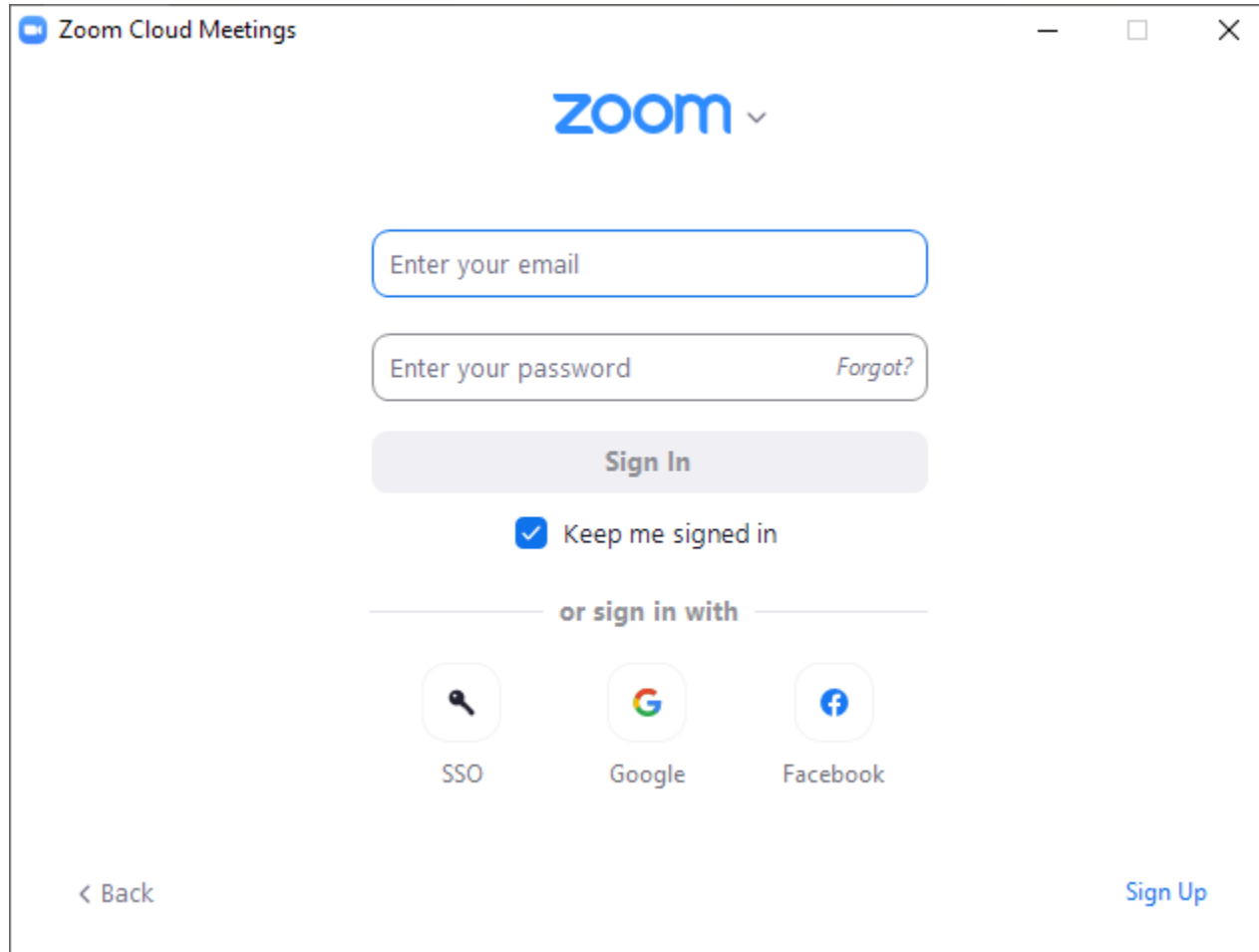


Innovation Learning Collaborative 3

Pediatric Eating And Swallowing Provincial Project





The image shows a screenshot of the Zoom Cloud Meetings login interface. At the top left, the window title is "Zoom Cloud Meetings". The Zoom logo is centered at the top. Below the logo are two input fields: "Enter your email" and "Enter your password". To the right of the password field is a link that says "Forgot?". Below these fields is a "Sign In" button. Underneath the button is a checkbox labeled "Keep me signed in" which is checked. Below this is a horizontal line with the text "or sign in with". Underneath this line are three icons for "SSO", "Google", and "Facebook". At the bottom left is a "< Back" link, and at the bottom right is a "Sign Up" link.

