



Campbellford Memorial Hospital

Our Best. Every Day.

REPORT TO OUR COMMUNITY

2025-2026



Land Acknowledgement

Campbellford Memorial Hospital is grateful to serve an area that for thousands of years has been, and continues to be, home for many Indigenous people.

These lands and waters were shared generously with settlers by the Michi Saagiig (Mississauga) and Chippewa Anishinaabeg Nations in what are known as the Gunshot Treaty lands of 1787/1788 and Treaty #20 signed in 1818. These agreements led to the Williams Treaty of 1923 and most recently, the Settlement Agreement of 2018. Today we are all Treaty People – as we were in the past, and as we will be in the future.

We offer our gratitude to Indigenous Nations and their Knowledge-Keepers for their continued care of these lands and for the medicines, the teachings, and the ceremonies that promote health, healing and well-being. We also acknowledge our collective responsibility for guardianship of the earth and the water, to ensure their sustainability for generations to come. May we honour and respect these teachings as we serve the community.

We take time to be present, reflect and think about how our actions can further our relationships, working always towards Truth and Reconciliation.



Message From our Board Chair and President & CEO

Our Campbellford Memorial Hospital (CMH) redevelopment journey progressed at a promising pace in 2025–26. With the capital planning grant secured and a comprehensive Clinical Services Plan and Master Program now in development, we are moving through the Ministry of Health's multi-phase process to plan and design our future Campus of Care.

Redevelopment is about more than bricks and mortar. During the planning phase, co-design with our staff, physicians, partners, and community members is a priority. Together, we are identifying what is working well today, where system pressures exist, and how we can create a new hospital that enhances care and services while remaining flexible enough to meet the needs of future generations.



2026-27 will bring another year of major steps in bringing our Campus of Care vision to life. We are thankful for the ongoing support from our engaged Board of Directors, experienced Redevelopment Team, and committed community members, municipal and provincial partners, and staff and physicians, who are all integral to shaping this once-in-a-lifetime opportunity for our community.

While we are making significant strides in our redevelopment project, we are enhancing patient care today by optimizing our existing spaces and investing in leading-edge equipment and technologies, thanks to the community's generous support of the CMH Foundation and the Auxiliary to CMH.

We are proud to share with you the **2025-26 Report to Our Community**, which captures a few of our numerous highlights and achievements from the past year and spotlights some of our exceptional teams advancing local health care in response to— and in anticipation of—our community's needs.



Carrie Hayward
Board Chair



Jeff Hohenkerk
President & CEO

Physician Assistants help improve wait times in the Emergency Department

Patients receive care sooner in the Emergency Department during its busiest hours, partly due to CMH's recent expansion of Physician Assistant (PA) coverage to seven days a week.

PAs in the CMH ED work to their full capabilities. With one ED physician on shift at a time, the PA extends the physician's care, improving wait times for patients of all acuities. They work under medical directives (from the physician) to examine patients, order tests and imaging as required, create treatment plans in consultation with the physician, and perform certain procedures, such as splinting, suturing, and incision and drainage. The PAs also conduct patient callbacks to follow up on lab tests or imaging ordered during their ED stay and to ensure appropriate follow-up is in place.



*I think our role helps the physician's mindset coming onto shift, knowing there's always going to be an extra set of hands. It makes me feel good to be able to help get someone's loved one investigated a little quicker, **shared Sarah Prodeus**, A PA in the ED since 2020.*

The ED welcomed a second PA, Shanna Lowes, in November 2025, allowing for full PA coverage.



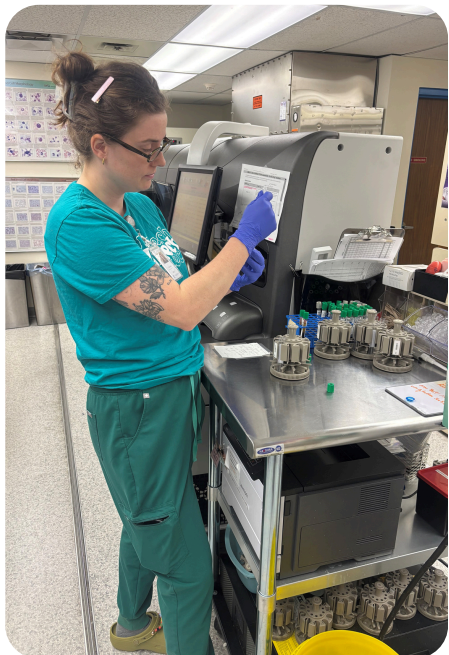
Shanna Lowes and Sarah Prodeus



*I was drawn to emergency medicine because of the variety and diversity of patient cases and populations – every day is different, **said Shanna**.*

By strengthening the ED team with PAs, CMH has been better able to manage the staffing pressures that many rural Ontario hospitals continue to face.

