



2025/2026 ANNUAL REPORT



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MESSAGES FROM LEADERSHIP

From the Co-Chairs

This year marked meaningful progress in building a more connected, patient-centred health system across Northumberland County.

Through strong collaboration across health, community, and social service partners, OHT-N advanced innovative care models, improved navigation supports, and strengthened access to services for residents. This included continued growth of the Rural Outreach Clinic, the launch of the Essential Care Partner Pilot Program, and expanded supports for older adults through the Elder Care Navigation webpage.

We continued our focus on improving primary care access and attachment, aligned with the provincial goal of 100 per cent attachment to a primary care provider or team by 2029. This year, OHT-N submitted a proposal to support the attachment of up to 5,000 residents through expanded team-based care, launched the Supported Attachment Nurse Navigation (SANN) program, expanded Online Appointment Booking to 68 providers across 12 clinics, and introduced a new primary care navigation feature to our website to help residents connect to local care and services more easily.

In March 2026, OHT-N welcomed a new Executive Lead, reinforcing our shared commitment to integration, innovation and system improvement. We remain grateful to our partners, providers, Experience Partners, and community members whose insights continue to guide priorities and shape better care experiences across Northumberland County.

Susan Walsh

OHT-N Co-Chair; President & CEO, Northumberland Hills Hospital

Ed Gannon

OHT-N Co-Chair; Executive Director, Lakeview Family Health Team



MESSAGES FROM LEADERSHIP

From the Executive Lead

As I reflect on my first few months as Executive Lead of OHT-N, I am inspired by the collaboration, innovation, and commitment that define our work across Northumberland County. It has been a privilege to see firsthand the strength of our partnerships and the shared dedication to improving health outcomes for the communities we serve.

Over the past year, OHT-N has continued to make meaningful progress in advancing access to primary care, supporting patient attachment efforts, and strengthening coordination across the health system. These accomplishments reflect the collective efforts of our partners, providers, Experience Partners, and community members, whose commitment continues to drive positive change throughout the region.

I have been particularly encouraged by the momentum underway and the opportunities ahead. As we continue to strengthen our backbone capacity and deepen collaboration across sectors, we are creating a stronger foundation for integrated, patient centred care. Looking forward, we will continue to focus on building relationships, leveraging data to inform decision-making, and advancing initiatives that improve access, experience, and outcomes for our population.

Thank you to everyone who contributes to the success of OHT-N. The achievements highlighted in this report demonstrate what is possible when organizations come together around a shared vision. I am excited for what we will accomplish together next year.

Ram Puva

Executive Lead, Ontario Health Team of Northumberland



ABOUT THE OHT-N

The Ontario Health Team of Northumberland (OHT-N) is a county-wide collaboration formed to improve how health care is planned, delivered, and experienced across Northumberland County.

OHT-N brings together patients, caregivers, health care providers, community organizations, and system partners to build a more connected and coordinated local health system.

Our work focuses on:

- Improving access to primary care
- Enhancing care coordination and transitions
- Supporting priority populations
- Advancing health equity
- Strengthening patient and caregiver experience

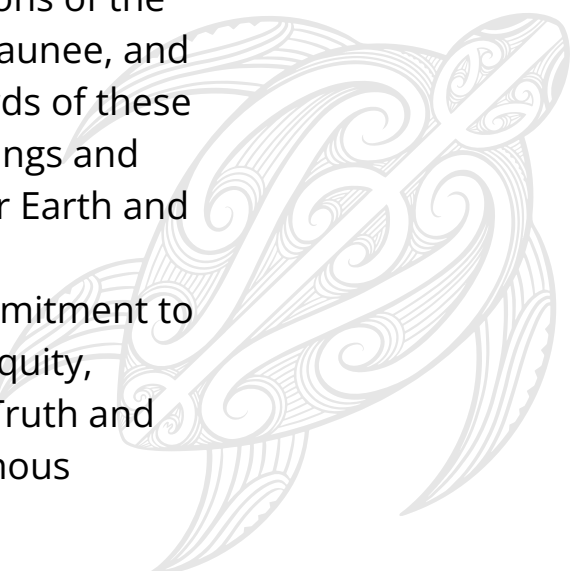
OHT-N is supported by funding from the Government of Ontario.

Land Acknowledgment

We respectfully acknowledge that Northumberland County, the land on which we live, work, and gather is the treaty territory of the Michi Saagiig (Mississauga) Anishinaabeg and Chippewa Nations, collectively known as the Williams Treaties First Nations, which include Curve Lake, Hiawatha, Alderville, Scugog Island, Rama, Beausoleil, and Georgina Island First Nations.

We express our gratitude to the generations of the Anishinaabeg, Huron-Wendat, Haudenosaunee, and Ojibwe peoples who are collective stewards of these lands and waters. We honour their teachings and continued leadership in caring for Mother Earth and all our relations.