Login to Zoom
so you are
automatically assigned
a break-out room

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



Program Manager, Peds Rehab
Universal & Targeted Services

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.



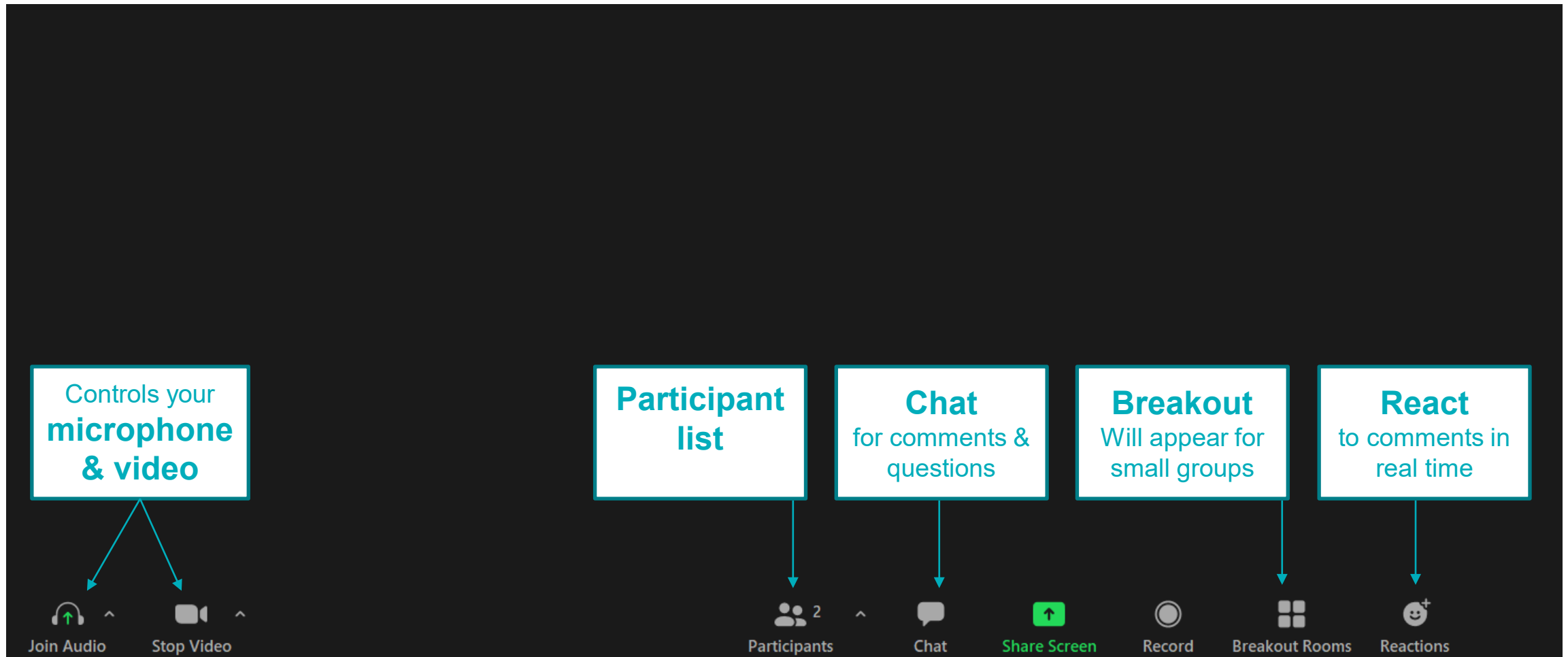
**EVERY
CHILD
MATTERS**





← FIND →
your inner
PEAS

PEAS Innovation Learning Collaborative 3



ILC 3 Session Agenda

- 12:30 pm Welcome & Introductions
- 12:40 pm Family Story
- 12:55 pm Celebration of Teams Provincial Progress
- 1:15 pm Leadership Forum: Interview with Medicine Hat Pediatric Specialty Clinic
- 2:00 pm Break
- 2:15 pm Small Group Breakout: Update Balanced Scorecards
- 2:35 pm Small Group Breakout: Update Action Plans
- 3:30 pm Report Out
- 3:55 pm Wrap-Up & Next Steps
- 4:00 pm Adjournment

