



# PROVINCIAL COUNCIL FOR MATERNAL AND CHILD HEALTH

## ANNUAL REPORT 2020/21





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## ABOUT US

### Our Mandate

To provide evidence-based and strategic leadership for reproductive, neonatal and paediatric health services in Ontario. We fulfil this mandate by collaborating with provincial government agencies and organizations, regional maternal and child health networks, providers, and patients and families.

PCMCH is funded by the Ontario Ministry of Health.

### Our Vision

Healthy pregnancies, babies, children and families for lifelong health in Ontario.

### Our Values

Individual and Family-centred  
Collaborative and Inclusive  
Equitable  
Evidence-informed  
Innovative  
Systems and Results-focused  
Transparent

## LAND ACKNOWLEDGEMENT

PCMCH acknowledges the territory of the Haudenosaunee, Wendat and Anishnaabe people on which it operates. This land is governed by the *Dish with One Spoon Treaty*, which is a nation-to-nation agreement committing these nations to share the territory in peace, friendship and respect. All newcomers are symbolically included in this treaty and in the spirit of these obligations. Today, Toronto is home to Indigenous Peoples from across Turtle Island. PCMCH recognizes that Indigenous practices of health and well-being have been in place in this territory since time began and are maintained to this day.

PCMCH's members and stakeholders are located on traditional Indigenous territories across Ontario.

PCMCH is grateful for the opportunity to work and live on this land. We encourage all to reflect on, and acknowledge, the harms and mistakes of the past and to consider how we can each, in our own way, move forward in a spirit of reconciliation and collaboration. PCMCH remains committed to, and acknowledges responsibility for, building and improving relationships with First Nations, Inuit, and Métis peoples.

# MESSAGE FROM THE EXECUTIVE DIRECTOR AND GOVERNING COUNCIL CHAIR

For those working in health care, COVID-19 has had, and continues to have, a profound impact on how we deliver services to those who are most susceptible to the virus. Among those most at risk of adverse COVID outcomes are individuals who are pregnant. In addition, many Ontario families with children experienced difficulties in receiving care as facilities were sometimes unsure how to safely meet their needs, especially in the pandemic’s early days. Over the past year, we have been inspired by how Ontario’s health care workers have continued providing exemplary care to their maternal and paediatric patients under such difficult and changeable circumstances.

As a provincial organization that focuses on maternal and child health, we found ourselves pivoting our attention away from some projects we had expected to pursue over the past year. Increasingly, our staff and committee members’ attention became focused on giving health care providers the tools and information they need to care safely for maternal and paediatric patients and their families. In this report, you will read about our response to COVID-19 and our successes in providing our stakeholders and the public with evidence-based resources that helped health care providers and families navigate these unprecedented times.



Sanober Diaz  
Executive Director

Despite the demands presented by the pandemic, you will also see from this report that PCMCH successfully pursued its mandate through several other initiatives. This included work that contributed to: increased access to health care services for people living in remote communities; expanded systems for collecting information around paediatric diabetes; safer medication administration practices; and resources to support pregnant individuals when coping with mental health issues. Such accomplishments would be impossible without our highly collaborative stakeholders and the dedicated and knowledgeable members of PCMCH’s committees and task forces. We are motivated by our volunteers’ commitment to PCMCH at a time when many of them – as health care professionals – were also dealing with challenges presented by the pandemic.

At the time of writing, Ontario was experiencing daily COVID case numbers in the thousands. PCMCH has thus brought to bear not only evidence and insight, but also a commitment to effectively supporting Ontario’s health care providers and families through this challenging time.



Dr. Jackie Schleifer Taylor  
Governing Council Chair



## COVID-19: NEW OPPORTUNITIES – NEW IDEAS

Over the past year, Ontario’s health care providers demonstrated extraordinary resilience in the face of uncertainty, some of which stemmed from the differences in maternal and newborn care practices across the province. Throughout the pandemic, PCMCH identified opportunities to share information and make recommendations around the standardization of care to support health care workers and the pregnant individuals and families in their care.

