

Overview & New Tools

Pediatric Eating And Swallowing Provincial Project



Welcome

- Introductions & Objectives



Pediatric GI, Stollery

Dr. Justine Turner

PEAS Provider Training: Overview & New Tools

The image shows a Zoom Webinar Chat window. The window title is "Zoom Webinar Chat". The chat area is currently empty. Below the chat area, there is a "To:" dropdown menu set to "All panelists and attendees" and a note that says "Your text can be seen by panelists and other attendees". At the bottom of the Zoom interface, there are three icons: "Chat", "Raise Hand", and "Q&A".

For Comments
Use the **Chat** and select "All panelists and attendees" for public comments.

For Questions
Use the **Q&A** or **Raise Hand**. We will address them at the end of the presentation

Audio Settings ^

Chat Raise Hand Q&A

Overview

Project Scope

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

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

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

Pediatric Feeding Disorder

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

- 1) **Medical dysfunction**
- 2) **Nutritional dysfunction**
- 3) **Feeding skill dysfunction**
- 4) **Psychosocial dysfunction**

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

Overview

- Maternal Newborn Child & Youth Strategic Clinical Network sponsorship
 - Grant-funded quality improvement project (spring 2019-22)
-

World Cafés

- Northern & Southern Alberta (Fall 2018)
- ~180 participants:
 - Multidisciplinary Providers
 - Family members
 - Rural and Urban
- ~1300 comments on the barriers & facilitators to care



Sample Feedback from World Cafes (Fall 2018)

“Transitions -
who makes the
next decision
about care?”

“Families are
frustrated and
receive different
messages.”

“The **emotional piece**
for parents needs to be
better acknowledged and
supported.”

“We lack
common **goals**
and a common
purpose.”

“Lack **multidisciplinary**
visits to see the big picture,
usually there isn't a ‘team.’”

“Certain disciplines carve
out their areas and can
create **systemic issues**
and historical roles within
a site or service.”

“**Getting ‘in the door’ is**
challenging. We don't
know who to contact and
the family doctor doesn't
necessarily know what to
do. It's very confusing for
parents.”

“Gaps in **clinical**
knowledge
which is an issue
internationally.”

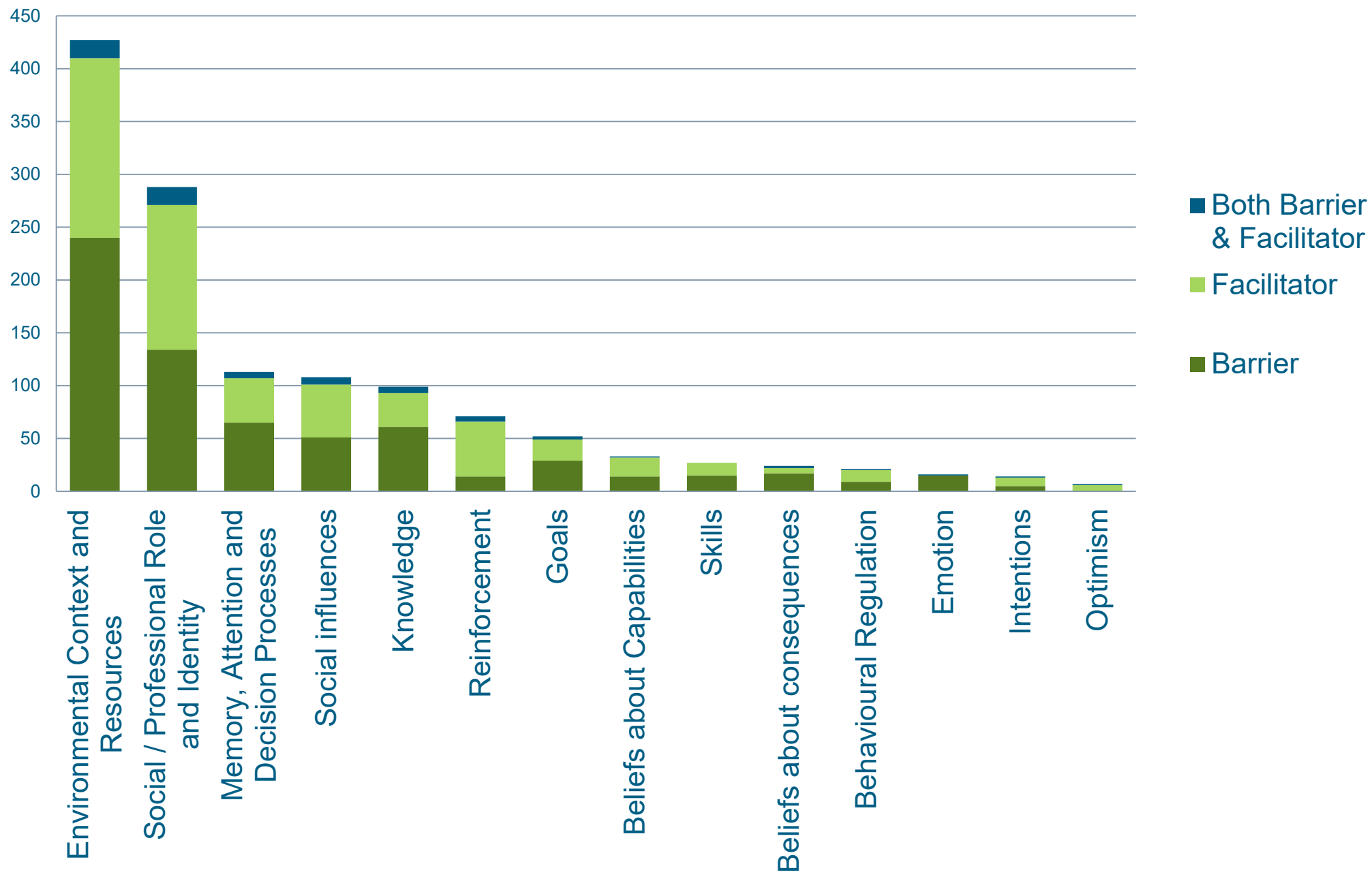
“We need **role**
clarity and
education for
service providers”

“Discussions
happen in
siloed clinics”

“Families don't
know **who**
provides what?”