Implementation

Topic	Date
✓ ILC 1: Scorecards & Action Plans (3.5 hrs)	Feb 4, 2021
✓ Education Session 1: Clinical (1hr) Pediatric Feeding Disorder diagnosis and case studies	Apr 14, 2021 2-3pm
✓ Education Session 2: Quality Improvement (1hr)	Jun 16, 3-4pm
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❑ Education Session 6: Quality Improvement (1hr)	Summer/Fall 2022
❑ ILC 4: Scorecards & Sustainability Plans (3.5 hrs)	Fall 2022

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

Updates

- ✓ PEAS Family Peer Mentorship
- ✓ Family Care Map
- ✓ Draft Tube Feeding Care Plan
- Working on a provincial Goodbye Mealtime Struggles webinar – spring 2022



Updates

International Pediatric Feeding Disorders Conference

Apr 21-22, 2022 | Virtual

Cost: \$199-300 USD

20% off Group discount code: AlbertaHealth22

PEAS will sponsor up to 5 team members from each ILC team 😊

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

Family Story

Marija

March 3, 2022







Safe Individualized Nipple-feeding Competence

SINC is for all infants born at less than 33 weeks OR other fragile feeders. Look for hunger cues, physiologic stability, swallowing.

SINC B and C. Plain or fresh EBM if possible.

Prior to advancing stages B to L, the infant must successfully complete:
*9 out of 12 feeds if Q2H
* 6 out of 8 feeds if Q3H
Advancement likely to be successful if volume is taken in less than max time allowed.
Advance incrementally within a stage and moving to a new stage.

Slow to progress in Later Stages?
*decrease TFI
*decrease pump time for gavage
*offer less top up after breast feeding

A. Offer NNS with a pumped breast or pacifier. Awake, physiologic stability

B. Max 5% enteral feed volume. Max 10 min breast or max 5 min drops beside a pacifier.

C. Max 10% enteral feed volume. Max 10 min breast or max 5 min drops beside a pacifier.

D. Max 15% enteral feed volume. Max 15 min by breast or max 10 min by bottle.

E. Max 20% enteral feed volume. Max 15 min by breast or max 10 min by bottle.

F. Max 30% enteral feed volume. Max 20 min by breast or max 15 min by bottle.

G. Max 40% enteral feed volume. Max 25 min by breast or max 15 min by bottle.

H. Max 50% enteral feed volume. Max 30 min by breast or max 20 min by bottle.

I. Max 60% enteral feed volume. Max 30 min by breast or max 20 min by bottle.

J. Make 70% enteral feed volume. Max 30 min by breast or max 20 min by bottle.

K. Max 85% enteral feed volume. Max 30 min by breast or max 20 min by bottle.

Eating is a Neurodevelopmental Task. Support the fragile feeder.

- Postural stability
- Calm environment
- Oral organization prior to the feed
- Slow flow nipple
- Careful observation

If the Infant has:
*decompensation
*disinterest
*disengagement
*disorganization
Stop the feed and finish by gavage.

Not successful in a SINC stage?
*move back to an earlier stage
*give more time to consolidate skill
*does the infant have enough respiratory support?

At every stage, encourage direct breast feeding from an appropriately





Josephine

Born on October 18th at 36 weeks and 1770 grams.

Today is October 29th

I am now 11 days old & 37⁴ weeks

I weigh 1775 grams (↓ 5g)

I eat enfamil A⁺ 20 every 3 hours
Sinc H (18ml) pump x 20 min
Dr browns ultra preemie

I breathe 0.1 L @ 100%.

