

# Innovation Learning Collaborative 1

**Pediatric Eating And Swallowing  
Provincial Project**



# Welcome

## Introductions & Objectives

- Quality Improvement focus
- Teams will each create a Balanced Scorecard, and an Action Plan

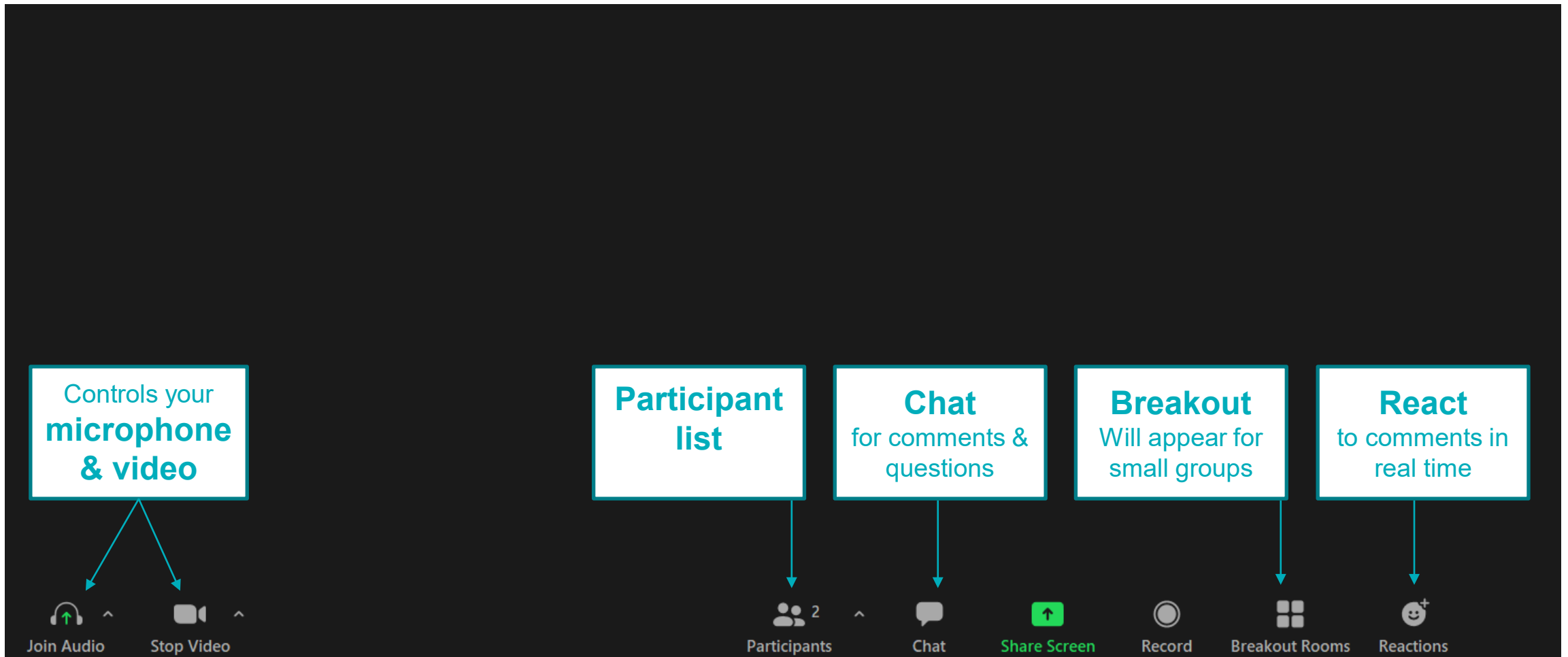


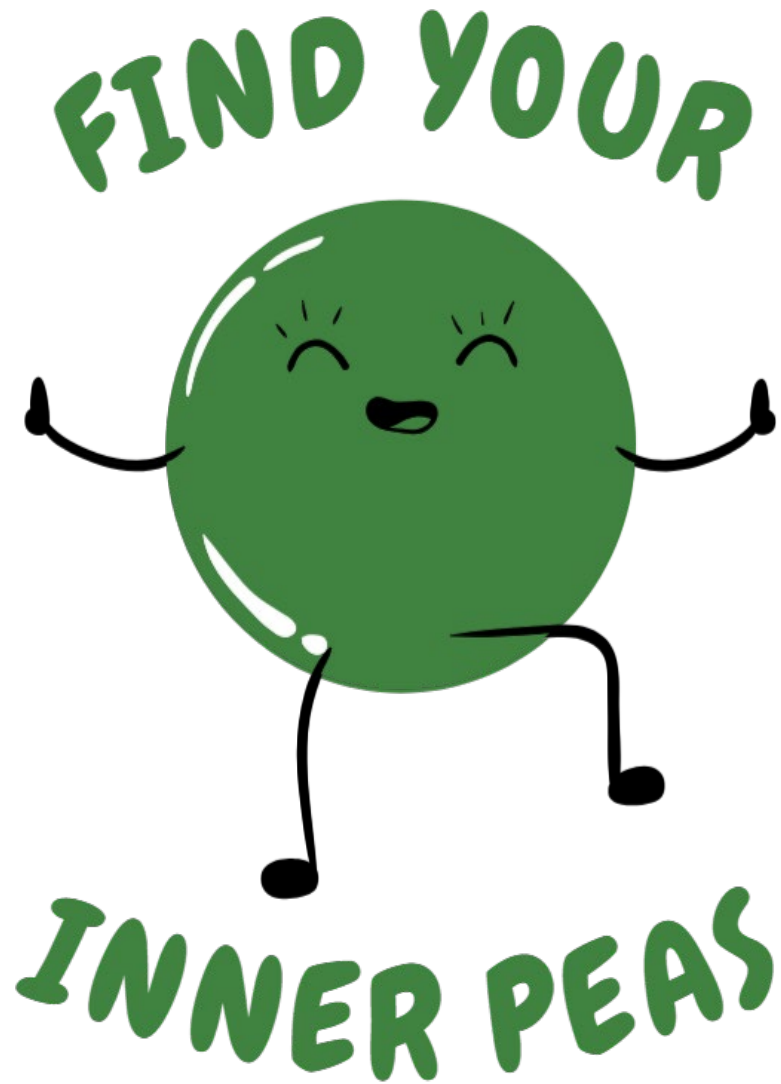
Executive Director,  
Ambulatory Care, ACH

**Natasha Tiemstra**

# PEAS Innovation Learning Collaborative 1

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# ILC 1 Session Agenda

- 12:30 pm Welcome & Overview
  - 12:40 pm Family & Provider Story
  - 12:55 pm ILC Methodology
  - 1:15 pm PEAS Key Performance Indicators
  - 1:35 pm Break
  - 1:45 pm Small Group Breakout: Develop Balanced Scorecards
  - 2:30 pm Small Group Breakout: Develop Action Plans
  - 3:25 pm Report Out
  - 3:55 pm Wrap-Up & Next Steps
  - 4:00 pm Adjournment
-

# PEAS Training – completed

Topic	Date
✓ <b>Overview &amp; New Tools</b>	✓ <b>Summer &amp; Fall 2020</b>
✓ <b>Clinical Practice Guide</b>	✓ <b>Summer &amp; Fall 2020</b>
✓ <b>Collaborative Practice &amp; Roles</b>	✓ <b>Summer &amp; Fall 2020</b>
✓ <b>Collaborative Practice &amp; Roles</b> – for managers & practice leaders	✓ <b>Summer &amp; Fall 2020</b>
✓ <b>PEAS Innovation Learning Collaborative Orientation</b>	✓ <b>Nov 25, 2020</b>
✓ <b>SLP Grand Rounds: Clinical Practice Guide</b> (all disciplines welcomed)	✓ <b>Dec 2, 2020</b>

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

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# PEAS Training – upcoming



Topic	Date
<input type="checkbox"/> <b>ILC 1: Scorecards &amp; Action Plans (3.5 hrs)</b>	Feb 4, 2021
<input type="checkbox"/> Education Session 1: Clinical (1hr) Dr. Alan Silverman Pediatric Feeding Disorder diagnosis and case studies	Mar / Apr 2021
<input type="checkbox"/> Education Session 2: Quality Improvement (1hr)	May / Jun 2021
<input type="checkbox"/> <b>ILC 2: Scorecards &amp; Action Plans (3.5 hrs)</b>	<b>Sep / Oct 2021</b>
<input type="checkbox"/> Education Session 3: Clinical (1hr)	Oct / Nov 2021
<input type="checkbox"/> Education Session 4: Quality Improvement (1hr)	Jan / Feb 2022
<input type="checkbox"/> <b>ILC 3: Scorecards &amp; Action Plans (3.5 hrs)</b>	<b>Feb / Mar 2022</b>

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

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# Updates

## International Pediatric Feeding Disorder Conference

**Virtual | April 29 - 30, 2021**

<https://www.feedingmatters.org/international-pfd-conference/>

\$100 to \$250 USD before Feb 28

AHS receives a 20% off discount

Code: ALBERTAIPFDC

☺ Bonus: PEAS will be presenting on Collaborative Practice & Roles



# Updates

## PEAS Clinical Practice Guide updated

- ✓ Pediatric Feeding Disorder terminology
- ✓ Minor terminology updates to Table 8:  
Signs of Swallowing Safety Concern in Infants  
and Management Strategies

## New Handouts

- ✓ **Aspiration: Is my child at risk?**  
(collaboration with Holland-Bloorview)
- ✓ **PEAS Website handout for families**
- ✓ **Goal Wheel** – now a fillable form