We offer this acknowledgement as a commitment to our collective responsibility in fostering equity, respect, and meaningful action towards Truth and Reconciliation in partnership with Indigenous communities.



YEAR IN REVIEW



Approx. **91,500** residents served



Launched **new** OHT-N website offering a navigation platform



135 health professionals registered for Indigenous Cultural Safety training



Submitted a proposal to the province that was approved and generated **\$2.2 million** in funding to expand team-based care for up to **5,000** residents



Expanded awareness of, and access to local supports for older adults



5,000+ patient visits at the Rural Outreach Clinic since launch in 2021



Essential Care Partner Pilot Program launched with Northumberland Hills Hospital

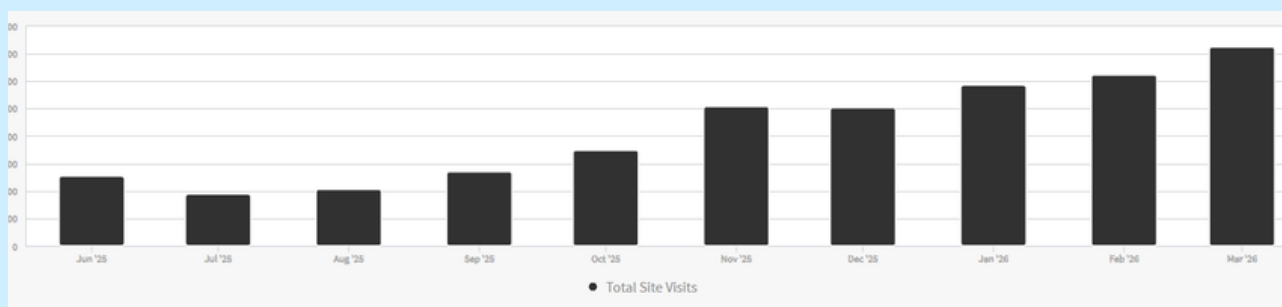


68 primary care providers using Online Appointment Booking across **12** clinics



8,361 website visitors from June 1, 2025 to March 30, 2026

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ACCESS AND ATTACHMENT TO PRIMARY CARE

Key focus

Connecting residents to a primary care provider or team while improving navigation across Northumberland County.

- Continued access for unattached patients through the Rural Outreach Clinic
- Developed Access and Attachment Resource Map with cross-sector partners
- Advanced Health Care Connect (HCC) processes
- Began collaboration with Community Health Centres of Northumberland to support attachment
- Provided weekly provincial updates on patient attachment progress

Supported Attachment Nurse Navigation (SANN)

- Launched in March 2026, the SANN program supports intake, attachment, and early system navigation for residents being attached to physicians and nurse practitioners.



Improved Public Navigation

- OHT-N launched a centralized navigation webpage aligned with Health811 to help residents quickly find the right local services and care options.

Promoted:

- Health Care Connect (HCC) registration
- East Region Virtual Care Clinic (ERVCC)
- Local attachment resources

Supported a 524-patient reduction in the HCC waitlist



INNOVATIVE MODELS OF CARE

Rural Outreach Clinic

Located in Colborne and launched in 2021, the Rural Outreach Clinic continued improving access for residents facing barriers to local care.

Services provided by Community Health Centres of Northumberland and Northumberland Hills Hospital included:

- Physician appointments
- Nurse practitioner appointments
- Diabetes care
- Mental health counselling
- Family violence prevention counselling
- 5,000+ patient encounters since inception
- Community Care Northumberland supported residents with access to services including food security supports, medical equipment, social programs, and community outreach initiatives.

OHT-N is exploring future hybrid care models that combine episodic care, attachment supports, and enhanced community partnerships.

Essential Care Partner Pilot Program

Launched at Northumberland Hills Hospital, this pilot was co-designed with Experience Partners and an interdisciplinary working group.

The program supports greater caregiver involvement in care planning and decision-making.



- 10 caregivers enrolled
- Evaluation underway
- Regional media coverage and provincial interest generated

STRENGTHENING PRIMARY CARE AND SYSTEM INTEGRATION

- Continued growth of the Primary Care Network (PCN)
- WhatsApp PCN Community expanded to 37 members
- New Nurse Practitioner Community of Practice launched
- Hosted Primary Care Strategic Planning Session
- Established the Primary Care leadership Council and Primary Care Steering Committee



Through the Primary Care Network:

Family doctors and nurse practitioners have begun to meet regularly to:

- Coordinate care
- Support onboarding of unattached patients
- Share tools and resources
- Respond to local service gaps
- Strengthen provider collaboration



Online Appointment Booking

- 68 providers across 12 clinics funded and are active
- 60,143 patients with access

**4.3 / 5 patient
satisfaction rating**



**5,033 appointments
booked**

SUPPORTING PRIORITY POPULATIONS

Older Adults

- OHT-N facilitated cross-sector collaboration to improve supports for older adults with the Elder Care Navigation, Caregiver Resources, and Senior and Older Adults supports webpages.
- Resources created included easy-to-read posters, brochures, and web-based tools to help older adults—especially those without a family doctor or nurse practitioner—navigate available services.