### Maternal-neonatal Guidelines

In March 2020, PCMCH formed a Maternal-Neonatal COVID-19 Task Force. With support from the Ontario Ministry of Health the group was tasked with producing guidelines and resources for health care workers and families.

Two guidelines were created. The first, released on April 30 and updated on October 22, 2020, was titled *Maternal-Neonatal COVID-19 General Guidelines*. The guidelines address issues around:

the use of Personal Protective Equipment (PPE) by providers and patients during labour and delivery; accommodating support people for pregnant patients during a labour and delivery admission; mother-baby dyad care for suspected/confirmed COVID-19 mothers; care of babies born to suspected and confirmed COVID-19 mothers; and infant testing.

Following the release of the *General Guidelines*, PCMCH partnered with Health Nexus and other stakeholders to create resources for families either having or planning to have a baby during the pandemic. These resources contain key messages derived from the guidelines relevant to families seeking reliable information to support their birthing decisions.

The second guideline, *Maternal-Neonatal COVID-19 Pregnancy Care* was released in October 2020 and provided further direction on several key areas, including (but not limited to): terminations of pregnancies; use of virtual care; providing

care in home settings; and birth planning and counseling during the pandemic.

These guidelines expanded on the first, which focused primarily on intrapartum care. PCMCH recognized that pregnancy, childbirth and the post-natal period are critical life stages, during which people often interact with multiple care providers. At such stages, the need for care can be time-sensitive. While efforts can be made to limit interactions between care providers and pregnant/postpartum individuals, essential care must be maintained.

Accessibility Efforts

These comprehensive guiding documents support colleagues and front-line workers across the province, providing clarity on practice changes related to pregnancy during COVID-19. The guidelines also acknowledge the differences in care and access to care that certain populations have experienced in this new health environment. Efforts were made to include their perspectives and lived experiences. To this end, PCMCH also released *Recommendations to Address Gaps in the Prenatal Care System*, a report addressing broader issues around health care accessibility in remote and Indigenous communities that predate, but were further exacerbated by, the pandemic. The report includes recommendations to support improvements for equitable care across the province.

In January and March, PCMCH shared additional information with care providers through a statement on COVID-19-positive pregnant people and their increased risks during pregnancy. It also emphasized the right of pregnant and breastfeeding individuals to receive the COVID-19

vaccine should they choose. Additionally, a COVID-19 Vaccine Information sheet aimed at the public was released, advising those who may be pregnant, are pregnant or are breastfeeding to decide whether to be vaccinated after discussing the risks and benefits in their specific case with their care provider.

Adapting Paediatric Care

Throughout 2020/21, PCMCH helped health care providers adapt to the challenges of caring for patients during the pandemic.

For example, paediatric patients with a cleft lip and palate/craniofacial condition, must first undergo an assessment to determine their eligibility for the Ontario Cleft Lip and Palate/ Craniofacial Dental (CLP/C) Dental Program, which is managed by PCMCH. These assessments would, under normal circumstances, occur at one of seven CLP/C centres; however, because of COVID-19 restrictions around elective care, in-person assessments were not allowed. To minimize backlogs and delays once in-person care was resumed, strategies regarding virtual assessments were developed and implemented across all centres, including criteria for who would have them done, video platform requirements and approaches to conducting the assessments.

The Provincial Paediatric Palliative Care Steering Committee, a joint committee of PCMCH and the Pediatric Oncology Group of Ontario, developed a position statement calling upon all Ontario hospitals that support children receiving end-of-life care to allow them access to family and loved ones, including siblings and friends, and to be cared for in the setting they choose (including

at home) during COVID. While controlling the spread of COVID-19 is important, limiting children’s access to family and close friends causes distress for all involved, especially when the child is in the last days to weeks of life and receiving end-of-life care. An accepted principle of PPC is that a child receiving end-of-life care should have preferred access to family members and friends. The social, emotional, psychological and spiritual benefits of the supportive presence of family and close friends are immediate for the child, while both immediate and long-lasting for the family.