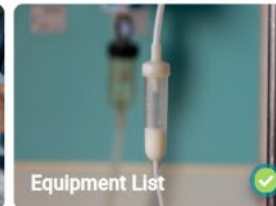
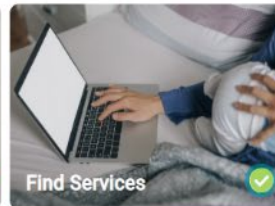
## Find relevant information

For families and care providers of children with an eating, feeding and swallowing disorder

FOR FAMILIES

FOR PROVIDERS

### Popular Resources for Families



# Family Story

Amanda Stappler

February 4, 2021





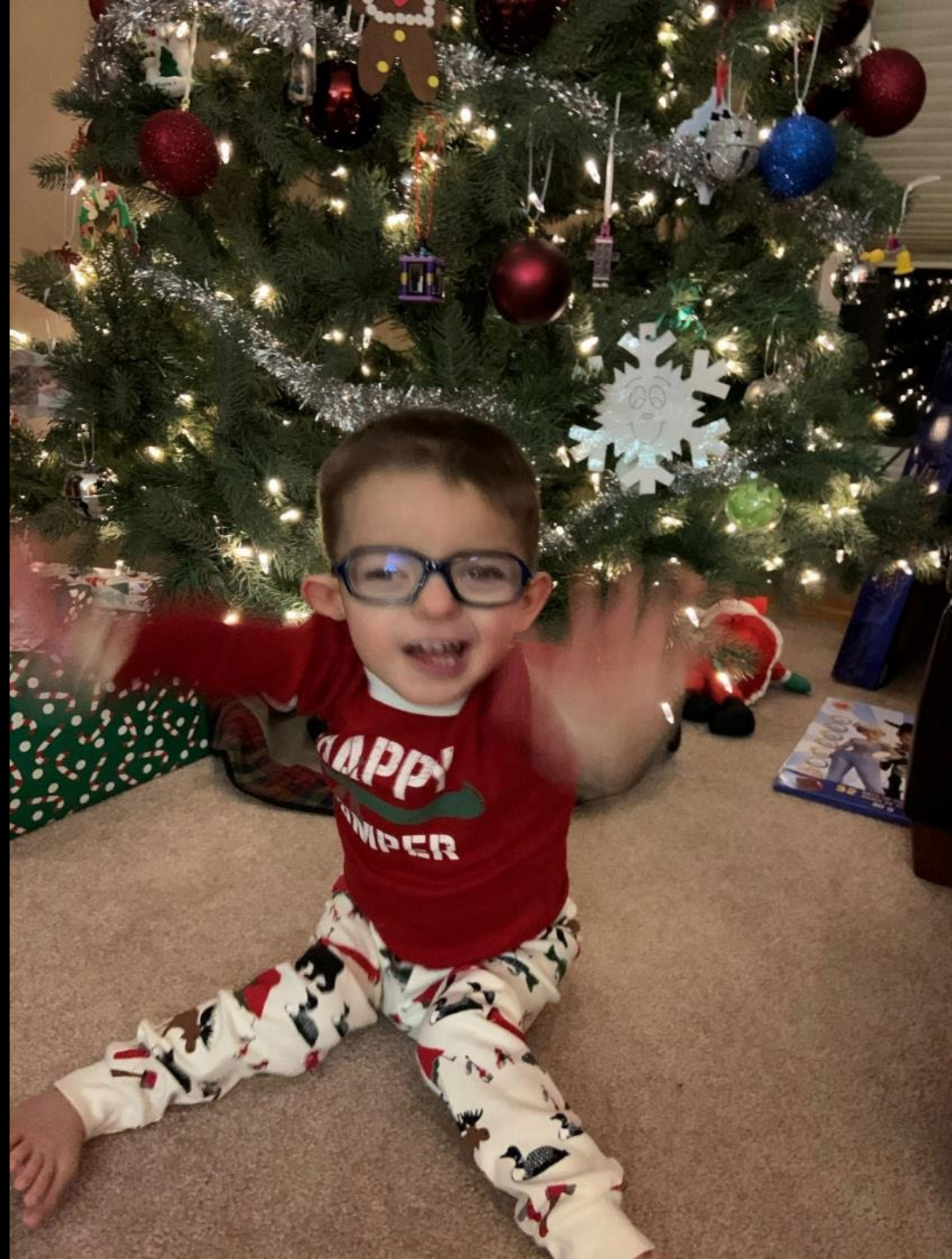












LET HIM *sleep*  
FOR WHEN HE WAKES  
HE WILL MOVE

*mountains*



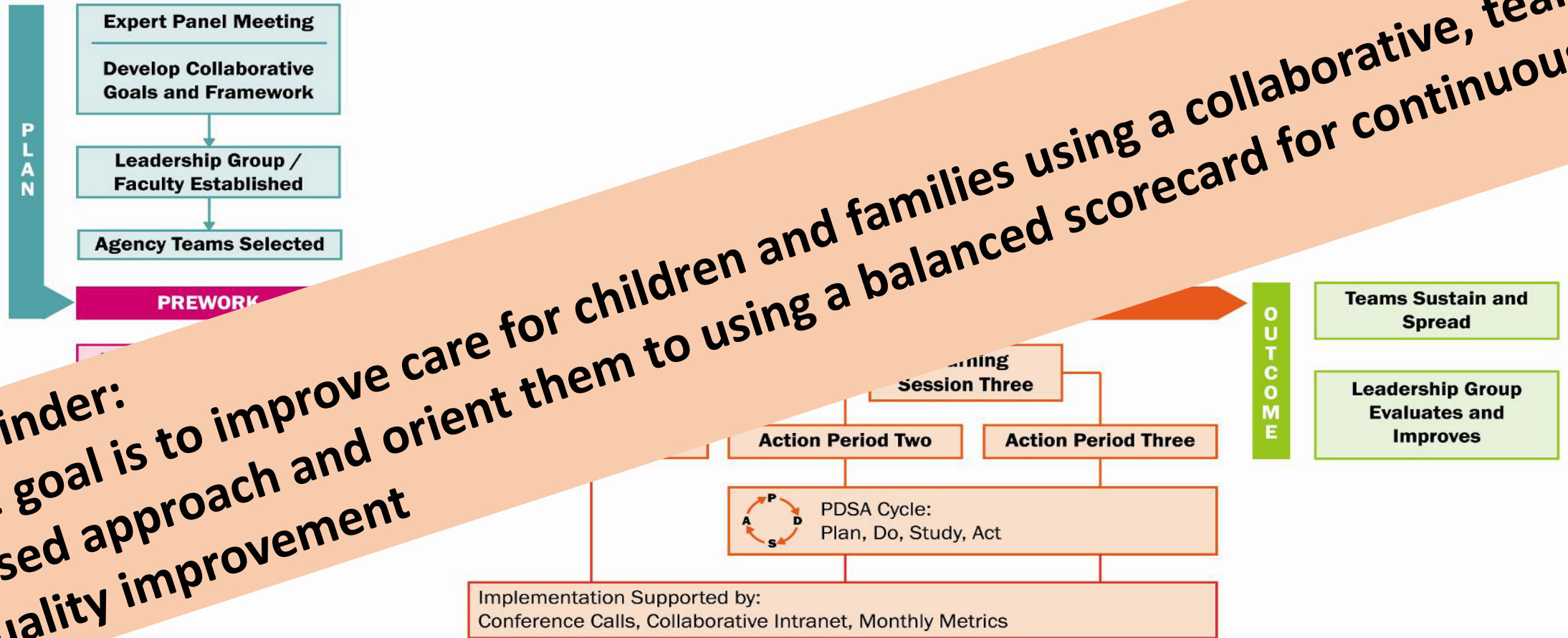
# ILC Methodology – Building A Scorecard



Chief Program Officer, SCNs

Tracy Wasylak

## The Breakthrough Series Learning Collaborative



**Reminder:**  
The goal is to improve care for children and families using a collaborative, team-based approach and orient them to using a balanced scorecard for continuous quality improvement

