



MNCYN & LHSC COVID-19
Weekly Perinatal Regional
Teleconference Update
Minutes



Date: July 6, 2020
1500-1530 hrs.

Moderators: Leanne McArthur

Present: Leanne McArthur (MNCYN), Kristine Fraser (MNCYN), Leanne Paton (WGH), Colleen Ford (GBHS), Travis Breedveld (LHSC-NICU), Henry Roukema (LHSC-NICU), Kevin Coughlin (LHSC-NICU), Tihana Antic (MOH), Amanda Willams (LHSC), Jocelyn Patton-Audette (GBHS), Kelly Barzsa (Cambridge), Caroline Proctor (MOH), Sheila Johnston (MNCYN)

Item #1: Welcome/Regional Updates, COVID-19 Cases (Leanne McArthur)

Leanne presented the regional Covid-19 cases (as of July 6, 2020)

LOCATION	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	630	515	57	No new cases
WINDSOR-ESSEX	1672	998	68	
CHATHAM-KENT	158	156	1	
ST. THOMAS	85	77	5	
LAMBTON	286	257	25	
HURON-PERTH	58	52	5	
GREY-BRUCE	114	108	0	
THUNDER BAY	92	88	1	
MICHIGAN	72,941		6,218	
• DETROIT	11,712		1,448	
ONTARIO	35,794	31,266	2,689	118 in hospital 36 ICU 21 Vent M: 16,508 F: 19,157 Age 19 and under: 1,773 Age 20-39: 10,540 Age 40-59: 10,927 Age 60-79: 6,781 Age 80+: 5,918
CANADA				

Discussion:



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- Leanne noted that it was interesting to see the statistics around gender and age in terms of vulnerability, as in the early days of the pandemic, we discussed the vulnerability of our elderly and co-morbidities. Actually, we see here that the highest population contracting Covid are between 20-29 with slightly higher incidence in female's vs males. People's perceptions were that this was more of an elder disease however death rates are still higher in the elderly population.
- Provincial highlights
 - Leanne reported that there has not been significant communication or changes from a perinatal perspective. She is currently involved in the Provincial Council to provide prenatal recommendations and is participating on a task force looking specifically at recommendations for best practices and standards for perinatal care around adapting the clinical environment, staff training, education and communication for frontline workers, as well as discrimination against front line /health care workers and providers.
 - There are significant other buckets that clinicians and physicians are working on and they trying to complete them in a timely manner, hopefully in the next month. We will keep you posted in respect to this.
- CTV news article – [Scientists warn of overlooking danger from Covid-19 spreading airborne microdroplets.](#)
- Kevin Coughlin: I know we have discussed this with aerosolized procedures, etc, so they are not recommending significant changes in practices; just to recognize that these microdroplets can go further than 2 metres (2-4 metres) and can hang in the air for several hours. Transmission can come through coughing, sneezing, laughing, or speaking. The article is suggesting we may need to consider these microdroplets, but no significant practice changes are required at this time. We will post on website for those interested in reviewing the article.

Action Items:

- **Leanne to provide updates on Provincial task force.**
- **Post microdroplet news article on website**

Item #2: LHSC Women's Care Updates

Discussion:

Family visiting policy:

- Amanda Williams: Last week we went live with an e-form to capture some of the exceptions to the visiting policy, following the Ministry guidelines that were sent out. We have adjusted our policy slightly in order to expand for certain additional people to have a visitor. For example, a person who was in hospital for more than 1 week can now have 1 designated person to visit 1 time per week. This has been a really welcome



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change as antenatal patients, for instance, haven't been able to have visitors up until now.

For people undergoing major surgeries with expected length of stays greater than 3 days, visitors are now allowed before and after the procedure, which has helped to improve the patient experience and well-being. This has helped our vulnerable and isolated populations, something our physicians have been advocating for. There may be exceptions that staff or physicians might feel should have a visitor. These would be reviewed on a case-by-case basis at that unit level by the MRP in collaboration with the leadership team and would be reviewed under the exception category. We are looking at each case individually and being very careful due to space issues and adhering to safety standards.

That has been the biggest change. We have also been able to bring back our midwifery partners, who are now allowed into OR for C-sections. They take on the role of MRP once the baby is born.

Henry Roukema (NICU): No specific comments.

Kevin Coughlin (NICU): Two parents are now allowed to visit - this has been working very well and has relieved some stress for families. Parents are visibly looking more relaxed. It's the next step forward.

Travis Breedveld (NICU): When our Transport Team goes out, they will bring a form for team members to fax back to the Unit, as we are implementing electronic sign-in for visitors so that our screeners are made aware in advance. The process went live this morning. Outside screeners go through a process online with a form that the parents complete where they can designate who can visit.

- Kevin Coughlin: The Transport Team will fax back to PCCU or NICU, it will then be entered electronically, so that if parents arrive separately from the Transport Team the outside screeners at the front entrance will have a record of it.
- Fetal Development Clinic – Question from Kevin Coughlin for Amanda: does the one partner/support person exception policy apply for this unit?
 - Amanda Williams: Yes, we implemented this 3 weeks ago. A woman comes in first and has any of the testing done, then when she goes in for the consultation to review the tests / results, the partner gets a call and they are allowed in for the discussion piece and to review the tests.



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Leanne McArthur: I am wondering for families accessing this service in the tertiary care system, are they made aware of the changes of having their significant other with them?

- Amanda: For the Fetal Development Clinic (FDC), the secretary who does the appointment booking also contacts the families and does the pre-screening at the same time and reviews the process.

Action Items:

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Item #3: MNCYN Updates

No additional updates

Item #4: Regional Q&A, Open Discussion:

No comments or questions from the attendees.

Levels of Care Task Force:

- Kevin Coughlin: As part of CCSO, I am sitting on the Levels of Care Taskforce. We are reviewing the levels of care for Neonatal / Special Care Nurseries across the region. If any of our Level I or Level II centers have any feedback to provide to me, now is a good time. This would include what is mandatory, maintenance of PICC lines, etc. Anything you think is reasonable for a 2A, B or C to have within their scope of care, send me the feedback as we are working on this right now.

Leanne McArthur: I will tap into this and send a message out to our perinatal centers to ask for direct feedback on this. It's important to hear the voices of our partners across the south west and the uniqueness of our region in terms of geographical distance covered.

Kevin – There are challenges within our region around bed volumes, maintaining skill sets with smaller bed volumes, donor breast milk, PICC lines, TPN, etc. Skills that may not be used frequently enough to maintain skills.

Action Items:

- **Leanne – will send out an email to our partners requesting feedback for the Levels of Care taskforce**

Adjournment: 1517hrs.