Examining System Issues

COVID-19 also provided PCMCH with an opportunity to look at issues around paediatric care from a broader systems perspective. In August, PCMCH hosted a provincial paediatric forum in partnership with Kids Health Alliance (KHA) to discuss challenges and opportunities facing providers delivering care to children and youth. Participants from 11 organizations assisted PCMCH in identifying the challenges around reintroducing scheduled surgical and procedural work, such as safety measures to reduce the risk of spread, the government’s focus on adult care and the redeployment of health care workers to treat COVID patients. The resulting report focused on improving paediatric care delivery through new ways of thinking, such as advancing the use of virtual care and finding ways to build partnerships within regions. PCMCH took forward system-level recommendations to Ontario Health for consideration in its broader system transformation planning.

Additionally, in partnership with KHA and with support from AboutKidsHealth, resources that

address commonly asked COVID-19-related questions and concerns for children, youth and their families through the pandemic were developed. PCMCH produced a two-part document, *COVID-19 for Children, Youth and Families*. Part one addresses frequently asked questions about COVID-19 for paediatrics and part two contains lists of local, provincial, federal and international resources. In addition, the publication *COVID-19 Information for Healthcare Providers Caring for Children & Youth* was produced, providing advice around treating children who are showing minimal or atypical COVID symptoms and may have been exposed to the virus.

PCMCH and Ontario Health – Quality met with the Youth Transition Quality Standard Advisory Committee in June to discuss the impact of COVID-19 for transition-age youth across Ontario. This provided an opportunity to leverage the advisory committee expertise in sharing resources and strategies that could assist in helping mitigate the risks that youth and families are facing during the pandemic. Although specific to COVID-19, opportunities and approaches were identified that can be carried forward to the development of the quality standard.

Our Work Continues

As of May 2021, COVID-19 has not subsided in Ontario; even when the pandemic is officially declared over, its effects on our health care system will be felt for quite some time. Until then, PCMCH will follow the evolving research on the virus, diligently updating and revising our guidelines and resources to support the province’s care providers and families.

# BUILDING DIVERSITY THROUGH STRATEGY

Ontario’s health care system provides care to a diverse population. But, fostering diversity is more than being able to communicate with a patient in their language. Health care that is truly diverse and equitable will take into account many other factors, including a patient’s cultural and religious beliefs, gender and sexual orientation, and socioeconomic reality.

Building equity within Ontario’s health care system through policy development and strategy recommendations is a priority for PCMCH. At the beginning of 2021, the Task Force that spearheaded our COVID-19 guidelines for managing maternal and neonatal care also examined system issues in the delivery of safe and equitable maternal care – many of which pre-date the pandemic, and will likely persist beyond it – and related them to the Ministry of Health. Among PCMCH’s recommendations are:

- Increasing the representation of and accountability to Indigenous populations, racialized groups, vulnerable sub-populations and other groups with barriers to care
- Improving equity of access to virtual care for pregnant individuals and care providers, especially in rural or remote areas of the province; and
- Considering health equity when it comes to research, governance, prioritization and investment

We believe these recommendations will not only improve equity and quality of care during the remainder the COVID-19 pandemic but also strengthen our system for years to come.

In addition, PCMCH established the Inclusion, Diversity, Equity and Access (IDEA) Advisory Group in December 2020, with a mandate to provide recommendations around an equity framework for the system. The IDEA Advisory Committee assessed population health needs in the Reproductive-Child-Youth sector by engaging with equity-seeking groups to test research assumptions and policy options, and drafted concrete practical recommendations to apply in the 2021-22 fiscal year related to equity, diversity and inclusion.