Figure adapted from Institute for Healthcare Improvement (IHI), 2003

# Innovation Learning Collaborative Teams

- **Clinician-lead site teams**

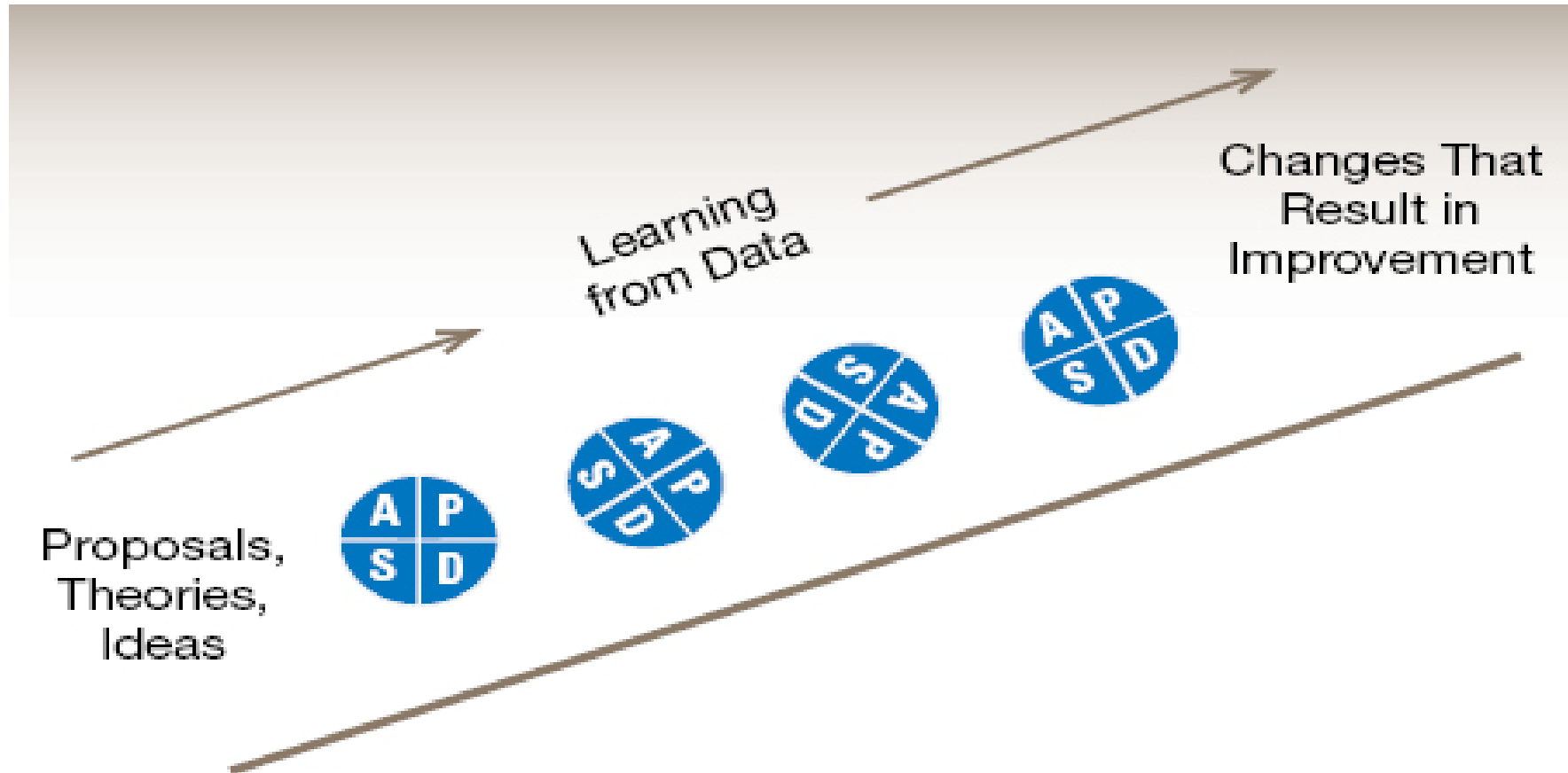
- Physicians
- Nurses
- Allied health professionals
- Administration

- **Work collaboratively**

- over a period of time
- on local improvements
- toward system-wide outcomes.



## THE PDSA Rapid Improvement Cycle



# Balanced Scorecard

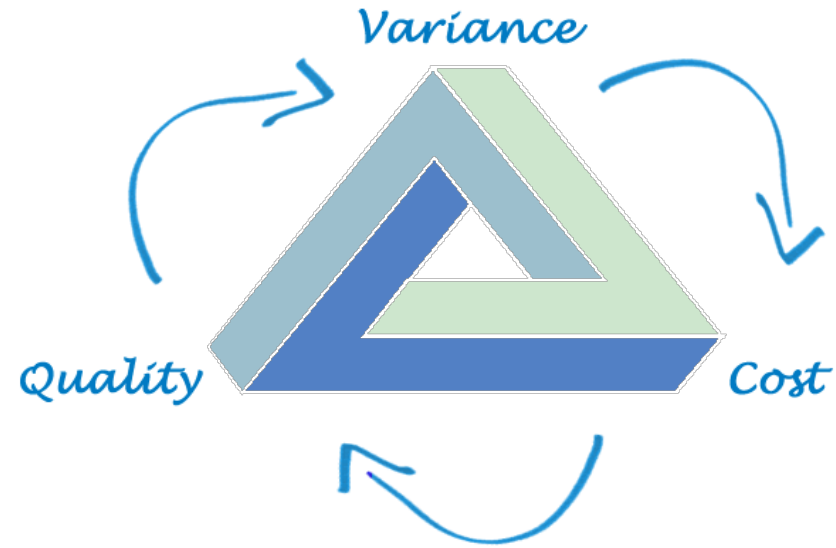
- Underlying Principles
  - What gets measured gets attention
  - Need common measures
  - “Less is more”
  - Need measures of relevance





# *Balanced Scorecard*

- Balanced measures recognize
  - Limited resources
  - Operational realities
  - Competing priorities



# Quality Defined & Targeted



# Selecting Measures

1. Easy to Measure  
(accessible, timely)
2. Simple to Understand
3. Discrete Number
4. Avoid Ratios (unless appropriate)
5. Wholistic (most representative of continuum)
6. Opportunity for Improvement

In other words, be  
SMART

**s**pecific

**M**easurable

**A**ttainable

**R**ealistic

**T**imely

# What is Optimum?

- The best result obtainable *under specific conditions*.



# Balancing Unintended Consequences



# Putting it all together

- Building a Balanced Scorecard & Action Plan



# Balanced Scorecard: Step 1

- **STEP 1: Identify an improvement indicator under each quality dimension**



Quality Dimension	PEAS Key Performance Indicators (KPIs)   Jan 5, 2021 draft	Data Source
Acceptability	1. % of families who indicate that they are involved as much as they want to be in decisions about their child’s care and treatment. (Target = increase in “Always and Usually” collated %)	<ul style="list-style-type: none"> <li>• Family Survey</li> </ul>
Accessibility	2. % of families who indicate that they have to wait too long to access care (Target = reduction in %) 3. Clinic self-reported indicators: <ul style="list-style-type: none"> <li>a. % of urgent patients that are seen within 2 weeks for assessment</li> <li>b. % of routine patients that are seen within 6 weeks for assessment</li> <li>c. (Additional indicator: Ability to see follow-up patients in a timely way)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Survey</li> <li>• Self-reporting tool (completed by Team Leads)</li> </ul>
Appropriateness	4. % of patients reporting that they have an EFS Care Plan (Target = increase in %)	<ul style="list-style-type: none"> <li>• Family Survey</li> </ul>
Efficiency	5. % of patients admitted to hospital quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)	<ul style="list-style-type: none"> <li>• Patient list sent to analyst who matches to hospital data</li> </ul>
Safety	6. % of patients seen in an ED quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)	<ul style="list-style-type: none"> <li>• Patient list matched to hospital data</li> </ul>
Effectiveness	7. Clinic Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway ( <a href="#">reporting tool</a> ) (Target = increase in performance level) 8. Note: Additional indicator available depending on sample size: % of families with reduction in family impact score (quality of life) (Target = increase in % of families with reduction in FS-IS total score)	<ul style="list-style-type: none"> <li>• Self-reporting tool (completed by Team Leads)</li> <li>• FS-IS Survey</li> </ul>



**Team Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your goal: Set up your Balanced Scorecard Template by populating your target, low, and optimization weights.

**Instructions:**

1. As a team, review your current performance by looking at your Online Balanced Scorecard. (Take it with a grain of salt if there is not a lot of data at this time).
2. Identify if there are any other indicators you want to measure in addition to or instead of the ones on the template. Add these to this template under the most fitting Quality Dimension.
3. Fill out the **Yellow cells** with your Target (Level 10), and your lowest level of achievement (Level 1).  
If the cell is not Yellow, do not fill it in as the PEAS Team will do the rest based on your responses.  
*Note:* if there is an issue with your baseline (ie: Level 3, Current performance) you can indicate what you think it should be in the Baseline Row (Level 3).
4. Using 100 points, distribute Optimization Weights to prioritize the key performance indicators that are most important to your team.
5. Save the template on the PEAS ILC SharePoint Site. The PEAS Team will update your online balanced scorecard accordingly.

**Helpful Tools & Links:** [Online Balanced Scorecard](#) [Comparison to all PEAS services](#) [Self-reporting tool to update Current Performance \(Team Leads to use\)](#) [Family Survey dashboard \(ie: how many surveys have been completed by clinic\)](#) [FS-IS Quality of Life survey dashboard \(Provincial aggregate\)](#) [PEAS ILC SharePoint](#) [PEAS Backgrounder \(includes list of indicators on Page 3\)](#)

Quality Dimension:	Acceptability	Appropriateness	Efficiency	Safety	Effectiveness	Accessibility			
	% of families who indicate that they are <b>involved as much as they want to be</b> in decisions about their child's care and treatment	% of patients or families reporting that they have an <b>EFS Care Plan</b>	% of patients <b>admitted to hospital</b> quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	% of patients <b>seen in an ED</b> quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	<b>Self-Reported measure</b> based on levels of achievement towards implementing the PEAS clinical pathway	% of families who indicate that they have to <b>wait too long</b> to access care	% of <b>routine</b> patients that are seen within 6 weeks for assessment	% of <b>urgent</b> patients that are seen within 2 weeks for assessment	
<b>Performance Level</b>									
10	100%	100%	10%	10%	10	15%	100%	100%	
9					9				
8					8				
7					7				
6					6				
5					5				
4					4				
<b>BASELINE - 3 (Current performance)</b>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	3	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	
2					2				
1	60%	0%	50%	50%	1	80%	70%	50%	
<b>Optimization Weights (Total = 100)</b>	15	15	20	20	15	5	5	5	<b>100 = Total</b>

# Balanced Scorecard: Step 2

- STEP 1: Identify an improvement indicator under each quality dimension
- **STEP 2: Determine the degree of importance of each improvement indicator**

**Team Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your goal: Set up your Balanced Scorecard Template by populating your target, low, and optimization weights.

