

Innovation Learning Collaborative 2

Pediatric Eating And Swallowing Provincial Project



Welcome

Introductions & Objectives

- Quality Improvement focus
- Teams will share their Balanced Scorecard and update their Action Plans



Practice Director, Provincial
Speech-Language Pathology

Julie Evans



Manager, Audiology and
Children's Allied Health

Mark Moland

We begin by acknowledging that our work is conducted on the territories of Treaty Six, Seven, and Eight and the homeland of the Metis.

We also acknowledge the many indigenous communities that have been forged in urban centres across Alberta.

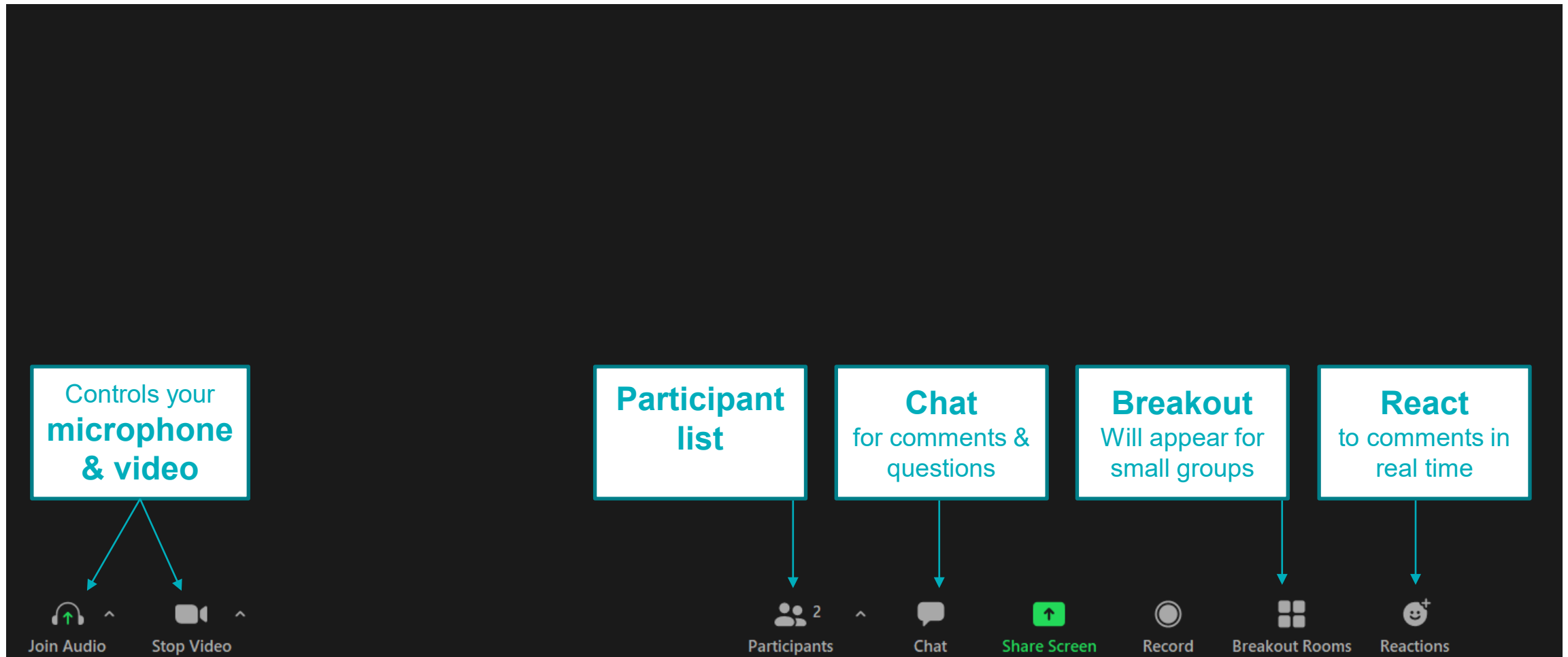
We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with indigenous communities in a spirit of reconciliation and collaboration.



**EVERY
CHILD
MATTERS**



PEAS Innovation Learning Collaborative 2



PEAS Innovation Learning Collaborative 2



ILC 2 Session Agenda

- 12:30 pm Welcome & Overview
 - 12:40 pm Family Story
 - 12:55 pm Celebration & Report Out
 - 1:35 pm Curbside Consulting
 - 2:05 pm Break
 - 2:15 pm Small Group Breakout: Update Balanced Scorecards
 - 2:40 pm Small Group Breakout: Update Action Plans
 - 3:35 pm Report Out
 - 3:55 pm Wrap-Up & Next Steps
 - 4:00 pm Adjournment
-

PEAS ILCs & Webinars

Topic	Date
✓ ILC 1: Scorecards & Action Plans (3.5 hrs)	Feb 4, 2021 12:30-4pm
✓ Education Session 1: Clinical Dr. Alan Silverman Pediatric Feeding Disorder diagnosis and case studies	Apr 14, 2021 2-3pm
✓ Education Session 2: Quality Improvement	Jun 16, 2021 3-4pm
★ <input type="checkbox"/> ILC 2: Scorecards & Action Plans (3.5 hrs)	Sep 15, 2021 12:30-4pm
<input type="checkbox"/> Education Session 3: Clinical (1hr) Grace Wong, RD Responsive Feeding Therapy in Action: A Case Study of Limited Food Variety	Nov 24, 2021 11-12pm + Q&A
<input type="checkbox"/> Education Session 4: Quality Improvement (1hr)	Jan / Feb 2022
<input type="checkbox"/> ILC 3: Scorecards & Action Plans (3.5 hrs)	Feb / Mar 2022

Webinar

Responsive Feeding Therapy in Action: A Case Study of Limited Food Variety

Grace Wong (RD)

Nov 24, 2021 | 11-12pm + (12-12:30pm additional Q&A)

More details to come!

Updates

- ✓ PEAS Family Peer Mentorship
- ✓ PEAS Care Planning webinar & Examples (7 min)
- ✓ Interactive Formula & Coverage webpages

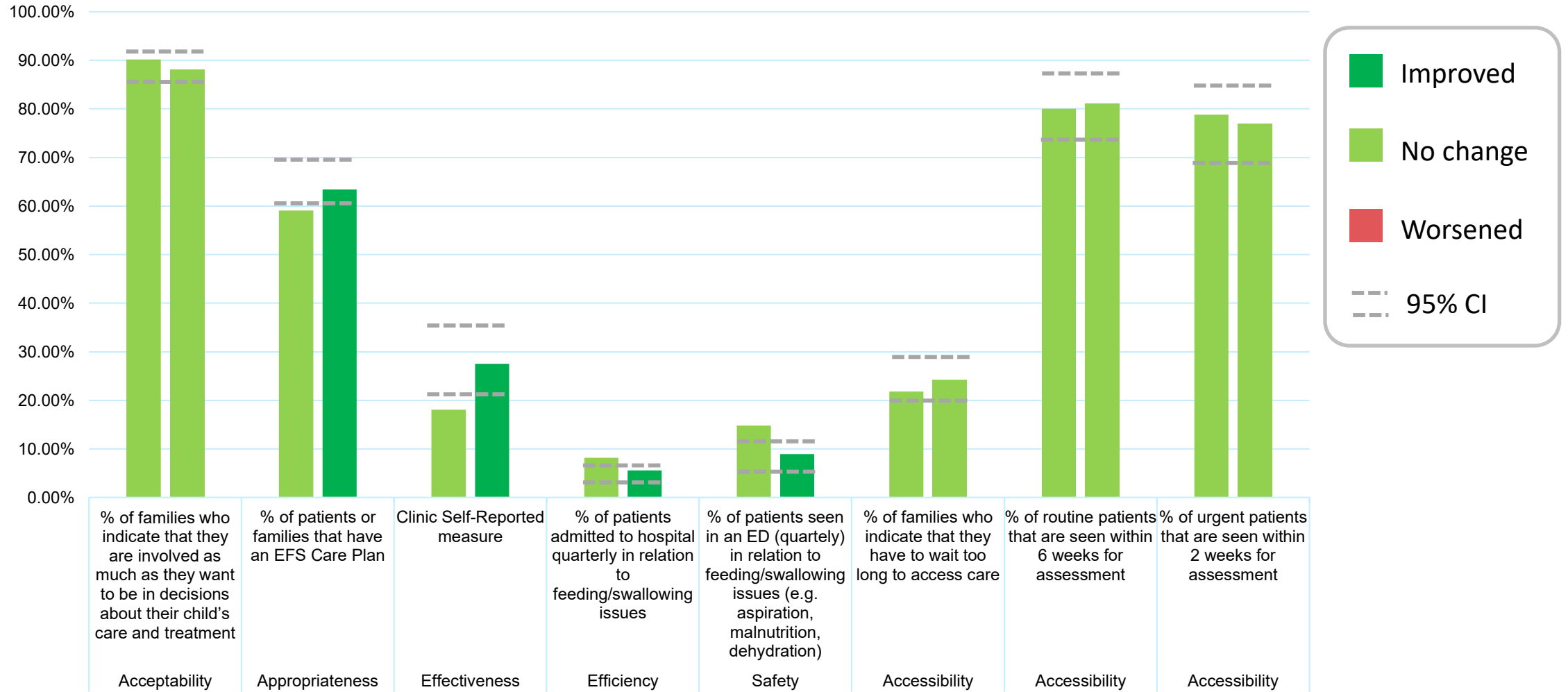




PEAS awarded the U of A Dept of Pediatrics Annual Innovation Award!