PEAS Provider Training: Overview & New Tools

Major themes across the province were similar



Turning Feedback into Implementation Strategies



So What?

- ✓ Evidence-based process
- ✓ Prioritization
- ✓ Tailor implementation strategies

Provider Training Dates

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

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



Website



Prov. Project Manager

Vanessa Steinke

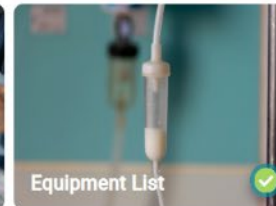
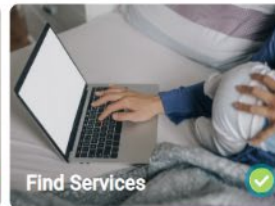
Find relevant information

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

FOR FAMILIES

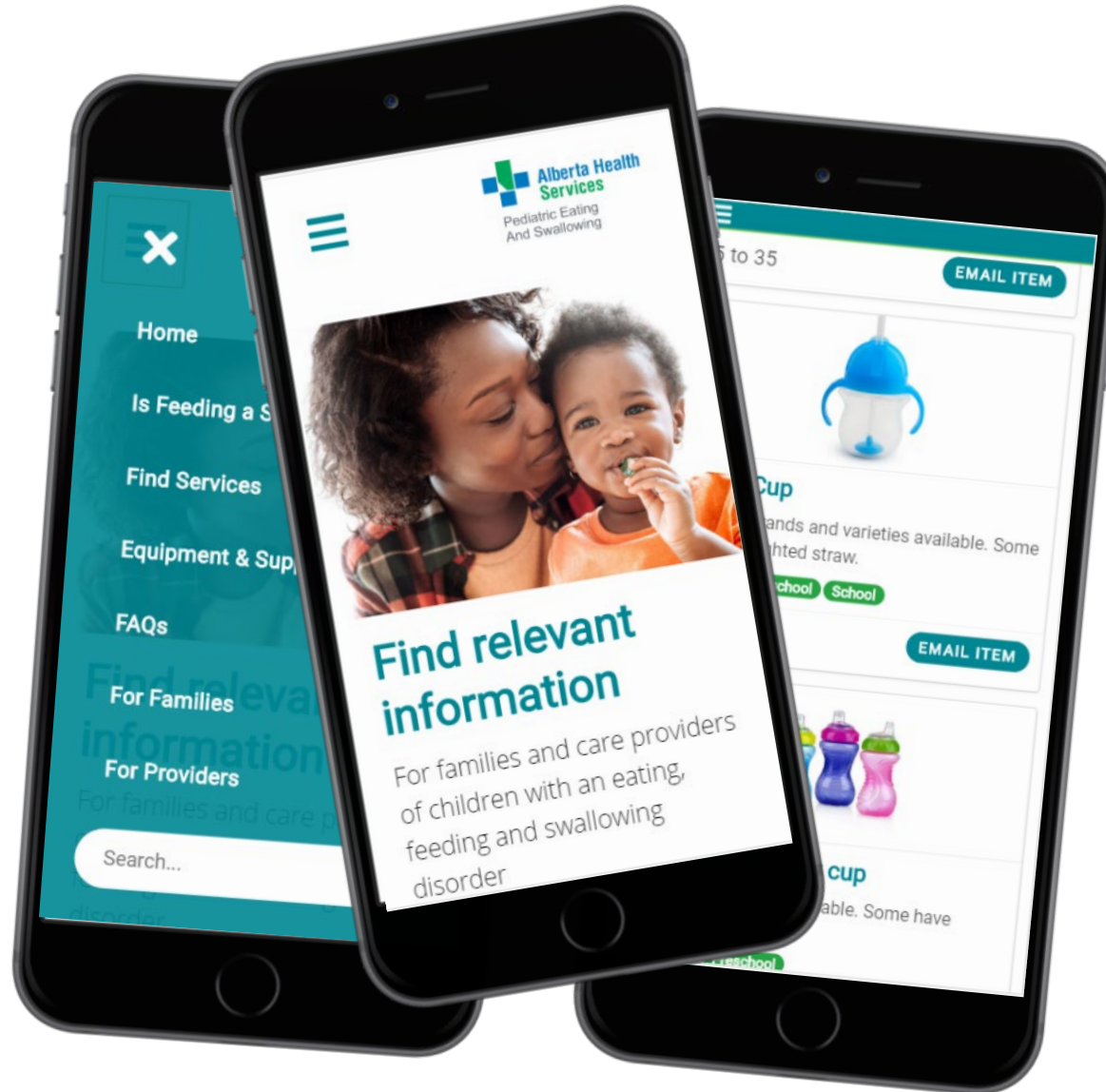
FOR PROVIDERS

Popular Resources for Families



PEAS Provider Training: Overview & New Tools

- ✓ Mobile responsive



Access and Navigation



SLP & Clinical Lead, Pediatrics for Communication Disorders, GRH

Naomi Beswick

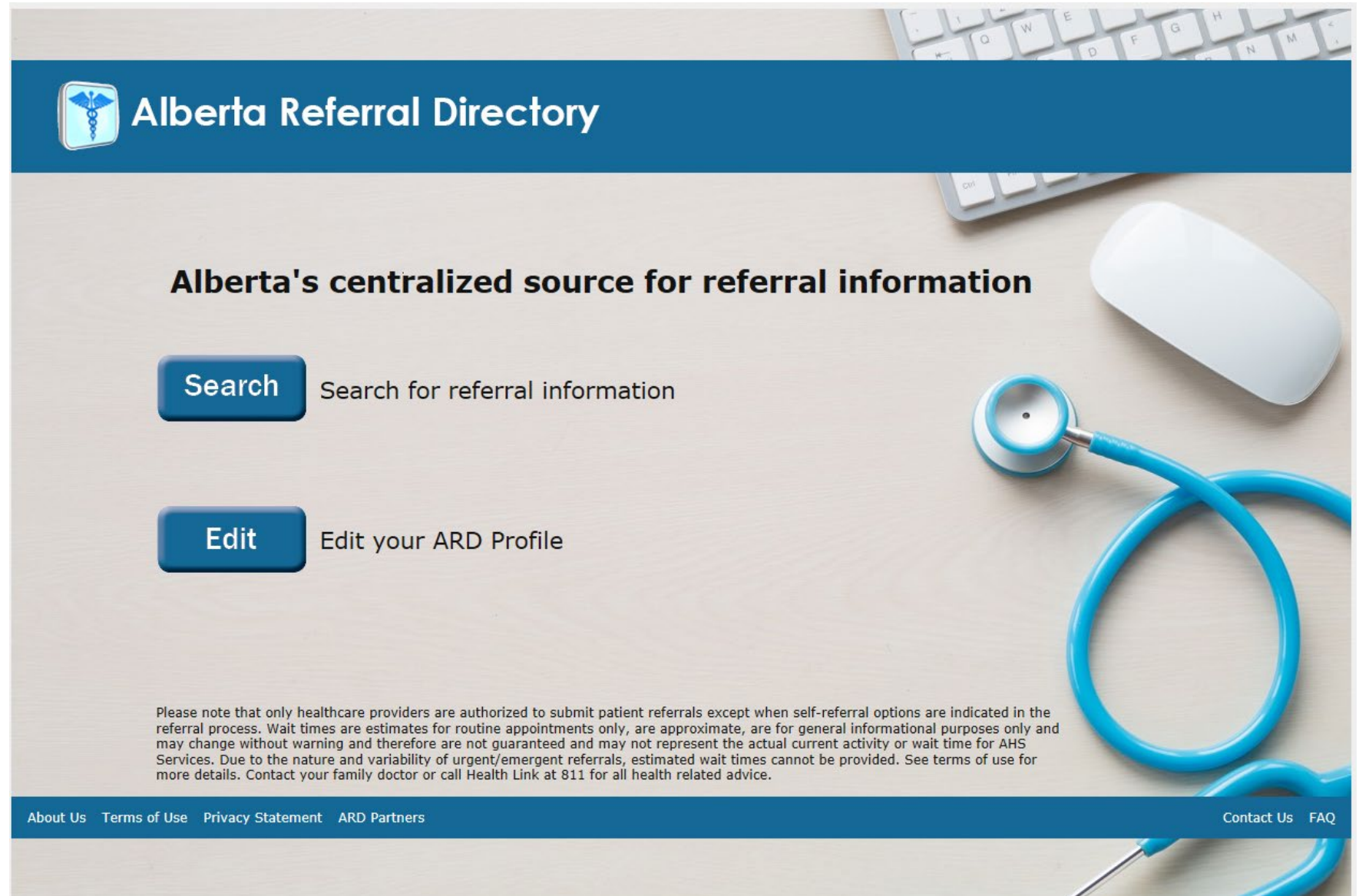


OT Discipline Lead, ACH

Patty O'Krafka

Access & Navigation

- Flow Maps (High level & Zone level)
- Updating Alberta Referral Directory
- Referral & Triage Criteria
- External Provider FAQ
- Piloting Virtual Health
- Wait Time & Workforce analysis
- Standardized Service recommendations



The screenshot shows the Alberta Referral Directory website. At the top, there is a blue header with the Alberta Referral Directory logo (a caduceus) and the text "Alberta Referral Directory". Below the header, the main content area is light gray. It features the heading "Alberta's centralized source for referral information" in bold black text. Underneath, there are two blue buttons: "Search" and "Edit". The "Search" button is accompanied by the text "Search for referral information", and the "Edit" button is accompanied by "Edit your ARD Profile". At the bottom of the main content area, there is a small disclaimer in gray text: "Please note that only healthcare providers are authorized to submit patient referrals except when self-referral options are indicated in the referral process. Wait times are estimates for routine appointments only, are approximate, are for