A Clinical Practice Guide for Pediatric Feeding Disorder

Pediatric Eating And Swallowing (PEAS) Provincial Project

Alberta Health Services

Welcome

- Introductions & Objectives

SLP Discipline Lead, ACH

Dr. Bev Collisson

Prov. Practice Lead, Nutrition Services

Melissa Lachapelle

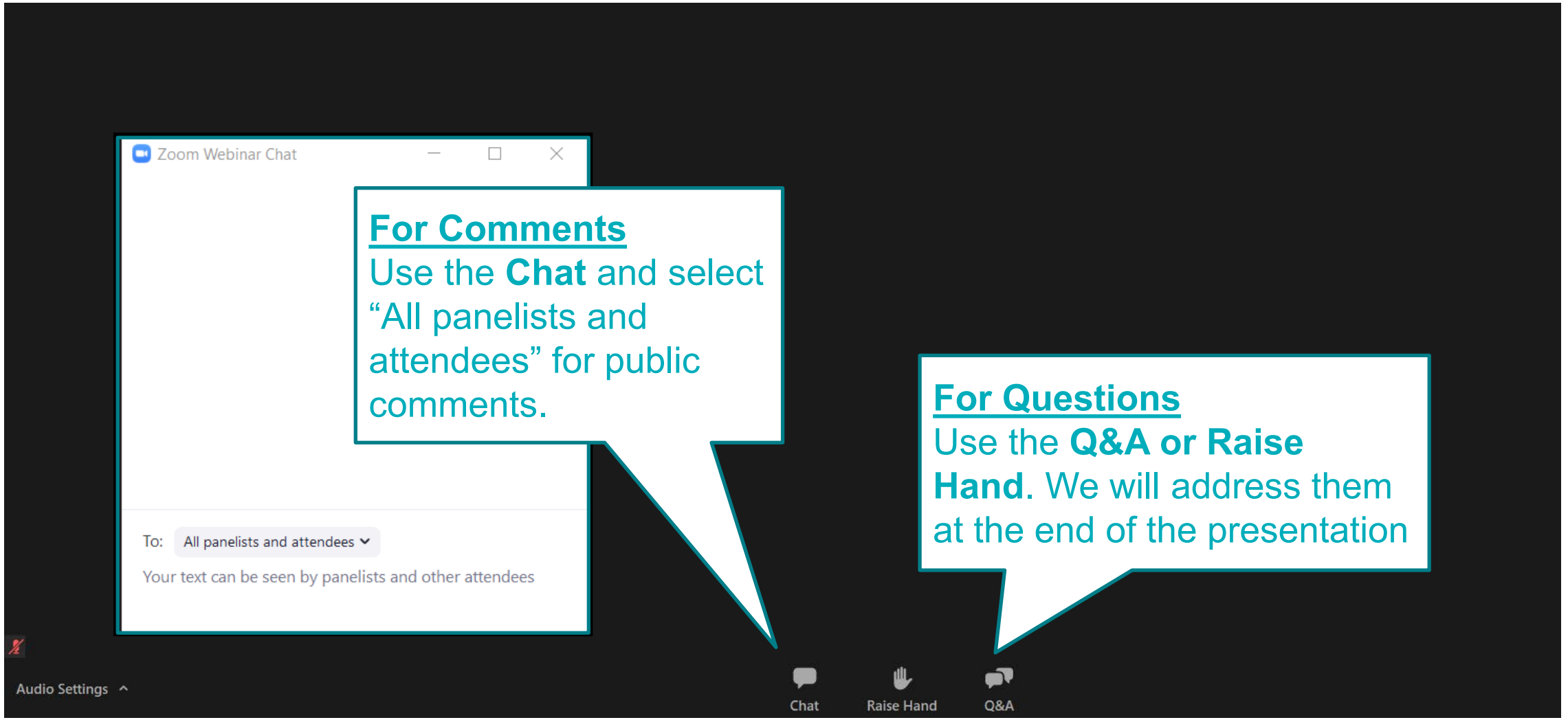
Patient Care Manager, ACH

Rachelle Van Vliet

PEAS Project

PEAS.Project@ahs.ca

PEAS Provider Training: Overview & New Tools



Project Scope

The Pediatric Eating And Swallowing (PEAS) Project is a provincial **quality improvement** initiative with the purpose of developing a provincial eating, feeding, and swallowing **clinical pathway** to standardize and improve care for children with a **pediatric feeding disorder**.[1]

Target population: Patients receiving care from provincial Outpatient Clinics, Home Care, or Community Rehabilitation

[1] Goday PS et al. *Pediatric Feeding Disorder: Consensus Definition and Conceptual Framework.* J Pediatr Gastroenterol Nutr. 2019 Jan;68(1):124-129.

Pediatric Feeding Disorder

A) A disturbance in oral intake of nutrients, inappropriate for age, lasting at least two weeks and associated with one or more of the following:

1) Medical dysfunction

2) Nutritional dysfunction

3) Feeding skill dysfunction

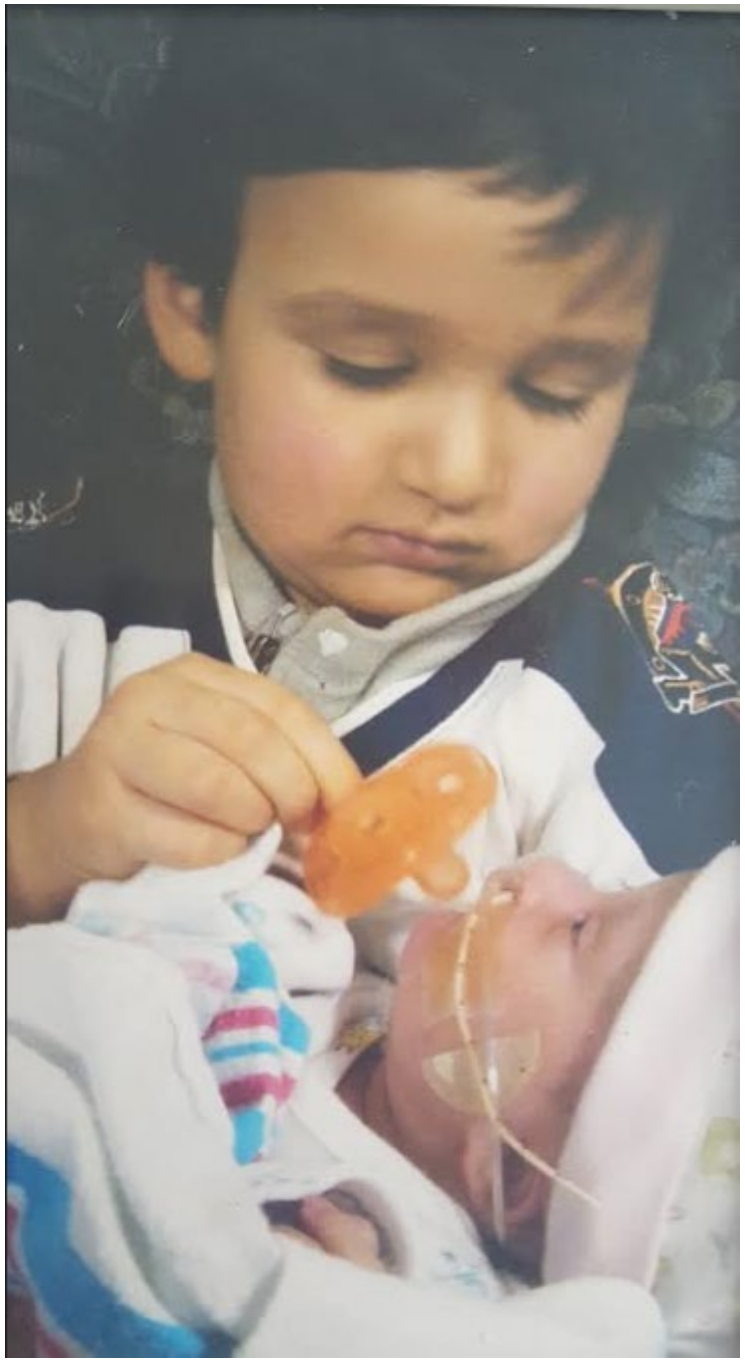
4) Psychosocial dysfunction

B) Absence of the cognitive processes consistent with eating disorders and pattern of oral intake that is not due to a lack of food or congruent with cultural norms (Goday, et al., 2019).