Laboratory Department enhances patients' access to testing and overall experience



Carley Gougeon working in the Laboratory Department

The Laboratory Department improved testing access and the overall patient experience in 2025/26 by modernizing and expanding its services, which included new vancomycin testing, interfaced ECGs, and online booking.

New in-house vancomycin testing

Vancomycin is a medication used to treat severe infections, and the Pharmacy team must closely monitor it through laboratory testing to ensure a patient's levels remain within a safe range. Previously, patient samples were sent to Peterborough Regional Health Centre for processing, with results typically available in about 8 hours, but sometimes up to 3 days. Since launching in-house vancomycin testing in November 2025, the Laboratory team has completed 65 tests with an average turnaround time of just 1 hour.



*Pharmacy has been the biggest cheerleader for this test. By getting results within the hour, they have the timely information they need to determine whether to adjust the patient's next dose, **explained Zoe Neilly, Manager, Laboratory Department.***

Modernized ECG equipment

When CMH went live with its new clinical information system, EPIC, the existing electrocardiogram (ECG) carts could not keep up with the new system, and the team had to scan every paper report and enter it into EPIC manually. It was laborious for the team and slowed down diagnostics.

With funding from the CMH Foundation, the Laboratory Department purchased two interfaced ECGs this past year, allowing lab staff to view physicians' orders electronically and confirm patient identification by scanning armband barcodes. Once completed, ECG results are sent directly to EPIC. The Laboratory team performs approximately 500 ECGs per month.



*The new ECG equipment has streamlined and modernized our services, significantly decreasing the turnaround time for cardiac testing. It also improves patient safety with the added best practice of confirming positive patient identification electronically, **said Zoe.***

Senior Friendly Care Program helps older adults stay safe and independent at home longer

To better support the community's aging population, CMH introduced the Senior Friendly Care Program to bring specialized geriatric expertise to patient care. Working across the hospital, the interprofessional team helps identify risks early, prevent functional decline, support timely discharge planning, and connect patients with community services so they can return home safely.

Cathy Galbraith joined CMH in 2024 to lead the Senior Friendly Care Program, in collaboration with the Mobility Team, Restorative Care Team, the Discharge Facilitator, the Behavioural Support Ontario RN, and the Recreation Therapist, to address the complex care needs of aging patients and improve timely access to care. When she first started, her focus was on introducing comprehensive geriatric assessments in the Emergency Department, where approximately 75% of visits are from individuals 65 years and older. The assessment helps connect each patient with the most appropriate community resources and supports, reducing the likelihood of repeat Emergency Department visits and hospital admissions.



Members of the Senior Friendly Care Team



*I very much enjoy the senior population, and it is satisfying to be able to help people stay home with the supports they need because that's where older adults want to be as long as possible, **shared Cathy**, who has previously worked with the senior population in home care, long-term care, and in the hospital setting.*

More recently, Cathy's role and the Senior Friendly Care Program have expanded to support additional senior-friendly initiatives across the hospital, including delirium awareness and prevention. Delirium is a sudden change in a person's thinking and awareness that is more common in older adults, especially during illness or in unfamiliar environments. To help address this, delirium education is now mandatory for new hires and part of annual learning for all clinical staff. Cathy and the team have also developed information tools for patients and family caregivers to help them understand how to reduce the risk of delirium and recognize early warning signs. In addition, the Mobility Team and Restorative Care Team help keep older patients moving, which can lower the risk of delirium. **(cont'd)**

Team members supporting the Senior Friendly Care Program

Alley Barrons, Physiotherapy Assistant

Kelsey Calder, Physiotherapy Assistant

Shea Desmarais, Physiotherapy

Cathy Galbraith, Access & Flow Coordinator/Senior Friendly Lead

Klarissa Hrnair, Physiotherapy Assistant

Jennifer Lacey, Discharge Facilitator

Amber Pearson, Physiotherapy Assistant

Syed Purayil, Physiotherapy

John Mark Reyes, Physiotherapy Assistant

Chantal Stapley, Physiotherapy Assistant

Caitlyn Stone, Recreation Therapist

Abby Todd, Physiotherapy Assistant

Randi Williams, BSO RN

The team has also made changes in the Emergency Department to help patients stay oriented, including installing large, easy-to-see clocks in each room and placing tabletop calendars at the bedside so patients can keep track of the day and date. They have also introduced a senior-friendly cart with reading glasses, hearing aid batteries, toiletries, and dementia-friendly activities (e.g., fidget blankets and cognitive games) to make older adults' hospital stays more comfortable.



