Report of the Supervisor

Brant Community Health System (BCHS)

To: The Honourable Christine Elliott, Minister of Health

From: Bonnie Adamson, Supervisor

October 28, 2019

Contents

Prologue

Hospitals are fascinating, dynamic organizations, a microcosm of all the strengths and frailties of humanity. All hospitals go through life cycles where there are ups and downs of organizational performance.

Hospitals do not exist in isolation. They are impacted by every aspect of society – social, economic, cultural, environmental, and geographical. All these elements influence what happens inside these complex institutions. They serve patients suffering from a wide variety of conditions including the burden of illness in the communities from which the patients originate.

All patients seeking care for themselves or beloved family members expect and deserve health professionals to have comprehensive expertise, up-to-date skills and knowledge, and to recommend the most effective treatments. As importantly, or perhaps more importantly, patients and families remember the attitudes and sensitivities to their concerns and needs and how the experience made them feel, whether they were treated with compassion, respect and dignity or not. The patient experience is an emotional journey as well as a physical experience.

Brant Community Healthcare System (BCHS) is no exception. Patients, families and communities served by BCHS expect what all Canadians want and deserve.

In my first few days as Supervisor in September 2017 while touring the Emergency Department, the reality of "hallway healthcare" was very apparent. Rows of wheeled stretchers lined the halls and corridors, and on each was a patient with a less-than-optimal experience - all patients from the communities we pledge to serve.

As I was passing by a stretcher on which there was a male patient in obvious distress, our eyes locked and then I approached him. Before we could introduce ourselves, he said "You must be the new boss?". My reply was "I do work here". He replied "No, I recognize you from the picture in the paper".

He then shared with me his personal story: He was in his late 60s with terminal cancer and he returned to the Emergency Department the previous evening at 8 PM because his pain was intolerable. He was not seen by a physician until 5:30 AM the next day. When I met him, he had been in the hallway since he had arrived and felt ignored and disregarded.

When he asked for pain medication in the night, a nurse suggested that he take the pills he had brought from home as he kicked the bag of pills at the end of his stretcher. "I might as well have stayed home," he said.

With obvious despair and tears in his eyes – he gripped my arm and begged me to "Please fix this place".

I promised him we would do our very best.

Background and Context of BCHS

Brant Community Health System is a 295 bed, two-site system that serves a population of 254,857 in the City of Brantford, County of Brant, Six Nations of the Grand River, Mississauga's of the Credit First Nations and portions of Haldimand and Norfolk counties. The larger of the two sites is Brantford General, while the smaller is The Willett in Paris, an ambulatory care facility that hosts an urgent care centre, diabetes outpatient care, 32 transitional care beds and medical imaging facilities. With an operating budget of $195 million, BCHS has more than 2300 staff, physicians and volunteers.

BCHS is associated with McMaster University's Health Sciences program and serves as a training site. It provides regional programs for stroke, dialysis, (through St. Joseph's, Hamilton), oncology, (through the Juravinski Cancer Centre in Hamilton) and mental health. There are approximately 58,000 visits per year to the emergency department at the Brantford site and 18,000 urgent care visits at the Willett site.

Nine percent (9%) of the population served by BCHS has an indigenous heritage which is one of largest urban Indigenous populations in Canada.

In 2017, the Canadian Institute for Health Information (CIHI) released the following information regarding system performance and population health comparisons for Brantford and BCHS.

- Higher rates of hospitalization in several disease categories when compared to provincial and national rates. The rates for alcohol, cardiovascular related diseases and procedures are significantly higher in Brantford and Haldimand-Norfolk than the provincial and national rates.
- Higher than average rates of admission for ambulatory sensitive conditions. This is attributed to the lack of availability of alternative services to prevent admission.
- A population that is characterized by much higher than average rates of smoking, obesity, diabetes and heart disease.
- Highest rates of opioid hospitalization in Ontario; and the second highest in Canada.
- Highest rate in Canada for Emergency visits due to opioid poisoning.
- A 77% increase in opioid related emergency department visits between the period January to August 2018 to the same period in 2019.