Family Story
Mona Dhanda

Eisha – Age 8

Eisha – Birth Story



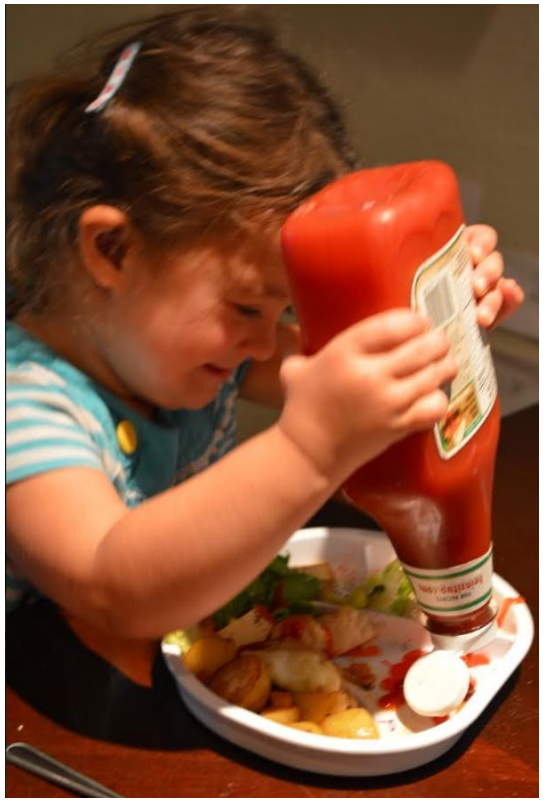
Eisha – The first year

Eisha - Transition to solid food - Daycare and School

Eisha – Education, Interventions & Supplies

Eisha – Appropriate eating and non food items

Eisha – Specialized Services and taking chances on food



Eisha – Still working hard – This meal took 90 mins to complete

PEAS Clinical Practice Guide

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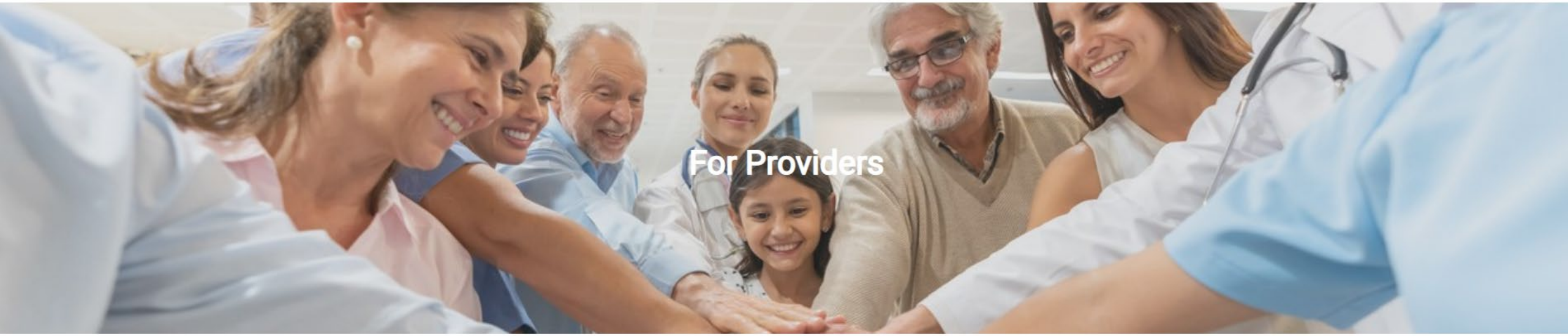
Clinical Practice Guide for Healthcare Professionals

Provides **information, guidance and recommendations**, to support health care professionals in making **clinical decisions** regarding the **screening, assessment and management** of children with pediatric feeding disorder.

- Oral & Enteral populations
- Online or downloadable version
- CPG Quick Reference of Tables & Figures



FOR PROVIDERS
CLINICAL PRACTICE GUIDE
CLINICAL TOOLS & FORMS
COLLABORATIVE PRACTICE
PROFESSIONAL DEVELOPMENT
COMMUNITY OF PRACTICE

For Providers

The following are an array of evidence-based resources for healthcare providers in Alberta to support your work in serving children and families with the safest care, in a collaborative team, wherever possible.

Clinical Practice Guide

READ MORE

Clinical Tools & Forms

- Screening Tool
- Assessment Tools and Questions
- Food Record
- Collaborative Goal Wheel

Summary

Pediatric Eating, Feeding and Swallowing (EFS) Disorder: A Clinical Practice Guide (CPG) for Healthcare Professionals

Click to download CPG

Purpose

Pediatric Eating, Feeding and Swallowing (EFS) Disorder – A Clinical Practice Guide for Healthcare Professionals provides information, guidance and recommendations, to support healthcare professionals in making clinical decisions regarding the screening, assessment and management of children with eating, feeding and swallowing disorder. The guide was prepared for Alberta Health Services (AHS) by an expert clinical reference group under the auspice of the Maternal Newborn Child & Youth Strategic Clinical Network ™ (MNCY SCN) and is aimed at achieving the best possible pediatric care throughout the province.

Key Principles

The guide reflects what is currently regarded as a safe and appropriate approach to the screening, assessment and management of children with eating, feeding and swallowing (EFS) disorder. This document should be used as a guide, rather than as a complete authoritative statement of procedures to be followed in respect of each individual presentation. It does not replace the need for the application of clinical judgement to each individual presentation.

As in any clinical situation, and due to the heterogeneous nature of EFS disorder, there are factors that cannot be covered by a single guide. Clinicians need to assess and develop individual treatment plans tailored to the specific needs and circumstances of the child and family. This guide should be read in conjunction with other relevant guidelines, position papers, codes of conduct, and policies and procedures, at professional, organizational and local levels.

Use of Guide

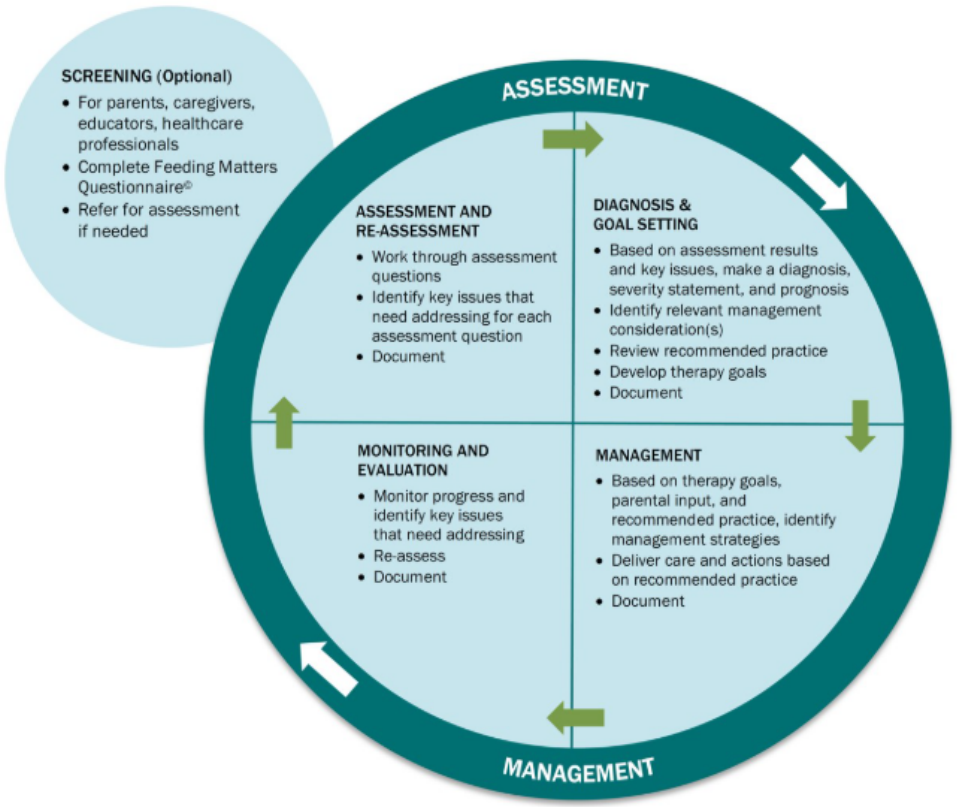
Senior Operating Officers and Directors should ensure:

How to Use this Guide

Assessment and management of EFS disorder in children is an ongoing, cyclical process (see Figure 2). The inner quadrants depict the four distinct, but interrelated steps in the Pediatric Feeding Care Cycle. Detail regarding the necessary actions are recommended in each quadrant. The outer ring identifies the components of the guide that relate to the steps.

Figure 2: Pediatric Feeding Care Cycle

(NSW Office of Kids and Families, 2016)



Conceptual Framework

Consensus Definitions

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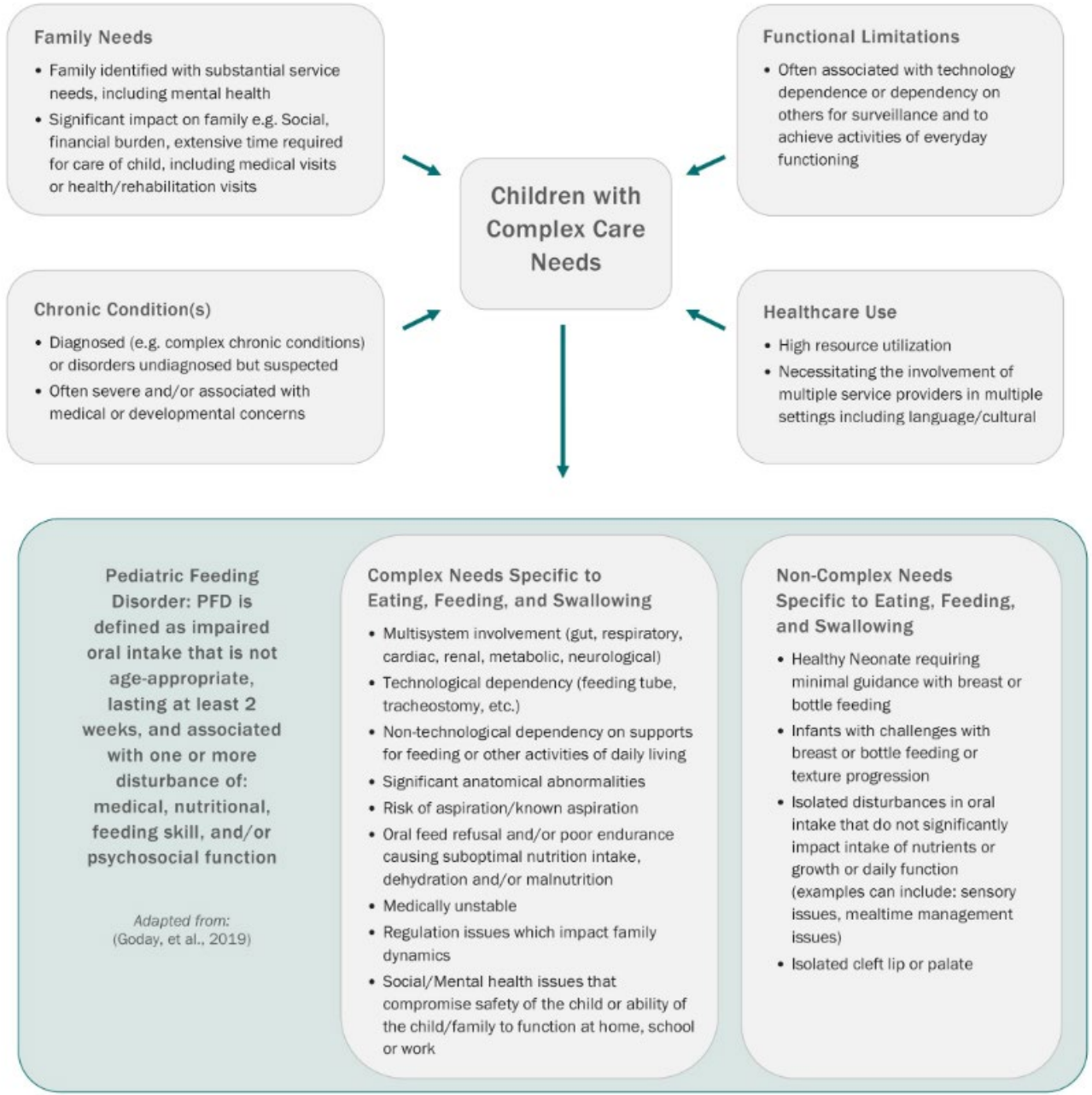
Consensus Definition