general informational purposes only and may change without warning and therefore are not guaranteed and may not represent the actual current activity or wait time for AHS Services. Due to the nature and variability of urgent/emergent referrals, estimated wait times cannot be provided. See terms of use for more details. Contact your family doctor or call Health Link at 811 for all health related advice." The footer is a dark blue bar with white text links: "About Us", "Terms of Use", "Privacy Statement", "ARD Partners", "Contact Us", and "FAQ". The background of the screenshot includes a white computer keyboard and a blue stethoscope on a light-colored desk.

Alberta Referral Directory

Alberta's centralized source for referral information

Search Search for referral information

Edit Edit your ARD Profile

Please note that only healthcare providers are authorized to submit patient referrals except when self-referral options are indicated in the referral process. Wait times are estimates for routine appointments only, are approximate, are for general informational purposes only and may change without warning and therefore are not guaranteed and may not represent the actual current activity or wait time for AHS Services. Due to the nature and variability of urgent/emergent referrals, estimated wait times cannot be provided. See terms of use for more details. Contact your family doctor or call Health Link at 811 for all health related advice.

[About Us](#) [Terms of Use](#) [Privacy Statement](#) [ARD Partners](#) [Contact Us](#) [FAQ](#)

[FIND SERVICES](#)[AHS SERVICES](#)[OTHER PROVIDERS & SERVICES](#)[VIRTUAL HEALTH](#)[QUICK LINKS](#)[✓ YOUR CARE TEAM](#)[✓ CARE COORDINATION](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAMILY LIFE & SELF-CARE](#)[✓ TOOLS & TEMPLATES](#)[✓ FAQs](#)

Find Services

A good place to start is with Health Link or your Family Doctor

- **Health Link**

[Health Link](#) is a free, round-the-clock, telephone advice and health information service.

Anyone in Alberta with a health concern can dial **811** for Health Link.