PEAS Provincial Key Performance Indicators Spring vs. Summer 2021



Desired Direction:



Family Story

Judie Dauphinee

September 15, 2021



8

weeks old

33 wk
5 days

weeks
adjusted

2230g

weight





















Celebration of Teams & Report Out



Manager, Audiology and
Children's Allied Health

Mark Moland

September 15, 2021



Team Name:
Team Lead(s):

Success to share:

Total Optimization Score
(out of 1000)

862

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Southwest Alberta Childrens Eating, Feeding and..

Performance Level

10

9

8

7

6

5

4

3

2

1

Current Performance

Performance change since ..

Current Performance Level

Optimization Weights

Optimization Score

Current Numerator

Current Denominator

Baseline

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/ swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
10	100.0	100.0	3.0	5.0	100.0	15.0	100.0	100.0
9	93.6	88.8	3.7	6.0	90.0	22.4	96.4	94.8
8	86.9	77.7	4.4	7.0	80.0	29.6	93.1	89.2
7	80.2	66.6	5.1	8.0	70.0	36.8	89.8	83.6
6	73.5	55.5	5.8	8.9	60.0	44.0	86.5	78.0
5	66.8	44.4	6.5	9.9	50.0	51.2	83.2	72.4
4	60.1	33.3	7.2	10.9	40.0	58.4	79.9	66.8
3	53.4	22.2	7.9	11.9	30.0	65.6	76.6	61.2
2	46.7	11.1	9.0	13.4	20.0	72.8	73.3	55.6
1	40.0	0.0	10.0	15.0	10.0	80.0	70.0	50.0
Current Performance	100.0	100.0	2.3	6.9	40.0	50.0	100.0	75.0
Performance change since ..	no change	no change	no change	▲	no change	no change	no change	▼
Current Performance Level	10	10	10	8	4	5	10	5
Optimization Weights	20	20	20	20	8	5	2	5
Optimization Score	200	200	200	160	32	25	20	25
Current Numerator	2 Patients	2 Patients	4 Patients	12 Patients	1	1 Patients	1	1
Current Denominator	2 Patients	2 Patients	175 Patients	175 Patients	1	2 Patients	1	1
Baseline	no data	no data	7.9	11.9	20.0	no data	100.0	100.0

Challenge to share:

...

ACH Early Childhood Rehabilitation

Sonia Cioffi & Thomas Young



Team Name: ACH Early Childhood Rehabilitation

Team Lead(s): Sonia Cioffi & Thomas Young

Success to share:

- Streamlined survey distribution via clerical
- Pilot of EoC for urgent feeding cases continues; clinicians are identifying valuable alternatives to enhance EoC (i.e. embedding phone consult, team conference mid-way...)
- PDSA to introduce the Oral Feeding Care Plan in second cycle

Challenge to share:

- Carving out time to meet to support, review and share feedback has been impacted by competing demands, LOAs, vacation, work-load, etc.
- Urgent/at-risk patients are being well supported; “routine” patients are not

Total Optimization Score (out of 1000)

455

Currently able to see follow-up patients in a timely way?

Yes

Select Clinic

ACH Early Childhood Rehabilitation (ECR)

Performance Level

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who indicate that they have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
10	90.0	100.0	5.0	5.0	100.0	10.0	100.0	100.0
9	88.6	96.2	6.5	7.5	90.0	13.1	97.4	97.2
8	86.9	92.5	7.9	10.1	80.0	16.2	94.6	94.3
7	85.2	88.7	9.4	12.6	70.0	19.3	91.8	91.4
6	83.5	85.0	10.8	15.1	60.0	22.3	89.0	88.6
5	81.8	81.2	12.3	17.7	50.0	25.4	86.2	85.7
4	80.1	77.4	13.7	20.2	40.0	28.5	83.4	82.9
3	78.4	73.7	15.2	22.8	30.0	31.6	80.6	80.0
2	76.7	61.8	20.1	23.9	20.0	40.8	77.8	75.0
1	75.0	50.0	25.0	25.0	10.0	50.0	75.0	70.0
Current Performance	94.4	69.4	5.7	12.2	40.0	36.1	60.0	95.0
Performance change since ..	no change	no change	no change	▲	no change	no change	no change	▼
Current Performance Level	10	2	9	7	4	2	0	8
Optimization Weights	10	15	5	10	15	15	15	15
Optimization Score	100	30	45	70	60	30	0	120
Current Numerator	34 Patients	25 Patients	14 Patients	30 Patients	1	13 Patients	1	1
Current Denominator	36 Patients	36 Patients	246 Patients	246 Patients	1	36 Patients	1	1
Baseline	94.7	73.7	15.2	22.8	10.0	31.6	70.0	80.0

ACH Outpatient Eating, Feeding & Swallowing

Melanie Matiisen-Dewar
& Thomas Young



Team Name: ACH Outpatient Eating, Feeding & Swallowing

Team Lead(s): Melanie Matiisen-Dewar & Thomas Young

Total Optimization Score
(out of 1000)

385

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

ACH Outpatient - Eating Feeding and Swallowing ..

Performance Level	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who indicate that they have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
10	90.0	100.0	5.0	5.0	100.0	10.0	100.0	100.0
9	88.6	94.8	5.2	6.4	90.0	11.0	97.2	98.6
8	86.9	89.2	5.4	7.7	80.0	11.9	94.3	97.2
7	85.2	83.6	5.6	9.1	70.0	12.9	91.4	95.7
6	83.5	78.0	5.7	10.4	60.0	13.8	88.6	94.3
5	81.8	72.4	5.9	11.7	50.0	14.8	85.7	92.9
4	80.1	66.8	6.1	13.1	40.0	15.7	82.9	91.4
3	78.4	61.2	6.3	14.4	30.0	16.7	80.0	90.0
2	76.7	55.6	15.7	19.7	20.0	33.3	65.0	70.0
1	75.0	50.0	25.0	25.0	10.0	50.0	50.0	50.0
Current Performance	96.0	60.0	1.9	8.0	40.0	20.0	50.0	80.0
Performance change since ..	no change	no change	no change	no change	no change	no change	no change	▼
Current Performance Level	10	2	10	7	4	2	1	2
Optimization Weights	10	15	5	10	15	15	15	15
Optimization Score	100	30	50	70	60	30	15	30
Current Numerator	24 Patients	15 Patients	7 Patients	30 Patients	1	5 Patients	1	1
Current Denominator	25 Patients	25 Patients	376 Patients	376 Patients	1	25 Patients	1	1
Baseline	100.0	41.7	6.3	14.4	40.0	16.7	80.0	90.0

Success to share:

- Collection of Supply/Demand/Activity data to support program development and service delivery changes
- Adoption of Episodes of Care for urgent referral groups, enhancing continuity, clarifying expectations, and ensuring timeliness of appts for families
- Regular communication across Calgary Zone with partners in community to streamline navigation

Challenge to share:

- HOLD on all routine referrals due to Covid-19 response
- Changes across Calgary Zone in distribution of feeding care leading to uncertainty

Calgary Pediatric Home Care

Meredith Luipasco &
Mary Ellen Hartmann



Team Name: Calgary Pediatric Home Care

Team Lead(s): Meredith Luipasco & Mary Ellen Hartmann

Total Optimization Score
(out of 1000)

550

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Calgary Pediatric Home Care - Community

