MNCYN- LHSC COVID-19
Perinatal Regional
WebEx Updates
Date: September 28, 020
1500-1530 hrs.

Moderators: Leanne McArthur

Present: Leanne McArthur (MNCYN), Gwen Peterek (MNCYN), Kristine Fraser (MNCYN), Colleen Ford (Owen Sound), Katie Fisher (??), Stacy Laureano (LHSC), Tihana Antic (MOH), Sheila Johnston (MNCYN), Kerri Hannon (Stratford), Henry Roukema (LHSC-NICU), Mary Rae (Hanover), Lynn Mitchell (Erie Shores), Anita Bunnie (MNCYN)

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

- **Update of current Covid-19 cases in the region**

c	CASES	RECOVERED	DEATHS	OTHER STATS
LONDON-MIDDLESEX	864	713	57	8 new case
WINDSOR-ESSEX	2652	2510	76	
CHATHAM-KENT	368	363	2	
ST. THOMAS	263	248	5	
LAMBTON	346	318	25	(as of Sep 27)
HURON-PERTH	127	122	5	*Currently following Gov. ON guidelines and reporting only total cases, active cases and number of active long term care home outbreaks. Numbers may not be up-to-date.
GREY-BRUCE	139	133	0*	Sep. 27
THUNDER BAY				
MICHIGAN	121427		6723	Sep 26
• **DETROIT**	14399		1527	
ONTARIO	50531	43127	2840	128 in hospital 29 ICU 17 Vent
CANADA				

We are watching the numbers and they are going back up with the second wave. Thankfully, we have protocols in place for this wave. Not sure what organizations are thinking in terms of their current state with patient volumes and capacity, as many organizations have ramped up, perhaps not to full capacity, but certainly increased volumes. What are organizations considering in terms of expectations in the context of a second wave? Would love to hear if there have been any conversations as such.

Update Re: Anticipated Release of Revised COVID-19 Guidelines for Maternal Newborn Care

Some of you are anxiously waiting for the revised COVID-19 Guidelines from the MOH and PCMCH. They have not been fully vetted yet. They have to go through vetting by a few committees before they are published.

Tihana Antic (MOH): The PCMCH committee is working with their public health representatives to ensure the guidelines don't have any contradiction with other guidelines that have been released. The documents are still with the Ministry, but we will update you when they are available.

Item #2: MNCYN Update: (Gwen Peterek)

Last week the Ministry confirmed the beginning of wave two of COVID activity in our province. Today Premier Doug Ford stated that it is predicted the 2nd wave will be worse than the first as many outbreaks seem to be moving through populations more quickly. In his announcement today Premier Ford stated that recruiting and retaining front- line workers is critical. The MOH will be dedicating:

- $26.3 million to support PSWs and other support workers
- $26 million to support RNs
- $4200,000 will be dedicated to support the provincial health care provider matching portal

Also, people who have no COVID-19 symptoms will be able to get a free COVID-19 test at participating pharmacies. There will also be a ramped-up flu shot campaign and a plan to address the massive surgery backlog as part of the government's plan to fight a second wave of COVID-19.

New MNCYN Website: Just a reminder that the MNCYN recently launched their new website. The website was down briefly while the changes were made but is back up now and all of the COVID documents have also been re-posted. Please let us know if you have any comments or questions about our new web site.

Action Items: MNCYN to notify the region once the revised guidelines are released.

Item #3: LHSC Updates:

The Birthing Centre and NICU partners ran a simulation event recently with a laboring mother who failed screening at the perimeter. Both mother and baby required resuscitation. A formal debrief identified opportunities to ensure both teams are ready for this potential situation. The OBCU will continue to run simulation events in the coming months as part of ongoing preparedness and will provide a summative review of the key learnings to MNCYN to be posted on our website

Stacy Laureano was unavailable at this point in the call but indicated that she had no further updates.

NICU

Henry Roukema: Though there has been literature indicating a decrease in volumes, our NICU has not noticed any decrease in their volumes as a result of COVID. In fact, we've been going at full tilt throughout.

Action Items:

LHSC to forward the summative report from their recent simulation exercise to be posted on the MNCYN COVID– 19 webpage

Regional Q & A:

Leanne: Are there any updates re: planning for the 2nd wave in terms of service volumes etc.?

Lynn Mitchell: (Erie Shores - Leamington): In Leamington they have started to screen patients at 36 wks. and up and, if positive, advising the patient to get tested. They are a Level 1 centre and recently did have a COVID positive mom deliver who went into hypertensive crisis and needed an urgent C-section and was intubated. Because of this case they are now choosing not to deliver Covid-positive mothers unless they show up emergently. When moms go in for their weekly visits, the physician's office is asking the screening questions and then they patch it into the screeners at the hospitals and the hospital follows up with any positive or negative results. If positive, patients are then referred to Windsor. Leamington Hospital has an agreement with Windsor Hospital.

Leanne: What is the impact on the community in terms of time to travel etc.?

Lynn Mitchell: So far, we haven't had any positive cases so there hasn't been an impact yet – we have only had the one positive delivery this whole time and it was unexpected. The mother initially had normal vital signs and during labour went into hypertensive crisis. She became unresponsive and we had to do an emergency CS. It was quite a scary situation. We have just had this new policy in place for a few weeks and we are waiting for new guidelines to further guide us. As a small hospital we do not have the resources, especially if this happens during the night as there is no anaesthesia on site and OR team gets called in. If this happened at night it may not be as controlled. In this case the baby was born healthy so we removed baby from the OR and brought it up to the unit. Because of some logistics (migrant parents) there was no family to take care of baby, so we had to send baby to NICU in Windsor for observation. Baby was fine and Mom was extubated and also remained well afterwards. Any of our planned C-sections are also being screened and swabbed. We treat them as surgical patients.

Henry Roukema: I did not think the mother being Covid positive is a reason for baby to go to a higher level of care.

Leanne: That is correct. Some of our other level 1 centres have managed Covid positive patients on site and have not transferred care. It will be up to individual organizations and the agreement they make with other centres.

Henry Roukema: Our higher level centres might have a hard time coping with the added patient load.

Leanne: You might recall that back in the Spring we had developed 3 models for our region as to how we might manage Covid in our region. If an organization becomes overwhelmed with capacity, they would then partner within their sub-region to work with the other hospitals in order to shift maternal services to another organization if needed. The last straw would be that patients would end up in the Level 3. We now have a trigger document that will help hospitals to identify their capacity. MNCYN will be the flow-through for that information and if the trigger is hit, then we will pull in the stakeholders and determine if there needs to be any shifting of resources. We may need to have those discussions again.

Kerri Hannon (HPHA - Stratford): Stratford has already had discussions with Listowel Hospital, such that if they don't have capacity, then Stratford has started to plan with them what to do.

Leanne: We are very happy to hear that regional organizations are starting to have these conversations.

Leanne: We want to understand from our partners if they would like us to continue to have 2 separate calls every 2 weeks, for paediatrics and perinatal, or combine them. Or, based on the fact that we are moving into stage 2 of Covid, should we just continue with separate calls as we have been?

Three hospitals indicated that they would prefer combining the calls.

Action Items:

- **Leanne McArthur to re-send the Regional Model of Care document to our partner hospitals.**
- **MNCYN to send out a communication regarding combining the Regional COVID WebEx calls. If things start ramping up, we can always adjust back to separate calls again.**

Adjourned: 1523 Hr.