- **Need help finding a Family Doctor?**

Use the [online tool](#) provided by the College of Physicians and Surgeons of Alberta or call Health Link.

Pediatric Eating, Feeding & Swallowing services

There are also healthcare providers and teams in Alberta that assess and provide healthcare for children with a known or suspected eating, feeding and swallowing (EFS) disorder:

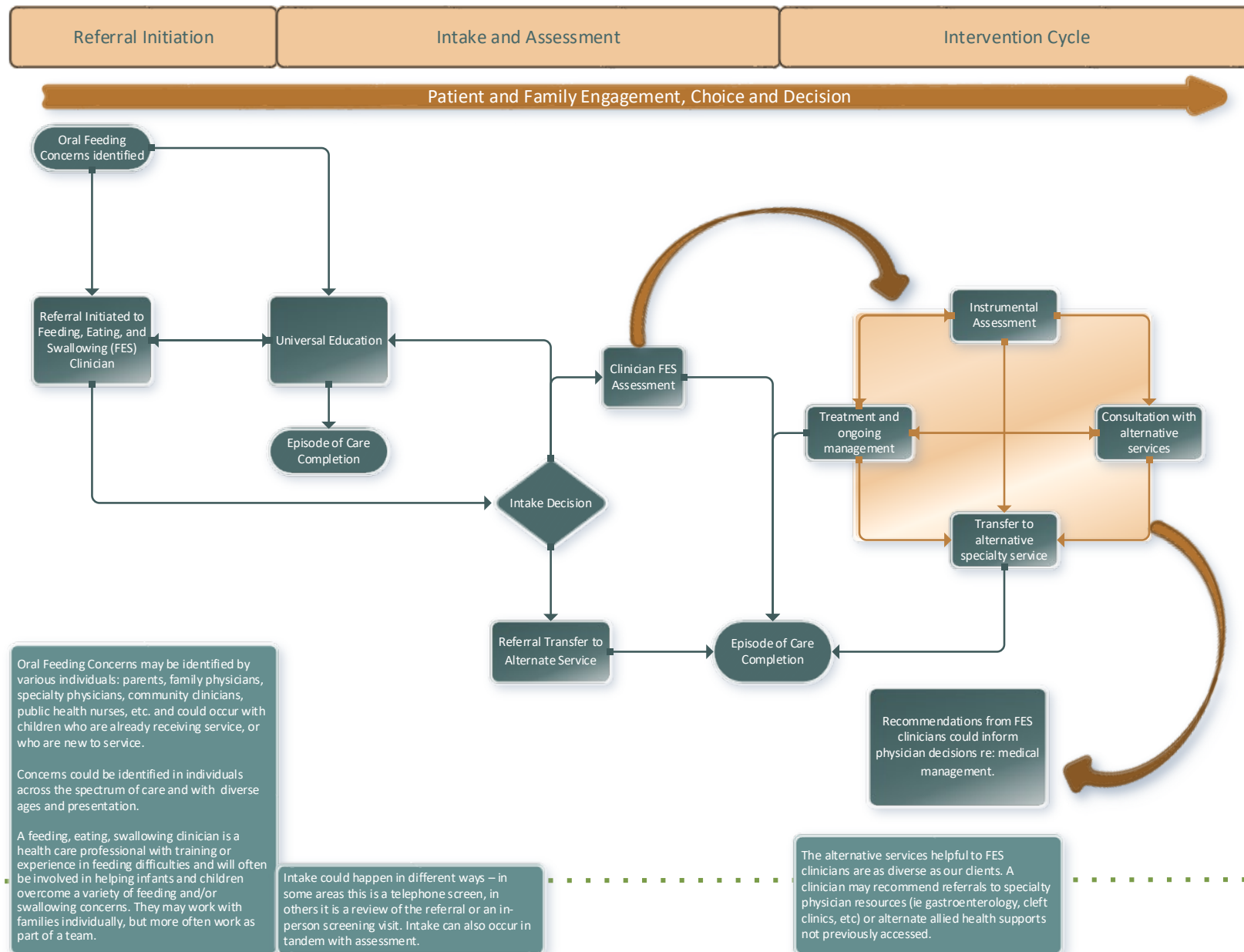
- [AHS Eating Feeding and Swallowing Services](#)
- [Other Providers and Services](#)

Virtual Health

Virtual Health involves the use of technology to deliver health services (for example: Telehealth or Skype for Business) over distance. Some Eating, Feeding, and Swallowing services across the province offer Virtual Health services. You can ask your healthcare provider if this is a possibility.

[READ MORE](#)

PEAS Provider Training: Access & Navigation





AHS Services

Note: For some clinics or services, a physician or healthcare professional referral may be required.

Helpful Directories

Most healthcare services in Alberta are listed in the following directories which include information about making a referral and location:

- [Alberta Referral Directory](#)
- [AHS Pediatric Rehabilitation Directory](#)
- [AHS Find Healthcare](#)

AHS Eating, Feeding, and Swallowing services

The following are a list of pediatric Eating, Feeding, and Swallowing services offered by Alberta Health Services. The name of the clinic or service may be generic, however they all offer some pediatric Eating, Feeding, and Swallowing services ranging from routine to specialized services depending on their mandate. Please see the associated links for more information about how to make a referral or if self-referrals are accepted.