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who indicate that they have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
Performance Level								
10	90.0	100.0	20.0	20.0	100.0	10.0	100.0	100.0
9	88.6	97.2	21.3	21.3	90.0	11.4	97.6	97.6
8	86.9	94.3	22.6	22.6	80.0	12.9	95.4	95.4
7	85.2	91.4	23.9	23.9	70.0	14.3	93.2	93.2
6	83.5	88.6	25.2	25.2	60.0	15.7	91.0	91.0
5	81.8	85.7	26.6	26.6	50.0	17.1	88.8	88.8
4	80.1	82.9	27.9	27.9	40.0	18.6	86.6	86.6
3	78.4	80.0	29.2	29.2	30.0	20.0	84.4	84.4
2	76.7	65.0	39.6	29.6	20.0	27.5	82.2	82.2
1	75.0	50.0	50.0	30.0	10.0	35.0	80.0	80.0
Current Performance	92.3	76.9	12.8	29.8	20.0	23.1	100.0	100.0
Performance change since ..	no change	no change	no change	▼	▲	no change	no change	▲
Current Performance Level	10	2	10	1	2	2	10	10
Optimization Weights	15	20	10	10	15	10	10	10
Optimization Score	150	40	100	10	30	20	100	100
Current Numerator	24 Patients	20 Patients	6 Patients	14 Patients	1	6 Patients	1	1
Current Denominator	26 Patients	26 Patients	47 Patients	47 Patients	1	26 Patients	1	1
Baseline	100.0	80.0	29.2	29.2	0.0	20.0	100.0	100.0

Success to share:

- **PEAS surveys still going strong**
- Feeding rounds power-on
- **Care plans increasing in #**
- Family's are feeling supported



Challenge to share:

- **Continue to find the right 'path' for our feeders (Homecare, ECR, etc.)**
- **G-tube feeds at school...enough said! Training, fear, parents, kids, careplans, etc.**
- **Struggle with re-admissions when family's don't agree with health care recommendations i.e. aspiration risks for palliative clients**
- **We lost our SLP this month 😞**

Calgary Zone - Pediatric Community Rehabilitation

Katherine Bennett



Team Name: Calgary Zone - Peds Community Rehab

Team Lead(s): Katherine Bennett

Total Optimization Score
(out of 1000)

250

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Calgary Zone - Pediatric Community Rehabilitation

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who indicate that they have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
Performance Level								
10	90.0	100.0	10.0	0.0	100.0	10.0	100.0	100.0
9	88.6	94.8	11.4	1.1	90.0	14.8	97.4	88.8
8	86.9	89.2	13.1	2.2	80.0	19.2	94.6	77.7
7	85.2	83.6	14.8	3.3	70.0	23.6	91.8	66.6
6	83.5	78.0	16.5	4.4	60.0	28.0	89.0	55.5
5	81.8	72.4	18.2	5.5	50.0	32.4	86.2	44.4
4	80.1	66.8	19.9	6.6	40.0	36.8	83.4	33.3
3	78.4	61.2	21.6	7.7	30.0	41.2	80.6	22.2
2	76.7	55.6	23.3	11.3	20.0	45.6	77.8	11.1
1	75.0	50.0	25.0	15.0	10.0	50.0	75.0	0.0
Current Performance	no data	no data	0.0	0.0	0.0	no data	100.0	100.0
Performance change since ..	no change	no change	no change	▲	no change	no change	▲	▲
Current Performance Level	0	0	10	10	0	0	10	10
Optimization Weights	20	20	5	5	25	10	10	5
Optimization Score	0	0	50	50	0	0	100	50
Current Numerator			0 Patients	0 Patients	1		1	1
Current Denominator			33 Patients	33 Patients	1		1	1
Baseline	no data	no data	0.0	7.7	0.0	no data	100.0	0.0

Success to share:

- Have resumed seeing EFS clients using virtual platform
- Building team & seeing children with multi-D approach
- Exploring goal wheel as collaborative goal setting tool
- Expanded access to services within our program
- Zone level conversations occurring to address EFS services in Calgary & surrounding area

Challenge to share:

- Staff were redeployed again since last ILC
- Zone work that will impact our service is being done affecting ability to plan.
- Navigating hybrid approach
- Consistency in resource access

Calgary Zone Rural Pediatric Allied Health

Christine Dengis & Sara Finlayson



Team Name: Calgary Zone Rural Peds Allied Health

Team Lead(s): Christine Dengis & Sara Finlayson

Total Optimization Score (out of 1000)

875

Currently able to see follow-up patients in a timely way?

Yes

Select Clinic

Calgary Zone Rural Pediatric Allied Health

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % 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
Performance Level								
10	95.0	95.0	5.0	5.0	100.0	5.0	100.0	100.0
9	92.4	90.0	7.4	5.8	90.0	10.0	99.3	99.3
8	89.6	85.0	9.6	6.7	80.0	15.0	98.6	98.6
7	86.8	80.0	11.8	7.5	70.0	20.0	97.8	97.8
6	84.0	75.0	14.0	8.3	60.0	25.0	97.1	97.1
5	81.2	70.0	16.2	9.2	50.0	30.0	96.4	96.4
4	78.4	65.0	18.4	10.0	40.0	35.0	95.7	95.7
3	75.6	60.0	20.6	10.8	30.0	40.0	95.0	95.0
2	72.8	55.0	22.8	17.9	20.0	45.0	85.0	87.5
1	70.0	50.0	25.0	25.0	10.0	50.0	75.0	80.0
Current Performance	100.0	84.6	1.4	4.2	80.0	7.7	98.0	98.0
Performance change since ..	no change	no change	no change	▲	▲	no change	no change	no change
Current Performance Level	10	7	10	10	8	9	7	7
Optimization Weights	20	20	15	15	15	5	5	5
Optimization Score	200	140	150	150	120	45	35	35
Current Numerator	13 Patients	11 Patients	1 Patients	3 Patients	1	1 Patients	1	1
Current Denominator	13 Patients	13 Patients	71 Patients	71 Patients	1	13 Patients	1	1
Baseline	100.0	100.0	0.0	10.8	40.0	0.0	95.0	95.0

Success to share:

- Getting confirmation that families truly feel involved in their child's care.
- That since starting the PEAS work, collaborative goal setting and sharing the action plan with families has increased.
- We don't have a waitlist and therefore are able to see families quite quickly.

Challenge to share:

- Surveys – getting that feedback. Either remembering to send surveys or getting families to complete them.
- The percentage of children seen in ED (although not high) was surprising to us so we are seeking to understand.

Medicine Hat Pediatric Specialty Clinic

Janine Whyte



Team Name: MHRH Pediatric Specialty Clinic

Team Lead(s): Janine Whyte

Total Optimization Score (out of 1000)

770

Currently able to see follow-up patients in a timely way?

Yes

Select Clinic

Medicine Hat Regional Hospital Pediatric Specialt..

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who indicate that they have to wait too long to access care	Accessibility % of urgent patients that are seen within 2 weeks for assessment	Accessibility % of routine patients that are seen within 4 weeks for assessment
Performance Level								
10	100.0	90.0	3.0	3.0	100.0	5.0	100.0	100.0
9	95.2	86.4	3.6	4.4	90.0	6.4	97.6	97.6
8	90.8	83.1	4.4	5.8	80.0	8.1	95.4	95.4
7	86.4	79.8	5.2	7.1	70.0	9.8	93.2	93.2
6	82.0	76.5	6.0	8.5	60.0	11.5	91.0	91.0
5	77.6	73.2	6.8	9.9	50.0	13.2	88.8	88.8
4	73.2	69.9	7.6	11.3	40.0	14.9	86.6	86.6
3	68.8	66.6	8.4	12.7	30.0	16.6	84.4	84.4
2	64.4	63.3	9.2	13.8	20.0	18.3	82.2	82.2
1	60.0	60.0	10.0	15.0	10.0	20.0	80.0	80.0
Current Performance	95.8	83.3	3.3	5.5	20.0	6.3	100.0	100.0
Performance change since ..	no change	no change	no change	no change	no change	no change	no change	no change
Current Performance Level	9	8	9	8	2	9	10	10
Optimization Weights	20	20	15	15	15	5	5	5
Optimization Score	180	160	135	120	30	45	50	50
Current Numerator	46 Patients	40 Patients	6 Patients	10 Patients	1	3 Patients	1	1
Current Denominator	48 Patients	48 Patients	182 Patients	182 Patients	1	48 Patients	1	1
Baseline	100.0	60.0	1.3	12.7	0.0	20.0	100.0	100.0

Success to share:

- Increased survey response rate
- Increased implemented family care plans

Challenge to share:

- Care plan documentation with multiple providers

Southwestern Alberta Children's EFS

Theresa Kinyua



Team Name: Southwestern Alberta Children's EFS

Team Lead(s): Theresa Kinyua

Total Optimization Score (out of 1000)
358

Currently able to see follow-up patients in a timely way?
Yes

Select Clinic
Southwest Alberta Childrens Eating, Feeding and..