**Instructions:**

1. As a team, review your current performance by looking at your Online Balanced Scorecard. (Take it with a grain of salt if there is not a lot of data at this time).
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4. Using 100 points, distribute Optimization Weights to prioritize the key performance indicators that are most important to your team.
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**Helpful Tools & Links:**

- [Online Balanced Scorecard](#)
- [Comparison to all PEAS services](#)
- [Self-reporting tool to update Current Performance \(Team Leads to use\)](#)
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- [FS-IS Quality of Life survey dashboard \(Provincial aggregate\)](#)
- [PEAS ILC SharePoint](#)
- [PEAS Backgrounder \(includes list of indicators on Page 3\)](#)

Quality Dimension:	Acceptability	Appropriateness	Efficiency	Safety	Effectiveness	Accessibility			
	% of families who indicate that they are <b>involved as much as they want to be</b> in decisions about their child's care and treatment	% of patients or families reporting that they have an <b>EFS Care Plan</b>	% of patients <b>admitted to hospital</b> quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	% of patients <b>seen in an ED</b> quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	<b>Self-Reported measure</b> based on levels of achievement towards implementing the PEAS clinical pathway	% of families who indicate that they have to <b>wait too long</b> to access care	% of <b>routine</b> patients that are seen within 6 weeks for assessment	% of <b>urgent</b> patients that are seen within 2 weeks for assessment	
<b>Performance Level</b>									
10	100%	100%	10%	10%	10	15%	100%	100%	
9					9				
8					8				
7					7				
6					6				
5					5				
4					4				
BASELINE - 3 (Current performance)	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	3	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	
2					2				
1	60%	0%	50%	50%	1	80%	70%	50%	
<b>Optimization Weights (Total = 100)</b>	15	15	20	20	15	5	5	5	
									100 = Total

# Balanced Scorecard: Step 3

- STEP 1: Identify an improvement indicator under each quality dimension
- STEP 2: Determine the degree of importance of each improvement indicator
- **STEP 3: Collect baseline data to populate “as-is” state**



# Pediatric Eating And Swallowing Provincial Project

**Total Optimization Score (out of 1000)**

**60**

Select Clinic  
Test CLINIC

**Survey Date Range**  
None - None

Performance Level	Acceptability	Appropriateness	Efficiency	Safety	Effectiveness	Accessibility		
	% of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	% of patient/family that have an EFS Care Plan	% of patients admitted to hospital quarterly in relation to feeding/swallowing issues	seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Clinic Self-Reported measure	% of families who indicate that they have to wait too long to access care	% of routine patients that are seen within 6 weeks for assessment	% of urgent patients that are seen within 2 weeks for assessment
10	100.00	100.00	10.00	10.00	10	15.00	90.00	90.00
9	97.73	92.60	18.07	18.07	9	22.27	88.40	85.80
8	95.33	85.50	26.17	26.17	8	29.67	87.00	81.50
7	92.93	78.40	34.27	34.27	7	37.07	85.60	77.20
6	90.53	71.30	42.37	42.37	6	44.47	84.20	72.90
5	88.13	64.20	50.47	50.47	5	51.87	82.80	68.60
4	85.73	57.10	58.57	58.57	4	59.27	81.40	64.20
<b>BASELINE - 3</b>	<b>83.33</b>	<b>50.00</b>	<b>66.67</b>	<b>66.67</b>	<b>3</b>	<b>66.67</b>	<b>80.00</b>	<b>60.00</b>
2	80.93	42.90	74.77	74.77	2	74.07	78.60	55.70
1	78.53	35.80	82.87	82.87	1	81.47	77.20	51.40
Current Performance	0.0	0.0	0.0	0.0	3	0.0	67.00%	67.00%
Current Performance Level	0	0	0	0	3	0	-1	4
Optimization Weights	15	15	20	20	15	5	5	5
Optimization Score	0	0	0	0	45	0	-5	20
Current Numerator					1		1	1
Current Denominator					1		1	1

# Balanced Scorecard: Step 4

- STEP 1: Identify an improvement indicator under each quality dimension
- STEP 2: Determine the degree of importance of each improvement indicator
- STEP 3: Collect baseline data to populate “as-is” state
- **STEP 4: Identify measurement tools and strategies (to determine to what extent indicator selected has improved, using a scale of 1-10)**

# Step 4: Setting Scorecard Targets

QUALITY DIMENSION	EFFICIENT	SAFE	APPROPT	ACCESBLE	ACCEPTABLE	EFFECTV	
<b>SELECTED MEASURE</b>	Avg LOS			Time to surgery			
<b>TARGETED IDEAL (Level 10):</b>	Full compliance to established standards; non-negotiable			Ideal target negotiable & based on what is/can realistically be achieved in 2 years			
<b>PERFORMANCE LEVEL</b>	EXAMPLE ONLY						
8	4.0	<b>IDEAL PERFORMANCE</b>					"Ideal" performance sought in period
7	4.5						
6	4.9						
5	5.2						
4	5.5						
3	5.8	<b>BASELINE PERFORMANCE</b>					Actual performance at start of period
2	6.0						
1	> 6.0						
Example only for WEIGHTING (%)	25	20	15	15	15	10	= 100 Total
<b>OPTIMIZATION SCORE: (Level x Weight)</b>							<b>TOTAL SCORE =</b>

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**Date:** \_\_\_\_\_

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 [PEAS ILC SharePoint](#)   
 [PEAS Backgrounder \(includes list of indicators on Page 3\)](#)

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<b>Performance Level</b>								
10	100%	100%	10%	10%	10	15%	100%	100%
9					9			
8					8			
7					7			
6					6			
5					5			
4					4			
<b>BASELINE - 3 (Current performance)</b>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	3	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>
2					2			
1	60%	0%	50%	50%	1	80%	70%	50%
<b>Optimization Weights (Total = 100)</b>	15	15	20	20	15	5	5	5

100 = Total



# Balanced Scorecard: Step 5

- STEP 1: Identify an improvement indicator under each quality dimension
- STEP 2: Determine the degree of importance of each improvement indicator
- STEP 3: Collect baseline data to populate “as-is” state
- STEP 4: Identify measurement tools and strategies (to determine to what extent indicator selected has improved, using a scale of 1-10)
- **STEP 5: Develop action strategies to meet each goal**

# PEAS Project

## PEAS Action Plan

Team:

For Time Period: Feb 2021 to Sep 2021

Quality Dimension	Proposed Strategy	Benefit (What you expect to be the result)	Who is involved?	Where will it take place?	By When	How will it be measured?
<b>Acceptability</b>  % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	<i>Example</i> 1. Place family survey on chart 2. Clinician to ask family if they would fill out the survey after visit. 3. Provide survey or survey link.	Patients are involved in care decisions. Improved communication between care providers and patients.	- <b>Clerk:</b> place family survey on chart - <b>Clinician:</b> Discuss and document care plan. Invite family to provide feedback. - <b>Patients/families:</b> Discuss goals and complete family survey	Clinic	Start next week	Family survey responses

Quality Dimension	Proposed Strategy	Benefit (What you expect to be the result)	Who is involved?	Where will it take place?	By When	How will it be measured?
<b>Acceptability</b>  % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment						
<b>Appropriateness</b>  % of patients or families reporting that they have an EFS Care Plan						
<b>Efficiency</b>  % of patients admitted to hospital quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)						
<b>Safety</b>  % of patients seen in an ED quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)						
<b>Effectiveness</b>  Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway						
<b>Accessibility</b>  % of families who indicate that they have to wait too long to access care  % of routine patients that are seen within 6 weeks for assessment  % of urgent patients that are seen within 2 weeks for assessment						



# Pediatric Eating And Swallowing Provincial Project

**Total Optimization Score (out of 1000)**  
**60**

Test CLINIC      Select Clinic

**Survey Date Range**  
None - None

	<b>Acceptability</b> % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	<b>Appropriateness</b> % of patient/family that have an EFS Care Plan	<b>Efficiency</b> % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	<b>Safety</b> seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	<b>Effectiveness</b> Clinic Self-Reported measure	<b>Accessibility</b> % of families who indicate that they have to wait too long to access care	<b>Accessibility</b> % of routine patients that are seen within 6 weeks for assessment	<b>Accessibility</b> % of urgent patients that are seen within 2 weeks for assessment
Performance Level 10	100.00	100.00	10.00	10.00	10	15.00	90.00	90.00
9	97.73	92.60	18.07	18.07	9	22.27	88.40	85.80
8	95.33	85.50	26.17	26.17	8	29.67	87.00	81.50
7	92.93	78.40	34.27	34.27	7	37.07	85.60	77.20
6	90.53	71.30	42.37	42.37	6	44.47	84.20	72.90
5	88.13	64.20	50.47	50.47	5	51.87	82.80	68.60
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<b>BASELINE - 3</b>	<b>83.33</b>	<b>50.00</b>	<b>66.67</b>	<b>66.67</b>	<b>3</b>	<b>66.67</b>	<b>80.00</b>	<b>60.00</b>
2	80.93	42.90	74.77	74.77	2	74.07	78.60	55.70
1	78.53	35.80	82.87	82.87	1	81.47	77.20	51.40
Current Performance	0.0	0.0	0.0	0.0	3	0.0	67.00%	67.00%
Current Performance Level	0	0	0	0	3	0	-1	4
Optimization Weights	15	15	20	20	15	5	5	5
Optimization Score	0	0	0	0	45	0	-5	20
Current Numerator					1		1	1
Current Denominator					1		1	1