What Zone am I in? [Find Your Zone](#)

North Zone +

Edmonton Zone -

Clinic / Service	Location	Notes	Link
Preschool Rehabilitation Services	Multiple locations	Birth to 5 years old. Assessment and intervention to support parent concerns related to daily routines such as eating.	Inform Alberta profile: <ul style="list-style-type: none"> Preschool Rehabilitation Services: OT, PT Preschool Speech and Language Services

FIND SERVICES

AHS SERVICES

[Access & Referral Targets](#)

[Pediatric Instrumental Assessment Availability](#)

[Workflow Maps \(for Providers\)](#)

OTHER PROVIDERS & SERVICES

VIRTUAL HEALTH

QUICK LINKS

[YOUR CARE TEAM](#)

[CARE COORDINATION](#)

[EQUIPMENT & SUPPLIES](#)

[FUNDING INFORMATION](#)

[FAMILY LIFE & SELF-CARE](#)

[TOOLS & TEMPLATES](#)

[FAQS](#)

PEAS Provider Training: Access & Navigation

Wait Time Targets

Wait time targets for clinical and instrumental assessment are based on priority levels, and are as per standard patient access targets in Connect Care for general rehabilitation:

Urgency Level	Definition	Wait Time Target
Emergent	Not currently medically stable, high risk of harm requiring intervention within 24 hours.	Available only in emergency and inpatient hospitals
Urgent	Acute risk of harm due to hydration status, nutrition status, or aspiration risk, but not in immediate danger.	2 weeks
Routine	Low risk of immediate harm, nutritionally stable.	6 weeks

- [QUICK LINKS](#)
- [✓ YOUR CARE TEAM](#)
- [✓ CARE COORDINATION](#)
- [✓ EQUIPMENT & SUPPLIES](#)
- [✓ FUNDING INFORMATION](#)
- [✓ FAMILY LIFE & SELF-CARE](#)
- [✓ TOOLS & TEMPLATES](#)
- [✓ FAQs](#)

services ranging from routine to specialized services depending on their mandate. Please see the associated links for more information about how to make a referral or if self-referrals are accepted.

What Zone am I in? [Find Your Zone](#)

- North Zone +
- Edmonton Zone 
- Central Zone +
- Calgary Zone +
- South Zone +

Access & Referral Targets

The primary aim of pediatric Eating, Feeding, and Swallowing (EFS) services is to assess and manage concerns presented by those with a suspected or known EFS disorder, to improve health outcomes and patient safety, while promoting quality of life, and creating a positive feeding experience. This may involve addressing issues within the following health domains as they relate to a pediatric feeding disorder...

[READ MORE](#)

Pediatric Instrumental Assessment Availability

[READ MORE](#)

Workflow Maps (for Providers)

[READ MORE](#)

[FIND SERVICES](#)[AHS SERVICES](#)[OTHER PROVIDERS & SERVICES](#)[VIRTUAL HEALTH](#)

QUICK LINKS

[✓ YOUR CARE TEAM](#)[✓ CARE COORDINATION](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAMILY LIFE & SELF-CARE](#)[✓ TOOLS & TEMPLATES](#)[✓ FAQs](#)

Other Providers & Services

Additional services may be available to you outside of the public healthcare system to support your child's feeding difficulties. Here are a list of resources when searching for privately funded healthcare providers.

For funding, you may wish to contact **Family Support for Children with Disabilities (FSCD)** to see if you are eligible. They may be contacted at: www.alberta.ca/fscd

Private healthcare agencies who provide eating, feeding, and swallowing services may also exist in your area. Sometimes these services are offered by agencies for children with special needs.

Private healthcare providers can also be found by going to the following websites:

- Speech-Language Pathologists
 - www.asapp.ca
 - www.sac-oac.ca
 - <https://www.acslpa.ca/public-section/find-a-slp-or-audiologist/>
- Occupational Therapists
 - <https://www.saot.ca/search-for-an-ot/>
- Dietitians
 - <http://collegeofdietitians.ab.ca/public/how-can-i-find-a-registered-dietitian>
- Psychologists
 - <https://psychologistsassociation.ab.ca/referrals/>

Additional resources may be available through:

- <https://childrenslink.ca/community-support/>
- [Health Link: call 811](#)

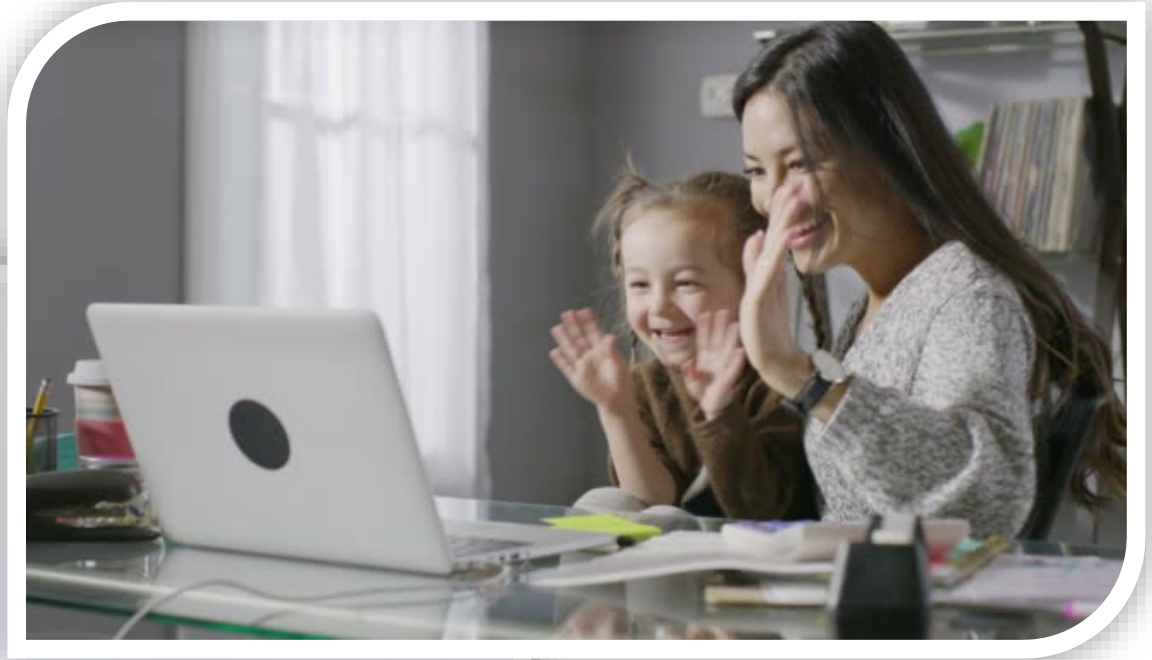
Introducing Yourself to Your Feeding Therapy Team

When looking for a professional to partner with in your child's feeding journey, it is important to understand that they have the knowledge to support you and your child. As well, understanding their philosophy and approach to feeding therapy will help you to determine if they are a good fit for your family. Once you have found a few options, here are a list of commonly asked questions that may assist you:

Questions to ask a registered dietitian if you are accessing nutrition support:

- Do you provide pediatric nutrition care?
- Do you have experience working with children with feeding difficulties?
- Do you have experience working with children who are tube fed?