*Caregivers: Please thoroughly review my OT feeding plan as it details my specific developmental needs!

My Nurse: Pam

♥ Josephine

My mom: Marija

My Aunt: Nic

Family Notes

Alberta Health Services
Early Hearing Assessment & Intervention Screening Program

Parent Education Package (October 2016)

Child Name: _____ Date: _____

Screening Date: _____

Screening Results: _____

Notes: _____

I speak







Pediatric Oral Feeding Care Plan

PHN	ULI <input type="checkbox"/> Same as PHN	MRN
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		

Oral Feeding Recommendations and Precautions continued

Drinking Techniques and Precautions

Elevated Side ly , Pace every 1-2 sucks at start of feed

Optimal Feeding Position, e.g., seating precautions, wheelchair tray, wheelchair tilt

Elevated Sidel y

Utensils, e.g., adapted utensils, straws, special cups/bottles, nipples

Sensory Considerations or Preferences, e.g., flavour, texture, temperature

Bundled with arms at chest
Gently wipe mouth with soft, moist cloth,

Other Feeding and Swallowing Precautions

Soothe practice before bottle feeding

Feeding Care Team Contact

Name(s)

Contact 403-

Date (dd-Mon-yyyy) ~~2022~~ ^{error} Jan. 4 2022 at 10:00

To Be Completed by Receiving Feeding Care Providers

Date (dd-Mon-yyyy)

Received and Reviewed by (Name and Date)

- Parent(s) _____
- Feeding Specialist(s) _____
- Daycare Staff _____
- Teacher(s) _____
- Substitute Teacher(s) _____
- Educational Assistants _____
- Lunchroom / Cafeteria Staff _____
- Other _____

Name of Setting e.g., name of daycare, school

Home

Personnel Trained in Emergency Procedures e.g., Abdominal Thrusts

- Name N/A
- Name

Posted i.e., location and date

Left in home

*See <https://neas.ahs.ca/>

Preferred Name <input type="checkbox"/> Last <input type="checkbox"/> First		DOB (dd-Mon-yyyy)
PHN	ULI <input type="checkbox"/> Same as PHN	MRN
Administrative Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
<input type="checkbox"/> Non-binary/Prefer not to disclose (X)		

Pediatric Oral Feeding Care Plan

Developed And Shared with (Name of family Member) <u>Marisa</u>	Date (dd-Mon-yyyy) <u>20-12-2021</u>
Child's Preferred Name (Last name, first name) <u>Josephine</u>	
Medical Condition(s) <u>ex-prem</u> <u>Trisomy 21</u>	
Food Restrictions or Allergies <u>0</u>	
Emergency Contact (s)	

Diet/Food Preparation

Drink Thickness* For examples of each, please click on the links provided below

Thin (Level 0) (includes breastmilk) Enfamil A+

Slightly Thick Fluids (Level 1) (includes commercially available 'Anti-regurgitation' infant formulas)

Mildly Thick Fluids (Level 2)

Moderately Thick Fluids (Level 3) 24 kcal

Liquidised (Level 3) 2 scoops

Extremely Thick Fluids (Level 4)

Food Texture* For examples of each, please click on the links provided below

Pureed (Level 4)

Minced and Moist (Level 5)

Soft and Bite Sized (Level 6)

Regular Easy to Chew (Level 7)

Regular (Level 7)

Transitional Foods (Meltables)

Mixed Consistency Allowed

Oral Feeding Recommendations and Precautions

Safe for oral medication Yes No

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

Full support

Age appropriate

Feeding Techniques and Precautions

Amount of food per bite:

Food placement:

Pacing: e.g.,

Offer drink after _____ bites

Other

Dr. Brown's Bottle System
with preemie flow nipple

Recommendations

Josephine

Site:

Program/Clinic:

Ped. Home Care

Appointment/Session attended by:

LPN Case Manager

Date:

9 Dec. 06, 2021

1. The green Avent Soothie is appropriate right now
2. Continue with elevated side-ly with arms at chest & legs flexed, bum against Mom's chest
3. If using Preemie Nipple - pace at start of feed every 1-2 sucks at start of feed until Josephine slows down with her sucking
- Consider trial Ultra-preemie nipple as Josephine is flooding and occasionally coughing/choking with the Preemie Slow
4. 8 feeds / day - offer 60 ml / feed
Enfamil A+ 22 kcal
- try offering 2-3 more ml if J. completes 60ml
5. if Josephine is alert + cueing after 30 min. you may extend feed time to 40 min.