- **Eating**
- **Feeding**
- **Swallowing**
  - Oral Preparatory
  - Oral Transit
  - Pharyngeal
  - Esophageal
- **Pediatric Feeding Disorder**
- **Pediatric Swallowing (Dysphagia) Disorder**

Children with Complex Care Needs

Figure 1: Definitional Framework for Children with Complex Care Needs Specific to Eating, Feeding and Swallowing



(Canadian Association of Paediatric Health Centres (CAPHC), Complex Care Community of Practice, 2018; NSW Office of Kids and Families, 2016)

Relational Approach

- Responsive feeding
- Responsive feeding environment
- Responsive feeding intervention

Screening

Pediatric Feeding Disorder and Dysphagia

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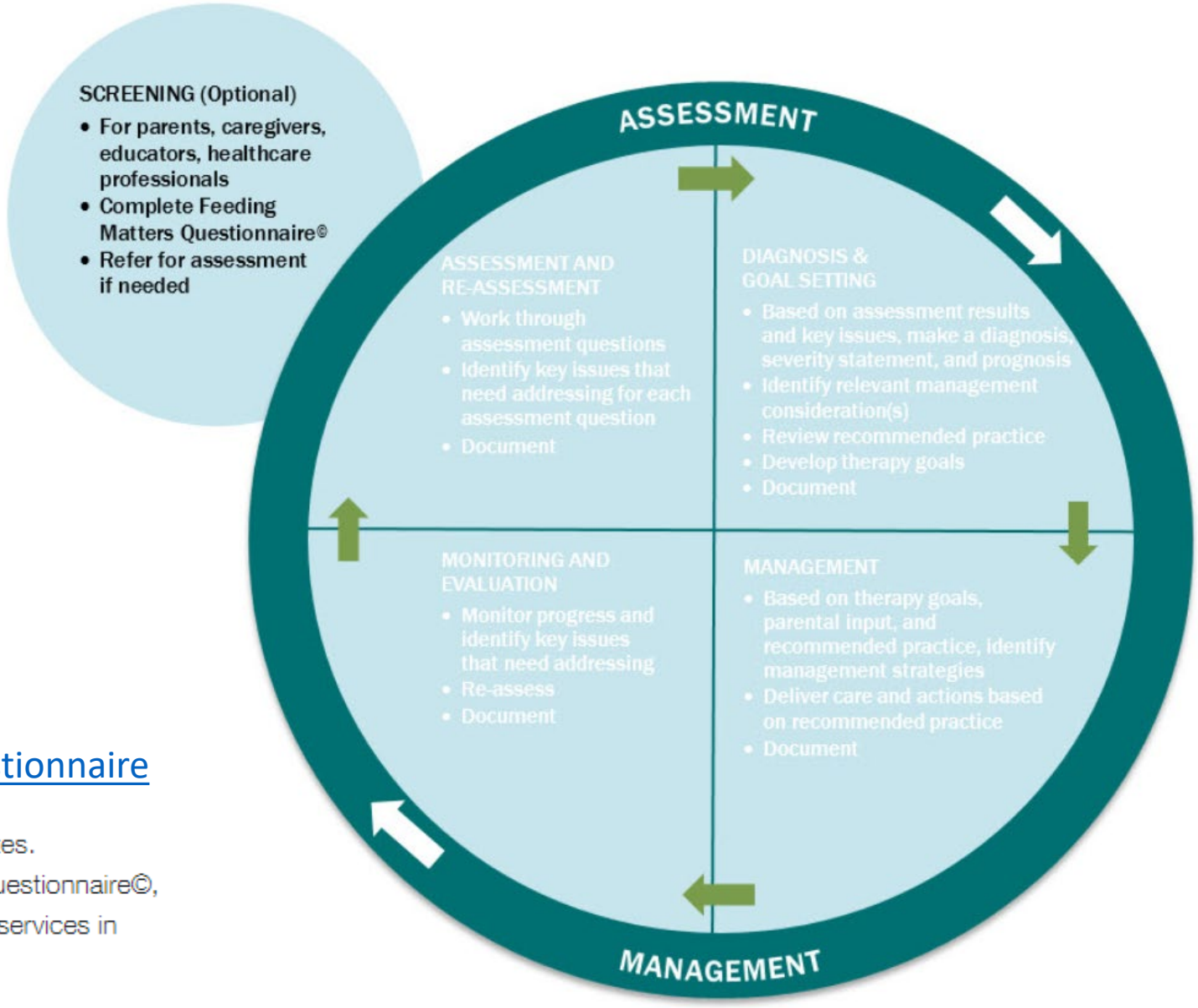
Screening

Figure 3: Pediatric Feeding Care Cycle

(NSW Office of Kids and Families, 2016)



START QUESTIONNAIRE

http://questionnaire.feedingmatters.org/questionnaire

Note: this link will direct you to Feeding Matters in the United States.
After completing the Feeding Matters Infant and Child Feeding Questionnaire©, please return to this website and click on Find Services to locate services in Alberta

Assessment

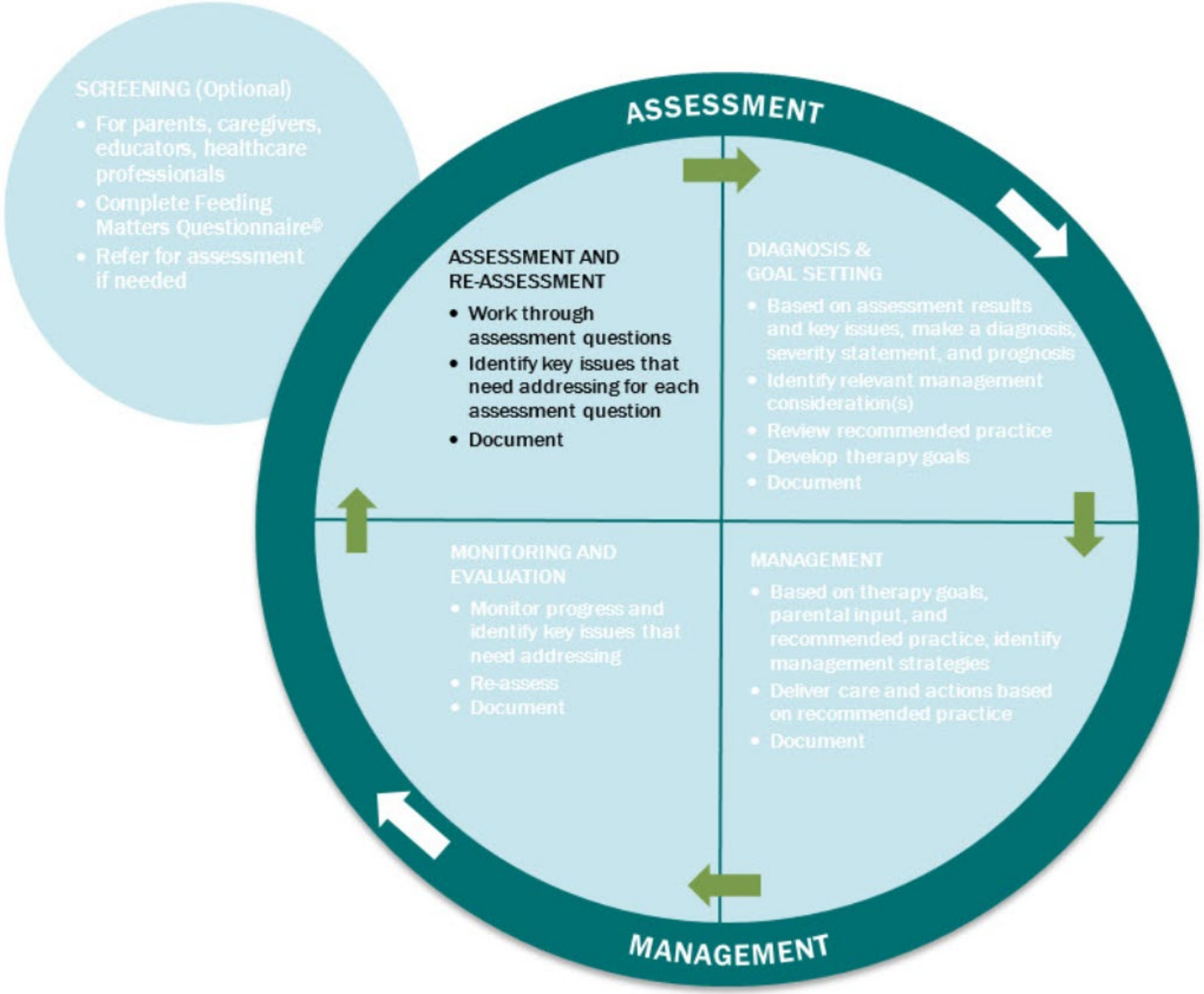
4 Domains of PFD

5 Key Questions of PFD

Assessment

Figure 4: Pediatric Feeding Care Cycle

(NSW Office of Kids and Families, 2016)



4 Health Domains of PFD

- Medical Domain
- Nutrition & Hydration Domain
- Feeding Skill Domain
- Psychosocial Domain