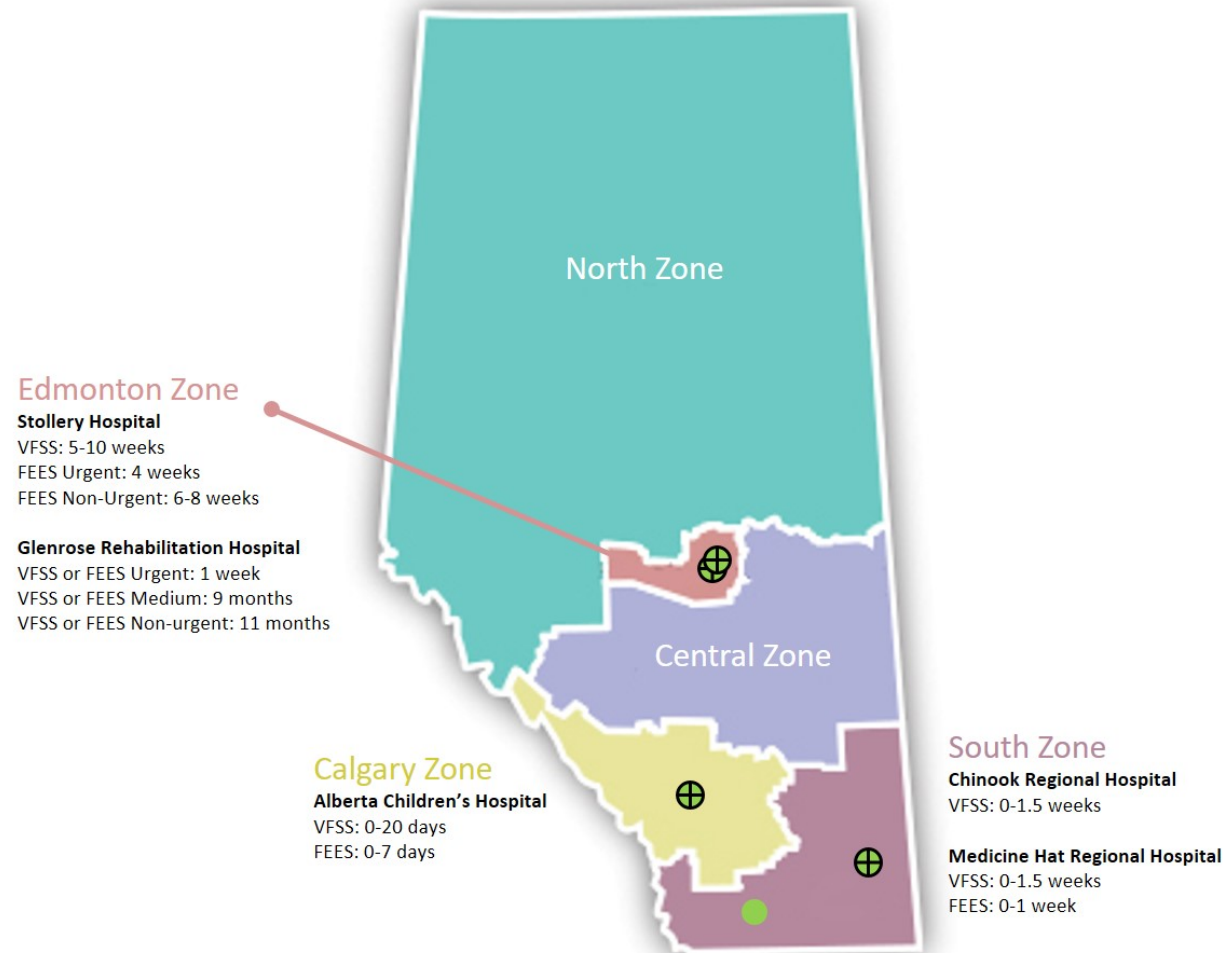
Virtual Health



PEAS Provider Training: Access & Navigation

Pediatric Instrumental Assessment Availability and Wait Times

- Videofluoroscopic Swallow Study (VFSS)
- ⊕ Fiberoptic Endoscopic Evaluation of Swallowing (FEES)



Standardized Practice & Education



SLP Discipline Lead, ACH

Dr. Bev Collisson



Prov. Practice Lead, Nutrition Services

Melissa Lachapelle

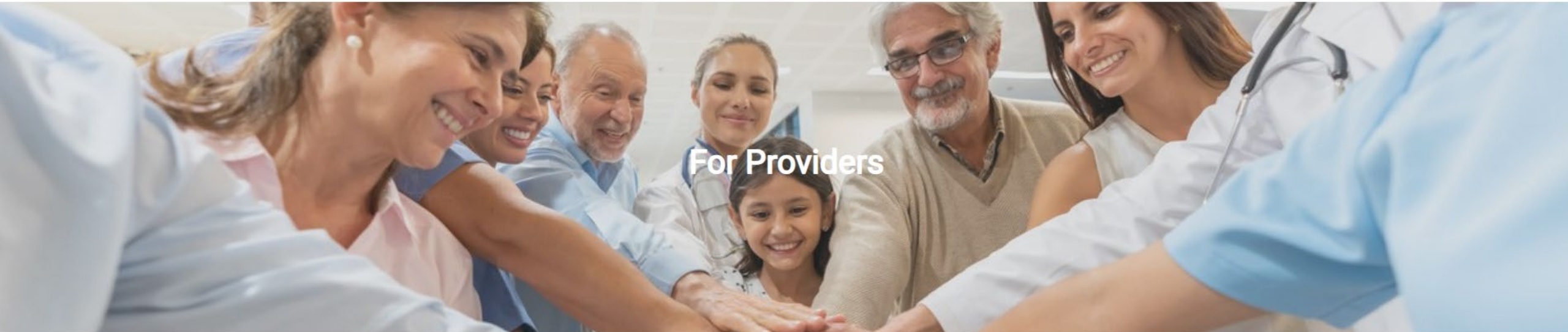
Clinical Practice Guide for Healthcare Professionals