BCHS has a 135-year history of providing high-quality patient care and enjoying strong community support and fiscal stability. In recent years, it suffered a significant destabilization and decline in organizational performance. This led to the appointment of an Investigator by the Ministry of Health and Long-Term Care (MOHLTC) in early 2017.

Appointments of Investigator and Supervisor

On February 21, 2017, the Minster of Health and Long-Term care appointed Dr. Tim Rutledge, who was then the CEO of North York General Hospital, to "review the hospital's operations and ensure it is

delivering the best possible care to patients and families in the region". Dr. Rutledge submitted his report on June 28th, 2017. It is accessible at:

http://www.health.gov.on.ca/en/news/bulletin/2017/docs/BCHS_Investigator_Report_June_2017_FINAL.pdf

The report contained 65 recommendations relating to the leadership, governance, financial management, culture and operations of BCHS. I found his report and recommendations, referenced above, to be correct, in that they clearly identified the challenges of the organization. All recommendations have been addressed, resulting in multiple required changes.

The first recommendation was that "The Lieutenant Governor in Council should appoint a Supervisor for Brant Community Healthcare System with the full powers of a Supervisor under the Public Hospitals Act of Ontario". On August 31, 2017, through an Order-in-Council, I was appointed Supervisor "to address management and governance concerns and improve hospital operations". The appointment was announced September 5, 2017 in a news release by the MOHLTC (Appendix A).

Assessment on Arrival

One initial step to address the chaos in the organization was to focus on the issues and problems identified by the Investigator. As well, listening and learning about the current state from multiple internal and external stakeholders were critically important activities and set the stage for strategic leadership in partnership with key stakeholders.

Multiple urgent, long-standing issues required immediate attention simultaneously. There was a serious blaming toxic culture with a widespread lack of accountability in addressing serious patient care issues including clinical and staff risk issues. Serious mistrust and fear were very evident in conversations and behaviours. An authoritarian leadership style was very common. A lack of strategic investment in administrative systems resulted in lack of reliable data sets for decision-making. As well, a mismatch of skills and experience in many roles, and talent deficits in key roles existed resulting from a dramatic reduction in staffing during previous years.

A multi-year historical financial deficit existed including large bank loans, large working capital deficits and cash advances from the MOHLTC being used to support the operations of BCHS. A very old and overcrowded physical plant in much of the Brantford General site required significant investment to meet current standards. Capital development and redevelopment have occurred in some clinical areas over the last two decades. Prior to Supervision, BCHS entered into a long-term debt financing arrangement to upgrade the energy plant and improve energy efficiency. It was clear that the long-standing budget challenges and huge debt would be a barrier to the advancement of the significant organizational transformation ahead.

On the positive side, despite this 'broken system' and a long history of challenges, most staff, physicians, volunteers and community members were very welcoming, hopeful for a positive future and most willing to be part of a 'renewal team' moving forward.

Supervisory Highlights and Ongoing Challenges

BUILDING AN EFFECTIVE GOVERNANCE AND MANAGEMENT TEAM

A new 12-member competency-based Board has been appointed reflecting a diversity of skills and expertise, including representation from indigenous communities, and the ability to operate independently from management. The Board served in an advisory role for 10 months and was engaged in a comprehensive ongoing orientation and education equipping them to oversee management effectively and discharge oversight of the hospital's performance. This education has included Board's oversight obligations in respect to HAPS and HSAA and hospital performance metrics. Continuing education regarding all aspects of governance fiscal accountability and risk management will be the initial components of ongoing board development.

The Board is adopting a governance model and a governance balanced scorecard with governance metrics to ensure that governance versus management accountabilities are clear and monitored on a regular basis. A comprehensive system of evaluation of Board activities is in place.