5 Key Questions of PFD

- Question 1: Is the Current Method of Feeding Safe? +
- Question 2: Is Feeding Adequate? +
- Question 3: Is Feeding a Positive Experience for Child and Parent? +
- Question 4: Is Feeding Appropriate for the Child's Developmental Capacity? +
- Question 5: Is Feeding Efficient? +

Assessment

Dysphagia

1 Key Question

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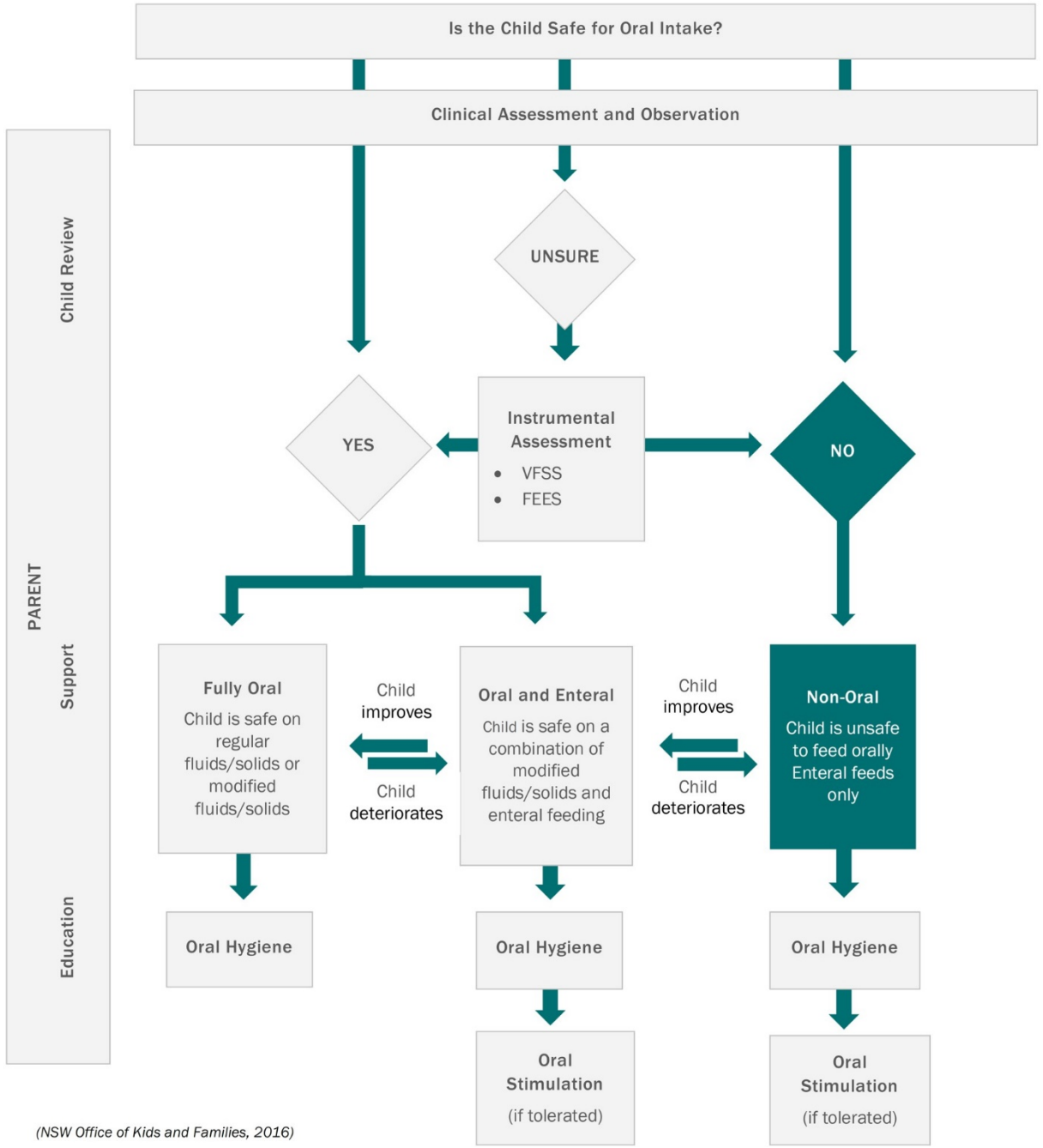
1 Key Question of Dysphagia

Is swallowing safe?

- Are there signs and symptoms of decreased airway protection?
- Can physiological and respiratory stability improve safe oral feeding?
- Can compensatory strategies, rehabilitation interventions, or diet modifications improve safe and swallowing?

Figure 8: Safe Swallowing Decision Flow Chart



(NSW Office of Kids and Families, 2016)

TABLE 2: WHEN TO CONSIDER VFSS

WHEN TO CONSIDER VFSS	CONTRAINDICATIONS OF VFSS
• Patient cooperation is maximized • Some exposure to oral intake – a minimal amount is necessary to obtain enough diagnostic information from the study • Fatigue with feeding	• Potential for medical complications or potential for compromised pulmonary function (suboptimal endurance) • Child is NPO

TABLE 3: ADVANTAGES AND DISADVANTAGE O

ADVANTAGES OF VFSS
• Defines oral and pharyngeal stages of swa • Provides dynamic imaging of oral, pharyng esophageal phases of swallowing • Non-Intrusive (although, for some the conf considered intrusive) • Assesses various consistencies • Provides ongoing view of airway protection swallows • Verifies outcomes of modifications

(Logemann, 1991)

TABLE 4: WHEN TO CONSIDER FEES

WHEN TO CONSIDER FEES	CONTRAINDICATIONS OF FEES
• clinical signs of aspiration during the clinical evaluation for bottle or breastfeeding • poor or questionable secretion management • stertor • stridor • suspected laryngeal abnormality • fatigue with feeding • considering initiation of oral intake • assess progress or change	• inability to tolerate or pass a nasogastric tube • anatomic conditions such as choanal atresia and nasal or pharyngeal stenosis

TABLE 5: ADVANTAGES AND DISADVANTAGES OF FEES

ADVANTAGES OF FEES	DISADVANTAGES OF FEES
• it is possible to complete if non-oral or limited oral intake • assesses secretion management • visualizes pharyngeal and laryngeal anatomy • visualizes the vocal cords • assesses various consistencies	• intrusive • actual swallow is obscured (white out) • cannot assess esophageal phase • operator dependent and open to subjective interpretation

Management

Oral Feeding

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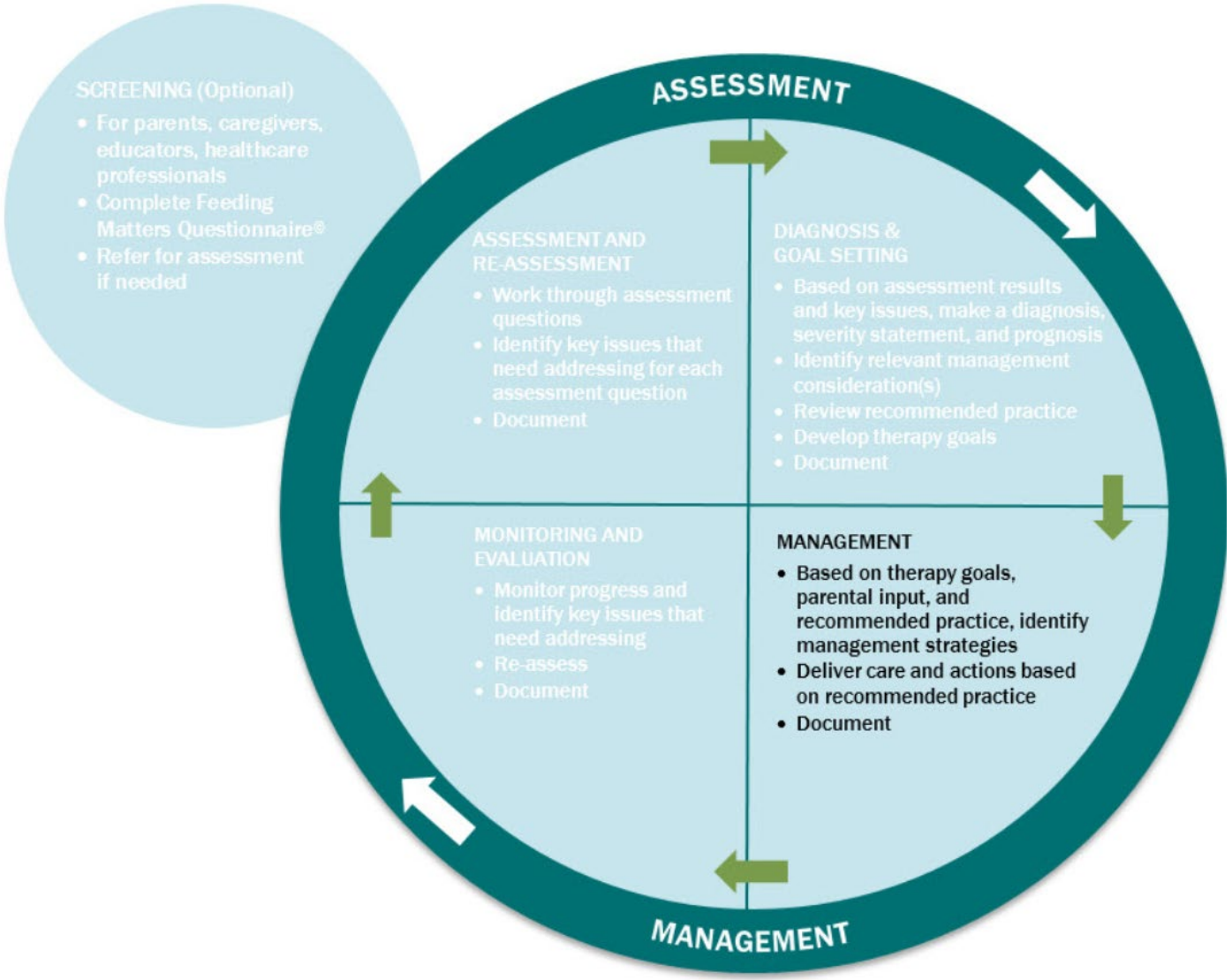
Management