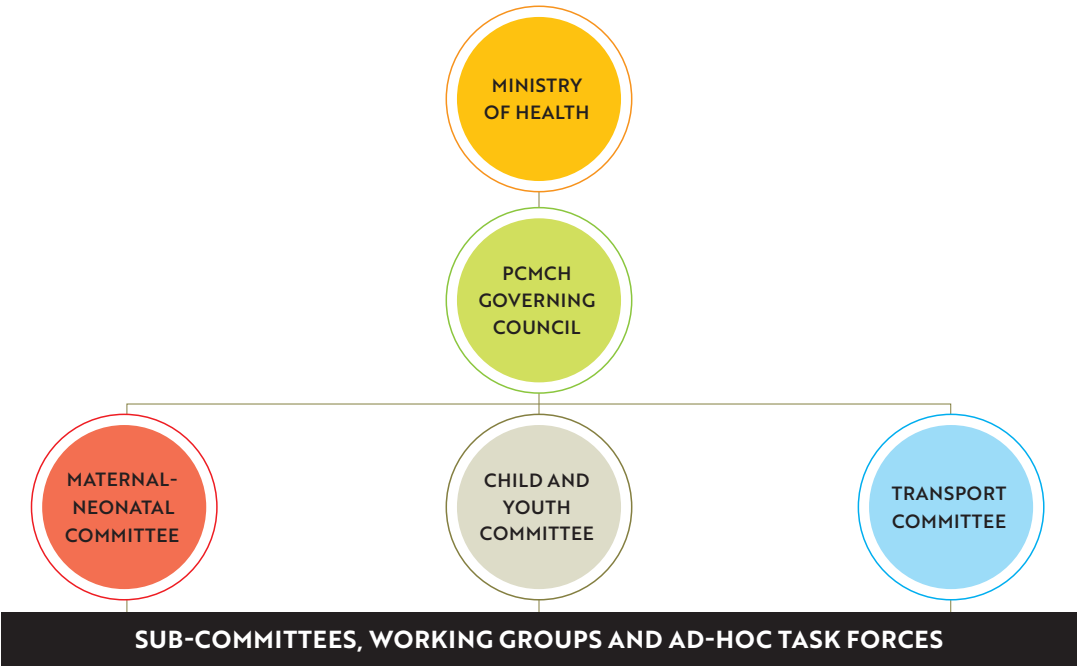
As the government, system partners and health care providers focus on identifying ways to strengthen the delivery of care for all Ontarians, PCMCH looks forward to partnering on initiatives that will enhance and protect maternal and child health in the province.

## Connecting Online

The pandemic ended in-person meetings, but PCMCH successfully used webinars to share information, discuss research and foster connections among our health care colleagues. Presented and moderated by leaders in the field of maternal and paediatric care from across Ontario, the webinars were well-received.

For example, PCMCH held two webinars in conjunction with the release of the *General Guidelines* and two webinars – one focusing on low-risk pregnancies and another on high-risk – upon release of the *Pregnancy Guidelines*.

# COMMITTEE HIGHLIGHTS: 2020/21



PCMCH’s standing committees – the Maternal-Neonatal Committee, the Child and Youth Committee and the Transport Committee – drive our mandate to provide evidence-based and strategic leadership. The advisory groups supporting the Committees consist of leaders in the fields of maternal, neonatal and paediatric health care, representing all regions of the province and a wide range of facilities and agencies. Their expertise and commitment help PCMCH develop strategies and recommendations that enhance the quality and safety of maternal and child health care in Ontario.

Following are key accomplishments by PCMCH’s committees for the April 1, 2020 to the March 31, 2021 reporting year.

## Maternal-Neonatal Committee (MNC)

The MNC provides oversight to PCMCH’s reproductive and neonatal portfolio, offering provincial planning and policy advice to the PCMCH

Governing Council. As well as responding to the information and resource needs of health care providers and families during COVID-19, the Committee focused on several other priorities.