403-

[Signature] BSc, OT (C)











Celebration of Provincial Progress



Program Manager, Peds Rehab
Universal & Targeted Services

Mark Moland

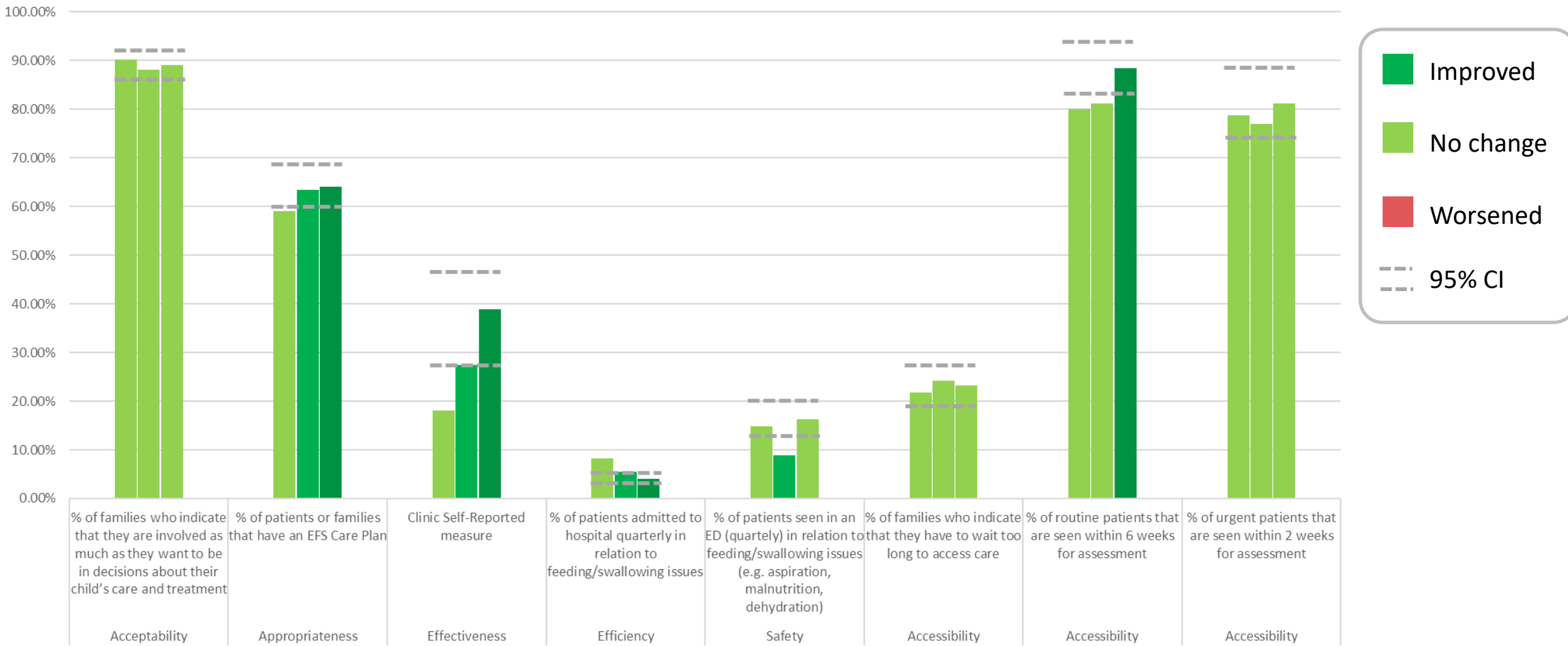
Mar 3, 2022

AHS CARES Award Recipients!