Figure 6: Pediatric Feeding Care Cycle

(NSW Office of Kids and Families, 2016)



Management: Oral Feeding Overview

1. Medical stability
2. Facilitating safe swallowing
3. Nutrition management to improve nutritional intake
4. Seating and positioning
5. Feeding skill development
6. Feeding environments and routines
7. Sensory processing
8. Oral hygiene and dental health

Medical Stability

- Medically stable as per a physician
- At least 30 weeks gestation
- Off ventilation for at least 24 hours
- Able to maintain a resting respiratory rate of 60-70 breaths per minute or less with no respiratory distress cues
- Maintaining wakeful periods – quiet alert state
- Managing secretions (oral and pharyngeal)
- Tolerating enteral feeds
- Displaying hunger cues (preferred for feeding trials)

Facilitating Safe Swallow

- Goal is to facilitate oral intake while minimizing risk of airway compromise
- Should involve a team approach
- Reassessment with changes in health
- Compensation strategies and rehabilitation techniques

Facilitating Safe Swallow

- Pacing and nipple flow rates
- Method of bolus delivery
  - i.e. Appendix 6, Equipment List
- Texture modification, progression, and nutrition
- Thickener considerations (Table 9)

Nutrition Management

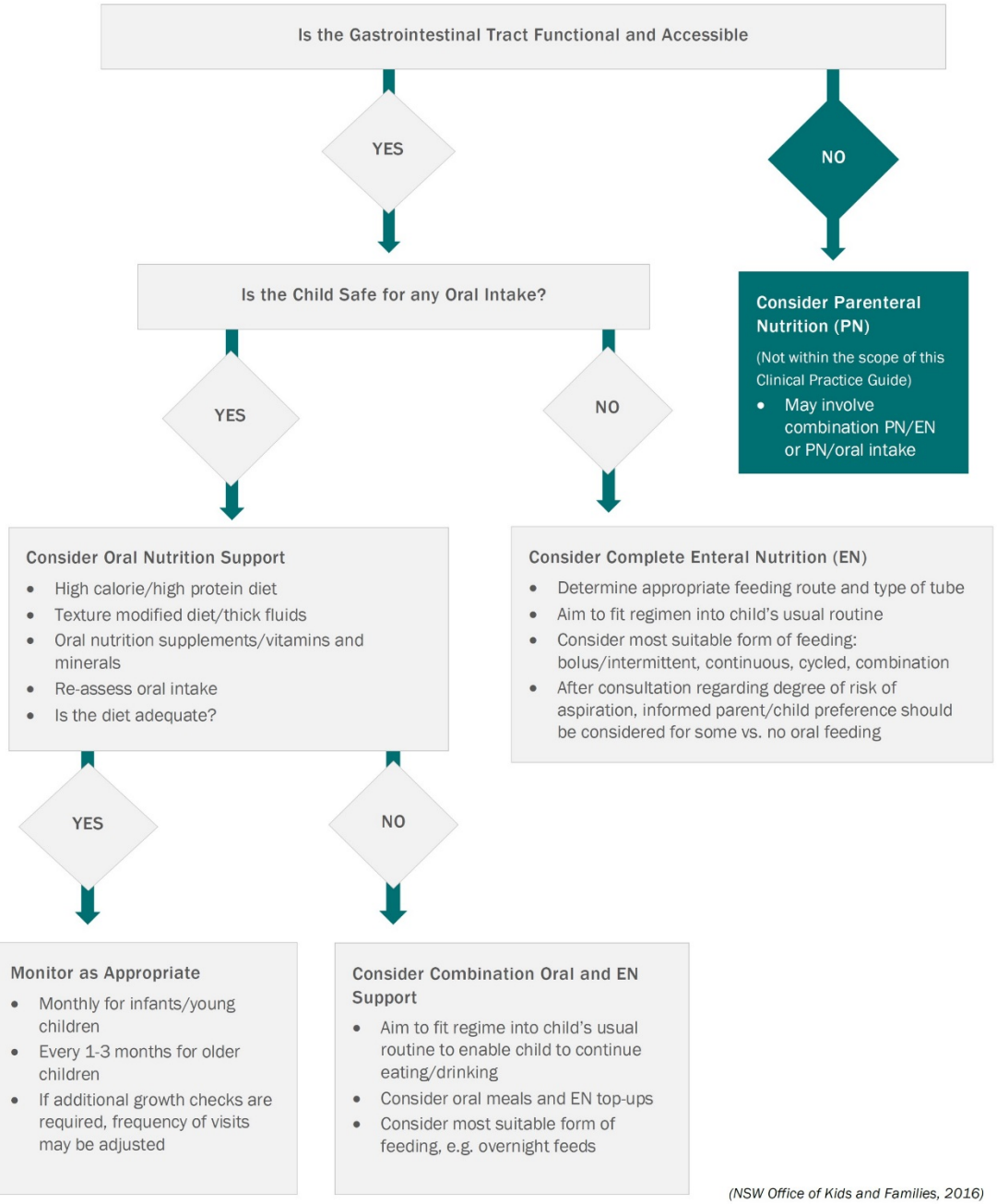
- Children with PFD are at greater risk of malnutrition
- Goal is to support growth and optimal health
- Strategies may vary based on age, medical condition, skill, psychosocial factors and current intake
- Enteral nutrition support may be considered when oral intake cannot be well supported.

Nutrition Management

- High calorie high protein diet, texture modification, oral nutrition supplements, vitamins/minerals
- Enteral nutrition considerations
- A combination of oral and enteral feeds

Figure 7: Nutrition Support Decision Making Tree (Modality Algorithm)

For use when oral intake has been assessed as inadequate or inefficient

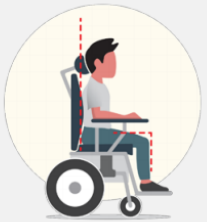
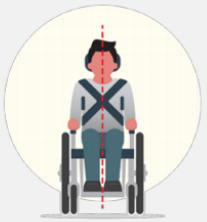
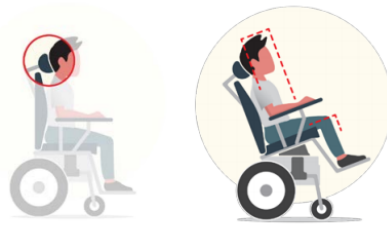


(NSW Office of Kids and Families, 2016)

Seating and Positioning

- Stability-mobility patterns for coordination of suck-swallow-breathe
- Positioning intervention for functional sitting
- Guidance for infants and children, use of highchairs and boosters, and significant postural needs
- Equipment considerations

TABLE 10: POSITIONING FOR INFANTS, CHILDREN AND YOUTH WITH SIGNIFICANT POSTURAL NEEDS

	POSTURAL NEED	PICTURE
Pelvic Stability	• pelvic stability provides the base foundation of support in a sitting position. Pelvis should be positioned at neutral or with slight anterior tilt, with 90 degrees hip flexion	
Feet Support	• support feet on a stable surface as this will influence pelvis and hip stability	
Trunk Control	• poor trunk control can lead to poor upper extremity and head control. Lateral supports may assist with providing adequate trunk stability for those children that cannot independently maintain a midline position of the trunk • monitor the effect of lateral supports on a child's respiration	
Head Support	• head support, e.g. a chair with a high back or a head rest may be required if adequate head control has not yet been achieved • the more upright the seated position the more the head and neck need to work therefore tilt or recline may reduce the amount of effort involved in keeping the head and neck in midline • tilt is preferable as it does not change the position of the pelvis	
Tray Access	• initially provides extra trunk support and stability, and later provides a place for forearms and elbows as the child begins to attempt to self-feed	

FOR FAMILIES
ORAL FEEDING
TUBE FEEDING
FAMILY LIFE & SELF-CARE
YOUR CARE TEAM
CARE COORDINATION
TOOLS & TEMPLATES

QUICK LINKS
IS FEEDING A STRUGGLE?
FIND SERVICES
VIRTUAL HEALTH
EQUIPMENT & SUPPLIES
FUNDING INFORMATION
FAQS

Oral Feeding

Oral feeding challenges (eating by mouth) can be extremely stressful for many caregivers. With these resources, support from your healthcare team and practice, your child's health and nutrition can improve and you can enjoy a positive feeding relationship with your child.

Education Materials

Note for Healthcare Providers: AHS Forms and Handouts can be printed directly or or

Swallowing Difficulties (Dysphagia)

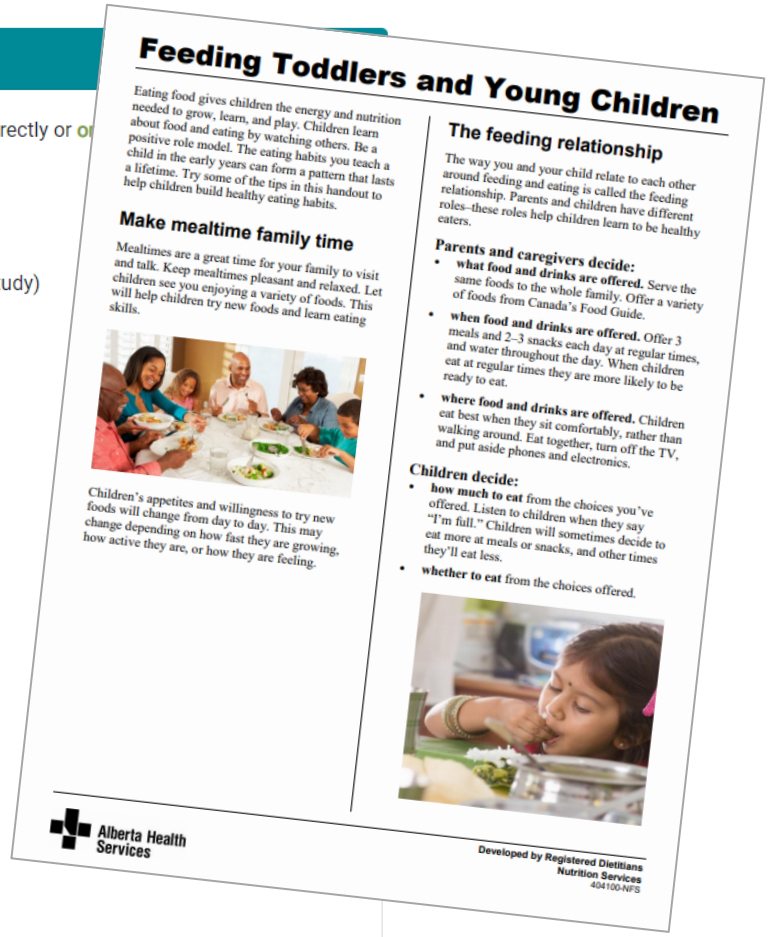
- Tips to Eat and Swallow Safely
- When Your Child is Having a VFSS (Videofluoroscopic Swallow Study)
- Having a Swallowing Test - Videofluoroscopy

Texture Modified Diets

- Dysphagia Soft Diet
- Easy To Chew Diet
- Minced Diet
- Pureed Bread Products
- Pureed Diet
- Thick Fluids

Feeding Skill Development

- Feeding Toddlers and Young Children
- Food Ideas by Colour
- Food Ideas by Flavour
- Food Ideas by Texture
- Food Play
- Food Textures for Children



Feeding Toddlers and Young Children

Eating food gives children the energy and nutrition needed to grow, learn, and play. Children learn about food and eating by watching others. Be a positive role model. The eating habits you teach a child in the early years can form a pattern that lasts a lifetime. Try some of the tips in this handout to help children build healthy eating habits.

