hospital: [Strategic Plan – Arnprior Regional Health](#)

St. Francis Memorial Hospital: [Excellent Care for All Act - St. Francis Memorial Hospital \(sfmhosp.com\)](#)

Quinte Health: [Quinte-Health-Strategy-Booklet.pdf \(quintehealth.ca\)](#)

Brockville General Hospital: [Strategic Plan - Brockville General Hospital](#)

Campbellford Memorial Hospital: [Strategic Priorities - 2022-2027 \(cmh.ca\)](#)

Carleton Place and District Memorial Hospital: [Carleton Place - Our Strategic Plan \(carletonplacehospital.ca\)](#)

Northumberland Hills Hospital: [Strategic Plan Framework FINAL \(nhh.ca\)](#)

St. Joseph's Continuing Care Centre: [Strategic Plan 2022 GOALS - EN \(sjccc.ca\)](#)

Cornwall Community Hospital: [CCH Strat Plan 2022_2027.indd \(cornwallhospital.ca\)](#)

Deep River and District Health: [2023-2027-DRDH Strategic Plan.pdf](#)

Haliburton Highlands Health Services Corporation: [Strategic Plan \(hhhs.ca\)](#)

Hawkesbury and District General Hospital: [HGH_2020-24_StrategicPlan.pdf](#)

Kemptville District Hospital: [Our Strategic Plan - KDH](#)

Kingston Health Sciences Centre: [Our strategy for Transforming care, together | KHSC Kingston Health Sciences Centre \(kingstonhsc.ca\)](#)

Providence Care Centre: [Strategic Plan 2018-2023 - Providence Care Kingston Ontario](#)

Ross Memorial Hospital: [rmh-strategic-plan-brief-2023-final-web](#)

Lennox and Addington County General Hospital: [LACGH Strategic Plan - 2021-24 \(napanee.on.ca\)](#)

Lakeridge Health: [LH---Strat-Plan-V11---Final.pdf \(lakeridgehealth.on.ca\)](#)

Children’s Hospital of Eastern Ontario: [CHEO's Strategy: 2024-2029 - CHEO](#)

Queensway-Carleton Hospital: [QCH TRUE NORTH STRATEGIC PLAN - 2023 TO 2028](#)

University of Ottawa Heart Institute: [Our Strategic Plan | University of Ottawa Heart Institute](#)

Bruyere Continuing Care Inc: [Bruyère - Strategic Plan \(bruyere.org\)](#)

Hôpital Montfort: [Faire des choix stratégiques pour 2024-2028 | Montfort \(hopitalmontfort.com\)](#)

The Ottawa Hospital: [TOH Strategic Plan: 2023 and Beyond \(ottawahospital.on.ca\)](#)

Royal Ottawa Health Care Group: [Our Strategic Priorities | The Royal](#)

Pembroke Regional Hospital Site: [Pembroke - Strategic Plan \(pemreghos.org\)](#)

Marianhill – Complex Continuing Care Site: [mh-strategic-plan-04.pdf \(marianhill.ca\)](#)

Peterborough Regional Health Centre: [Strat-Plan-Report-2024-Final.pdf \(prhc.on.ca\)](#)

Renfrew Victoria Hospital: [RVH Strategic Plan 2021-2026.pdf \(renfrewhosp.com\)](#)

Perth and Smiths Falls District Hospital: [Staff Strat Plan Jun 2023 \(psfdh.on.ca\)](#)

Ontario Shores Centre for Mental Health Sciences: [Strategic Plan | Ontario Shores Centre for Mental Health Sciences](#)

Winchester District Memorial Hospital: [Winchester - Strategic Plan \(wdmh.on.ca\)](#)

Ontario Health North East

North Shore Health Network: [2024-2026 Strategic Plan — North Shore Health Network \(nshn.care\)](#)

Services De Sante De Chapleau Health Services: [Strategic Plan_EN_2020-2024.pdf \(sschs.ca\)](#)

St. Joseph's General Hospital: [SJGHEL-Strategic-Plan.pdf](#)

Espanola General Hospital: [Integrated Strategic Plan 2020-2025 \(espanolaregionalhospital.ca\)](#)

Hôpital Notre-Dame Hospital: [Strategic Plan - HND - 5 mars 2024 \(ndh.on.ca\)](#)

Sensenbrenner Hospital: [Our Organization | Sensenbrenner Hospital \(senhosp.ca\)](#)

Blanche River Health: [strategic-plan.pdf \(blancheriverhealth.ca\)](#)

Manitoulin Health Centre: [Strategic Plan \(mhc.on.ca\)](https://mhc.on.ca)

Santé Manitouwadge Health: [SMH - Mission, Vision & Values](#)