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



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





For Providers

FOR PROVIDERS

CLINICAL PRACTICE GUIDE

CLINICAL TOOLS & FORMS

COLLABORATIVE PRACTICE

PROFESSIONAL DEVELOPMENT

COMMUNITY OF PRACTICE

For Providers

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

Clinical Practice Guide

[READ MORE](#)

Clinical Tools & Forms

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

[SUMMARY](#)

[CPG QUICK REFERENCE](#)

[INTRODUCTION](#)

[SCREENING](#)

[ASSESSMENT](#)

[DIAGNOSIS AND GOAL SETTING](#)

[MANAGEMENT: ORAL FEEDING](#)

[MANAGEMENT: ENTERAL
NUTRITION THERAPY](#)

[MONITORING AND EVALUATION](#)

[TRANSITION](#)

[APPENDICES](#)

[BIBLIOGRAPHY](#)

[For Providers](#) / [Clinical Practice Guide](#) / [Summary](#)

Summary

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



[Click to download CPG](#)

Purpose

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

Key Principles

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

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

Use of Guide

Senior Operating Officers and Directors should ensure:

Provincial Tools and Forms

- Screening Tool
 - Food Record
 - Collaborative Goal Wheel
 - Oral Feeding Care Plan
 - Enteral Feeding Care Plan (in progress)
-

Screening Tool

Can be used by:

- ✓ Families
- ✓ Providers

Screening for:

- ✓ Feeding
- ✓ Swallowing

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

The screenshot shows the homepage of the Feeding Matters Infant and Child Feeding Questionnaire©. The page is divided into a left sidebar and a main content area. The sidebar, on an orange background, features the Feeding Matters logo and a list of authors with their credentials. The main content area has a white background and contains the title, a welcome message, a description of the questionnaire, and a form with two steps: 'Child's Birthdate' and 'How many gestational weeks?'. A 'Next' button is visible at the bottom of the form.

[Leer en Español](#)

Feeding Matters Infant and Child Feeding Questionnaire©

Welcome to the Feeding Matters Infant and Child Feeding Questionnaire©. If you have concerns about your child's feeding, please know that you are not alone. Early detection and treatment of feeding problems are critical to the long-term health and well-being of affected children.

Feeding Matters is currently working with experts to develop the Infant and Child Feeding Questionnaire©, an evidence-based tool which may be used to promote early identification of feeding disorders and provides a method for referral of at-risk infants and children to appropriate care. You can help us in our efforts to do this by providing some additional personal information. Your participation will ultimately help other families like yours.

This questionnaire has been developed by internationally-recognized feeding experts to help you better understand your child's feeding habits. By completing this questionnaire you will learn about typical feeding development, identify if there are any areas of concern regarding your child's feeding, and be provided a method for discussing any concerns with your child's physician.

Please note that you will be directed to an age-specific questionnaire, based upon the birth date of your child. If your child was born prematurely (by definition of the American Academy of Pediatrics, less than 37 weeks gestation), the system will correct for your child's prematurity (you will not need to do this correction yourself). Questionnaires are available according to age groups, up through 36 months. After 36 months, all feeding skills should be mature. Therefore, if your child is older than 36 months, you will be directed to the questionnaire that was developed for children 36 months of age.

Please complete the information below to begin.

The questionnaire will take approximately 10-15 minutes to complete.

1 Child's Birthdate

Jun | 11 | 2020

2 How many gestational weeks?

Full Term

Next

feeding matters
empowering pediatric feeding struggles
to nourish healthy futures

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Provincial Tools and Forms

- Screening Tool
- Food Record
- Collaborative Goal Wheel
- Oral Feeding Care Plan
- Enteral Feeding Care Plan (in progress)



Pediatric Food & Drink Record

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

How to record what your child eats*:

- Write down everything that your child eats and drinks for three days. Include at least one weekend day (*Saturday or Sunday*). Include added foods like condiments, sauces, and dressings. *If your child receives food/formula by tube, please include everything that goes into the tube (*formula, blended feeds, water, other, etc*).
- Include the amount offered and the amount eaten. Please fill out using household measures to help describe portion size;
 - Tablespoon (*TBSP*), teaspoon (*TSP*), ¼ cup, ½ cup
 - Volume in milliliters – mL or ounces (*oz.*)

Help your child eat as they would normally during the recording period. Be assured that this form is a tool to help you explain how your child eats and is not a test.

	Time of day and length of meal or snack	Food or Drink <i>(describe)</i>	How much your child ate	How much food or drink offered to your child	Texture, E.g., puree, minced, diced, shredded, finger foods	Where your child ate	Child's attitude towards meal E.g., excited, anxious, fearful	Comments E.g., Stress, emotions, sleep, activities or distractions (e.g., t.v., computer)
Example	7:30am 30 mins	Baby rice cereal (dehydrated). Breast milk Banana	1 tsp of rice cereal, breastmilk, and banana mixture	Prepared 2 TBSP of dry cereal and added 1 oz. breast milk and mashed up ¼ banana	Pureed with soft lumps	Kitchen, high-chair	Jamie seemed hungry for breakfast. But then he tasted the cereal and spit it out.	Won't eat without the i-Pad


Bring this Three Day Food and Drink Record with you to your clinic appointment on _____ unless otherwise instructed.