Make mealtime family time

Mealtimes are a great time for your family to visit and talk. Keep mealtimes pleasant and relaxed. Let children see you enjoying a variety of foods. This will help children try new foods and learn eating skills.

Children's appetites and willingness to try new foods will change from day to day. This may change depending on how fast they are growing, how active they are, or how they are feeling.

The feeding relationship

The way you and your child relate to each other around feeding and eating is called the feeding relationship. Parents and children have different roles–these roles help children learn to be healthy eaters.

Parents and caregivers decide:

- what food and drinks are offered. Serve the same foods to the whole family. Offer a variety of foods from Canada's Food Guide.
- when food and drinks are offered. Offer 3 meals and 2–3 snacks each day at regular times, and water throughout the day. When children eat at regular times they are more likely to be ready to eat.
- where food and drinks are offered. Children eat best when they sit comfortably, rather than walking around. Eat together, turn off the TV, and put aside phones and electronics.

Children decide:

- how much to eat from the choices you've offered. Listen to children when they say "I'm full." Children will sometimes decide to eat more at meals or snacks, and other times they'll eat less.
- whether to eat from the choices offered.

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Developed by Registered Dietitians Nutrition Services
404100-NFS

Feeding Environments & Routines

- Supporting Mealtime Routines
- Supporting Mealtime Environments
- Considering Communication and Behaviour
- Supporting a Positive Feeding Relationship with Positive Mealtime Interactions

Sensory Processing/Regulation

- Informed by assessment through parent interview and observations
- A child' response to sensory information may impact their feeding development and mealtime experience
- Achieve and maintain a calm but alert state
- Adjustments to accommodate sensory needs is more likely to result in a positive feeding experience

Management
Enteral Feeding

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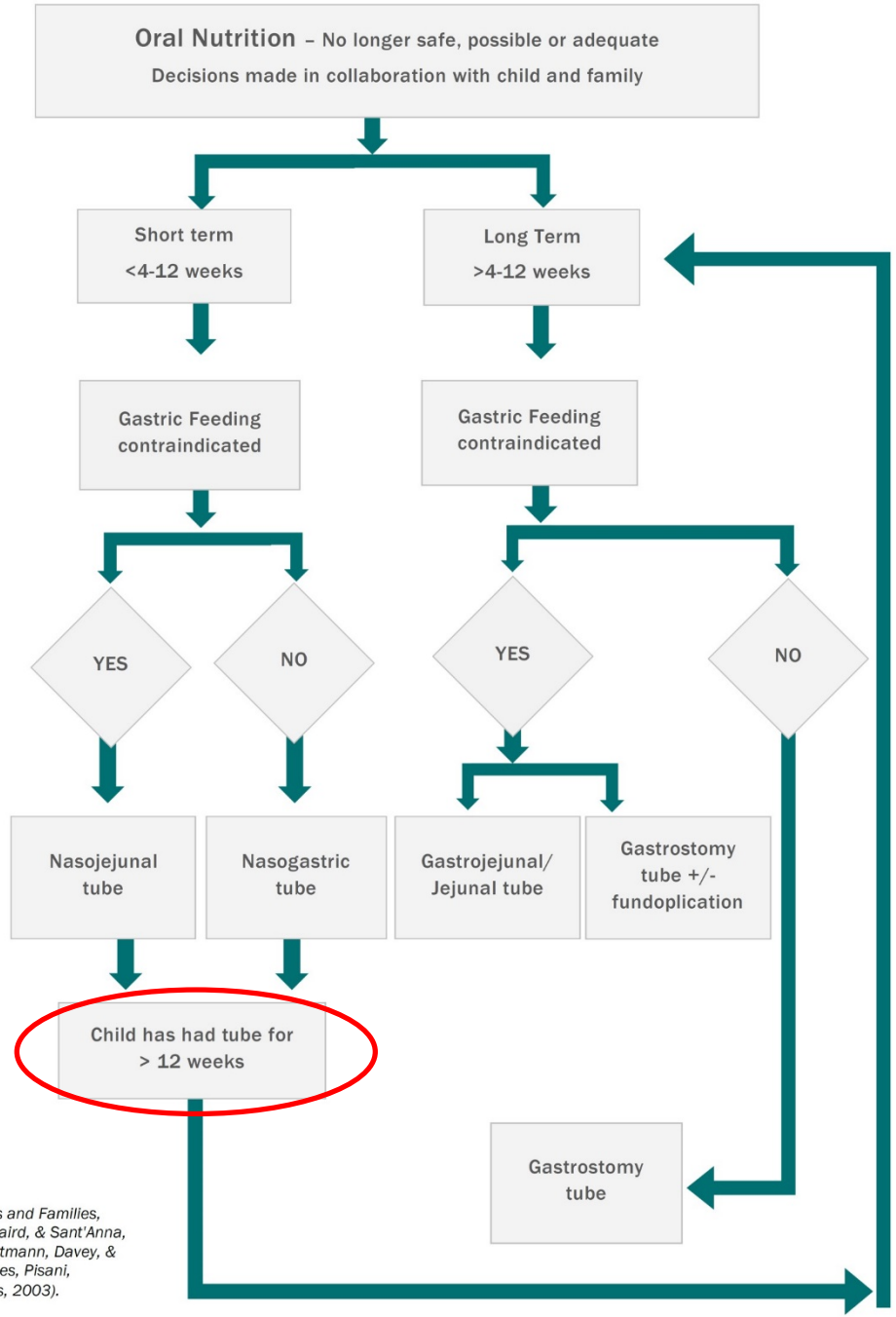
Management: Enteral Feeding

- Early discussions with family are important
- Consider long term tube placement when enteral feeding is expected over 4-12 weeks
- Recommendations based on expert guidelines and safety concerns

Figure 10: Decision Making for Selection of Appropriate Tube Type



(NSW Office of Kids and Families, 2016); (Ricciuto, Baird, & Sant'Anna, 2015) (Wilken, Bartmann, Davey, & Bagci, 2018) (Gomes, Pisani, Macedo, & Campos, 2003).

TABLE 13: FEEDING PUMP CRITERIA

Medical Indications for Feeding Pump Use	• continuous feeds – day and, or night feeds • jejunal feeds (given continuously) • physiologically required (continuous feeds are required, e.g. inborn errors of metabolism) • bolus feeds provided over >60-90 minutes or unacceptable length of time for patient age or size, e.g. due to: - high volume of feed - increased risk of aspiration/pneumonia requiring slow feeds • gravity feeds not tolerated, e.g. dumping syndrome, chronic diarrhea or vomiting
Indications for Feeding Pump Discontinuation	• gravity feeds are tolerated • continuous feeds are discontinued, e.g. jejunal feeds are discontinued
Requests for Feeding Pump that are not Medically Supported (and Suggestions for Response)	• formula is too viscous to run by gravity - use large bore feeding bags, dilute formula (in consultation with a dietitian), or push feed with syringe • family is familiar with pump use - provide education • family preference without supporting rationale - must be a truly exceptional and short-term circumstance, e.g. palliation - families may source feeding pumps and funding privately

Monitoring Enteral Nutrition

Quarterly assessment (ASPEN):

- Physical exam
- Medication review
- Growth evaluation
- Tolerance of feed type and delivery
- Oral feeding readiness and/or progression

Transition from Enteral to Oral Feeding

Supporting eating skills:

- Assess readiness
- Set achievable goals
- Oral preparation

*The entire oral management section of the CPG!