## Improving Health Outcomes

PCMCH has been playing a central role in supporting maternal-neonatal regional networks in implementing and sharing MNC projects and initiatives with the goal of improving health outcomes for these populations. Many of these initiatives include collaborating closely with the Ministry of Health, Ontario Health, BORN Ontario and other external stakeholders. Throughout 2020/21, PCMCH convened meetings with regional network leaders from across Ontario, with each network leader represented within the MNC membership. Targeted and more frequent meetings are planned to expand and strengthen the existing networks in the coming year.

Adverse outcomes can be reduced by addressing differences in how care is provided and reinforcing safe drug administration principles.



### Enhancing Patient Safety

In 2019, PCMCH developed a report identifying best practices around administering oxytocin to induce or advance labour in eligible low-risk pregnant individuals. Adverse outcomes caused by errors in oxytocin administration can be reduced by addressing differences in how care is provided and reinforcing safe drug administration principles. Tools such as a standardized order set and safety checklists have been produced to support best practices. Several hospitals adopted them to some capacity within the last year. PCMCH's oxytocin guidelines and tool were endorsed by the Society of Obstetricians and Gynaecologists of Canada, the Ontario College of Family Physicians and the Association of Ontario Midwives and Institute for Safe Medication Practices (ISMP). PCMCH continues work, in partnership with the ISMP on the development of a patient-facing tool called "5 Questions to Ask". This tool will support patients in communicating with care providers, supporting understanding and informed consent.

### Supporting Mental Health

Untreated mental health issues in a pregnant and postpartum person can result in negative outcomes for that individual, as well as their child and family. In 2020/21, PCMCH continued work on a reference tool, called the *Care Pathway for the Management of Perinatal Mental Health*, for health care providers to help them identify those who may require care; direct them to the pathway most likely to be effective; and monitor the individual's care. The tool offers general guidance based on best practices and existing Ontario-based mental health support resources. The tool will be released with a guidance report later in 2021 upon final committee approval.

### Child and Youth Committee (CYC)

The CYC provides oversight to PCMCH's paediatric portfolio and consists of several advisory committees and permanent programs (see page 12). The Committee implements and evaluates quality improvement initiatives and supports knowledge translation. During 2020/21, the Committee championed positive system change through the following initiatives:

#### Expanding Paediatric Data

In 2020/21, PCMCH partnered with BORN Ontario on an initiative that will expand the province's prescribed Maternal-Child Registry to include a robust paediatric diabetes data collection tool within the BORN Information System (BIS). The new data collected will encompass every child living with diabetes in the province, allowing for more effective monitoring of care quality, benchmarking of performance and patterns of treatment. The aim is to reduce variations in care and health care costs while improving health outcomes. With the engagement of 35 Paediatric Diabetes Education Programs (PDEPs) across Ontario, PCMCH and BORN Ontario assessed the current state of data collection practices and workflows, as well as the business and technological readiness of the facilities. Work continues on producing a multi-year plan and budget for design, development and implementation.

#### Strengthening Paediatric System Planning

To ensure patients receive the right care from the right provider as close to home as possible, and to help enable seamless care delivery across the continuum of care, PCMCH, in collaboration with several stakeholders,

established standardized levels of care for paediatric inpatients. Approximately 95 hospitals in Ontario provide inpatient care to babies, children and youth from aged 0 to their 18<sup>th</sup> birthday. These facilities range from hospitals in rural or remote locations to those with dedicated paediatric beds and paediatric staff to academic centres that are equipped to provide care to inpatients who have high acuity and high medical and procedural complexity. PCMCH has gathered information regarding the paediatric services available from these hospitals and based on the information, levels of care were determined. Having these levels in place enable the next phase of system planning at the organizational, regional and provincial level.