← Choose your indicators

← Determine Targets & Ideal Performance

← Determine Baseline

← Choose importance/Weighting

# Scorecard: Incremental Changes

Elective Hip and Knee Replacement

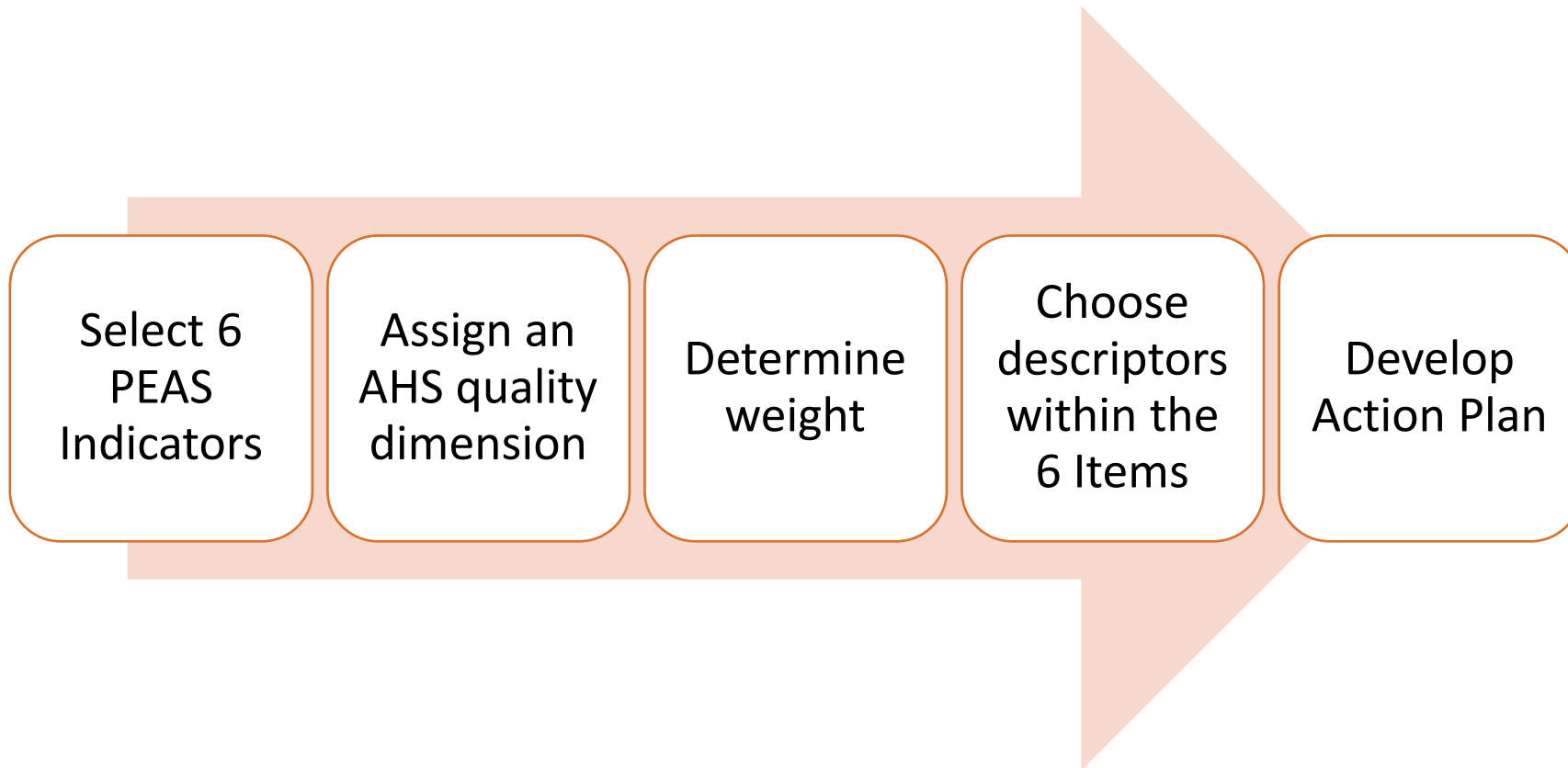
2016/17-Q1 [P/E: 2016-06-30]

CRH - Chinook Regional Hospital

Quality Dimension	1 EFFICIENT	2 EFFICIENT	3 APPROPRIATE	4 ACCESSIBLE	5 ACCEPTABLE	6 SAFE	7 APPROPRIATE	8 APPROPRIATE	9 SAFE	10 SAFE		
<b>Selected Measure</b>	Average Length of Stay	% Meeting LOS Benchmark	% mobilized day of surgery	Avg. time to surgery (T0-T1+T1-T2)	Patient overall satisfaction*	Rate of Infection per 1,000**	% Transfused - Knee	% Transfused - Hip	% ER visits within 30 days	% Readmits within 30 days		
<b>Definition</b>	Mean time in days spent in hospital for elective primary H&K replacement, including transfers to sub-acute, rehab or another hospital.	Percent of primary elective H&K replacement patients, excluding PHR, who meet the LOS benchmark for their discharge location.	A change of position from supine to weight bearing at bedside w/ assistance & use of walking aid. Includes all elective H&K replacement patients, including revisions.	Days from referral to initial consult + days from decision to surgery, divided by # of surgeries (all elective H&K replacements, incl. revisions).	Mean score in OVERALL SATISFACTION on patient feedback form.	Rate of Infection determined by the infection, Prevention and Control Unit per 1,000 elective replacements (incl. primary and revision).	Percent of discharged primary, elective knee replacement patients that received transfusion.	Percent of discharged primary, elective hip replacement patients that received transfusion.	% of elective H&K replacement patients (incl. revisions) that had ER visit within 30 days of discharge (multiple visits counted once only).	% of elective H&K replacement patients (incl. revisions) that were readmitted to acute care within 30 days of discharge (multiple visits counted once only).		
<b>Change from Last Period</b>												
<b>Performance Level :</b>	<b>3.72</b>	<b>78.4 %</b>	<b>91.0 %</b>	<b>370.0</b>	<b>7.50</b>	<b>24.4</b>	<b>2.5 %</b>	<b>4.3 %</b>	<b>10.0 %</b>	<b>1.0 %</b>	<b>460</b>	
<b>Ideal :</b>	<b>10</b>	<b>3.8</b>	<b>93 %</b>	<b>95 %</b>	<b>154</b>	<b>9.9</b>	<b>1</b>	<b>4.0 %</b>	<b>5.0 %</b>	<b>5 %</b>	<b>1 %</b>	<b>10</b>
	9	4.0	91 %	94 %	188	9.8	3	5.0 %	6.0 %	7 %	2 %	9
	8	4.2	89 %	93 %	220	9.7	5	5.5 %	6.5 %	8 %	3 %	8
	7	4.4	87 %	92 %	252	9.6	7	6.0 %	7.0 %	<b>10 %</b>	4 %	7
	6	4.7	84 %	<b>91 %</b>	284	9.5	10	6.5 %	7.5 %	12 %	5 %	6
	5	5.0	80 %	90 %	316	9.4	15	7.0 %	8.0 %	13 %	6 %	5
	4	5.2	<b>75 %</b>	89 %	348	9.3	20	7.5 %	8.5 %	15 %	7 %	<b>4</b>
<b>Baseline:</b>	3	5.4	69 %	88 %	<b>380</b>	9.2	<b>25</b>	8.0 %	9.0 %	17 %	8 %	3
	2	5.6	65 %	86 %	400	8.7	27	8.5 %	9.5 %	19 %	9 %	2
	1	5.8	60 %	84 %	440	<b>8.2</b>	30	9.0 %	10.0 %	21 %	10 %	1
<b>Weighting (%) :</b>	10.0	10.0	5.0	10.0	10.0	10.0	2.5	2.5	10.0	10.0	100.0	
<b>Optimization Score (Level x Weight)</b>	<b>100.0</b>	<b>40.0</b>	<b>30.0</b>	<b>30.0</b>	<b>10.0</b>	<b>30.0</b>	<b>25.0</b>	<b>25.0</b>	<b>70.0</b>	<b>100.0</b>	<b>460.0</b>	

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# In Summary: Pathway to developing a Scorecard & Action Plan