*Ultimately, our goal is to decrease admissions and the length of stay for our older patients. Typically, seniors' length of stay is double that of other adults, and by expanding our senior-friendly initiatives, we are helping get people home sooner with a lower risk of returning to the Emergency Department, **Cathy explained.***

Renovations improve patient capacity in Day Surgery and the Inpatient Unit

In 2025, the Inpatient Unit and Day Surgery Unit renovated portions of their spaces to create a dedicated eight-bed overflow area for inpatients and to relocate the Day Surgery recovery area across from the procedure room. These changes significantly reduced disruptions to endoscopy procedures, increased inpatient capacity, and improved patient flow.



*The renovation project was particularly important in supporting quality patient care that is efficient, timely, and respectful of privacy. The dedicated spaces have allowed for better patient access by improving flow from the Emergency Department to the IPU, which decreases overall wait times for individuals seeking emergency care at CMH, **said Heather Campbell, VP, Patient Care and Chief Nursing Executive.***



The new dedicated Day Surgery recovery room

Before the renovation, the Day Surgery Unit shared a recovery space with the Inpatient Unit, including eight patient bays, to accommodate overflow admissions.



*The challenge for us was when patient surge numbers increased, our endoscopy procedures done in the Day Surgery Unit often had to be cancelled at the last minute because we didn't have the recovery space required, **explained Sarah Turner, Manager, Day Surgery Unit.***

The IPU needed the Day Surgery recovery space for overflow admissions every couple of weeks for multiple days at a time, causing disruptions for endoscopy patients. And often, it was neither ideal nor possible to share space because inpatients required isolation precautions or were immunocompromised. **(cont'd)**



*The new dedicated spaces have removed significant barriers for both our units, and by no longer sharing one space, we have enhanced our infection prevention and control practices for inpatients who are often frail, elderly, or immunocompromised, **said Amanda Wiles, Manager, Inpatient Unit.***

CMH performs approximately 1,200 endoscopy procedures annually through its Day Surgery Unit.

The dedicated overflow area with eight beds has given CMH the flexibility to improve patient flow from the Emergency Department to the Inpatient Unit without impacting patients arriving from the community for planned endoscopy procedures.

➤ Team spotlight

Diabetes Education and Nutritional Counselling empower patients with knowledge for better health outcomes



Amberley Clark and Gabby Budani

Amberley Clark, Diabetes Education Coordinator, and Gabby Budani, Registered Dietitian, did not take typical career paths to their roles at CMH, where they deliver Diabetes Education and Nutritional Counselling.

Living with type 1 diabetes for the past 33 years, Amberley knew from a young age she wanted to work in the medical field to help people like her with day-to-day diabetes management. She went on to become a Registered Nurse and a Certified Diabetes Educator, with advanced certification in insulin pump therapy education. Amberley joined CMH this past year after nearly 22 years working as a diabetes educator in industry, virtual care, and clinical settings.

As a team, Amberley and Gabby deliver the Diabetes Education Program to individuals living with type 1 and type 2 diabetes through group sessions and one-on-one consultations. For Amberley's part, she educates patients on maintaining glucose and A1C targets, optimizing medication therapy, and preventing long-term complications.

(cont'd)

Additionally, Amberley provides inpatient diabetes consultations, serves as CMH's Ontario Telehealth Network Coordinator, organizing virtual specialist appointments, and plans to lead healthcare professional education to strengthen clinical staff's diabetes knowledge and skills.



*I chose to move out of industry and come work at the hospital because I want to be face-to-face, in the trenches with people living with diabetes, just like I do. It's why I love what I do here, **shared Amberley.***

Gabby always knew she would end up as a dietitian, but first, she wanted to try her hand as a chef. For 15 years, she worked as a chef and owned a restaurant for the last four years until she decided it was time to return to school to become a Registered Dietitian. Out of school, Gabby worked two jobs: at CMH and a long-term home, and she eventually decided to focus on her work at CMH (where she's been for two years).