The corporation now has in place by-laws, governance charters and policies consistent with best practices in the industry, including robust workplace safety and whistleblower policies. In addition, there are robust Chief Executive Officer and Chief of Staff review processes and an enterprise risk management program that has been implemented and continues to evolve.

A new corporate traditional management structure with clarity in role accountabilities has been implemented replacing the former value stream lean methodology framework across the organization. A major renewal of administrative structures/processes/systems continues. Medical staff leadership roles have been redesigned to align with administrative roles with clear accountabilities.

An Interim President and CEO, Dr. Glenn Bartlett was appointed from September 2017 until September 2018. The new President and CEO, Dr. David McNeil, assumed his role in December 2018. Since his appointment, David has demonstrated strong collaborative leadership with positive feedback from internal and external stakeholders. The appointments of appropriately qualified individuals in permanent senior management roles continue.

Dr. McNeil and senior team continue to address ongoing human resources challenges including staff shortages, overtime management, high sick time, talent recruitment /retention, and ensuring right competencies exist at all levels of management.

An information reporting system with metrics has been designed and implemented. This ensures appropriate flow of information at all levels of organization. This new system allows the Board to receive sufficiently detailed reports, thereby providing the directors the information required to make informed governance decisions.

REFOCUSING BCHS FROM CRISIS-DRIVEN TO STRATEGY-DRIVEN

I. Initial Two-Year Strategy Map

In the first few weeks of Supervision, an iterative process was undertaken with all internal stakeholders resulting in the design and approval of a two-year patient and family centred strategy map. The purpose of the strategy map was to provide a common focus to guide and align actions, decisions, activities and behaviours to focus on the needs of patients and families. It was purposefully implemented to shift energy and attention away from the continuing crises to the core business of the organization.

The set of strategic directional statements on the one-page strategy map includes the vision “to create together a sustained high-quality, safe patient and family-centred system of care with a laser focus on exceptional patient experiences supported by healthy workplace environment”, mission, strategic goals, enablers to achieve stated direction and a renewed set of values.

The naming of the strategy “Where Patients Come First “resulted from a request for suggestions and was chosen from input of a front-line staff member.

II. Comprehensive Strategic Planning Process

The 2020-2025 strategic planning process is underway and is led by a steering committee of 33 community, hospital, academic, local and regional partner agencies, Indigenous community members, Patient and Family Advisors and physicians.

Extensive consultation which includes electronic brainstorming sessions, speaker series, focus groups, mobile kiosk, both inside the hospital and externally in communities, is capturing critically important and exciting information from various stakeholders. Examples of informative feedback include positive support for the changes at BCHS, including the new leadership and clinical improvements, strong confidence in the direction BCHS is moving and supportive recommendations for further change.

The target date for the completion of this exercise is February 2020.

COMMENCING THE SUCCESSFUL ONGOING CULTURE/LEADERSHIP TRANSFORMATION

A multi-year culture/leadership transformation was initiated in early 2018. Based on a staff/ physician/ volunteer survey, a desired culture shift from a toxic environment of historical and deeply entrenched fear, anger, blaming and mistrust to a team-based trusting, respectful, accountable, compassionate and collaborative culture with people-centred leadership competencies was identified. All hospital and medical leaders were invited to participate as a learning community in 10 leadership development sessions designed to shift the culture. Consistent high attendance occurred, and very positive evaluation was received at each session.

An assessment tool was designed to measure job satisfaction, engagement, professional development support, organizational and safety culture and views regarding future transformation. The questions were pulled from a variety of evidence-based tools and sources. These themes helped to give insights into the shifts of desired culture and leadership style to impact the transformation of BCHS.

This survey was administered at the beginning of the series of educational session (2018) to provide baseline data and again a year later. The one-year evaluation with a 40% response rate indicated a positive shift had occurred in areas of job satisfaction, engagement, collaboration, organizational safety and culture with the greatest improvement in the physician group.