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who indicate that they have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
Performance Level								
10	100.0	100.0	3.0	5.0	100.0	15.0	100.0	100.0
9	93.6	88.8	3.7	6.2	90.0	22.4	96.4	94.8
8	86.9	77.7	4.4	7.3	80.0	29.6	93.1	89.2
7	80.2	66.6	5.1	8.4	70.0	36.8	89.8	83.6
6	73.5	55.5	5.8	9.5	60.0	44.0	86.5	78.0
5	66.8	44.4	6.5	10.6	50.0	51.2	83.2	72.4
4	60.1	33.3	7.2	11.8	40.0	58.4	79.9	66.8
3	53.4	22.2	7.9	12.9	30.0	65.6	76.6	61.2
2	46.7	11.1	9.0	13.9	20.0	72.8	73.3	55.6
1	40.0	0.0	10.0	15.0	10.0	80.0	70.0	50.0
Current Performance	no data	no data	2.9	10.3	0.0	no data	80.0	100.0
Performance change since ..	no change	no change	no change	▼	▼	no change	▼	▲
Current Performance Level	0	0	10	5	0	0	4	10
Optimization Weights	20	20	20	20	8	5	2	5
Optimization Score	0	0	200	100	0	0	8	50
Current Numerator	2 Patients	2 Patients	5 Patients	18 Patients	1	1 Patients	1	1
Current Denominator	2 Patients	2 Patients	175 Patients	175 Patients	1	2 Patients	1	1
Baseline	no data	no data	7.9	12.9	20.0	no data	100.0	100.0

Success to share:

- Created a SW zone eating feeding and swallowing group email to allow for easier communication/collaboration between programs and professionals
- Implemented patient survey across programs

Challenge to share:

- Implementing standard documents within each program as each program has different systems for documentation
- Being consistent with having families complete the parent survey

Central Zone – Children's Rehabilitation Services

Christine Pizzey & Nancy Whelan



Team Name: Central Zone

Team Lead(s): Christine Pizzey & Nancy Whelan

Total Optimization Score
(out of 1000)

467

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Central Zone - Childrens Rehabilitation Services

Performance Level

10

9

8

7

6

5

4

3

2

1

Current Performance

Performance change since ..

Current Performance Level

Optimization Weights

Optimization Score

Current Numerator

Current Denominator

Baseline

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriatene.. % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/ swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	% of families who indicate that they have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	% of urgent patients that are seen within 2 weeks for assessment
10	100.0	100.0	3.0	3.0	100.0	0.0	100.0	100.0
9	97.6	97.6	3.7	4.6	90.0	2.4	99.3	99.3
8	95.4	95.4	4.3	5.9	80.0	4.6	98.6	98.6
7	93.2	93.2	4.9	7.2	70.0	6.8	97.8	97.8
6	91.0	91.0	5.6	8.5	60.0	9.0	97.1	97.1
5	88.8	88.8	6.2	9.8	50.0	11.2	96.4	96.4
4	86.6	86.6	6.9	11.1	40.0	13.4	95.7	95.7
3	84.4	84.4	7.5	12.4	30.0	15.6	95.0	95.0
2	82.2	82.2	8.7	13.7	20.0	17.8	90.0	92.5
1	80.0	80.0	10.0	15.0	10.0	20.0	85.0	90.0
Current Performance	100.0	77.8	1.2	7.3	40.0	22.2	100.0	95.0
Performance change since ..	no change	no change	no change	no change	no change	no change	no change	no change
Current Performance Level	10	0	10	6	4	0	10	3
Optimization Weights	25	20	3	3	13	18	9	9
Optimization Score	250	0	30	18	52	0	90	27
Current Numerator	9 Patients	7 Patients	2 Patients	12 Patients	1	2 Patients	1	1
Current Denominator	9 Patients	9 Patients	164 Patients	164 Patients	1	9 Patients	1	1
Baseline	100.0	80.0	7.5	16.3	0.0	20.0	95.0	95.0

Success to share:

- Appropriateness – Ensuring all families have family centered goals. We are trialing the goal wheel and the EFS Care Plan with our clients.
- Effectiveness – We’re going through the CPG and prioritizing pieces that we see as most important to build capacity in our zone. We’re having dynamic discussions about key messages and what we’re already doing well and what we need to improve upon. As well as creating some defined actions and preliminary plans.

Challenge to share:

- Staff turnover and limited FTE is impacting ability for all team members to participate in the ILC. We’re in discussion on how to advocate for increased designation of FTE for RDs for the pediatric population.
- Trialing new tools has been more challenging due to limited in-person services and lower referral rates.

Glenrose

Cynthia Brown





Team Name: Glenrose Pediatric Feeding & Swallowing

Team Lead(s): Cynthia Brown

Total Optimization Score
(out of 1000)

595

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Glenrose Feeding and Swallowing

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who indicate that they have to wait too long to access care	% of urgent patients that are seen within 2 weeks for assessment	% of routine patients that are seen within 1 year for assessment
Performance Level								
10	95.0	100.0	10.0	10.0	100.0	30.0	90.0	100.0
9	93.5	90.1	11.4	11.4	90.0	30.1	87.8	97.6
8	92.0	80.2	13.1	13.1	80.0	30.2	85.7	95.4
7	90.5	70.3	14.8	14.8	70.0	30.3	83.6	93.2
6	89.1	60.4	16.5	16.5	60.0	30.4	81.4	91.0
5	87.6	50.6	18.2	18.2	50.0	30.6	79.3	88.8
4	86.1	40.7	19.9	19.9	40.0	30.7	77.1	86.6
3	84.6	30.8	21.6	21.6	30.0	30.8	75.0	84.4
2	79.8	25.4	23.3	23.3	20.0	40.4	72.5	82.2
1	75.0	20.0	25.0	25.0	10.0	50.0	70.0	80.0
Current Performance	83.3	50.0	3.1	3.1	70.0	25.0	90.0	90.0
Performance change since ..	no change	no change	no change	no change	▲	no change	no change	no change
Current Performance Level	2	4	10	10	7	10	10	5
Optimization Weights	25	25	5	5	10	10	15	5
Optimization Score	50	100	50	50	70	100	150	25
Current Numerator	20 Patients	12 Patients	7 Patients	7 Patients	1	6 Patients	1	1
Current Denominator	24 Patients	24 Patients	225 Patients	225 Patients	1	24 Patients	1	1
Baseline	84.6	30.8	5.4	8.7	0.0	30.8	75.0	no data

Success to share:

- Decreased wait times for urgent and routine referrals
- Parents/families report feeling more involved in their child's EFS care

Challenge to share:

- How to achieve a greater survey completion rate
- Continue to decrease wait times for patients and provide support for families while they wait for services
- How best to support children with severe and chronic eating, feeding, and swallowing challenges

Stollery Feeding & Swallowing + Aspiration & Aerodigestive Clinics

Amanda Adsett



Team Name: Stollery Feeding & Swallowing

Team Lead(s): Amanda Adsett

Total Optimization Score
(out of 1000)

810

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Stollery Outpatient Feeding and Swallowing

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
Performance Level								
10	90.0	80.0	0.0	0.0	100.0	10.0	100.0	95.0
9	87.8	73.0	0.2	0.2	90.0	11.2	93.8	87.4
8	85.7	66.1	0.8	0.8	80.0	12.3	87.7	79.6
7	83.6	59.1	1.4	1.4	70.0	13.4	81.6	71.8
6	81.4	52.1	2.0	2.0	60.0	14.5	75.5	64.0
5	79.3	45.2	2.6	2.6	50.0	15.6	69.4	56.2
4	77.1	38.2	3.2	3.2	40.0	16.7	63.3	48.4
3	75.0	31.3	3.8	3.8	30.0	17.8	57.2	40.6
2	72.5	28.1	4.4	4.4	20.0	18.9	51.1	32.8
1	70.0	25.0	5.0	5.0	10.0	20.0	45.0	25.0
Current Performance	86.1	44.4	2.3	4.0	100.0	8.3	100.0	99.0
Performance change since ..	no change	no change	no change	▼	no change	no change	no change	no change
Current Performance Level	8	4	5	2	10	10	10	10
Optimization Weights	20	20	10	10	15	15	5	15
Optimization Score	160	80	50	20	150	150	50	150
Current Numerator	31 Patients	16 Patients	8 Patients	14 Patients	1	3 Patients	1	1
Current Denominator	36 Patients	36 Patients	349 Patients	349 Patients	1	36 Patients	1	1
Baseline	75.0	31.3	7.2	10.4	40.0	6.3	100.0	95.0

Success to share:

- Low ED and admission rates despite medically complex patient population
- Positive feedback in survey comments regarding the care patients and families are receiving

Challenge to share:

- Our process changes have not been reflected in our patient survey scores
 - E.g., Appropriateness scores have actually decreased since implementing our formalized care plan. We scored higher on this measure when we were not providing families with any formal documentation at the end of their appointment