**Total Optimization Score (out of 1000)**

**60**

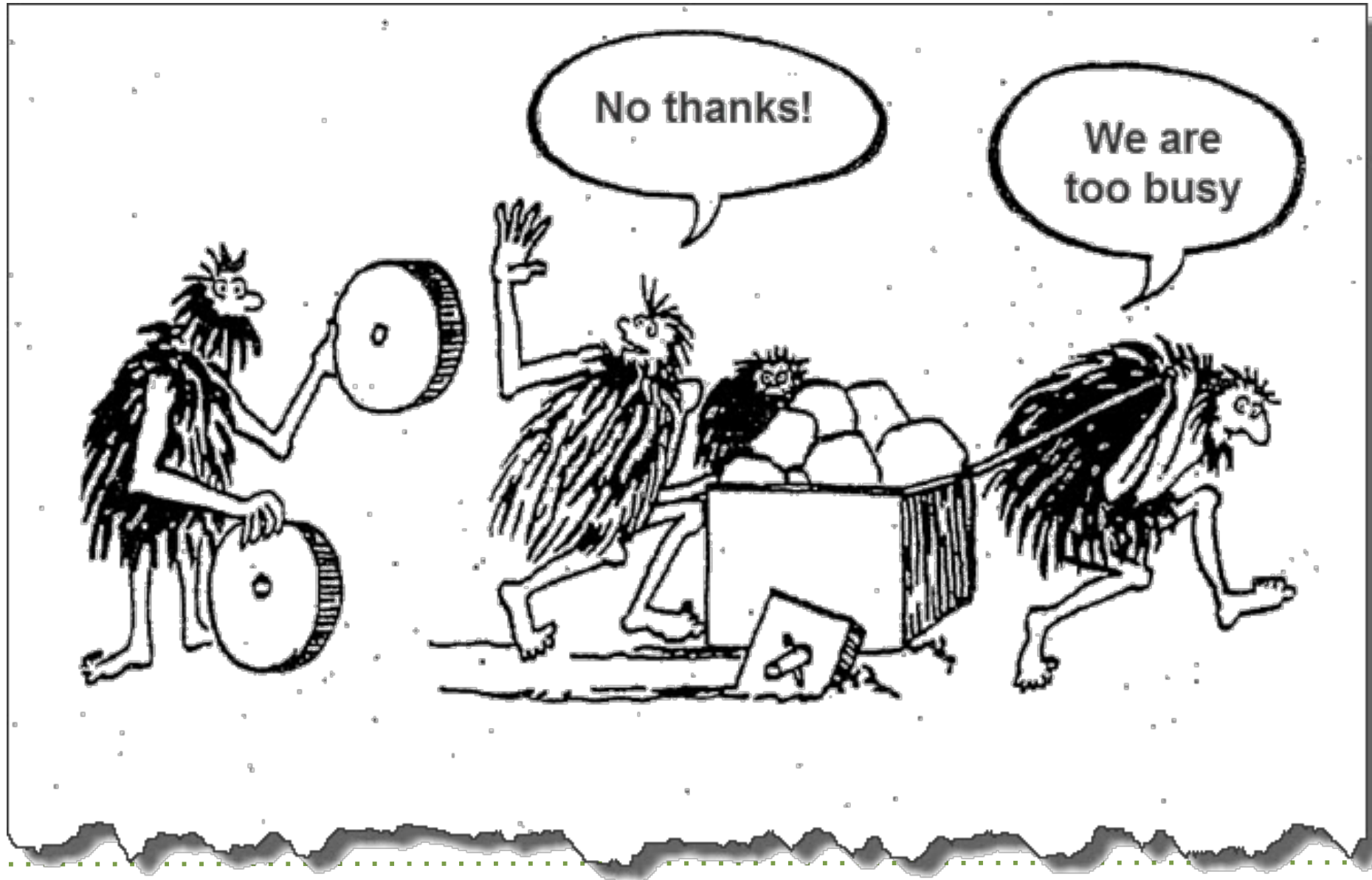


## Pediatric Eating And Swallowing Provincial Project

Test CLINIC **Select Clinic**

**Survey Date Range**  
None - None

Performance Level	Acceptability	Appropriateness	Efficiency	Safety	Effectiveness	Accessibility		
	% of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	% of patient/family that have an EFS Care Plan	% of patients admitted to hospital quarterly in relation to feeding/ swallowing issues	seen in an ED ( quarterly) in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	Clinic Self-Reported measure	% of families who indicate that they have to wait too long to access care	% of routine patients that are seen within 6 weeks for assessment	% of urgent patients that are seen within 2 weeks for assessment
10	100.00	100.00	10.00	10.00	10	15.00	90.00	90.00
9	97.73	92.60	18.07	18.07	9	22.27	88.40	85.80
8	95.33	85.50	26.17	26.17	8	29.67	87.00	81.50
7	92.93	78.40	34.27	34.27	7	37.07	85.60	77.20
6	90.53	71.30	42.37	42.37	6	44.47	84.20	72.90
5	88.13	64.20	50.47	50.47	5	51.87	82.80	68.60
4	85.73	57.10	58.57	58.57	4	59.27	81.40	64.30
BASELINE - 3	83.33	50.00	66.67	66.67	3	66.67	80.00	60.00
2	80.93	42.90	74.77	74.77	2	74.07	78.60	55.70
1	78.53	35.80	82.87	82.87	1	81.47	77.20	51.40
Current Performance	0.0	0.0	0.0	0.0	3	0.0	67.00%	67.00%
Current Performance Level	0	0	0	0	3	0	-1	4
Optimization Weights	15	15	20	20	15	5	5	5
Optimization Score	0	0	0	0	45	0	-5	20
Current Numerator					1		1	1
Current Denominator					1		1	1



# Key Performance Indicators



Manager, Audiology and  
Children's Allied Health

Mark Moland



# PEAS & Thank You Evaluation Working Group

NAME	PROGRAM / POSITION	ZONE
Dr. Allan Ryan	Director, Clinical Analytics	Provincial
Janet Cohen	Consultant, Data & Analytics	Provincial
Juliana Harris	Patient and Family Centred Care Project Manager	Calgary
Dr. Justine Turner (Co-Chair)	Associate Professor, University of Alberta Pediatric Gastroenterology & Nutrition Lead, Pediatric Home Nutrition Support Program	Edmonton
Dr. Mahmood Zarrabi	Senior Health Economist, Health Technology Assessment and Innovation	Provincial
Mark Moland (Co-Chair)	Manager, Audiology and Children's Allied Health	South
Nancy Whelan	Speech-Language Pathologist, Children's Rehabilitation Services	Central
Dr. Olesya Barrett	Senior Analyst, Clinical Analytics	Provincial
Vanessa Steinke	Senior Project Manager	Provincial

Quality Dimension	PEAS Key Performance Indicators (KPIs)   Jan 5, 2021 draft	Data Source
Acceptability	1. % of families who indicate that they are involved as much as they want to be in decisions about their child’s care and treatment. (Target = increase in “Always and Usually” collated %)	<ul style="list-style-type: none"> <li>• Family Survey</li> </ul>
Accessibility	2. % of families who indicate that they have to wait too long to access care (Target = reduction in %) 3. Clinic self-reported indicators: <ul style="list-style-type: none"> <li>a. % of urgent patients that are seen within 2 weeks for assessment</li> <li>b. % of routine patients that are seen within 6 weeks for assessment</li> <li>c. (Additional indicator: Ability to see follow-up patients in a timely way)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Survey</li> <li>• Self-reporting tool (completed by Team Leads)</li> </ul>
Appropriateness	4. % of patients reporting that they have an EFS Care Plan (Target = increase in %)	<ul style="list-style-type: none"> <li>• Family Survey</li> </ul>
Efficiency	5. % of patients admitted to hospital quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)	<ul style="list-style-type: none"> <li>• Patient list sent to analyst who matches to hospital data</li> </ul>
Safety	6. % of patients seen in an ED quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)	<ul style="list-style-type: none"> <li>• Patient list matched to hospital data</li> </ul>
Effectiveness	7. Clinic Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway ( <a href="#">reporting tool</a> ) (Target = increase in performance level) 8. Note: Additional indicator available depending on sample size: % of families with reduction in family impact score (quality of life) (Target = increase in % of families with reduction in FS-IS total score)	<ul style="list-style-type: none"> <li>• Self-reporting tool (completed by Team Leads)</li> <li>• FS-IS Survey</li> </ul>

# PEAS Family Survey

- 5 brief questions
- Can be filled out online or paper
- Provide surveys after every visit
- Most teams started last year, but some are new



Quality Dimension	PEAS Key Performance Indicators (KPIs)   Jan 5, 2021 draft	Data Source
Acceptability	1. % of families who indicate that they are involved as much as they want to be in decisions about their child’s care and treatment. (Target = increase in “Always and Usually” collated %)	<ul style="list-style-type: none"> <li>• Family Survey</li> </ul>
Accessibility	2. % of families who indicate that they have to wait too long to access care (Target = reduction in %)  3. Clinic self-reported indicators: <ul style="list-style-type: none"> <li>a. % of urgent patients that are seen within 2 weeks for assessment</li> <li>b. % of routine patients that are seen within 6 weeks for assessment</li> <li>c. (Additional indicator: Ability to see follow-up patients in a timely way)</li> </ul>	<ul style="list-style-type: none"> <li>• Family Survey</li> <li>• Self-reporting tool (completed by Team Leads)</li> </ul>
Appropriateness	4. % of patients reporting that they have an EFS Care Plan (Target = increase in %)	<ul style="list-style-type: none"> <li>• Family Survey</li> </ul>
Efficiency	5. % of patients admitted to hospital quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)	<ul style="list-style-type: none"> <li>• Patient list sent to analyst who matches to hospital data</li> </ul>
Safety	6. % of patients seen in an ED quarterly in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration) (Target = reduction in %)	<ul style="list-style-type: none"> <li>• Patient list matched to hospital data</li> </ul>
Effectiveness	7. Clinic Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway ( <a href="#">reporting tool</a> ) (Target = increase in performance level)  8. Note: Additional indicator available depending on sample size: % of families with reduction in family impact score (quality of life) (Target = increase in % of families with reduction in FS-IS total score)	<ul style="list-style-type: none"> <li>• Self-reporting tool (completed by Team Leads)</li> <li>• FS-IS Survey</li> </ul>

# PEAS KPI Self-Reporting tool: Effectiveness Levels

Effectiveness KPI	
<p>1. Have 80% of staff attended the PEAS Virtual Training series?</p> <p>i. <a href="#">PEAS Overview &amp; New Tools</a> (45 min)</p> <p>ii. <a href="#">PEAS Clinical Practice Guide</a> (50 min)</p> <p>iii. <a href="#">For Staff: PEAS Collaborative Practice &amp; Roles</a> (50 min) or <a href="#">for Managers: PEAS Collaborative Practice &amp; Roles</a> (50 min)</p> <p>Note: All links for Professional Development can be found on the PEAS website <a href="#">here</a></p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>2. Do you have a current Team Charter?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>3. Are Alberta Referral Directory profile and other online profiles such as Inform Alberta and AHS.ca up to date?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>4. Are you currently offering Virtual Health?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>5. Does every client have a current Feeding Care Plan and Collaborative Goal Setting document? Sample templates can be found <a href="#">here</a></p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p>6. Is the Primary Care provider receiving a copy of the Feeding Care Plan and other clinical notes where appropriate?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>7. Do you have an up to date patient list for initial, follow-up and treatment visits for urgent and routine cases?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>8. Are you using the PEAS Clinical Practice Guide?</p> <p><a href="#">You can review the guide here (link)</a></p> <p>Specifically following algorithms and recommendations:</p> <p><a href="#">Figure 7 - Nutrition Support Decision Making Tree - Modality Algorithm</a></p> <p><a href="#">Figure 8 - Safe Swallowing Decision Flow Chart</a></p> <p><a href="#">Figure 10 - Decision Making for Selection of Appropriate Tube Type</a></p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>9. Held collaborative case conferences (care huddles) for complex patients including community care providers and family as needed in the past 3 months?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>10. Reviewing and implementing improvements based on family <a href="#">satisfaction</a> and <a href="#">FS-IS</a> surveys every 3 months?</p> <p>* must provide value</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>