Additional Supports

- SCALE Together caregiver wellbeing series
- Caregiver resources promoted online
- Community Paramedicine in-home supports for older adults, including rural residents
- WrapAround for Older Adults Peer Support Program through Community Care Northumberland connecting trained volunteers with older adults for social connection and service navigation

Mental Health and Addictions

- Monthly working group meetings
- Development and promotion of public online service directory
- Planning of the Come Together Northumberland (Friday, May 8, 2026) community event focused on mental health, addictions, homelessness, justice, and social services



154

Website views to the Mental Health directory

COMMUNITY WELLNESS

OHT-N supported community-based outreach initiatives that reduced barriers to preventative care and wellness services.

Cancer Screening Supports

Residents were connected to breast, cervical, colorectal, and lung cancer screening resources through partnership with the Central East Regional Cancer Program, including information on how patients without a primary care provider can access screening services and supports.



Women's Health Event

Held in June 2025, the event provided:

- Cervical cancer screening
- Breast self-examination methodology
- Health education
- Support for residents without a family doctor
- Navigation for those facing barriers to care
- Women's Health Event attendees: 40



Outreach Events

ID and Wellness Clinics: To reduce barriers to obtaining or replacing identification

- Attendance Campbellford: 30
- Attendance Cobourg: 56

Mole Mobile: Skin cancer screening and dermatologist referral

- Attendance: 120

Caregiver Event: To connect caregivers and patients with resources and supports within Northumberland County

- Attendance: 135



INTEGRATED CLINICAL PRIORITIES

Chronic Disease Prevention and Management – Chronic obstructive pulmonary disease (COPD)

COPD was selected as an initial clinical priority due to prevalence and hospital admission rates in Northumberland County.

Working group:

- **14 members across 9 organizations**

Deliverables:

- COPD Patient and Caregiver Resource Page launched
- Provider Resource Guide developed and shared through the Primary Care Network

OHT CAPACITY BUILDING

Health Equity

- Health Equity Committee established (2025)
- Health Equity webpage launched
- Centralized Equity, Inclusion, Diversity, and Anti-Racism and Indigenous Cultural Awareness & Safety resource library created
- Recognized by Ontario Health for Social Determinants of Health work
- Community Paramedicine Spotlight Recognition received



Indigenous Partnerships

- Ongoing collaboration with Alderville First Nation
- Plan for first Indigenous Navigator role approved (NHH)
- 135 San'yas Indigenous Health Training seats secured for physicians, nurse practitioners, interprofessional teams and leaders

EXPERIENCE PARTNERS

OHT-N continued expanding the role of Experience Partners to ensure patient and caregiver perspectives were reflected across projects, planning, and system improvement work.

Key initiatives included:

- Expansion of Experience Partner Council work to bring patient and caregiver views to all projects
- Introduction of Experience Partners in Projects model
- In-person recruitment and engagement initiatives
- New onboarding materials created
- Website refresh completed
- 11 active Experience Partners
- 9 projects supported

Experience Partners played an important role in co-design efforts throughout the year, helping shape navigation resources, communications materials, and care initiatives to better reflect community needs and lived experience.



COMMUNICATIONS, DIGITAL ENGAGEMENT AND SYSTEM NAVIGATION

OHT-N continued expanding digital tools and public-facing resources to help residents more easily navigate local health care services and supports.

In collaboration with Experience Partners and system partners, OHT-N co-designed and enhanced website content and navigation resources to better reflect patient and caregiver perspectives and improve access to information across the health system.

Expanded website resources included:

- [Cancer screening](#)
- [Mental health services](#)
- [Caregiver supports](#)
- [Older adult navigation](#)
- [Chronic obstructive pulmonary disease](#)
- [Health Equity](#)
- [Primary care access and attachment](#)

Facebook

- 66 new followers
- 1.6K visits
- 60.8K views
- 821 content interactions

LinkedIn

- 77 followers
- 153 page views
- 5,035 impressions
- 151 reactions, 9 comments, 6 reposts

LOOKING AHEAD



Improved Access,
Navigation and
Integrated Care



Data Evolution and
Performance
Measurement



New Programs and Services:

- SCOPE Program
- Caregiver Education Series
- Expanded Navigation Supports



Primary Care
Network Maturity



Collaborative Decision-
Making Agreement
Renewal



2027–2031 Strategic Plan
Development

OUR PARTNERS



**Campbellford
Memorial Hospital**



CommunityCare
NORTHUMBERLAND



Lakelands
Public Health



**Lakeview
Family Health Team**
Professional Partners in *your* Primary Care



Northumberland

Family Health Team



NHH
Northumberland
Hills Hospital



Omni
Quality Living



REBOUND
CHILD & YOUTH SERVICES
Supporting kids today for a better tomorrow



**seniors care
network**



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