Team Name: Stollery Aspiration Clinic

Team Lead(s): Amanda Adsett

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

490

**Currently able to see follow-up
patients in a timely way?**

Yes

Select Clinic

Stollery Aspiration Clinic

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 patients or families that have an EFS Care Plan	% of patients admitted to hospital quarterly in relation to feeding/swallowing issues	% of patients 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	90.0	80.0	0.0	0.0	100.0	10.0	100.0	95.0
9	89.0	74.6	0.7	0.2	90.0	12.2	99.3	87.4
8	88.1	69.1	1.5	0.8	80.0	14.3	98.6	79.6
7	87.1	63.6	2.2	1.4	70.0	16.4	97.8	71.8
6	86.2	58.1	2.9	2.0	60.0	18.6	97.1	64.0
5	85.2	52.6	3.6	2.6	50.0	20.7	96.4	56.2
4	84.3	47.2	4.3	3.2	40.0	22.9	95.7	48.4
3	83.3	41.7	5.1	3.8	30.0	25.0	95.0	40.6
2	76.7	33.3	7.5	4.4	20.0	27.5	70.0	32.8
1	70.0	25.0	10.0	5.0	10.0	30.0	45.0	25.0
Current Performance	84.2	63.2	5.0	4.1	0.0	21.1	100.0	95.0
Performance change since ..	no change	no change	no change	▼	no change	no change	no change	▲
Current Performance Level	3	6	3	2	0	4	10	10
Optimization Weights	20	20	10	10	5	15	5	15
Optimization Score	60	120	30	20	0	60	50	150
Current Numerator	16 Patients	12 Patients	11 Patients	9 Patients	1	4 Patients	1	1
Current Denominator	19 Patients	19 Patients	219 Patients	219 Patients	1	19 Patients	1	1
Baseline	83.3	41.7	5.1	6.1	0.0	25.0	95.0	95.0



Team Name: Stollery Aerodigestive Clinic

Team Lead(s): Amanda Adsett

Total Optimization Score
(out of 1000)

350

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Stollery Aerodigestive Clinic

Performance Level	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
10	90.0	80.0	0.0	0.0	100.0	10.0	100.0	95.0
9	87.6	74.3	1.2	0.2	90.0	11.2	92.8	85.7
8	85.4	68.6	2.3	0.8	80.0	12.3	85.7	76.5
7	83.2	62.8	3.4	1.4	70.0	13.4	78.6	67.2
6	81.0	57.1	4.5	2.0	60.0	14.5	71.4	57.9
5	78.8	51.4	5.6	2.6	50.0	15.6	64.3	48.6
4	76.6	45.7	6.7	3.2	40.0	16.7	57.1	39.3
3	74.4	40.0	7.8	3.8	30.0	17.8	50.0	30.0
2	72.2	32.5	8.9	4.4	20.0	18.9	47.5	27.5
1	70.0	25.0	10.0	5.0	10.0	20.0	45.0	25.0
Current Performance	66.7	50.0	10.4	10.4	0.0	0.0	75.0	60.0
Performance change since ..	no change	no change	no change	no change	no change	no change	▼	no change
Current Performance Level	0	4	0	0	0	10	6	6
Optimization Weights	20	20	10	10	15	15	5	15
Optimization Score	0	80	0	0	0	150	30	90
Current Numerator	4 Patients	3 Patients	5 Patients	5 Patients	1	0 Patients	1	1
Current Denominator	6 Patients	6 Patients	48 Patients	48 Patients	1	6 Patients	1	1
Baseline	60.0	40.0	13.6	13.6	0.0	0.0	50.0	30.0

North Zone – Grande Prairie

Laurel Sheridan



Team Name: North Zone – Grande Prairie

Team Lead(s): Laurel Sheridan

Total Optimization Score
(out of 1000)

590

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

North Zone-Grande Prairie

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessability % of families who have to wait too long to access care	Accessability % of routine patients that are seen within 6 weeks for assessment	Accessability % of urgent patients that are seen within 2 weeks for assessment
Performance Level								
10	90.0	100.0	5.0	5.0	100.0	10.0	100.0	90.0
9	85.2	97.2	5.2	5.2	90.0	14.8	97.2	88.6
8	80.8	94.3	5.8	5.8	80.0	19.2	94.3	86.9
7	76.4	91.4	6.4	6.4	70.0	23.6	91.4	85.2
6	72.0	88.6	7.0	7.0	60.0	28.0	88.6	83.5
5	67.6	85.7	7.6	7.6	50.0	32.4	85.7	81.8
4	63.2	82.9	8.2	8.2	40.0	36.8	82.9	80.1
3	58.8	80.0	8.8	8.8	30.0	41.2	80.0	78.4
2	54.4	65.0	9.4	9.4	20.0	45.6	77.5	76.7
1	50.0	50.0	10.0	10.0	10.0	50.0	75.0	75.0
Current Performance	100.0	80.0	0.7	4.3	20.0	0.0	80.0	75.0
Performance change since ..	no change	no change	no change	no change	▲	no change	▲	▲
Current Performance Level	10	3	10	10	2	10	3	1
Optimization Weights	30	30	5	5	15	5	5	5
Optimization Score	300	90	50	50	30	50	15	5
Current Numerator	5 Patients	4 Patients	1 Patients	6 Patients	1	0 Patients	1	1
Current Denominator	5 Patients	5 Patients	141 Patients	141 Patients	1	5 Patients	1	1
Baseline	100.0	80.0	no data	no data	0.0	0.0	80.0	100.0

Success to share:

- We have started a new triage system for feeding/swallowing clients and that is going well.
- We are focusing on implementing the goal wheel, and specifically a feeding care plan

Challenge to share:

- Feeding is potentially not the sole goal or concern that parents have
- The team is finding that to get updates from family, do a consult, complete the goal wheel and asking to complete the survey is challenging to get done in one appointment
- Return numbers for survey for our area are low simply because the team is struggling to get the survey to the parents.

North Zone - General

Cynthia Pruden

Team Name: North Zone - General

Team Lead(s): Cynthia Pruden

Success to share:

- Attending PEAS Learning Events e.g. Swallowing and Video Fluoroscopy course (April 20, 21) -helpful for pinpointing the reason for a child's difficulties (i.e., oral motor skill issue vs sensory issue vs pharyngeal phase swallow issue vs esophageal issue).
- Finding information on the PEAS website that we can share with families

Challenge to share:

- Many staff need help developing competency for clinical swallowing assessments; finding opportunities to do virtual observations of clinical swallow assessments
- Staff turnover – retaining staff, recruiting and training team members

Stollery Home Nutrition Support Program (HNSP)

Tannis Busch



Team Name: Stollery HNRP

Team Lead(s): Tannis Busch

Total Optimization Score
(out of 1000)

545

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

Stollery Home Nutrition Support Program (HNRP)

Performance Level	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
10	95.0	100.0	5.0	10.0	100.0	10.0	100.0	100.0
9	92.5	92.1	7.0	11.8	90.0	13.4	98.6	99.3
8	90.1	84.1	9.0	13.7	80.0	16.7	97.2	98.6
7	87.6	76.2	11.1	15.5	70.0	20.0	95.7	97.8
6	85.2	68.3	13.1	17.4	60.0	23.3	94.3	97.1
5	82.7	60.3	15.1	19.2	50.0	26.7	92.9	96.4
4	80.2	52.4	17.1	21.1	40.0	30.0	91.4	95.7
3	77.8	44.4	19.1	22.9	30.0	33.3	90.0	95.0
2	68.9	22.2	34.6	36.5	20.0	56.7	80.0	72.5
1	60.0	0.0	50.0	50.0	10.0	80.0	70.0	50.0
Current Performance	83.3	50.0	7.3	9.0	10.0	33.3	100.0	100.0
Performance change since ..	no change	no change	no change	▲	▼	no change	▲	no change
Current Performance Level	5	3	8	10	1	2	10	10
Optimization Weights	20	20	20	10	15	5	5	5
Optimization Score	100	60	160	100	15	10	50	50
Current Numerator	10 Patients	6 Patients	64 Patients	79 Patients	1	4 Patients	1	1
Current Denominator	12 Patients	12 Patients	879 Patients	879 Patients	1	12 Patients	1	1
Baseline	77.8	44.4	19.1	22.9	0.0	33.3	90.0	95.0

ACH Home Nutrition Support Program (HNSP)

Mary O’Gorman



Team Name: ACH HNSP

Team Lead(s): Mary O’Gorman

Total Optimization Score
(out of 1000)

710

Currently able to see follow-up
patients in a timely way?