Cultural/leadership transformation is a key enabler in achieving the strategic direction of an organization. Practicing the new behaviours consistently by all leaders is a critical success factor. For example, the approach to the current strategic planning process has been designed based on culture /leadership transformation strategies such as engagement, empowerment, trust building, teamwork, collaboration, compassionate leadership, transparency, and authenticity.

This important lever for change needs to continue for many years supported by specialized change leadership expertise.

The Board orientation included a strong focus on building a team-based patient and family focused accountable Board culture. Adopting the same template of leadership and cultural characteristics was a high priority for the Board in order to role model and "set the tone" for the organization.

ONGOING FISCAL CHALLENGES

BCHS has experienced serious fiscal challenges for many years. The current fiscal situation remains tenuous. Managing inherited debt and the burden of replacing aging equipment and infrastructure sets the stage for great difficulty in achieving long term financial sustainability.

Prior to supervision, BCHS experienced a significant deterioration in its financial performance with five consecutive years of annual deficits and a deteriorating working capital position. After significant analyses and implementation of focused financial strategies, BCHS is on target to achieve the approved 2019/20 operating budget and a balanced position at the HSAA level in fiscal 2020/21.

At the fourth quarter of 2018/19 fiscal year, the BCHS benchmark was the 50th percentile overall. To achieve the fiscal targets for fiscal 2019/20 and fiscal 2020/21 at HSAA level, BCHS is eliminating FTE positions. This is being done without service reductions. Balancing to the bottom line in 2020/21 would require further reduction of FTE positions. This would impact both direct services and service supports.

BCHS has a very large accumulated working capital deficit and long-term debt with a significant annual debt repayment. BCHS currently relies on cash advances from the MOHLTC annually. Balancing and achieving required surpluses will be extremely difficult due to the multitude of other significant resource requirements. Any surplus will be minimal.

BCHS' working capital position continues to deteriorate, and the organization will continue to rely on cash advances. This critical issue requires ongoing attention.

New annual budgeting processes with a clear accountability system, strong financial expertise, reliable financial data and an approved multi-year recovery plan are now in place.

Urgent capital equipment replacement and essential capital repairs in very old buildings remain an ongoing pressure. Additionally, the BCHS information technology infrastructure is dated. These critical issues require ongoing attention.

Due to the historical context and current and future pressures, BCHS will continue to rely on bank loans, lines of credit and Ministry of Health (MOH) cash advances on a long-term basis, given current levels of funding and significant working capital deficit. BCHS will experience a long, slow recovery.

Investments in the community care system would enhance patient flow inside the hospital and thereby expedite improvements in the long-term financial and operational sustainability of BCHS.

CONTINUING CLINICAL CARE/SAFETY IMPROVEMENTS

Urgent clinical risk situations in inpatient mental health continue to be addressed. The approval by the Ontario Government of capital investments for safety renovations in the Schedule 1 mental health inpatient area has been critically important in advancing higher levels of patient and staff safety. These funds are greatly appreciated and will make a significant difference. This is an interim solution.

Urgent clinical risk situations in the Emergency Department, with patients in hallways and overcrowding, have been partially mitigated with organizational and physical plant changes, but serious ongoing concerns continue. The Phase 1 Emergency Department capital project is at Stage 2 of the MOH capital planning process and the BCHS Foundation continues to raise the required local share for this capital project. The City of Brantford Council has committed significant funds to the Emergency Redevelopment and work is underway with Brant County to secure an additional commitment. The redevelopment of the Emergency Department is critical.

There remains an urgent need to move forward with a full capital redevelopment of the very old Brantford site to create an appropriate physical environment for mental health, emergency care and other inpatients cared for at BCHS. The master planning process for the capital redevelopment is underway.

Rebuilding a data-based comprehensive system to measure quality, patient safety, integrated risk management, utilization and patient experience has taken time and BCHS is well on the way to improvements in this regard. The assistance of Health Sciences North in Sudbury has been extremely valuable in moving BCHS forward in benchmarking financial and other areas of operational performance with peers.