# Pediatric Eating And Swallowing Provincial Project

**Total Optimization Score (out of 1000)**

**60**

Test CLINIC **Select Clinic**

**Survey Date Range**  
None - None

Performance Level	Acceptability	Appropriateness	Efficiency	Safety	Effectiveness	Accessibility		
	% of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	% of patient/family that have an EFS Care Plan	% of patients admitted to hospital quarterly in relation to feeding/swallowing issues	seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Clinic Self-Reported measure	% of families who indicate that they have to wait too long to access care	% of routine patients that are seen within 6 weeks for assessment	% of urgent patients that are seen within 2 weeks for assessment
10	100.00	100.00	10.00	10.00	10	15.00	90.00	90.00
9	97.73	92.60	18.07	18.07	9	22.27	88.40	85.80
8	95.33	85.50	26.17	26.17	8	29.67	87.00	81.50
7	92.93	78.40	34.27	34.27	7	37.07	85.60	77.20
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4	85.73	57.10	58.57	58.57	4	59.27	81.40	64.30
BASELINE - 3	83.33	50.00	66.67	66.67	3	66.67	80.00	60.00
2	80.93	42.90	74.77	74.77	2	74.07	78.60	55.70
1	78.53	35.80	82.87	82.87	1	81.47	77.20	51.40
Current Performance	0.0	0.0	0.0	0.0	3	0.0	67.00%	67.00%
Current Performance Level	0	0	0	0	3	0	-1	4
Optimization Weights	15	15	20	20	15	5	5	5
Optimization Score	0	0	0	0	45	0	-5	20
Current Numerator					1		1	1
Current Denominator					1		1	1

**Team Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Your goal: Set up your Balanced Scorecard Template by populating your target, low, and optimization weights.

**Instructions:**

1. As a team, review your current performance by looking at your Online Balanced Scorecard. (Take it with a grain of salt if there is not a lot of data at this time).
2. Identify if there are any other indicators you want to measure in addition to or instead of the ones on the template. Add these to this template under the most fitting Quality Dimension.
3. Fill out the **Yellow cells** with your Target (Level 10), and your lowest level of achievement (Level 1).  
If the cell is not Yellow, do not fill it in as the PEAS Team will do the rest based on your responses.  
*Note:* if there is an issue with your baseline (ie: Level 3, Current performance) you can indicate what you think it should be in the Baseline Row (Level 3).
4. Using 100 points, distribute Optimization Weights to prioritize the key performance indicators that are most important to your team.
5. Save the template on the PEAS ILC SharePoint Site. The PEAS Team will update your online balanced scorecard accordingly.

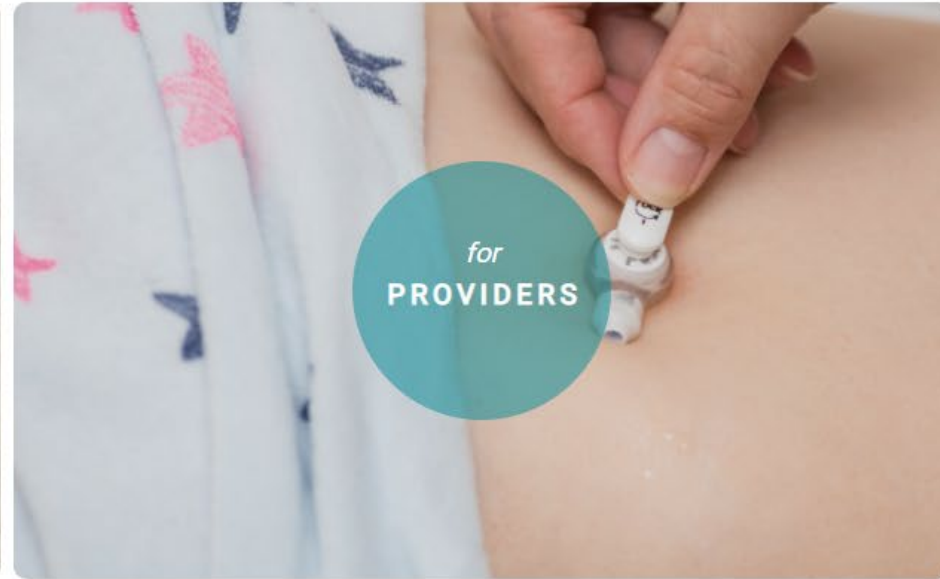
**Helpful Tools & Links:** [Online Balanced Scorecard](#) [Comparison to all PEAS services](#) [Self-reporting tool to update Current Performance \(Team Leads to use\)](#) [Family Survey dashboard \(ie: how many surveys have been completed by clinic\)](#) [FS-IS Quality of Life survey dashboard \(Provincial aggregate\)](#) [PEAS ILC SharePoint](#) [PEAS Backgrounder \(includes list of indicators on Page 3\)](#)

Quality Dimension:	Acceptability	Appropriateness	Efficiency	Safety	Effectiveness	Accessibility			
	% of families who indicate that they are <b>involved as much as they want to be</b> in decisions about their child's care and treatment	% of patients or families reporting that they have an <b>EFS Care Plan</b>	% of patients <b>admitted to hospital</b> quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	% of patients <b>seen in an ED</b> quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	<b>Self-Reported measure</b> based on levels of achievement towards implementing the PEAS clinical pathway	% of families who indicate that they have to <b>wait too long</b> to access care	% of <b>routine</b> patients that are seen within 6 weeks for assessment	% of <b>urgent</b> patients that are seen within 2 weeks for assessment	
<b>Performance Level</b>									
10	100%	100%	10%	10%	10	15%	100%	100%	
9					9				
8					8				
7					7				
6					6				
5					5				
4					4				
<b>BASELINE - 3 (Current performance)</b>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	3	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	<a href="#">FYI: See online scorecard</a>	
2					2				
1	60%	0%	50%	50%	1	80%	70%	50%	
<b>Optimization Weights (Total = 100)</b>	15	15	20	20	15	5	5	5	<b>100</b> = Total



food (**tube feeding**). The main goals of treatment will be to help your child to eat and swallow safely while getting good nutrition.

[Continue reading...](#)



## 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.

[Learn more...](#)

## Quality Improvement

- [Quality Improvement](#)
- [QI Dashboard](#)
- [Family Survey](#)

## Other

- [About PEAS](#)
- [Order Forms & Handouts](#)
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### QUICK LINKS

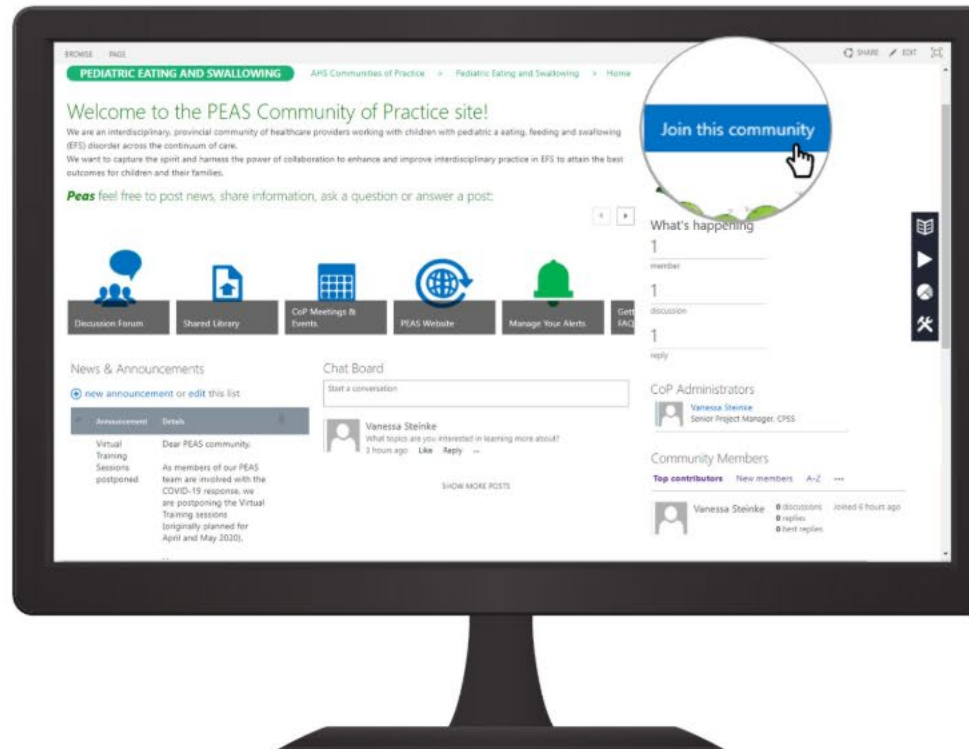
[✓ CPG QUICK REFERENCE](#)[✓ ORDER FORMS & HANDOUTS](#)[✓ FIND SERVICES](#)[✓ VIRTUAL HEALTH](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FOR FAMILIES](#)[✓ NEWS AND EVENTS](#)

# 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!





# Welcome to the PEAS Community of Practice site

We are an interdisciplinary, provincial community of healthcare providers working with children with pediatric a eating, feeding and swallowing (EFS) disorder across the continuum of care. We want 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.