Yes

Select Clinic

ACH Home Nutrition Support Program (HNSP)

	Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child’s care and treatment	Appropriateness % of patients or families that have an EFS Care Plan	Efficiency % of patients admitted to hospital quarterly in relation to feeding/ swallowing issues	Safety % of patients seen in an ED (quarterly) in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	Effectiveness Clinic Self-Reported measure	Accessibility % of families who have to wait too long to access care	Accessibility % of routine patients that are seen within 6 weeks for assessment	Accessibility % of urgent patients that are seen within 2 weeks for assessment
Performance Level								
10	90.0	100.0	10.0	10.0	100.0	10.0	100.0	100.0
9	88.6	97.2	11.4	11.4	90.0	14.8	97.4	97.6
8	86.9	94.3	13.1	13.1	80.0	19.2	94.6	95.4
7	85.2	91.4	14.8	14.8	70.0	23.6	91.8	93.2
6	83.5	88.6	16.5	16.5	60.0	28.0	89.0	91.0
5	81.8	85.7	18.2	18.2	50.0	32.4	86.2	88.8
4	80.1	82.9	19.9	19.9	40.0	36.8	83.4	86.6
3	78.4	80.0	21.6	21.6	30.0	41.2	80.6	84.4
2	76.7	65.0	23.3	23.3	20.0	45.6	77.8	82.2
1	75.0	50.0	25.0	25.0	10.0	50.0	75.0	80.0
Current Performance	88.9	77.8	11.3	12.9	10.0	0.0	100.0	100.0
Performance change since ..	no change	no change	no change	▲	no change	no change	no change	no change
Current Performance Level	9	2	9	8	1	10	10	10
Optimization Weights	10	15	5	10	15	15	15	15
Optimization Score	90	30	45	80	15	150	150	150
Current Numerator	8 Patients	7 Patients	64 Patients	73 Patients	1	0 Patients	1	1
Current Denominator	9 Patients	9 Patients	567 Patients	567 Patients	1	9 Patients	1	1
Baseline	100.0	80.0	32.5	32.6	0.0	0.0	100.0	100.0

ACH Neonatal Follow-up Clinic

Diane Hill



Team Name: ACH Neonatal Follow-up

Team Lead(s): Diane Hill

Total Optimization Score
(out of 1000)

320

Currently able to see follow-up
patients in a timely way?

No data

Select Clinic

ACH Neonatal Follow-up Clinic

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 patients or families that have an EFS Care Plan	% of patients admitted to hospital quarterly in relation to feeding/swallowing issues	% of patients seen in an ED (quarterly) in relation to feeding/swallowing issues (e.g. aspiration, malnutrition, dehydration)	Clinic Self-Reported measure	% of families who 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	90.0	100.0	10.0	10.0	100.0	10.0	100.0	100.0
9	89.4	98.0	11.4	11.4	90.0	10.6	97.4	97.6
8	88.8	95.9	12.9	13.1	80.0	11.2	94.6	95.4
7	88.2	93.9	14.3	14.8	70.0	11.9	91.8	93.2
6	87.5	91.8	15.7	16.5	60.0	12.5	89.0	91.0
5	86.9	89.8	17.1	18.2	50.0	13.1	86.2	88.8
4	86.3	87.8	18.6	19.9	40.0	13.7	83.4	86.6
3	85.7	85.7	20.0	21.6	30.0	14.3	80.6	84.4
2	80.4	67.9	22.5	23.3	20.0	32.1	77.8	82.2
1	75.0	50.0	25.0	25.0	10.0	50.0	75.0	80.0
Current Performance	87.5	87.5	0.0	0.0	no data	12.5	no data	no data
Performance change since ..	no change	no change	no change	no change	no change	no change	no change	no change
Current Performance Level	5	3	10	10	0	5	0	0
Optimization Weights	10	15	5	10	15	15	15	15
Optimization Score	50	45	50	100	0	75	0	0
Current Numerator	7 Patients	7 Patients	0 Patients	0 Patients	1	1 Patients	1	1
Current Denominator	8 Patients	8 Patients	5 Patients	5 Patients	1	8 Patients	1	1
Baseline	85.7	85.7	20.0	0.0	no data	14.3	no data	no data

Curbside Consulting



Chief Program Officer, SCNs

Tracy Wasylak

September 15, 2021

Curbside Consulting

- As you were listening to the team reports and hearing about the successes it may have stimulated your curiosity about other team's learnings, or curiosity/questions as to how teams have achieved their progress.
 - This is your opportunity to seek guidance, ideas, suggestions and understanding from others
-

Curbside Consulting

Quality Improvement along the Patient Journey: Tools, Examples and Panel discussion

Panelists:

- Jessica Quarterman, Family member
- Lisa McIsaac, South Zone QI Consultant
- Shauna Langenberger, Calgary Zone QI Consultant

Moderated by: Dr. Justine Turner

Audience: Healthcare Providers & Leaders

Date: June 16, 2021

Recording: [PEAS Courses & Webinars | https://peas.ahs.ca/page/10076/Professional-Development](https://peas.ahs.ca/page/10076/Professional-Development)

Quality Tools:

ADKAR, PDSA, Patient
Journey Map, Fishbone
Diagram, 5 Whys, Areas of
Waste

Curbside Consulting

Quality Improvement along the Patient Journey: Tools, Examples and Panel discussion

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Curbside Consulting Care Planning