Mattawa General Hospital: [Strategic Plan \(mattawahealth.ca\)](https://mattawahealth.ca)

Weeneebayko Area Health Authority (WAHA): [WAHA Strategic Plan – Weeneebayko Area Health Authority](#)

Temiskaming Hospital: [Strategic Plan Temiskaming Hospital 2022-2027 FINAL \(temiskaming-hospital.com\)](https://temiskaming-hospital.com)

North Bay Regional Health Centre: [StrategicPlan_0822_Final.pdf \(nbrhc.on.ca\)](https://nbrhc.on.ca)

West Parry Sound Health Centre: [Strategic Plan \(wpshc.com\)](https://wpshc.com)

Sault Area Hospital: [StratPlan-2022-Final-Booklet-Web.pdf \(sah.on.ca\)](https://sah.on.ca)

Smooth Rock Falls Hospital: [ENGLISH \(srfhosp.ca\)](https://srfhosp.ca)

West Nipissing General Hospital: [Strategic Plan 2019-2024 – West Nipissing General Hospital \(wngh.ca\)](https://wngh.ca)

Health Sciences North: [HSN 2018 StratPlanBooklet EN digi Vf2.pdf \(yourhsn.ca\)](https://yourhsn.ca)

St. Joseph's Continuing Care Centre of Sudbury: [Strategic Plan – St. Joseph's Continuing Care Centre \(sjccc.ca\)](https://sjccc.ca)

Timmins And District General Hospital: [2022-2027 Strategic Plan - FINAL \(tadh.com\)](https://tadh.com)

Lady Dunn Health Centre: [Lady Dunn Health Centre > About Us > Strategic Plan \(ldhc.com\)](https://ldhc.com)

Ontario Health North West

Atikokan Health and Community Services: [Strategic-Plan-Final-Community-Living-Atikokan-March-14-2022.pdf \(cl-atikokan.ca\)](https://cl-atikokan.ca)

Dryden Regional Health Centre: [drhc_stratplan_final.pdf](https://drhc.on.ca)

Geraldton District Hospital: [new-strategic-plan-2018-2022-english.pdf \(geraldtondh.com\)](https://geraldtondh.com)

Lake-Of-The-Woods District Hospital: [Strategic Plan - Lake of the Woods District Hospital \(lwdh.on.ca\)](https://lwdh.on.ca)

North of Superior Healthcare Group: [strategic-plan-final--5-.pdf \(nosh.ca\)](https://nosh.ca)

Red Lake Margaret Cochenour Memorial Hospital: [Red Lake Margaret Cochenour Memorial Hospital Strategic Plan Summary 2020-2023.pdf \(redlakehospital.ca\)](https://redlakehospital.ca)

Nipigon District Memorial Hospital: [Nipigon District Memorial Hospital - \(ndmh.ca\)](https://ndmh.ca)

Sioux Lookout Meno-Ya-Win Health Centre: [MVV-Strategic-Plan-2019-WEB.pdf \(slmhc.on.ca\)](https://slmhc.on.ca)

St. Joseph's Care Group: [Strategy & Action \(sjcg.net\)](https://sjcg.net)

Thunder Bay Regional Health Sciences Centre: [» Strategic Plan 2026 \(tbrhsc.net\)](https://tbrhsc.net)

Ontario Health Toronto

Humber River Health: [Strategic Plan - Humber River Health \(hrh.ca\)](https://hrh.ca)

North York General Hospital: [NYGH-Strategic-Plan-2020-2025_compressed_compressed-1.pdf](https://nygh.on.ca)

Unity Health Toronto: [Strategic Plan - Unity Health Toronto](https://unityhealthtoronto.ca)

Baycrest Hospital: [Baycrest - Baycrest Strategic Plan 2018-2023 \(uberflip.com\)](https://uberflip.com)

The Hospital for Sick Children: [SK2025_Full-strategic-plan.pdf \(sickkids.ca\)](#)

Holland Bloorview Kids Rehabilitation Hospital: [Transformative Care, Inclusive World: Holland Bloorview 2030](#)

Runnymede Healthcare Centre: [Strategic Plan - Runnymede Health Care \(runnymedehc.ca\)](#)

The Salvation Army Toronto Grace Health Centre: [Toronto Grace's Strategic Plan 2020-23 - Toronto Grace Health Centre](#)

Toronto East Health Network – Michael Garron Hospital: [mgh_strategic_plan_2023-25_-_final_-_print_layout.pdf \(tehn.ca\)](#)

Women’s College Hospital: [2018-2022 Strategic Plan | Women's College Hospital \(womenscollegehospital.ca\)](#)

Casey House: [Casey House Impact 2020](#)

