Logic Model: Pediatric Eating And Swallowing Project

Updated: March 8, 2019

Mandate: The Pediatric Eating and Swallowing (PEAS) Project is a quality improvement initiative with the purpose of developing and implementing provincial eating and swallowing clinical pathways to standardize and improve care for children with a pediatric feeding disorder.

Inputs

- PEAS Project Team and **Committees**
- Patients/Families
- Family Advisors
- MNCY Strategic Clinical Network
- Ministry & Other **Community Partners** (FSCD, RCSD, Children's Services, Health, **Education & Social)**
- Multi-Sectoral Care Providers (health, mental health, community and social services, education)
- Space, Equipment & Supplies
- Data & Information Systems
- Communication tools and Infrastructure
- Funding (in-kind & grant)
- Documents/Resources

Activities & Outputs (Deliverables)

Pre-Implementation

Access & Navigation

- Navigation Workflow Map: AHS Pediatric Feeding & **Swallowing Services**
- Provincial Referral Form: Instrumental & Swallowing Assessment Services
- Standard Triage Criteria: Feeding & Swallowing **Diagnostic Services**
- **Directory of Services & Contacts**

Standardized Practice

- Online Clinical Pathway & Guidelines
- Standardized Assessment Tools & Forms

Education

- Family & Provider Education Materials
- Conversation Guide

Roles

- Multidisciplinary Care Recommendations
- Service Delivery Models & Staffing Analysis

Equipment & Supplies

- Standardized Pediatric Home Nutrition Funding, Policies, and Processes
- Provincial Equipment & Supplies List

Implementation & Evaluation

Continuous Quality Improvement

- **Learning Collaboratives**
- **Balanced Scorecards & Dashboard**

Communication & Engagement

- Partnership Strategies
- Virtual Health Technology Promotion
- Provincial Rounds & Community of Practice

Sustainability & Spread

- **National Conference**
- **Transition to Operations**
- Future Target: Acute Care, Public Health Prevention

Short Term Outcomes

(change in engagement, awareness, access, knowledge, skills. attitudes. motivations. opinions)

Medium Term Outcomes

(change in capacity, behaviour, practice. decision-making, policies, social action)

Long Term Outcomes

(change in condition: social, economic, civic, environmental)

Increased awareness & knowledge, by families and providers, of system navigation and care standards

Improved accessibility for families, to timely services, equipment & supplies

Enhanced collaboration and engagement amongst families and providers

Increased knowledge of required evaluation and QI measures & processes by project team

Increased consistency in system of care

Earlier detection and Improved child safety

Improved family experience & satisfaction with care coordination

Improved provider confidence and satisfaction with care provision

Systemically

embedded

measurement & reporting processes for continuous QI

Improved child/family clinical outcomes and quality of life

Improved family selfefficacy with caring for their child at home and in community

Systemic shift of care from acute to outpatient/community /Home Care

> Cost savings & reinvestment for families and the health, education and social sectors

Improved outcomes informed system of care



And Swallowing