Preparing to wean:

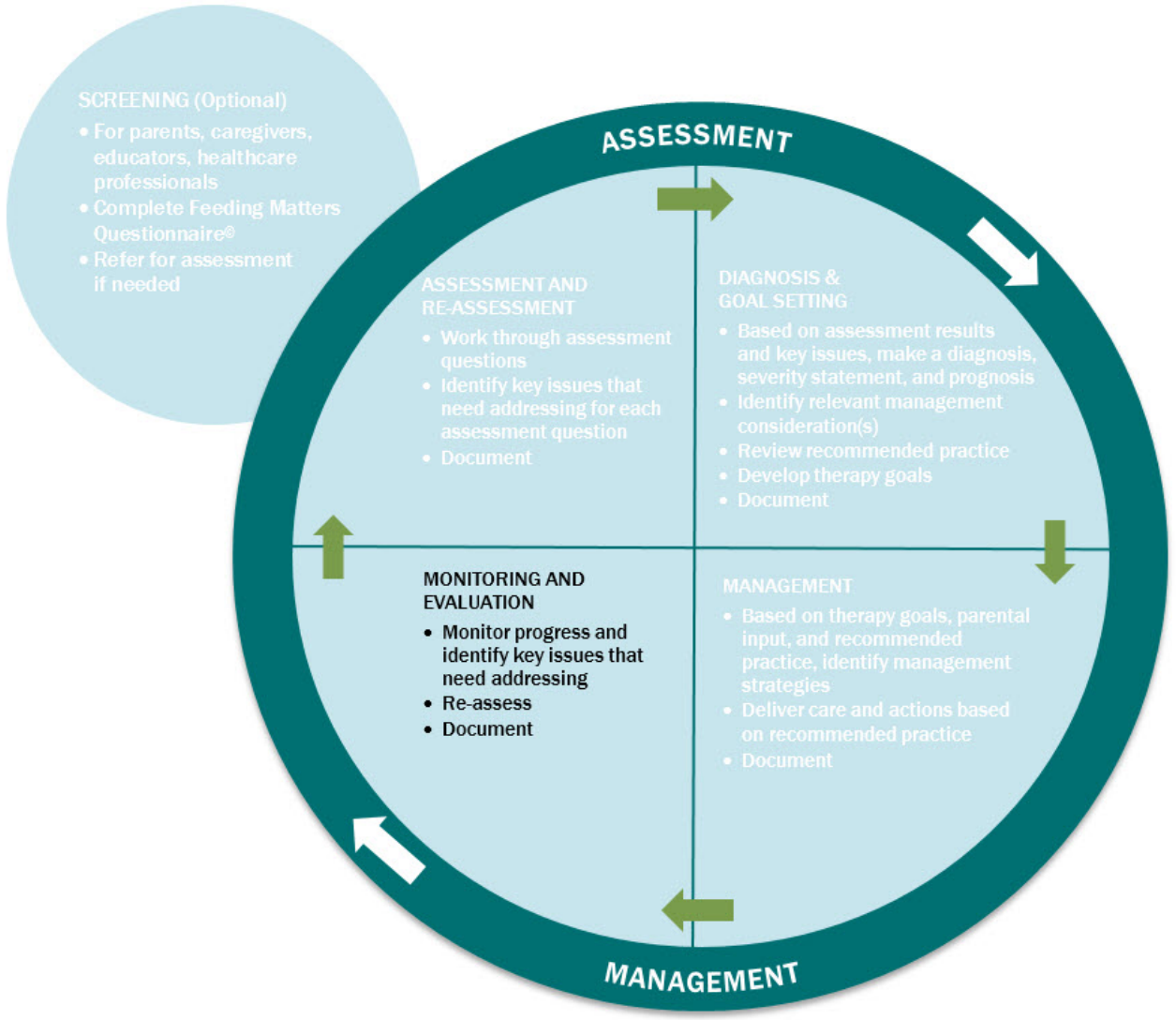
- Hunger provocation
- Support eating skills
- Exposure to food
- Reduce stress
- Acknowledge and respond to the child's cues
- Avoid force feeding

Monitoring & Evaluation

Monitoring & Evaluation

Figure 11: Pediatric Feeding Care Cycle

(NSW Office of Kids and Families, 2016).



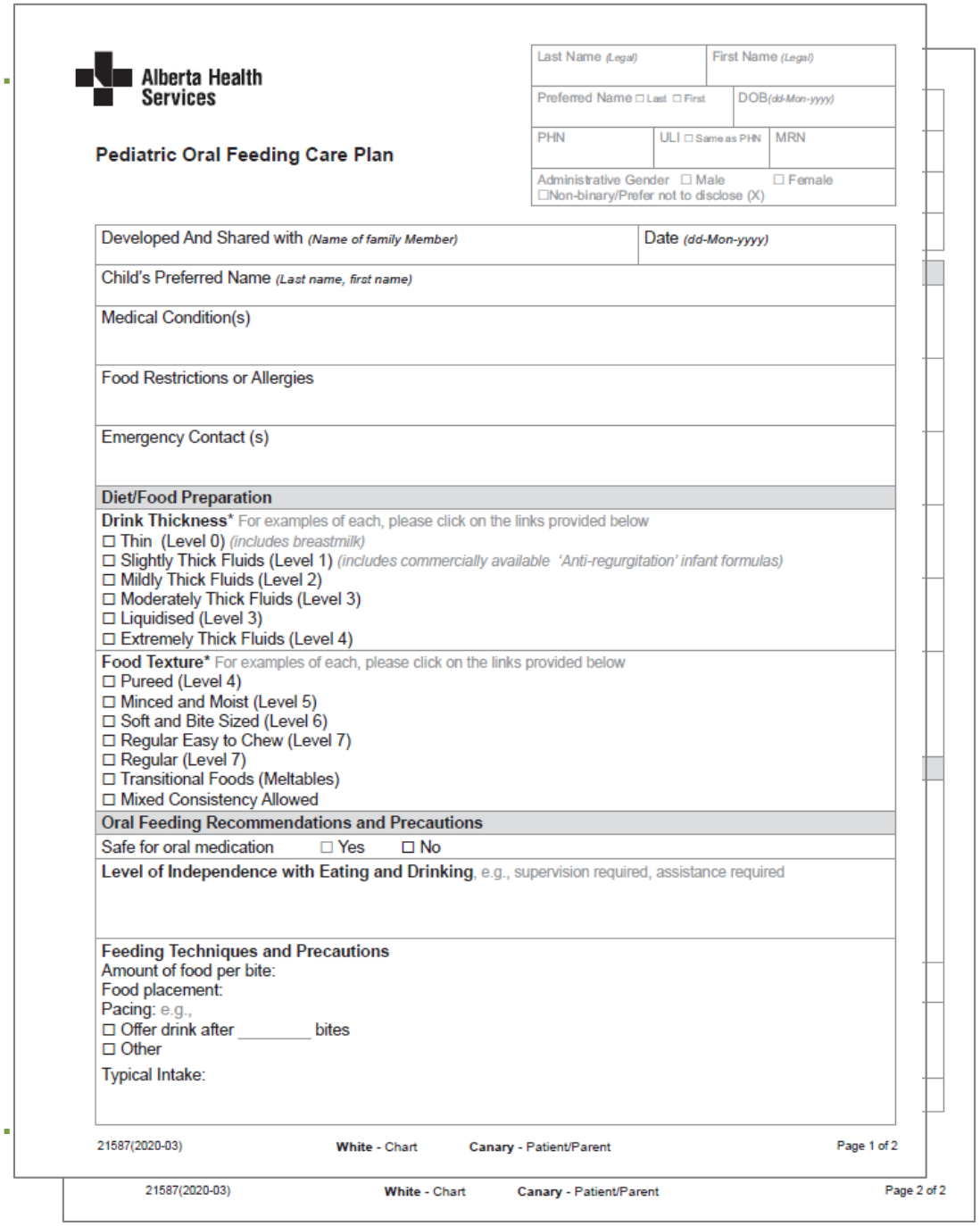
Transition

Transition

- Transition Home and from Program when on Oral Feeds
- Transition Home and from Program when on Enteral Feeds
- Feeding Care Plans
- Transition from Pediatrics to Adult Service

Oral Feeding Care Plan

- Having a clearly defined feeding care plan is an important part of safely managing pediatric EFS disorder.
- It is an essential part of communicating, and implementing safe and successful strategies across multiple care settings, e.g. grandparents, daycare and school.



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Pediatric Oral Feeding Care Plan

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X)	

Developed And Shared with *(Name of family Member)*	Date *(dd-Mon-yyyy)*
Child's Preferred Name *(Last name, first name)*	
Medical Condition(s)	
Food Restrictions or Allergies	
Emergency Contact (s)	

Diet/Food Preparation

Drink Thickness* For examples of each, please click on the links provided below
- ☐ Thin (Level 0) *(includes breastmilk)*
- ☐ Slightly Thick Fluids (Level 1) *(includes commercially available 'Anti-regurgitation' infant formulas)*
- ☐ Mildly Thick Fluids (Level 2)
- ☐ Moderately Thick Fluids (Level 3)
- ☐ Liquidised (Level 3)
- ☐ Extremely Thick Fluids (Level 4)

Food Texture* For examples of each, please click on the links provided below
- ☐ Pureed (Level 4)
- ☐ Minced and Moist (Level 5)
- ☐ Soft and Bite Sized (Level 6)
- ☐ Regular Easy to Chew (Level 7)
- ☐ Regular (Level 7)
- ☐ Transitional Foods (Meltables)
- ☐ Mixed Consistency Allowed

Oral Feeding Recommendations and Precautions

Safe for oral medication ☐ Yes ☐ No

Level of Independence with Eating and Drinking, e.g., supervision required, assistance required

Feeding Techniques and Precautions
Amount of food per bite:
Food placement:
Pacing: e.g.,
- ☐ Offer drink after _____ bites
- ☐ Other

Typical Intake:

21587(2020-03) **White** - Chart **Canary** - Patient/Parent Page 1 of 2

21587(2020-03) **White** - Chart **Canary** - Patient/Parent Page 2 of 2

Enteral Feeding Care Plan

- Having a clearly defined feeding care plan is an important part of safely managing pediatric EFS disorder.
- It is an essential part of communicating, and implementing safe and successful strategies across multiple care settings, e.g. grandparents, daycare and school.

Conclusion

Provider Training Dates

Topic	Audience	Dates & Times *(Choose 1 of each)*	
Overview & New Tools	Managers & Healthcare Providers	✓ Jul 21 11-12 pm	✓ Oct 21 3-4 pm
Clinical Practice Guide	Healthcare Providers	✓ Jul 23 3-4 pm	✓ Oct 28 3-4 pm
Collaborative Practice & Roles	Healthcare Providers	✓ Jul 30 3-4 pm	Nov 5 2-3 pm

Online recordings: https://peas.albertahealthservices.ca/Page/Index/10176

Contact Us

Email: PEAS.Project@ahs.ca

NEWS AND EVENTS
COMMUNITY OF PRACTICE
CONTACT US

Contact Us

We welcome you to contact us to learn more about the PEAS project or to provide your feedback about this website. Please do **not** include any personal health information. If you have a health concern, contact Health Link at 811 or see our other contact options.

