

# Bedside Care Campaign

At Campbellford Memorial Hospital our physicians, staff and volunteers work extremely hard to ensure every patient who arrives at the hospital is given the best care possible. Our passion for patient care goes far beyond bedside manner. Behind the scenes, our talented and compassionate staff exceeds the expected care to create a better hospital experience for all of our patients.

Campbellford Memorial Hospital has ambitious plans for the future, including the possible redevelopment of the hospital. The planning is continuing and we hope in the not too distant future we will be able to announce approval for the construction of a new hospital to serve residents for generations to come. Until that day comes the CMH Foundation is dedicated to raising funds to purchase high priority patient care equipment that is needed in our hospital **NOW**. Much of this equipment would be moved to a new hospital when completed.



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146 Oliver Rd, Campbellford, ON K0L 1L0

**705-632-2014**

Charitable Taxation #: 118826650RR0001



Better health care.  
Made possible by **you.**



# Bedside Care is what we do great at CMH – but we couldn't do it without **your support**

Like most hospitals in Ontario, CMH continues to see increased demand for care, along with more acute and complex conditions associated with an aging population. The need for new and replacement equipment is greater than ever. With that in mind the Foundation has launched the **Bedside Care Campaign**. The hospital has a lengthy list of high priority equipment, all of which have a direct impact every day on the patient care our staff is able to provide. **Our goal is to raise \$2.5 million over the next two years to fund the purchase of this critical new equipment.**

Current High Priority Equipment	
Department	Item
<b>Diagnostic Imaging</b>	<ul style="list-style-type: none"> <li>• Ultrasound Machine (\$160,000) • CT iDose Unit (\$70,000) • X-ray Machine (\$303,000)</li> <li>• Ceiling lifts x 3 @ \$6,600 each (\$19,800) • Ergonomic Ultrasound Chair (\$3,000)</li> </ul>
<b>Emergency</b>	<ul style="list-style-type: none"> <li>• Automated Medication Dispensing Machine (\$33,000) • Vital Signs Monitor (\$6,000)</li> <li>• Stretcher x 2 @ \$7,500 each (\$15,000) • Portable Ventilator <i>Bipap</i> (\$30,000)</li> <li>• Bladder Scanner (\$10,000) • Defibrillator (\$20,000)</li> <li>• Telemetry packs &amp; Monitor x 8 @ \$21,250 each (\$170,000) • Slit Lamp (\$10,000)</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>• Blood Culture System (\$28,000) • 42 Degree Incubator (\$4,000)</li> <li>• CO2 Incubator (\$5,000) • Blood Gas Analyzer (\$25,000)</li> <li>• Hematology Analyzer (\$80,000)</li> </ul>
<b>In-Patient Unit</b>	<ul style="list-style-type: none"> <li>• Defibrillator (\$20,000) • Beds x 8 @ \$7,500 each (\$60,000)</li> <li>• Portable Ultrasound (\$45,000) • Vital Signs Monitors x 2 @ \$6,000 each (\$12,000)</li> <li>• IV Pumps &amp; Software x 35 @ \$5,000 each (\$175,000) • MP50 Monitor (\$23,807)</li> </ul>
<b>Operating Room</b>	<ul style="list-style-type: none"> <li>• Colonoscopes x 2 @ \$23,000 each (\$46,000) • Sterilizer (\$30,000)</li> <li>• Vital Signs Monitor (\$6,000) • Automated Medication Dispensing Machine (\$50,100)</li> <li>• Automated Medication Dispensing Machine Tower (\$11,000)</li> <li>• Operating Table (\$45,000) • Intubation Fiberscope (\$10,000)</li> </ul>
<b>Information Systems</b>	<ul style="list-style-type: none"> <li>• CIS <i>Clinical Information System</i> (\$500,000)</li> </ul>



**Yes! I want to help impact patient care** by contributing to the Bedside Care Campaign:

To help purchase new priority patient care equipment, I hereby agree to contribute:

\$ \_\_\_\_\_ **Total**

\$ \_\_\_\_\_ /year x \_\_\_\_\_ years

**One-time payment**  
I've enclosed a cheque in the total amount of \$ \_\_\_\_\_

**Pre-Authorized Monthly Payments**  
I've enclosed a cheque marked "VOID" to arrange my monthly installments of \$ \_\_\_\_\_ through my bank account starting on day / mo / yr and ending on day / mo / yr

*(Please make cheque payable to the Campbellford Memorial Hospital Foundation)*

**Please charge my:**  **VISA**  **Mastercard**  
I would like to give a ONE TIME payment of \$ \_\_\_\_\_

**OR**  
I would like to give my monthly installments of \$ \_\_\_\_\_ through my credit card starting on day / mo / yr and ending on day / mo / yr

Card # \_\_\_\_\_

Exp. Date mo / yr \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Province \_\_\_\_\_ Postal Code \_\_\_\_\_

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I wish to remain anonymous **or**

Please contact me about Donor Recognition



**CAMPBELLFORD**  
MEMORIAL HOSPITAL FOUNDATION

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