#### Improving Accessibility

To help ensure high-quality and accessible paediatric palliative care (PPC) across the province, PCMCH, in partnership with the Paediatric Oncology Group of Ontario, have focused on activities related to improving frontline service delivery, provincial system planning and monitoring. To optimize access to expert care in a geographically vast area and with limited available expertise, a hub-and spoke model of outreach has been implemented; the hubs are the five Academic Health Sciences Centres and the spokes involve outreach to the five regional communities served by those Centres. Other key activities in 2020/21 included mapping available community-based health and human resources, collecting information on the current lived experience of caregivers providing and families receiving PPC services, and developing a position statement on hospital visitation in end-of-life situations during COVID. Work is

well underway to update the previously developed PPC End-of-Life Symptom Management guideline and to finalize PPC metrics and propose a mechanism for data collection and reporting.

**The Child and Youth Committee manages the following permanent programs, which are overseen by committees of professionals in the field:**

- Cleft Lip and Palate/Craniofacial Dental Program
- Complex Care for Kids Ontario
- Emergency Department Paediatric Readiness (convening 2021/22)
- Ontario Paediatric Bariatric Network
- Paediatric Diabetes Network
- Paediatric Levels of Care
- Provincial Paediatric Palliative Care

**Maternal-Child Transport Advisory Committee (Transport Committee)**

The Transport Committee oversees PCMCH’s inter-facility transport portfolio, working to achieve and sustain a uniform and coordinated transport system for high-risk pregnant individuals, newborns, children and youth in Ontario. In 2020/21, the Committee demonstrated its commitment to supporting quality and safety through the following initiatives.

**Improving Quality Through System Monitoring**

A scorecard to review clinical and systems metrics on a quarterly basis continues to be reviewed by the committee to identify gaps and opportunities for system improvement. These metrics are collected and reported with contributions from the Canadian Neonatal Transport Network and CitiCall Ontario. The scorecard allows the Committee to report on several items, including the number of transports performed by Ontario’s four specialized neonatal and paediatric transport teams, as well as the time between when a call is received and the team’s arrival at the patient’s location (response time).

**Facilitating Timely Access**

In the past year, the Transport Committee has worked with key partners to enhance the uptake of existing policies that support timely transport of high-risk maternal patients. Criteria for Life or Limb threatened high-risk obstetrical and neonatal patients were developed in collaboration with stakeholders directly involved in their care and transport. These criteria complement the work of the Ministry’s One Number to Call Phase II initiative; both support patients’ timely access to care at the closest, most appropriate hospital via the most appropriate mode of transport.

**Enhancing Transport for Patients in Northern Ontario**

Last year, the Transport Committee worked to address system gaps and issues related to transport in Northern Ontario. From October 2020 to February 2021, PCMCH convened 26 stakeholders involved in patient transport to form the Northern Transport Strategy Work Group. The strategies and recommendations they developed over the past year aim to improve transport for patients in northern Ontario, and were presented to the Transport Committee for further consideration in the coming year.



COMMITTEES AND ADVISORY GROUPS: 2020/21

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Bruce Squires  
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Hilary Whyte

MATERNAL-NEONATAL COMMITTEE

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Cheryl Harrison  
Ellen Blais  
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Crystal Edwards  
JoAnn Harrold  
Cynthia Maxwell

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Kate Miller  
Darlene Rose  
Kelly Falzon  
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Marion DeLand  
Joanne Dempsey  
Rob Gratton  
Wendy Katherine  
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CHILD AND YOUTH COMMITTEE

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Mona Jabbour  
Leanne McArthur  
Kimberley McClean  
Kaysee McCracken  
Angelo Mikrogianakis  
Caryn Nero  
Julia Orkin  
Jennifer Proulx  
Adam Rapoport  
Shannon Reaume  
Rhea Taplin  
Joshua Tepper  
Margaret van Beers  
Brenda Weitzner  
Ian Zenlea

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Hilary Whyte *(Co-chair)*  
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Teresa Bruni  
Marion DeLand  
Joanne Dempsey  
Sonny Dhanani  
Anna Gunz  
Jackie Hubbert  
Ian Joiner  
Kyong-Soon Lee  
Indra Narula  
Michael Narvey  
Melissa Parker  
Caroline Proctor  
Stephanie Redpath  
Michael Sanderson  
Bruce Sawadsky  
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Tammy LeRiche  
Kavita Parihar  
Lauren Rivard  
Modupe Tunde-Byass  
Simone Vigod  
Brenda Weitzner  
Georgina Wilcock  
Connie Williams  
Gillian Yeates