Close this note from the top right corner.

First Name

Last Name

Email

Subject

Message

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About PEAS

Pediatric Eating And Swallowing (PEAS) is a quality improvement initiative to standardize services and improve care for children with an eating, feeding and swallowing disorder in Alberta.

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News and Events

News

6/26/2020

Now Available: PEAS Virtual Training sessions for providers

We are pleased to announce that we will be offering the PEAS Virtual Training for healthcare providers this summer and fall. Please see the attached newsletter for registration information!

PEAS Healthcare Provider Training Invitation

PEAS EventBrite page: http://peas-ahs.eventbrite.com/

3/26/2020

PEAS update during COVID-19 crisis

Dear Pediatric Eating And Swallowing (PEAS) community,

To ensure that Albertans are provided with the best care possible, we are pausing PEAS project plans that affect operations management and staff involved with COVID-19. In particular, we are **postponing** the following for 2 months or longer as needed:

- Virtual Training sessions (originally planned for April and May)
- Innovation Learning Collaborative (originally planned for June 3)
- Family survey data collection

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Production | Admin Portal

FOR PROVIDERS
CLINICAL PRACTICE GUIDE
CLINICAL TOOLS & FORMS
COLLABORATIVE PRACTICE
PROFESSIONAL DEVELOPMENT
COMMUNITY OF PRACTICE
FAMILY RESOURCES

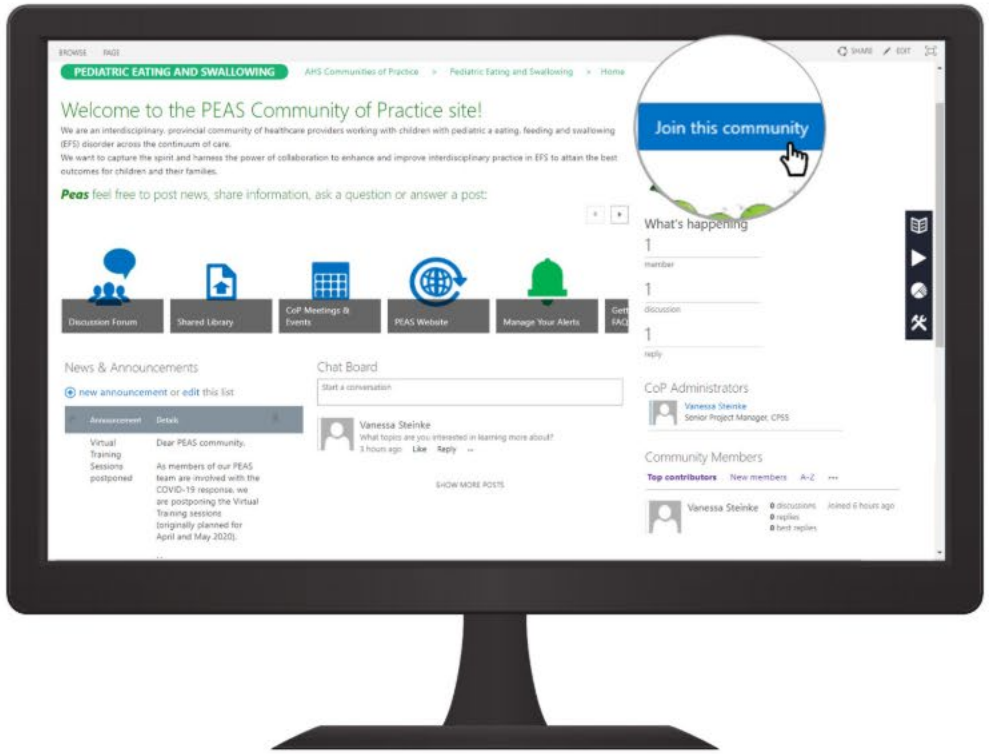
QUICK LINKS
- CPG QUICK REFERENCE
- ORDER FORMS & HANDOUTS
- FIND SERVICES
- VIRTUAL HEALTH
- EQUIPMENT & SUPPLIES
- FUNDING INFORMATION
- FOR FAMILIES
- NEWS AND EVENTS

Community of Practice

We have just launched the Pediatric Eating And Swallowing Community of Practice (CoP) for healthcare providers who work with children with a pediatric eating, feeding and swallowing (EFS) disorder. This virtual CoP is an interdisciplinary community of healthcare providers across the continuum of care in Alberta. The goal of this CoP is to capture the spirit and harness the power of collaboration to enhance and improve interdisciplinary practice in EFS to attain the best outcomes for children and their families.

To join the PEAS Community of Practice:

1. You must be a healthcare provider with an AHS account.
   *See below for information on how to obtain an AHS account.
2. Go to the PEAS CoP website here: https://extranet.ahsnet.ca/teams/CoP/PEAS/SitePages/Home.aspx
   If prompted, enter your AHS account name and password.
3. Click "Join this community" as shown below. That's it!



Family Quotes

"I can hold my knife and spoon like my 'teachers' do! Ice cream is my favorite!"

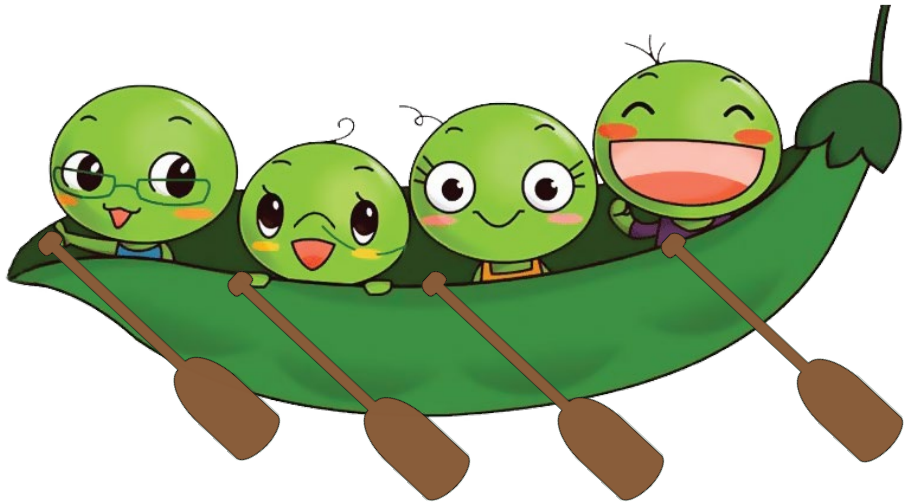
– Eisha Dhanda

Thank You

PEAS Standardized Practice & Education Working Group!

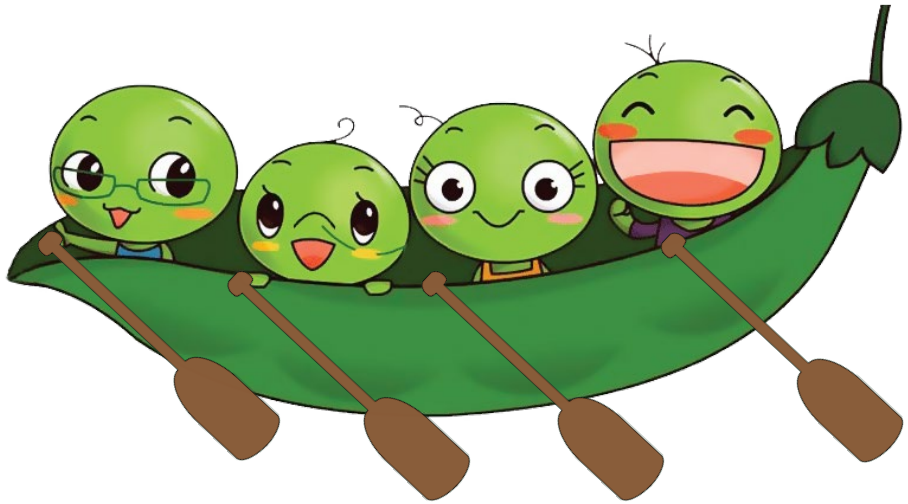
- Allison MacDonald, SLP ACH
- Amanda Pack, SLP Home Care & GRH
- Dr. Beverly Collisson, SLP Lead, ACH (PEAS Co-Chair)
- Breanne Black, OT North Zone
- Dr. Carole-Anne Hapchyn, Child Psychiatrist, Edmonton Zone
- Christine Gotaas, SLP EFS Coordinator, GRH
- Christine Pizzey, OT Team Lead, Central Zone
- Cynthia Pruden, SLP Clinical Lead, North Zone
- Donna Dressler-Mund, OT ACH
- Dr. Heather Leonard, Associate Professor, Community Pediatrics
- Jennifer Oliverio, RT Clinical Educator, ACH (PEAS Co-Chair)
- Joanne Kuzyk, Program Manager, Community Rehabilitation
- Julia Giesen, SLP RAH
- Dr. Justine Turner, Professor, Pediatric Gastroenterology
- Karen Hill, RN ACH
- Kristina Van Nest, RD ACH
- Liz Mathew OT Team Leader, Edmonton Zone
- Lori Woods, SLP Calgary Zone
- Megan Terrill, Senior Practice Consultant, HPSP
- Dr. Melanie Loomer, Psychologist, ACH
- Melissa Lachapelle, RD Provincial Practice Lead (PEAS Co-Chair)
- Mini Kurian, SLP Stollery
- Rachel Martens, Family Advisor
- Rachel Williamson, NP ACH
- Rachelle Van Vliet, PCM ACH (PEAS Co-Chair)
- Shobha Magoon, OT Team Lead, Edmonton Zone
- Stacey Dalgleish, NP Calgary
- Tania Vander Meulen, RD GRH
- Tina Nelson, SLP ACH
- Todd Farrell, OT Clinical Lead, North Zone
- Vanessa Steinke, Provincial Project Manager
- Wendy Johannsen, SLP Stollery
- Yolan Parrott, OT Clinical Practice Lead, GRH

Questions & Comments?



PEAS.Project@ahs.ca

Thank You!



PEAS.Project@ahs.ca

https://survey.albertahealthservices.ca/peas.webinar2