Allied Health Eating, Feeding & Swallowing
Pediatric & Adult Teams



PEAS Provincial Key Performance Indicators:
Spring 2021 | Summer 2021 | Winter 2021/22



Desired Direction:





PEAS Celebrate!

- **Grande Prairie:** streamlining intake & scheduling
- **North Zone & Glenrose:** North Zone SLPs and OTs participating in assessments via Zoom with Glenrose
- **ACH:** low hospitalization rates
- **Central Zone:** prioritizing EFS and working on filling gaps to ensure an interdisciplinary, holistic approach



PEAS Celebrate!

- **Many teams:** using the Goal Wheel to ensure family centered goals
 - **Calgary Home Care:** 83% of families report receiving a Care Plan!
 - **Southwest EFS:** using PDSA approach to implementing the Care Plan
 - **Stollery HNSP:** identifying how to document Care Plans in Connect Care
-



PEAS Celebrate!

- **Calgary HNSP:** 100% meeting wait time targets and 0% feel they have to wait too long
- **Scores above 700 / 1000:**
 - ACH Home Nutrition Support Program
 - Calgary Rural Peds Allied Health
 - Glenrose
 - Stollery Feeding & Swallowing
 - Medicine Hat

Leadership Forum



Chief Program Officer, SCNs

Tracy Wasylak

Tracy Wasylak is the Chief Program Officer, Strategic Clinical Networks with Alberta Health Services. She has held numerous senior leadership roles within Alberta Health Services. Tracy holds an adjunct assistant professor appointment with the Faculty of Nursing at the University of Calgary. She is the Co-Lead for the ABSPORU 2.0 Learning Health System Platform. Tracy received the Order of Merit, Nursing Policy Award, from the Canadian Nurses Association in March 2018. She was the recipient of the 2015 AHS Presidents Excellence Award in the category of Innovation and in 2019 she received the award for Outstanding Achievement in Quality Improvement for her provincial contributions to care pathways.