MATERNAL-CHILD TRANSPORT OPERATIONS GROUP

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Stephanie Redpath *(Co-chair)*  
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Linda Lalani  
Mike Merko  
Todd Mortimer  
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Carolyn Norman  
Justin Pyke  
Shirley Roddick  
Michael Sanderson  
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Alison Stevenson  
Adam Thurston  
Danielle Trigatti  
Brent Winchcombe

ONTARIO PAEDIATRIC BARIATRIC NETWORK ADVISORY COMMITTEE

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Tara Baron  
Sanjukta Basak  
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Annick Buchholz  
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Mary Dyck  
Alessandro Gabriele

Jennifer Green  
Carline Gutierrez  
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Kate Hamilton  
Carla Illoa  
Audra Jesso  
Allison Lougheed  
Katherine Morrison  
Rebecca Noseworthy  
Haley Nyboer  
Constance Oates  
Sarah Patterson  
Kelly Proulx  
Bethan Pulla  
Andrea Regina  
Tara West  
Angelina Wiwczor  
Jennifer Yu

ONTARIO PAEDIATRIC BARIATRIC NETWORK PERFORMANCE MEASUREMENT & EVALUTION WORKING GROUP

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Katherine Morrison *(Co-chair)*  
Sanjukta Basak  
Erin Brown  
Annick Buchholz  
Alessandro Gabriele  
Alice Haasdyk  
Jill Hamilton  
Audra Jesso  
Anne MacDiarmid  
Bushra Masoom  
Charmaine Mohipp  
Aislin Mushquash  
Haley Nyboer  
Constance Oates

Sinthu Panchadcharadevan  
Bethan Pulla  
Andrea Regina  
Jane Rutherford  
Alene Toulany  
Tara West  
Jennifer Yu

ONTARIO PAEDIATRIC BARIATRIC NETWORK MENTAL HEALTH TASK FORCE

Annick Buchholz  
Elizabeth Dettmer  
Melanie Gelfand  
Lia Lambovitch  
Anne MacDiarmid  
Katherine Morrison  
Aislin Mushquash  
Sheri Nsamenang  
Constance Oates  
Andrea Regina  
Nancy Wangui  
Ian Zenlea

CLEFT LIP & PALATE OPERATIONAL ADVISORY COMMITTEE

Valerie Albert  
Mazen Almaoui  
Rahil Begg  
Tonia Bryans  
Michael Casas  
Robert Carmichael  
Lillian Ciona  
Lucy Coppola  
Tammy DiGiovanni  
Kerry Fahey  
Gabriella Garisto  
Karen Kinnear  
Bala Kumbakonam

Carrie Laskey  
Stephanie Lauziere  
Paul MacDonald  
Christina Mellies  
Susann Nall  
Becky Olacke  
Thomas Oper  
Jeannie Panagiotopoulos  
Peter Pannozzo  
Olaf Plotzke  
Rose Rivard  
Sharon Samaan

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Michael Casas  
Gabriella Garisto  
Stephanie Lauziere  
Paul MacDonald  
Becky Olacke  
Thomas Oper  
Peter Pannozzo  
Olaf Plotzke

COMPLEX CARE FOR KIDS ONTARIO LEADERSHIP TABLE

Irene Andress  
Michelle Biehler  
Teresa Bruni  
Jennifer Churchill  
Eyal Cohen  
Darren Connelly  
Kathryn Eager  
Kimberley Floyd  
Lara Keable-John  
Chantal Krantz  
Kate Langrish  
Sophia Lawson