In addition to co-leading the Diabetes Education Program with a focus on nutrition, Gabby works on the Inpatient Unit to optimize nutrition and support healing and recovery during illness. She also provides nutrition counselling through CMH's Nutrition Clinic, helping individuals improve their overall health, manage chronic conditions, and reduce future health risks.



*My experience as a chef helps me visualize a meal so I can advise patients on what spices to use or modifications to make so the meal is healthy but also tastes good, **explained Gabby.***

Amberley and Gabby run the Diabetes Education Group monthly, and each session hosts about 10 people in person. Individuals can access one-on-one sessions for continued support and guidance after completing the education session.



*We equip individuals living with diabetes with the knowledge they need to make decisions that are the best for their health, and ultimately, decisions that will prevent complications down the road that may lead to a hospital admission. Knowledge is power, **said Amberley.***

Significant growth in medical learners helps secure long-term physician recruitment

CMH has more than doubled the number of medical learners and resident physicians it hosts over the past four academic years, as part of a key strategy to support long-term physician recruitment. In 2022–23, CMH hosted 9 learners; by 2025–26, that number increased by 144% to 22 learners.

Learner engagement remains one of CMH's most effective recruitment tools. By introducing learners to rural medicine early in their training, the Hospital is building relationships that often lead to future electives, return visits, and, ultimately, practice opportunities within the community.



This growth reflects our commitment to creating a positive learning environment and strengthening our reputation as a rural teaching site,
said Michelle Haddow, Medical Affairs Coordinator.

As part of its success, CMH continues to build and strengthen its relationship with Queen's-Lakeridge Medical School Program and other academic partners, providing learners with meaningful rural training experiences and exposure to the exceptional practice opportunities available at CMH and Trent Hills.

This year, CMH welcomed medical students, clinical clerks, and resident physicians from Queen's University, the University of Toronto, and the University of Ottawa. These learners gained valuable experience across the Emergency Department, inpatient medicine, family medicine, and other clinical services while contributing to patient care and supporting the healthcare team.



Diagnostic imaging upgrades key equipment for more timely diagnoses and treatment



Colleen Smith with the PACS

The Diagnostic Imaging (DI) Department, with support from the CMH Foundation, invested in a new portable digital X-ray unit and a shared Picture Archiving and Communication System (PACS) to enable faster access to imaging and results.

With the existing unit at the end of life, the DI Department purchased a new portable X-ray machine that connects to the clinical information system (EPIC) and the PACS for fast image review and sharing on the go. The portable X-ray unit brings diagnostic technology to the patient 24/7 and serves as a backup for the main X-ray machine during power outages.

At CMH, the team uses the portable unit for bedside imaging, such as chest x-rays for critically ill patients and for detecting fractures, dislocations, or chest injuries in trauma patients in the Emergency Department.

The new shared PACS continues to support CMH's regional partnership in the central east network, which includes Peterborough Regional Health Centre, Ross Memorial Hospital, Lakeridge Health Network, Haliburton Highlands Health, and Scarborough Health Network. The PACS is an imaging platform that allows hospitals within the network to store, access, and share medical images, giving radiologists and clinicians across different hospital sites faster, easier access to patient images for quicker results, diagnoses, and treatment.



*As a small rural hospital, we value this PACS regional collaboration to reduce costs and to help give our patients timely access to specialists in larger centres, **explained Colleen Smith, Manager, Diagnostic Imaging.***

The shared PACS is a key component to delivering better continuity of care for patients moving between specialists or hospitals in the region.

Redevelopment Team engages municipal and First Nation leaders in conversations about the future hospital

Engaging municipal leaders is an important part of the Redevelopment Team’s planning work. These conversations help keep communities informed and ensure the future hospital reflects the needs of residents across the region.

In 2026, the Redevelopment Team met with the following 14 municipal and First Nation leadership groups:

- Alderville First Nation
- Alnwick-Haldimand Council
- Asphodel-Norwood Council
- Brighton Council
- Centre Hastings Council
- Cramahe Township
- Hastings County Council
- Havelock-Belmont-Methuen Council
- Madoc Township
- Marmora and Lake Council
- Northumberland County Council
- Peterborough County Council
- Stirling-Rawdon Council
- Trent Hills Council



Community engagement session in Campbellford

The meetings have been an important opportunity to share updates on the project, discuss the long-term vision for the future Campus of Care, and answer

Hospital Redevelopment Timeline



**Future timeline subject to change*

questions from community leaders about what redevelopment means for the residents they serve.