March 3, 2022

Reflections & Introductions



Interview with
Medicine Hat Pediatric
Specialty Clinic



Questions & Ideas

March 3, 2022

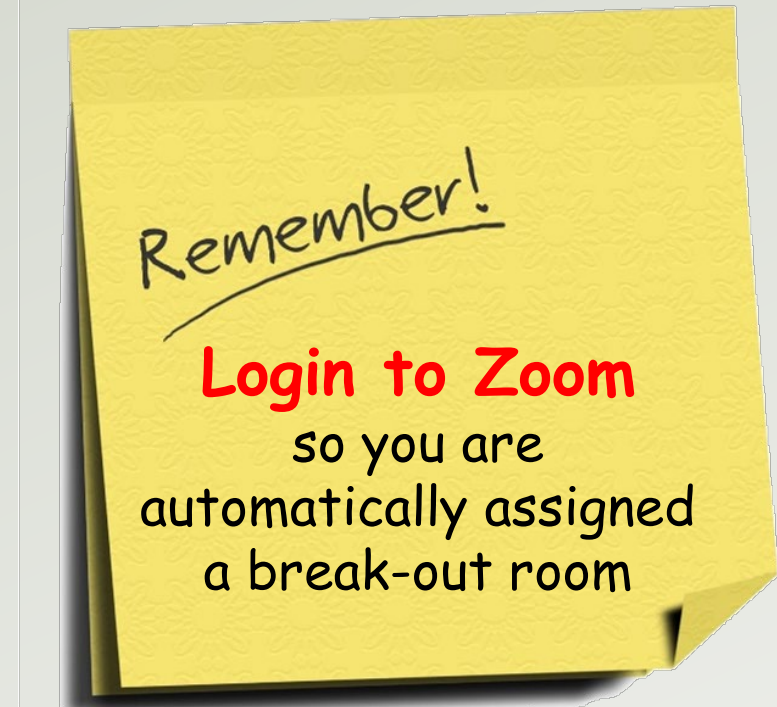


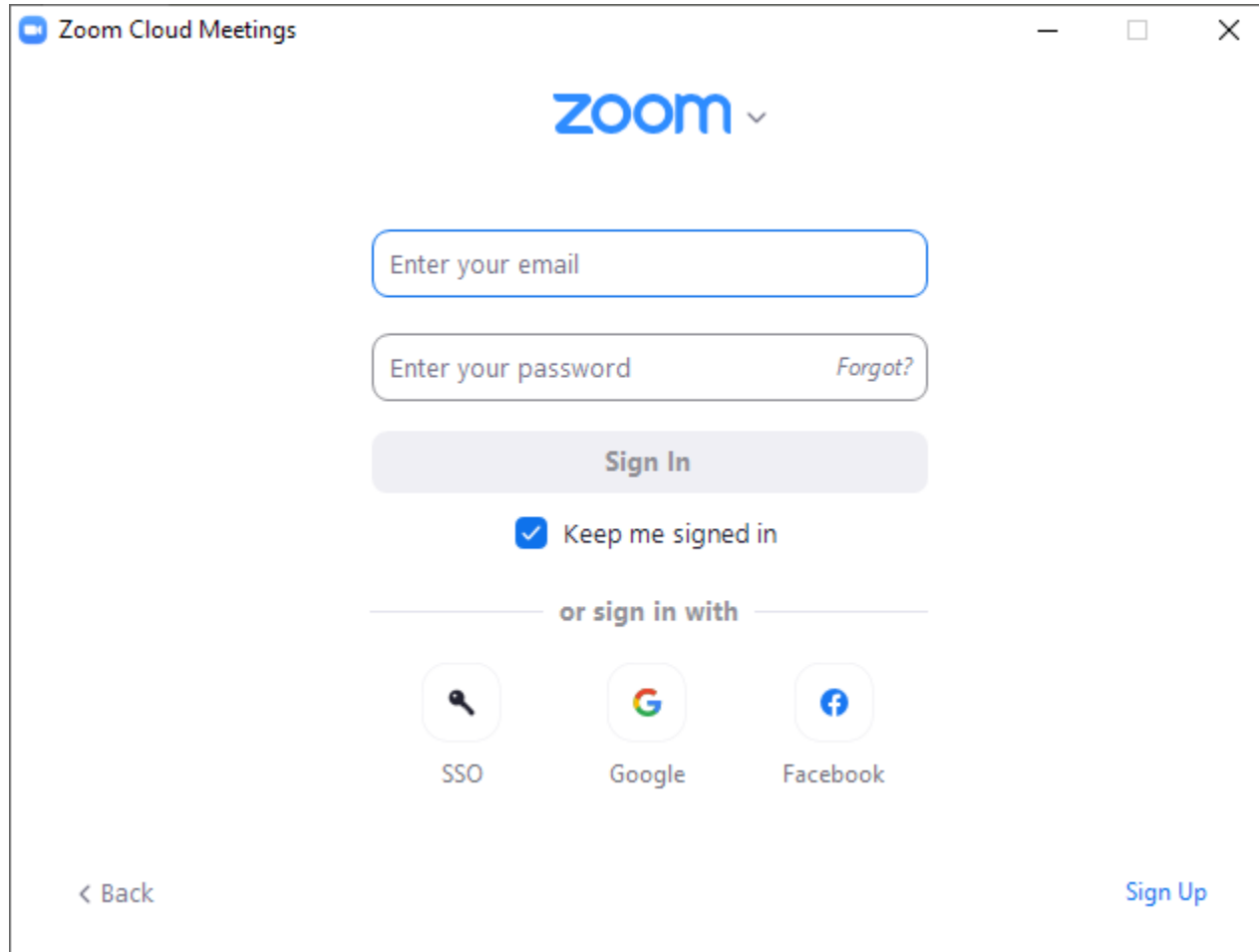
Crystalizing Ideas

- Time horizon is relevant = need think about this as progressive approximation
- Building relationships and collaboration are important and these need to be nurtured over time – a critical component is the need to create the important intersection points so that relationships can be developed
- Key Champion that brings the teams together
- Documentation what is relevant – especially what matters to patients
- Brevity
- Warm handoffs
- Make it easy to do the right things – team training and understanding the roles / responsibilities can really help