A CEO Patient Family Advisory Council has been implemented to provide a mechanism for the patient voice. The advisors are embedded into accreditation teams, projects and involved in the design of key patient facing processes such as the patient relations/complaint process, patient values and patient safety plan. Improvement work is ongoing in the areas of pressure injury prevention, falls prevention, hand hygiene and infection control. The Board is monitoring the Quality Improvement Plan and key quality indicators.

ADDRESSING PATIENT FLOW CHALLENGES

Ongoing patient flow and utilization of inpatient resources continue to be a challenge. Demand for care continues to increase. Utilization and performance measures for inpatient care are improving. BCHS is demonstrating improvements in all dimensions of quality but continues to struggle with several indicators related to access to care. Emergency Department access measures show mixed results.

Emergency volumes continue to increase at a rate of 3% per year with 86% of patients presenting with Canadian Triage Acuity Scores (CTAS) of CTAS 1 to CTAS 3. The "See and Treat" room in the Emergency Department was created in adjacent space and now triages 40% of Emergency volume from the main department daily. More recently, an emergency room physician scheduling software has been implemented to better match patient demand with physician resource requirements.

Several flow improvements have been implemented including patient flow coordinators, patient navigators, daily bed meetings, and multidisciplinary bullets rounds to review plans of care and discharge plans. Other changes to improve flow include the implementation an internal medicine admission model, surge protocols, medical directives, order sets and expansion of the hours of operation of the CT. This is being supported by recently implemented patient flow software.

A major factor impacting flow is the number of Alternative Level of Care patients. The number of ALC patients has increased from 29 to 51 over the last two years. This is being driven primarily for patients waiting for services in the community. The number of ALC-Home patients, that is patients waiting to be discharged home, has increased from 8.7 to 26.9. Fewer patients are waiting in the hospital for a long-term care bed demonstrating a strong commitment to the Home First philosophy by the staff at BCHS and Home and Community Care.

The addition of 32 low-acuity beds with two-year funding at the Willett site in Paris has been a welcome addition to that community – although with the growing population, impact on the Emergency Department at Brantford General has been minimal.

Over the last two years there has been an 8% improvement in the acute length of stay. Despite this improvement, flow remains a significant challenge. The numbers of non-acute care patients who are occupying acute care beds continues to increase, driven by pressures from outside the hospital and by delays in accessing community-based homecare and long-term care.

Community resources to transition patients from hospital or avoid admission are lacking or insufficient. Implementation of the following strategies aimed at admission avoidance, improving length of stay and facilitating transitions will improve performance and patient and family experiences:

- Integrated Chronic Disease Management Program
- Medical Day Care Expansion
- Community Paramedicine Expansion
- Transitional Nursing and Virtual Care

- Long Term Care Outreach Expansion

BCHS does not have resources to implement these changes. If in place, these key enablers would enhance care across the hospital/community system as collaboration between community partners, primary care would improve patient flow across the system and enable BCHS to better utilize its current resources.

TRUST-BUILDING WITH INDIGENOUS COMMUNITIES

The historically strained relationships with the local Indigenous communities have improved through more inclusiveness, increased communication, collaboration and joint planning. A readiness exists with all parties to learn, partner and co-design change in order to improve the experience of Indigenous patients and families, understand their unique needs and accommodate cultural rituals. This priority has been addressed in several ways:

- BCHS has two Indigenous Board members from the Mississauga's of the Credit and Six Nations.
- A Board meeting was held at Woodland Cultural Centre to learn about the history of Residential School in Brantford.
- A significant amount of education has occurred and continues at all levels to promote, understand and provide culturally safe care.
- Committee structures for relationship building and planning have been introduced:
  - ✓ CEO Patient and Family Advisory Committee with Indigenous membership
  - ✓ The Indigenous Patient Experience Committee/ Indigenous Cultural Safety Committee with members from BCHS and the Indigenous communities having achieved the following outcomes: a renewed wayfinding display including the wampum belt, mental health brochures, Indigenous experience and supports document, Indigenous solidarity and relationship building day, renewed smudging policy, a drumming group at BCHS and coordination with diabetes education program.
  - ✓ The committee's current focus is to create a culturally safe place for Indigenous patients and their families with annual goals to provide cultural safety education to all staff and physicians over time.
  - ✓ Membership on Strategic Planning Steering Committee from both communities.
  - ✓ BCHS is working with its indigenous communities towards developing land recognition statements.
- Other changes to recognize, respect and learn about Indigenous heritage include dedicated physical space to accommodate cultural practices, a specific area in the Emergency Department in the Stage 2 capital planning submission, ongoing education and annual Indigenous celebration days.

Continuous improvement through co-designing of changes with this patient population will continue to be a priority.

IMPROVING MEDICAL STAFF RELATIONSHIPS

New physician leaders in fifty percent of medical departments have been appointed over the last two years. Administrative dyads between Department Chief/Medical Director and a hospital administrative Director have fostered collaboration through shared decision-making and increasing trusting relationships. The Medical Advisory Committee is more engaged with senior leadership and the Medical Staff Association is more engaged and collaborative. Physician leadership development, medical department relationships/ teamwork and medical quality improvement program are areas of ongoing development.

CONTINUING INTEGRATION AND PARTNERSHIPS

BCHS has had formal partnership agreements for Integrated Care (2016) and Dialysis Care with St Joseph's in Hamilton (2014) , the Juravinski Cancer Clinic since 1996 and is now exploring opportunities for a more integrated model of Mental Health with St Joseph's in Hamilton and rural and community partners.

- BCHS and St. Leonard's have formed a unique partnership to open and operate a combined Withdrawal Management and Residential Treatment Facility in Brantford which began receiving patients on September 23, 2019. Together these two organizations have combined their resources to create a patient service that neither could do alone. It is a true integration and partnership success story.
- Opportunities to create a Regional Model for Mental Health Services are being discussed. BCHS has strong partnerships regionally and locally in Stroke Care and Palliative / End of Life Care.
- BCHS and local community providers collectively submitted a proposal to the MOH to become an Ontario Health Team (OHT). The focus of the OHT is the Mental Health and Addictions population, Dementia Care and Homelessness.
- The OHT was identified by the MOH as being in development. BCHS is providing strong leadership in moving the Ontario Health Team Model forward.
- Care of seniors has been identified as the next collaborative initiative. The incoming BCHS Board enthusiastically supports collaborative governance and system activities to advance participation in Ontario Health Teams.

Closing Comments

BCHS began a major transformation in September 2017. It is advancing strategically and operationally in an aligned direction and increasing stability is evident. The new Board and CEO are committed to leading the organization through the strategic changes ahead to ensure high-quality patient-centred care for the communities served and excellence in operational performance.

The culture is moving gradually to be more patient and family focused, collaborative and team-based, an environment driven by people-centred leadership. The collective talent, leadership and commitment are increasing steadily to achieve a sustained transformation. The front-line staff and physicians are an asset and the community can be confident in the quality of care provided at BCHS.

The foundational elements needed to build a high-performing organization are being put in place, but a key barrier is the tenuous fiscal health of BCHS. Progress in the operating budget performance has been accomplished but significant continuing demands for multiple areas of investment exist. The serious multi-faceted financial challenge requires ongoing attention by the hospital and government.

The magnitude and frequency of urgent issues to be addressed and the scope of change required to stabilize BCHS have required collective leadership from staff, physicians and volunteers inside the organization and from key external healthcare agencies, government partners, community members and Indigenous communities. This collaborative leadership across the healthcare system is commended and is critically important for ongoing success.