CMH has also hosted—and continues to host—numerous Redevelopment Information Sessions where residents can learn more about the vision for a new hospital, the current stage of the planning process, and take the opportunity to ask questions and share their thoughts on the future of health care across the region.

Redevelopment Team leads the planning process for the future Campus of Care

In spring 2025, CMH received provincial approval to begin capital planning for the future hospital. The Redevelopment Team was established to lead the Ministry of Health's nine-step process and is currently completing Stage 1.2 (Step 2), focused on securing the resources and space needed to build the Campus of Care vision.

CJ Smith, Heather Leonard, and Peter Mitchell are the core members of the Redevelopment Team. They are working toward major milestones in 2026-27, including submitting Stage 1.2 to the Ministry of Health, facilitating the official transfer of land ownership (donated by Jim Curle), and preparing a re-zoning strategy.



CJ Smith,
Redevelopment
Project Manager

Redevelopment Project Manager CJ Smith oversees the full scope of the project and navigates CMH through the Ministry of Health's capital planning process.



*As part of my role, I support the broader redevelopment of the Campus of Care through planning, consultation, and due diligence work, **explained CJ**, who has worked on several hospital redevelopment projects, including Etobicoke General Hospital, Centre for Addictions and Mental Health, and West Park Healthcare Centre.*

Heather Leonard, Lead Clinical Integration & Operational Readiness, is coordinating the development of the clinical services plan, in collaboration with healthcare planning consultants, to assess CMH's current programs, identify opportunities for improvement, and reflect the community's current and future needs. As part of the Stage 1.2 submission to the Ministry of Health, this plan will help define the space requirements and estimated costs for the future hospital.

An RN for 30 years with previous hospital redevelopment experience, Heather continues working as an RN in another hospital's Emergency Department, bringing a fresh frontline perspective to her redevelopment work. **(cont'd)**



*I know what it's like to move around in a clinical space and how it should flow and what would work most efficiently for staff, **reflected Heather.***



**Heather Leonard, Lead
Clinical Integration &
Operational
Readiness**

Peter Mitchell, Communications & Community Relations Manager, supports the redevelopment project's communications, stakeholder engagement, and administrative and governance work. A significant part of Peter's role involves coordinating engagement activities, developing communication materials, and supporting public consultations to ensure people feel informed, heard, and connected to the project.



**Peter Mitchell,
Communications &
Community Relations
Manager**



*Ultimately, if we reach the end of 2026-27 with a clear vision for our future hospital, strong community support, and a redevelopment plan that reflects the needs of the communities we serve, I would consider that a very successful year, **said Peter**, a former political staffer at the provincial and federal levels.*

The next phase in the Ministry of Health's capital planning process will be a more detailed redevelopment plan and cost estimate.



*I am optimistic that we are on the right path for the community. We have this wonderful opportunity to build something together – it really is a bright spot for the community and in healthcare right now, **Heather added.***



The Ontario Planning Grant approval marks a major milestone for the Redevelopment Project



Early stage archaeological fieldwork

Community generosity allows the CMH Foundation to invest directly in local patient care

With the return of beloved community events such as the Incredible Doctors' Cook-Off and the Ranney Gorge Run, combined with the continued popularity of the Catch the Ace raffle and the successful 19th Annual Angels of Care Campaign, the Campbellford Memorial Hospital Foundation transferred nearly \$1.1 million to the hospital in 2025.

Last year's funding directly enhanced patient care by supporting essential medical equipment and technology purchases, capital improvements, staff education, and early redevelopment costs. For example:



DI staff member with portable X-ray

- The EPIC clinical information system
- 8 stretchers and a Versaflo respirator system for the Emergency Department
- 4 patient beds and security lights for the Inpatient Unit
- Portable x-ray machine and ultrasound probe for Diagnostic Imaging
- ECG machines for the Laboratory Department,
- Day Surgery/Inpatient Unit renovations
- A full fleet of 7 endoscopes, video monitors, and a sterilizer for the Surgical Program

Looking ahead, the Foundation is preparing for a fundraising campaign to support the once-in-a-generation redevelopment project that will bring a new hospital to our area. Early conversations with donors who strongly believe in the vision are already underway, and many more are expected as the community comes together behind an initiative that promises to leave a lasting legacy for local health care. Please contact John Russell, Executive Director, CMH Foundation at **705-772-2669** to discuss supporting or getting involved in the new hospital fundraising effort.