Sinai Health System: [Strategic Plan 2023-2028 \(sinaihealth.ca\)](#)

University Health Network: [A Healthier World - Strategic Plan \(uhn.ca\)](#)

Sunnybrook Health Sciences Centre: [Sunnybrook Strategic Plan - 2021-25 - Sunnybrook Hospital](#)

Centre for Addiction and Mental Health: [Connected CAMH | Strategic Plan 2024-2030](#)

Scarborough Health Network: [Strategic Plan 2024-2029 – Scarborough Health Network \(shn.ca\)](#)

Ontario Health West

Joseph Brant Hospital: [JBH-Strategic-Plan-2023-2026.pdf \(josephbranthospital.ca\)](#)

Cambridge Memorial Hospital: [cmh_2022_strategic_plan.pdf](#)

Chatham – Kent Health Alliance: [Strategic Action Plans | Health Alliance \(chathamhealthalliancenc.org\)](#)

Haldimand War Memorial Hospital: [Strategic Plan 2019-22 draft 9 - FINAL \(hwmh.ca\)](#)

South Huron Hospital: [Strategic Plan 2022-2025.pdf \(shhf.on.ca\)](#)

Wellington Health Care Alliance: [FINAL Strategic Plan 2023-2028 \(whca.ca\)](#)

Alexandra Marine and General Hospital: [Microsoft PowerPoint - HHS Strategic Plan 2023-2026 \(amgh.ca\)](#)

Guelph General Hospital: [GGH_StratPlan_FullBook_v5_web_Spreads-1.pdf \(gghorg.ca\)](#)

St. Joseph’s Health Centre Guelph: [Our Current Strategic Plan - St. Joseph's Health Centre Guelph \(sjhcg.ca\)](#)

West Haldimand General Hospital: [WHGH-Strategic-Plan-2018.pdf](#)

St. Joseph’s Healthcare Hamilton: [strategic-plan_full-plan-booklet-final_update-jan-2020.pdf \(stjoes.ca\)](#)

Hamilton Health Sciences Corporation: [Our Organization - Hamilton Health Sciences](#)

Hanover and District Hospital: [2020-2025 Strategic Plan - Final.pdf \(hanoverhospital.on.ca\)](#)

Alexandra Hospital: [2020-2023 Strategic Directions | Alexandra Hospital Ingersoll](#)

St. Mary’s General Hospital: [St. Mary's General Hospital Strategic Plan 2021-2026 \(smgh.ca\)](#)

Grand River Hospital Corporation: [Strategic Plan 2021 - 2025 | Grand River Hospital \(grhosp.on.ca\)](#)

Erie Shores Healthcare: [Strategic plan 1-Pager.pdf \(erieshoresfht.ca\)](#)

Listowel Wingham Hospital Alliance: [Our Strategic Organizational Plan - Listowel Wingham Hospital Alliance \(lwha.ca\)](#)

St Joseph's Health Care London: [St. Joseph's Strategic Plan \(reach-connect-innovate.care\)](#)

London Health Sciences Centre: [Strategic Plan | LHSC](#)

Brightshores Health System: [GBHS-Strategic-Plan-2023_2025.pdf \(brightshores.ca\)](#)

Bluewater Health: [Strategic Plan 2021-2026 | Bluewater Health](#)

Norfolk General Hospital: [NGHStrategicPlan2018_web.pdf](#)

Hôtel-Dieu Shaver Health and Rehabilitation Centre: [2020-2025HDSStrategicPlan.pdf \(hoteldieushaver.org\)](#)

Niagara Health System: [NHStrategicPlan_Jan162023.indd \(niagarahealth.on.ca\)](#)

St. Thomas-Elgin General Hospital: [Strategic Plan – St. Thomas Elgin General Hospital \(stegh.on.ca\)](#)

Huron Perth Healthcare Alliance: [HPHA CtoC D5.indd](#)

Middlesex Hospital Alliance: [MHA-Strategic-Plan-Refresh-2019-22-1.pdf \(mhalliance.on.ca\)](#)

Tillsonburg District Memorial Hospital: [2020-2023 Strategic Directions | Tillsonburg District Memorial Hospital \(tillsonburghospital.on.ca\)](#)

South Bruce Grey Health Centre: [Strategic Plan – South Bruce Grey Health Centre \(sbghc.on.ca\)](#)

Hôtel-Dieu Grace Healthcare: [HDGH - Strategic Plan](#)

Windsor Regional Hospital: [WRH Strategic Plan 2021-2024](#)

Woodstock Hospital: [WH-Strategic-Plan-2020-2025-FINAL-LowRes.pdf \(woodstockhospital.ca\)](#)