A sincere thank you to the Minister of Health, Ministry of Health staff and the Hamilton Niagara Haldimand Brant Local Health Integrated Network for their continuous support.

Thank you to the City of Brantford, Mississauga's of the Credit First Nations, Six Nations of the Grand River and the County of Brant including the Paris community for your support of your community hospital.

A genuine thank you to the frontline staff, leaders, physicians, and volunteers for their commitment and hard work to rebuild their hospital. Although many financial challenges remain, significant progress has been made in improvements in the operating budget of BCHS. The goal of a balanced operating position at the HSAA level in 2020/2021 fiscal year will require ongoing teamwork and focus.

As well, I extend sincere appreciation to Dr. Glenn Bartlett, the Interim President and CEO. His leadership, wisdom and expertise made an important difference and were greatly appreciated.

Finally, I thank and commend the new Board of Directors, Board Chair Paul Emerson and Dr. David McNeil, President and CEO, for accepting the BCHS leadership opportunity with great enthusiasm as they lead the continuing journey.

With committed leadership by all in the pursuit of excellence of the common goal of "Where Patients Come First", I am confident that success in the ongoing renewal of BCHS will continue in the months and years ahead.

Epilogue

To the dear patient I met on the stretcher in the Emergency Department in September 2017:

I want to report back to you.

The team of BCHS staff, physicians, leaders and governors took up the challenge you offered and have made significant progress.

Under the leadership of Dr. David McNeil and a truly committed Board of Governors and ever-strengthening senior leadership team, the work continues to energize a new and restored organization with patients at the core of everything BCHS does.

Despite ongoing challenges, patient and family centred care improvements are made day by day. Your plea has been heard.

You are WHY we do the work we do. It is not finished. The journey continues.

Thank you for sharing your experience. We are grateful to you.

Respectfully submitted,

Bonnie Adamson

Supervisor, Brant Community Healthcare System

October 28, 2019.

Appendix A

ONTARIO APPOINTS SUPERVISOR FOR BRANT COMMUNITY HEALTHCARE SYSTEM

Province Addressing Organizational Challenges to Improve Access to Care

September 5, 2017 1:30 P.M.

Quick Facts

Ontario has appointed Ms. Bonnie Adamson as supervisor for the Brant Community Healthcare System to address management and governance concerns and improve hospital operations.

The appointment was prompted by Dr. Tim Rutledge's investigation of the hospital's operational and financial performance. He provided his final report to the Minister of Health and Long-Term Care on June 28, 2017.

As supervisor, Ms. Adamson will draw on her more than 40 years of health care leadership experience, including a previous appointment as a hospital investigator, and 25 years in senior management in both rural community and urban teaching hospital environments.

In her new role, Ms. Adamson will have the authority to exercise all of the powers of the hospital board, the corporation, its officers and employees. She will start her work immediately and report directly to the Minister of Health and Long-Term Care.

Under Ms. Adamson's supervision, all hospital programs and services will be maintained to ensure patients continue to receive quality health care Quick Facts

- Brantford General Hospital (BGH) and The Willett Hospital (TWH) in Paris, Ontario, became partners under one corporation in 1999 known as the Brant Community Healthcare System (BCHS). BGH is a full-service community hospital, while TWH houses an urgent care centre and outpatient medical imaging, among other services.
- Bonnie Adamson has held the role of President and CEO at London Health Sciences Centre, North York General Hospital, and Huron-Perth Hospital Partnership.
- Ms. Adamson holds a master’s degree in nursing administration from Western University and an undergraduate degree in nursing from the University of Toronto. She is a fellow at the Canadian College of Health Leaders and the American College of Healthcare Executives, and was recently honoured with the Chairman’s Award for Distinguished Service.
- Dr. Tim Rutledge, current President and CEO of North York General Hospital, was appointed investigator on February 15, 2017. Dr. Rutledge provided his final report to the Minister of Health and Long-Term Care on June 28, 2017.