CMH Auxiliary donates \$100,000 to Foundation, marking its largest single-year contribution

The Auxiliary to Campbellford Memorial Hospital (CMH) broke its record by donating \$100,000 to the CMH Foundation in 2025-26—its largest ever annual gift in support of patient care equipment. **(cont'd)**



Par for Progress Golf Tournament



The donation represents hundreds of volunteer hours, cheerful days at the Gift Shop, a lively Fashion Show, the warmth of our Christmas Market, the courage of our Polar Plunge participants, generous donations to the "Friends of the Auxiliary" Giving Champions, and the quiet dedication of our quilters. It represents every member who gave their time, talent, and heart to support our community hospital, **said Jill Stewart, President, Auxiliary to CMH.**



Annual gift cheque presentation

The 70-member Auxiliary increased its contribution through the success of its fundraising events. New additions to the lineup included the Par for Progress Golf Tournament and "Friends of the Auxiliary" Giving Champions where both events exceeded anticipated fundraising targets. In 2026, the annual Plant Sale will expand to include Junk in the Trunk and a Bake Sale, and a second Tag Day will be introduced for the Labour Day weekend.



Annual Polar Plunge

The 2025-26 donation was directed toward the purchase of medical equipment of greatest need, including an ECG machine, two Burlodge food carts, two patient lifts, and three patient stretchers for the Emergency Department.

The approval of CMH's planning grant for the future Campus of Care redevelopment has given Auxiliary members the momentum to develop new fundraising ideas and enhance existing events. To support the new Campus of Care, the Auxiliary has committed \$1.2 million over 10 years by increasing its fundraising goal for each event by 10%.

It's early days in the redevelopment process; however, the Auxiliary feels the enthusiasm and support from the community, who want to be part of making a new hospital in Campbellford possible.



Our members take a lot of pride that their hard work to raise funds goes directly to their community hospital, **said Liz Mathewson, Auxiliary member.**

2025-26

Care By Numbers



265

Hospital staff



19,148

Emergency Department visits



52

Average daily Emergency Department visits



1,282

Total hospital admissions



12,947

Patient days on Inpatient Unit



93%

Average daily occupancy rate



1,211

Day Surgery patients



27,088

Diagnostic Imaging patients



148,915

Lab tests completed



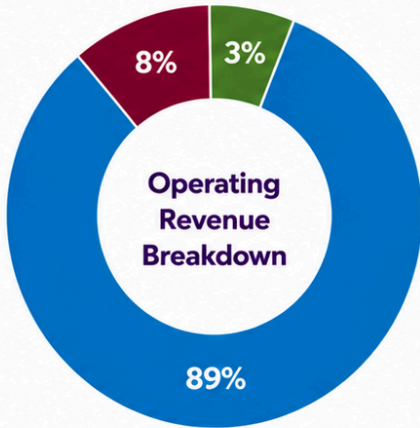
4,194

Mental health appointments

Data based on April 1, 2025 to March 31, 2026

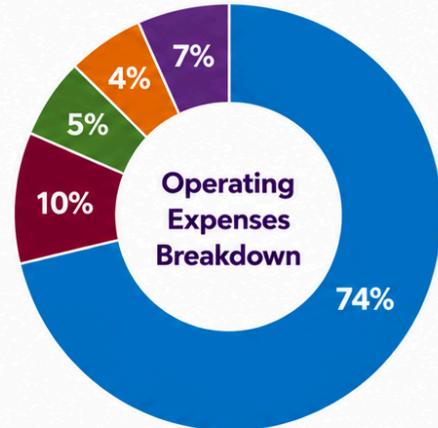
2025-26 Operating Revenue and Expenses

Operating Revenue Breakdown 2025-26



■ Provincial Funding	89%	\$34,044,097
■ Other Revenue (includes Patient Revenue)	8%	\$3,228,518
■ Deferred Capital Contributions (Amortization of Deferred Capital Contributions – Equipment)	3%	\$1,054,728
TOTAL	100%	\$38,327,343

Operating Expenses Breakdown 2025-26



■ Compensation (Salaries, Wages and Physician Transfer Payments)	74%	\$28,895,611
■ Contracted Services and Other Expenses	10%	\$3,791,848
■ Supplies	5%	\$2,040,502
■ Equipment Expenses	4%	\$1,728,910
■ Other (includes Amortization, Medical and Surgical Supplies, Drugs and Gases, Post Employee Benefits)	7%	\$2,509,792
TOTAL	100%	\$38,966,663

*Audited financials are available on the Campbellford Memorial Hospital website



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Our Best. Every Day.

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