Break

10 minutes





The screenshot shows the Zoom Cloud Meetings login interface. At the top left, it says "Zoom Cloud Meetings" with a Zoom logo icon. The Zoom logo is centered at the top. Below the logo are two input fields: "Enter your email" and "Enter your password". To the right of the password field is a link that says "Forgot?". Below these fields is a "Sign In" button. Underneath the button is a checkbox labeled "Keep me signed in" which is checked. Below this is a horizontal line with the text "or sign in with". Underneath this line are three icons: a key icon labeled "SSO", the Google logo labeled "Google", and the Facebook logo labeled "Facebook". At the bottom left is a "< Back" link, and at the bottom right is a "Sign Up" link.

Login to Zoom
so you are
automatically assigned
a break-out room

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 3 | March 3, 2022

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
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)						
Quality Dimension 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**

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	Michael Sidra & Alice Chiu	Abby Webb & Laurel Sheridan
North Zone – General	Gloria Hodder	Cynthia Pruden
Stollery Aspiration Clinic	Shannon O'Blenes	Amanda Adsett
Stollery Aerodigestive Clinic		
Stollery Feeding & Swallowing Clinic		
Stollery Home Nutrition Support Program (HNSP)	Mark Moland	Tannis Busch
Glenrose	Karen Cockrall	Cynthia Brown
Central Zone	Melissa Lachapelle	Christine Pizzey & Nancy Whelan
ACH Home Nutrition Support Program (HNSP)	Thomas Young	Sonia Cioffi, Melanie Matiisen-Dewar, Mary O'Gorman, Louise Mills, Jennifer Murphy
ACH Eating, Feeding, Swallowing Clinic		
ACH Cleft Lip & Palate Clinic		
Early Childhood Rehabilitation		
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	Denise Beckstead & Katherine Bennett
Calgary Zone - Rural Allied Health	Laura Benard	Christine Dengis & Sara Finlayson
Medicine Hat Regional Hospital Pediatric Specialty Clinic	Shivonne Berger	Janine Whyte
Southwestern Alberta Children's EFS	Patty O'Krafka	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 3:30

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	Abby Webb & 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)	Tannis Busch
Glenrose	Cynthia Brown
Central Zone	Christine Pizzey & Nancy Whelan
ACH Home Nutrition Support Program (HNSP)	Sonia Cioffi, Melanie Matiisen-Dewar, Mary O'Gorman, Louise Mills, Jennifer Murphy
ACH Eating, Feeding, Swallowing Clinic	
ACH Cleft Lip & Palate Clinic	
Early Childhood Rehabilitation	
ACH Neonatal Follow-up Clinic	
ACH Complex Airway Clinic + Calgary Peds Home Care	Mary Ellen Hartmann & Meredith Luipasco
Calgary Zone - Pediatric Community Rehabilitation	Denise Beckstead & 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

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❑ Education Session 6: Quality Improvement (1hr)	Summer/Fall 2022
❑ ILC 4: Scorecards & Sustainability Plans (3.5 hrs)	Fall 2022

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

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



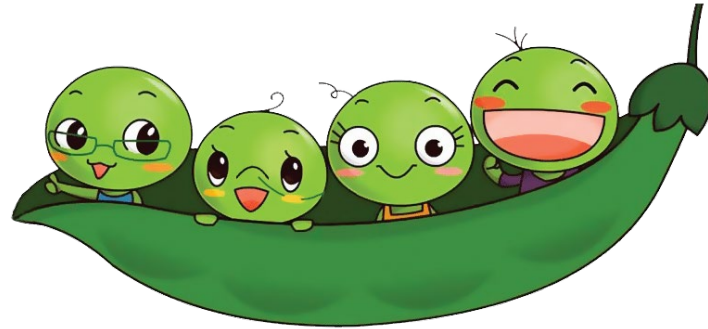
Image source: <https://garden.lovetoknow.com/image/252305~bean-cycle.jpg>

Thank You!

- **Speakers:** Marija, Tracy, Tricia, Janine, Becky, Angela, 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.ilc3>