Audrey Lim  
Natalie Major  
Lynanne Mason  
Sue Mendelsohn  
Sean Murray  
Rahul Ohja  
Julia Orkin  
Tanja Patry  
Shannon Reaume  
Joanna Soscia  
Debbie Turner  
Lisa Webster

COMPLEX CARE FOR KIDS ONTARIO YOUTH TRANSITIONING TO ADULT CARE TOOLKIT WORKING GROUP

Sherri Adams  
Erin Alcaide  
Erin Brandon  
Darren Connelly  
Leah Costa  
Jon Greenway  
Megan Henze  
Audrey Lim  
Sydney Truelove

INCLUSION, DIVERSITY, EQUITY AND ACCESS ADVISORY GROUP

Anna Banerji  
Ellen Blais  
Elizabeth Brandeis  
Wendy Katherine  
Cynthia Maxwell  
Sara Wolfe

**MATERNAL TRANSPORT  
STRATEGY WORK  
GROUP**

Hilary Whyte (*Chair*)  
Maher Abou-Seido  
Jon Barrett  
Kim Carter  
Catherine Cowal  
Marion DeLand  
Joanne Dempsey  
Daryl Ewan  
Kim Felker  
Karen Fung-Kee-Fung  
Meghan Gilbert  
Andrew Hemlin  
Lorena Jenks  
Michael Longeway  
Rudolph Novak  
Jennifer Perrin  
Bruce Sawadsky  
Wendy Whittle  
Gillian Yeates

**DEFINING CRITERIA  
FOR LIFE OR LIMB  
THREATENED  
MATERNAL AND  
NEONATAL PATIENTS  
WORK GROUP**

Jon Barrett  
Sheena Branigan  
Bryon DeFrance  
Marion DeLand  
Joanne Dempsey  
Elaine Jeffries  
Lorena Jenks  
Dana Radke  
Stephanie Redpath  
Lauren Rivard

Henry Roukema  
Gareth Seaward  
Wendy Whittle  
Hilary Whyte  
Connie Williams  
Gillian Yeates

**NORTHERN  
TRANSPORT STRATEGY  
WORK GROUP**

Teresa Bruni (*Co-chair*)  
Hilary Whyte (*Co-chair*)  
Brienne Bodkin  
Cheryl Clayton  
Jessica Davis  
Joanne Dempsey  
Katie Forbes  
Karen Gripp  
Anna Gunz  
Lorena Jenks  
Leona Kakepetum  
Linda Lalani  
Ron Laverty

Michael McCallion  
Erin Montgomery  
Sean Moore  
Todd Mortimer  
Anjali Oberai  
Stephanie Redpath  
Judy Rogers  
Kiirsti Stilla  
Cindy VandeVyvere  
Emilie Veilleux  
Stasa Veroukis  
Joel Warkentin  
Tim Wehner

**PAEDIATRIC LEVELS OF  
CARE IMPLEMENTATION  
GROUP**

Peter Fitzgerald (*Co-chair*)  
Teresa Bruni (*Co-chair*)  
Peter Azzopardi  
Sarah Barker  
Mark Brintnell  
Debra Carson  
Jonathan DellaVedova  
Ginette Ferguson  
Meghan Gilbert  
Isabel Hayward  
Mona Jabbour  
Leanne McArthur  
Cheryl Osborne  
Cori Watson  
Judy Van Clieaf

**HELIMODS STRETCHER  
BRIDGE AND PAEDIATRIC  
TRANSPORT SYSTEM  
WORK GROUP**

Kristie Newton (*Co-chair*)  
Stephanie Redpath (*Co-chair*)  
Jill Allan  
Cheryl Aubertin  
Deborah Barnard  
John Barnes  
Tricia Brown  
Adam Carman  
Kim Greenwood  
Mike Merko  
Joe Morgan  
Justin Pyke  
Michael Sanderson  
Adam Thurston  
Navtej Virdi

**PAEDIATRIC  
STANDARDIZED  
TRANSPORT  
EQUIPMENT  
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Mark Walker (*Co-chair*)

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