**Peas** feel free to post news, share information, ask a question or answer a post:

- Discussion Forum
- Shared Library
- ILC Team Documents**
- CoP Meetings & Events
- PEAS Website
- Manage Your Alerts
- Getting Started a FAQs

## News & Announcements

+ new announcement or edit this list

Announcement	Details
PEAS Courses & Webinars	Quick link to our online <a href="#">PEAS Courses &amp; Webinars</a>
International Pediatric Feeding Disorders	Save the date: April 29-30, 2021 PEAS will be presenting at this conference and there

## Chat Board

Start a conversation

**Vanessa Steinke**  
As we continue adding to the PEAS website, we're thinking of adding a swallowing video. We don't have the budget to create one ourselves and we want to know if you think this 2 min [video](#) would be useful? The watermark would be removed when we purchase a licensed version.

A family could watch it independently or together with a clinician. We are



## What's happening

67 members

1 discussion

0 replies

## CoP Administrators

**Vanessa Steinke**  
Senior Project Manager, CPSS

## Community Members

**Top contributors** New members A-Z ...

**Vanessa Steinke**  
1 discussion 0 replies 0 best replies

**Trish Hanson**  
0 discussions

# PEAS Innovation Learning Collaborative 1 | Feb 4, 2021

## PEAS Action Plan



Team:

For Time Period: Feb 2021 to Sep 2021

Quality Dimension	Proposed Strategy	Benefit (What you expect to be the result)	Who is involved?	Where will it take place?	By When	How will it be measured?
<b>Acceptability</b>  % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	<i>Example</i> 1. Place family survey on chart 2. Clinician to ask family if they would fill out the survey after visit. 3. Provide survey or survey link.	Patients are involved in care decisions. Improved communication between care providers and patients.	- <b>Clerk:</b> place family survey on chart - <b>Clinician:</b> Discuss and document care plan. Invite family to provide feedback. - <b>Patients/families:</b> Discuss goals and complete family survey	Clinic	Start next week	Family survey responses
<b>Appropriateness</b>  % of patients or families reporting that they have an EFS Care Plan						
<b>Efficiency</b>  % of patients admitted to hospital quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)						
<b>Quality Dimension</b>  <b>Safety</b>  % of patients seen in an ED quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)						
<b>Effectiveness</b>  Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway						
<b>Accessibility</b>  % of families who indicate that they have to wait too long to access care  % of routine patients that are seen within 6 weeks for assessment  % of urgent patients that are seen within 2 weeks for assessment						

# Report Out

- **Team Lead to complete**
- **Questions:**
  1. What key performance indicators did your team identify as having the highest weighting and why?
  2. What two actions is your team going to work on next?
  3. What is one thing your team will take back to leadership or those not present today?
  4. When is the date for your next team meeting?
- **Extra space for miscellaneous actions & parking lot**

 <p>Alberta Health Services Pediatric Eating And Swallowing</p>	<b>Report-Out Form</b> PEAS Innovation Learning Collaborative #1 February 4, 2021
<b>Team name:</b>	<b>Reporter Name:</b>
<b>What key performance indicator(s) did your team identify as having the highest weighting and why?</b>	
<b>What two actions is your site going to work on next?</b>	
1.	
2.	
<b>What is one thing your team will take back to your leadership or those who were not present today?</b>	
<b>When is the date for your next site team meeting?</b>	
<i>Feel free to use the following area to document extra notes:</i>	
<b>Miscellaneous Action Items or Questions</b> (outside of the Action Plan)	
•	
•	
•	
•	
<b>Parking Lot</b> (i.e. ideas / topics unrelated to the PEAS ILC that we don't want to forget)	
•	
•	
•	
•	
•	
	

# EXPECTATIONS

- Instructions for small group work
  - What's on the PEAS ILC SharePoint:
    - Balanced Scorecard
    - Backgrounder including menu of KPIs (page 3)
    - Action Plan & Report Out Forms
    - Variety of Quality Improvement resources
-

# Questions & Comments?



**Break**  
**10 minutes**

# Teams

Team	Facilitator(s)	Team Lead(s)
ACH Home Nutrition Support Program (HNSP)	Shauna Langenberger	Thomas Young Melanie Matiisen Dewar Mary O'Gorman
ACH Eating, Feeding, Swallowing Clinic		
ACH Cleft Lip & Palate Clinic		
Early Childhood Rehabilitation		
ACH Neonatal Follow-up Clinic		
ACH Complex Airway Clinic + Calgary Pediatric Home Care	Jonathan Snider & Karen Branicki	Jacinda Sartison & Meredith Luipasco
Calgary Zone - Pediatric Community Rehabilitation	Megan Terrill	Katherine Bennett
Calgary Zone - Rural Allied Health	Laura Benard	Christine Dengis & Sara Finlayson
Stollery Aspiration Clinic	Shannon O'Blenes	Amanda Adsett
Stollery Aerodigestive Clinic		
Stollery Feeding & Swallowing Clinic		
Stollery Home Nutrition Support Program (HNSP)	Eileen Keogh	Renee McGuinness
Medicine Hat Regional Hospital Pediatric Specialty Clinic	Shivonne Berger	Janine Whyte
Southwestern Alberta Children's Eating, Feeding, and Swallowing Services	Lisa Mclsaac	Theresa Kinyua
North Zone	Roberta Dallaire & Shweta Sah	Laurel Sheridan
Central Zone	Melissa Lachapelle	Christine Pizzey & Nancy Whelan



# PEAS Support Team

- **Gillian Catena**  
Admin Assistant Coordinator extraordinaire!
- **Manisha Patel**  
Path to Care & Alberta Referral Directory
- **Dr. Olesya Barrett**  
Clinical Analytics
- **Vanessa Steinke**  
PEAS Provincial Project Manager
- **Health Professions Strategy & Practice team members**  
Elaine Finseth, Carmen Lazorek, Julie Evans



# Ground Rules

- Success depends on everyone's participation
- Focus on what matters
- Contribute your thinking and experience
- Listen together for deeper themes, insights and questions
- Try not to get hung up on the data – use it as a guide and indicator. If none exists, use your best guess.
- Turn on your camera if you can
- No multi-tasking 😊
- Use the Parking Lot for:
  - unanswered questions
  - out of scope topics
- Have fun!



# Breakout Groups

Return at 3:25

# Report Out questions (pick 1-2)

Site name

- What key performance indicators did your team identify as having the highest weighting and why?
- What two actions is your team going to work on next?
- What is one thing your team will take back to leadership or those not present today?
- When is the date for your next team meeting?





# Report Out

Team	Team Lead(s)
1. Southwestern Alberta Children's EFS Services	Theresa Kinyua
2. Medicine Hat	Janine Whyte
3. Calgary Zone - Rural Allied Health	Christine Dengis & Sara Finlayson
4. Calgary Zone - Pediatric Community Rehabilitation	Katherine Bennett
5. ACH Complex Airway Clinic + Calgary Pediatric Home Care	Jacinda Sartison & Meredith Luipasco
6. ACH HNRP, EFS, Cleft Lip & Palate, ECR, Neonatal Follow-up	Thomas Young, Melanie Matiisen Dewar, Mary O'Gorman
7. Central Zone	Christine Pizzey & Nancy Whelan
8. Stollery Home Nutrition Support Program (HNRP)	Renee McGuinness
9. Stollery Aspiration, Aerodigestive, F&S clinics	Mandy Adsett
10. North Zone – Grande Prairie	Laurel Sheridan
11. North Zone Other	Cyndi Pruden

# Wrap Up & Next Steps



# Implementation Plans

- Virtual ILCs + 1 hr Education sessions

Session	Duration	Date
✓ Orientation + develop Team Charter	3 hrs	Nov 25, 2020
✓ <b>ILC 1: Scorecards &amp; Action Plans</b>	<b>3.5 hrs</b>	<b>Feb 4, 2021</b>
☐ Education Session 1: Clinical	1 hr	Mar / Apr 2021
☐ Education Session 2: Quality Improvement	1 hr	May / Jun 2021
☐ <b>ILC 2: Scorecards &amp; Action Plans</b>	<b>3-4 hrs</b>	<b>Sep / Oct 2021</b>
☐ Education Session 3: Clinical	1 hr	Oct / Nov 2021
☐ Education Session 4: Quality Improvement	1 hr	Jan / Feb 2022
☐ <b>ILC 3: Scorecards &amp; Action Plans</b>	<b>3-4 hrs</b>	<b>Feb / Mar 2022</b>

+ regular team meetings for continuous quality improvement

+ informal collaboration provincially between meetings using Community of Practice, etc.

# Next Steps

- Finalize & Post your:
  - Balanced Scorecards
  - Action Plans
- Continue:
  - Sending Family Surveys
  - Meeting regularly to review your Scorecards & adjust Action Plans
  - Team Leads reporting monthly data
- Connect:
  - Community of Practice



Image source: <https://garden.lovetoknow.com/image/252305~bean-cycle.jpg>

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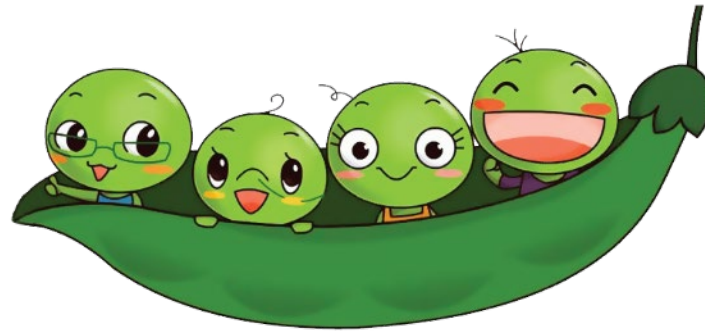


# Thank You!

- **Speakers:** Amanda, Tracy, Mark
- **Support Team:** Carmen, Cathy, Elaine, Julie, Gillian, Manisha, Olesya, Vanessa
- **Facilitators**
- **ILC Team Leads**
- **PEAS Team & Leadership Team**
- **All of YOU!**



# Thank you!



**PEAS provide your feedback & ideas:**

<https://survey.albertahealthservices.ca/peas.ilc1>