PT, ACH

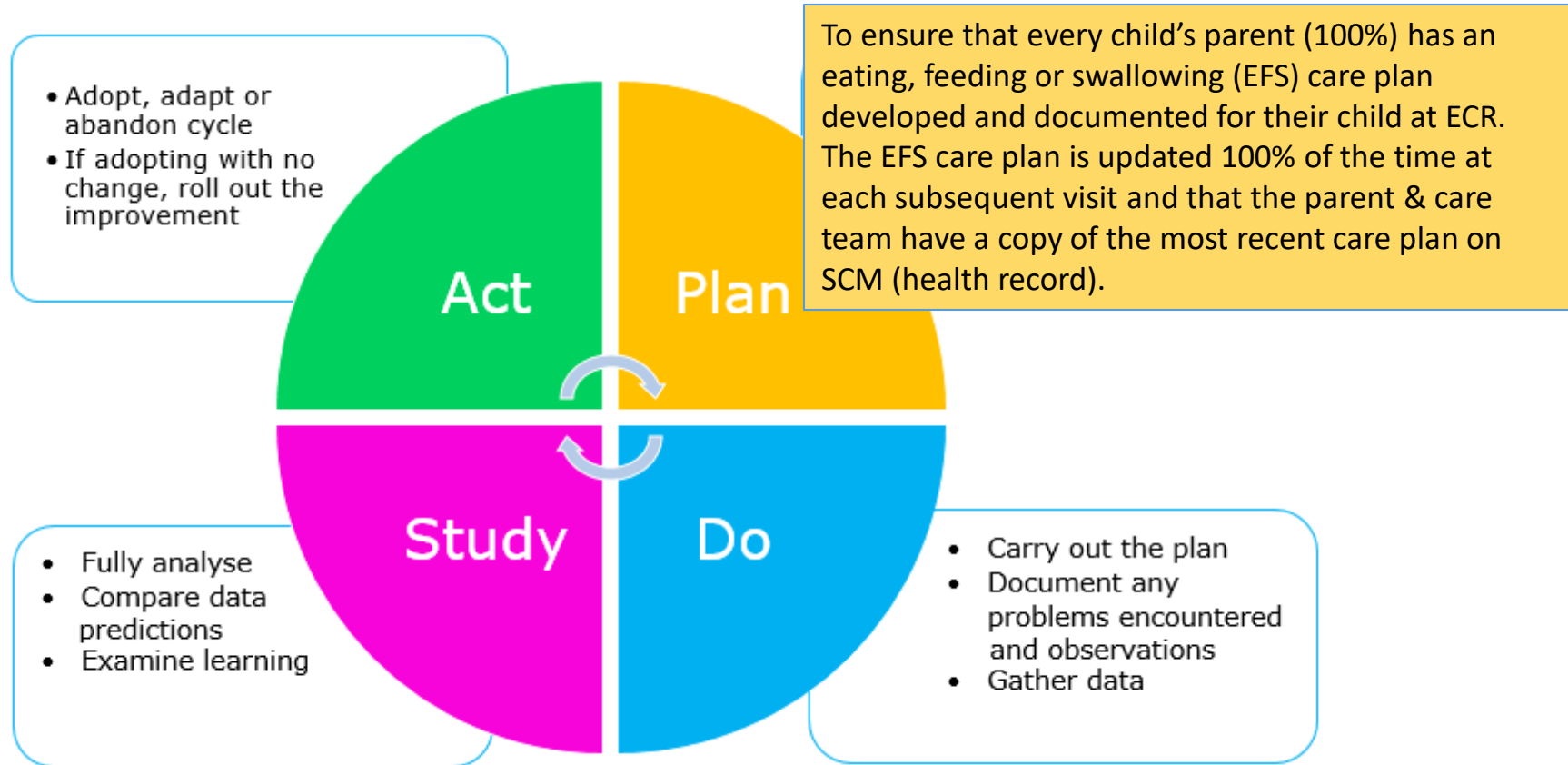
Thomas Young



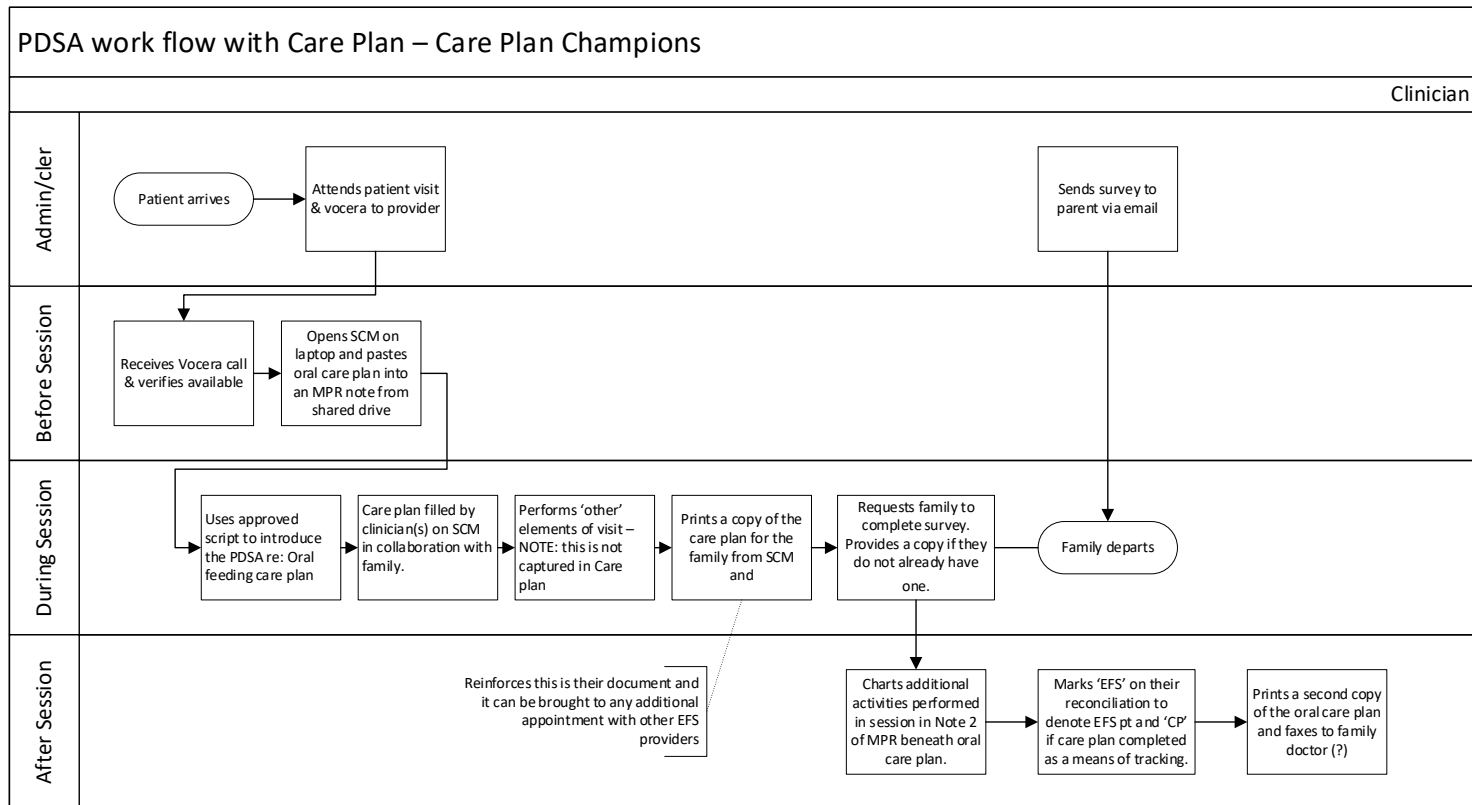
OT, ACH ECR

Tamara Nolan

PDSA cycle



Work Flow



Outcomes

- Comments box after each section
 - To be viewed as a living document that can be completed in more than a single contact
 - Blank questions to be marked not asked or not applicable, but not deleted.
-

Outcomes

- Other feeding and swallowing precautions to be renamed “Current Feeding and Swallowing Strategies and Recommendations”
 - To clarify use of IDDSI language as standard
-

Reflections

- Don't undervalue the 'P'
- Be open to your findings
- One problem at a time!
- Define outcomes ahead of time, don't HARK!

Key Points

- For parents to provide a snapshot
- Living Document that will change with their child
- Informing parents that we may not get to every part of the document at once 😊

Discovery

- Care Plan changed the session in a positive manner
- Facilitated the feeling of parents being an active partner
- Can take more than one session to set up the initial care plan; then make small adjustments at follow-up session
- Parents have appreciated the value of this document as a communication tool in their lives (eg: daycare)

Curbside Consulting

Discussion

Questions

- Using the Goal Wheel in a consultative program?
 - Barriers: no paper charting, different office/building, time between visits means the goals shift
 - ACTION: discuss with team leads for suggestions outside of the ILC

Questions

- Oral Feeding Care Plan: curious how to adapt the Care Plan for a specialized setting / diverse settings
 - ACTION: care plan webinar & share examples
 - How to adapt for SCM / Connect Care?

Break
10 minutes

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
-

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 involved as much as they want to be in decisions about their child's care and treatment	% of patients or families reporting that they have an EFS Care Plan	% of patients admitted to hospital quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	% of patients seen in an ED quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)	Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway	% 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	
Performance Level									
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)	FYI: See online scorecard	FYI: See online scorecard	FYI: See online scorecard	FYI: See online scorecard	3	FYI: See online scorecard	FYI: See online scorecard	FYI: See online scorecard	
2					2				
1	60%	0%	50%	50%	1	80%	70%	50%	
Optimization Weights (Total = 100)	15	15	20	20	15	5	5	5	100 = Total

PEAS Innovation Learning Collaborative 2 | Sep 15, 2021

PEAS Action Plan

Team:

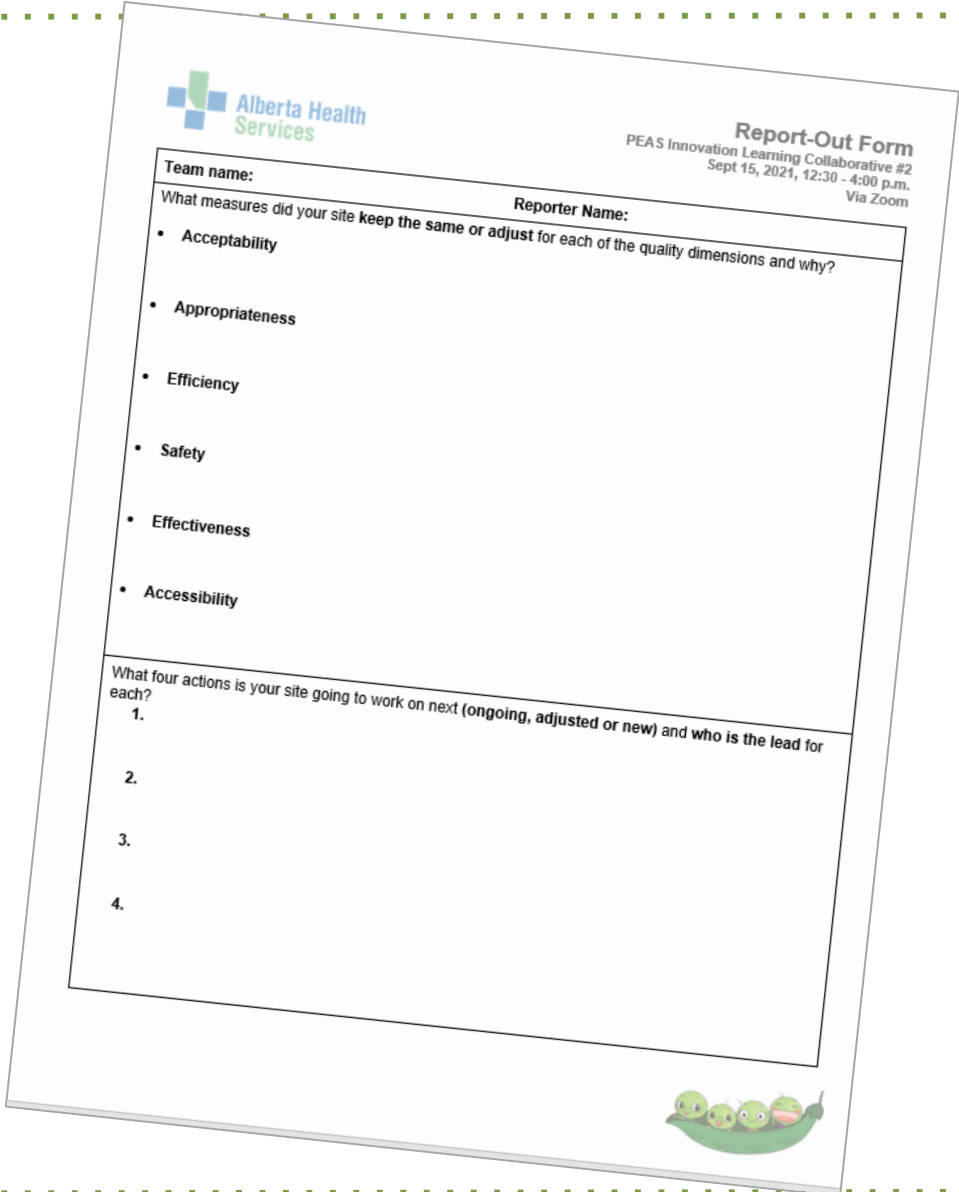
For Time Period: Feb 2021 to Sep 2021

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?
Acceptability % 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.	- Clerk: place family survey on chart - Clinician: Discuss and document care plan. Invite family to provide feedback. - Patients/families: 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?
Acceptability % of families who indicate that they are involved as much as they want to be in decisions about their child's care and treatment						
Appropriateness % of patients or families reporting that they have an EFS Care Plan						
Efficiency % of patients admitted to hospital quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)						
Safety % of patients seen in an ED quarterly in relation to feeding/ swallowing issues (e.g. aspiration, malnutrition, dehydration)						
Effectiveness Self-Reported measure based on levels of achievement towards implementing the PEAS clinical pathway						
Accessibility % 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 measures did you keep the same or adjust and why?
 2. What four actions will you work on next and who is the lead for each?
 3. When is the date for your next site team meeting?
 4. What is one thing your team will take back to your leadership or those who were not present today?
- **Extra space for miscellaneous actions & parking lot**



The form is titled "Report-Out Form" and is part of the "PEAS Innovation Learning Collaborative #2" held on "Sept 15, 2021, 12:30 - 4:00 p.m. Via Zoom". It features the "Alberta Health Services" logo in the top left. The form is divided into two main sections. The first section is for reporting on quality dimensions, with a header "What measures did your site keep the same or adjust for each of the quality dimensions and why?". It lists five dimensions: Acceptability, Appropriateness, Efficiency, Safety, Effectiveness, and Accessibility. The second section is for planning next steps, with a header "What four actions is your site going to work on next (ongoing, adjusted or new) and who is the lead for each?". It provides a numbered list from 1 to 4 for recording these actions. At the bottom right of the form, there is a small illustration of a pea pod with three peas.

Alberta Health Services

Report-Out Form
PEAS Innovation Learning Collaborative #2
Sept 15, 2021, 12:30 - 4:00 p.m.
Via Zoom


Team name: _____ **Reporter Name:** _____

What measures did your site keep the same or adjust for each of the quality dimensions and why?

- Acceptability
- Appropriateness
- Efficiency
- Safety
- Effectiveness
- Accessibility

What four actions is your site going to work on next (ongoing, adjusted or new) and who is the lead for each?

1. _____
2. _____
3. _____
4. _____



Teams

Team	Facilitator(s)	Team Lead(s)
North Zone – Grande Prairie	Roberta Dallaire	Laurel Sheridan
North Zone – General	Christina Van der Lugt	Cynthia Pruden
Stollery Aspiration Clinic	Shannon O'Blenes	Amanda Adsett
Stollery Aerodigestive Clinic		
Stollery Feeding & Swallowing Clinic		
Stollery Home Nutrition Support Program (HNSP)	Vanessa Steinke	Tannis Busch
Glenrose	Karen Branicki	Cynthia Brown
Central Zone	Melissa Lachapelle	Christine Pizzey & Nancy Whelan
ACH Home Nutrition Support Program (HNSP)	Thomas Young	Thomas Young
ACH Eating, Feeding, Swallowing Clinic		Sonia Cioffi
ACH Cleft Lip & Palate Clinic		Melanie Matiisen Dewar
Early Childhood Rehabilitation		Mary O'Gorman
ACH Neonatal Follow-up Clinic		
ACH Complex Airway Clinic + Calgary Peds Home Care	Jonathan Snider	Mary Ellen Hartmann & Meredith Luipasco
Calgary Zone - Pediatric Community Rehabilitation	Megan Terrill	Katherine Bennett
Calgary Zone - Rural Allied Health	Eileen Keogh / Laura Benard	Christine Dengis & Sara Finlayson
Medicine Hat Regional Hospital Pediatric Specialty Clinic	Shivonne Berger	Janine Whyte
Southwestern Alberta Children's EFS	Gloria Hodder	Theresa Kinyua

PEAS Support Team

- **Gillian Catena**
Admin Assistant Coordinator extraordinaire!
- **Vanessa Steinke**
PEAS Provincial Project Manager



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 3:35

Report Out questions (1-2 min / team)

Site name

- 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?





Report Out

Team	Team Lead(s)
North Zone – Grande Prairie	Laurel Sheridan
North Zone – General	Cynthia Pruden
Stollery Aspiration Clinic	Amanda Adsett
Stollery Aerodigestive Clinic	
Stollery Feeding & Swallowing Clinic	
Stollery Home Nutrition Support Program (HNSP)	TBD
Glenrose	Cynthia Brown
Central Zone	Christine Pizzey & Nancy Whelan
ACH Home Nutrition Support Program (HNSP)	Thomas Young
ACH Eating, Feeding, Swallowing Clinic	Sonia Cioffi
ACH Cleft Lip & Palate Clinic	Melanie Matiisen Dewar
Early Childhood Rehabilitation	Mary O'Gorman
ACH Neonatal Follow-up Clinic	
ACH Complex Airway Clinic + Calgary Peds Home Care	Mary Ellen Hartmann & Meredith Luipasco
Calgary Zone - Pediatric Community Rehabilitation	Katherine Bennett
Calgary Zone - Rural Allied Health	Christine Dengis & Sara Finlayson
Medicine Hat Regional Hospital Pediatric Specialty Clinic	Janine Whyte
Southwestern Alberta Children's EFS	Theresa Kinyua

Wrap Up & Next Steps



Implementation Plans

Topic	Date
✓ ILC 1: Scorecards & Action Plans (3.5 hrs)	Feb 4, 2021 12:30-4pm
✓ Education Session 1: Clinical Dr. Alan Silverman Pediatric Feeding Disorder diagnosis and case studies	Apr 14, 2021 2-3pm
✓ Education Session 2: Quality Improvement	Jun 16, 2021 3-4pm
✓ ILC 2: Scorecards & Action Plans (3.5 hrs)	Sep 15, 2021 12:30-4pm
❑ Education Session 3: Clinical (1hr) Grace Wong, RD Responsive Feeding Therapy in Action: A Case Study of Limited Food Variety	Nov 24, 2021 11-12pm + Q&A
❑ Education Session 4: Quality Improvement (1hr)	Jan / Feb 2022
❑ ILC 3: Scorecards & Action Plans (3.5 hrs)	Feb / Mar 2022

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



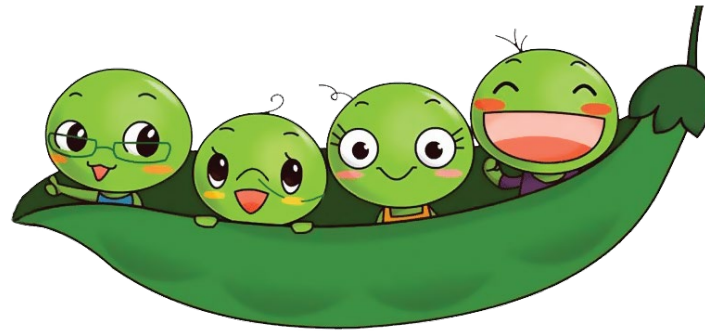
Image source: <https://garden.lovetoknow.com/image/252305~bean-cycle.jpg>

Thank You!

- **Speakers:** Judie, Tracy, Tom, Tami, Julie & Mark
- **Support Team:** Gillian, Gloria, Vanessa
- **Facilitators**
- **ILC Team Leads**
- **PEAS Team & Leadership Team**
- **All of YOU!**



Thank you!



PEAS provide your feedback & ideas:

<https://survey.ahs.ca/peas.ilc2>