OFFICE USE ONLY

Analysis needed by: _____

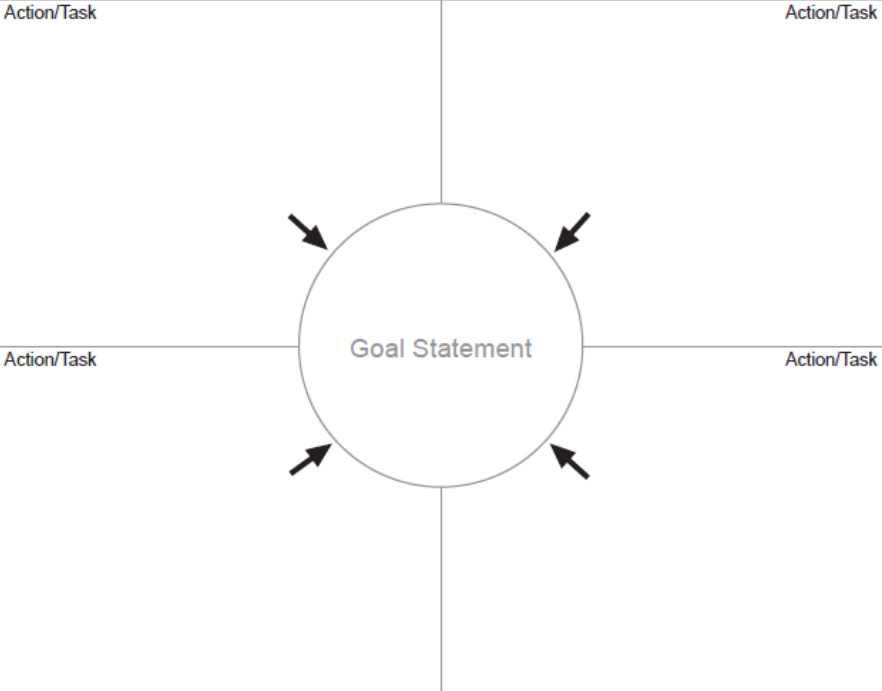
Provincial Tools and Forms

- Screening Tool
- Food Record
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- Enteral Feeding Care Plan (in progress)

		Last Name (Legal)		First Name (Legal)	
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)			

Goal Wheel
Collaborative Goals and Treatment Plan

Developed and Shared with (Name of family member) _____ Date (dd-Mon-yyyy) _____

Action/Task			Action/Task
			
Action/Task			Action/Task

Goal Notes/Considerations:


Follow Up

Healthcare Provider (Last name, first name)	Designation
Signature	Contact Information

20772(Rev2020-02) White - AHS Provider Yellow - Client

Provincial Tools and Forms

- Screening Tool
- Food Record
- Collaborative Goal Wheel
- Oral Feeding Care Plan
- Enteral Feeding Care Plan (in progress)

		Last Name (Legal)		First Name (Legal)	
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)		Date (dd-Mon-yyyy)
Child's Preferred Name (Last name, first name)		
Medical Condition(s)		
Food Restrictions or Allergies		
Emergency Contact (s)		
Diet/Food Preparation		
Drink Thickness* For examples of each, please click on the links provided below		
<input type="checkbox"/> Thin (Level 0) (includes breastmilk)		
<input type="checkbox"/> Slightly Thick Fluids (Level 1) (includes commercially available 'Anti-regurgitation' infant formulas)		
<input type="checkbox"/> Mildly Thick Fluids (Level 2)		
<input type="checkbox"/> Moderately Thick Fluids (Level 3)		
<input type="checkbox"/> Liquidised (Level 3)		
<input type="checkbox"/> Extremely Thick Fluids (Level 4)		
Food Texture* For examples of each, please click on the links provided below		
<input type="checkbox"/> Pureed (Level 4)		
<input type="checkbox"/> Minced and Moist (Level 5)		
<input type="checkbox"/> Soft and Bite Sized (Level 6)		
<input type="checkbox"/> Regular Easy to Chew (Level 7)		
<input type="checkbox"/> Regular (Level 7)		
<input type="checkbox"/> Transitional Foods (Meltables)		
<input type="checkbox"/> Mixed Consistency Allowed		
Oral Feeding Recommendations and Precautions		
Safe for oral medication <input type="checkbox"/> Yes <input type="checkbox"/> No		
Level of Independence with Eating and Drinking, e.g., supervision required, assistance required		
Feeding Techniques and Precautions		
Amount of food per bite:		
Food placement:		
Pacing: e.g.,		
<input type="checkbox"/> Offer drink after _____ bites		
<input type="checkbox"/> Other		
Typical Intake:		

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

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

Provincial Tools and Forms

- Screening Tool
 - Food Record
 - Collaborative Goal Wheel
 - Oral Feeding Care Plan
 - **Enteral Feeding Care
Plan** (in progress)
-



Family Education Materials

Oral Feeding

- Swallowing Difficulties (Dysphagia)
 - Texture Modified Diets
 - Feeding Skill Development
 - Nutrition
 - Oral Health
 - Autism Spectrum Disorder
 - Equipment & Supplies (developed by PEAS Equipment & Supplies Working Group)
 - Additional Resources (i.e. books, websites)
-

[FOR FAMILIES](#)[ORAL FEEDING](#)[TUBE FEEDING](#)[FAMILY LIFE & SELF-CARE](#)[YOUR CARE TEAM](#)[CARE COORDINATION](#)[TOOLS & TEMPLATES](#)

QUICK LINKS

[✓ IS FEEDING A STRUGGLE?](#)[✓ FIND SERVICES](#)[✓ VIRTUAL HEALTH](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAQs](#)

Oral Feeding



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

[Videos](#)[Education Materials](#)

Note for Healthcare Providers: AHS Forms and Handouts can be printed directly or **ordered in bulk**

Swallowing Difficulties (Dysphagia)

- [🔗 Tips to Eat and Swallow Safely](#)
- [📄 Gagging in Babies and Children](#)
- [📄 When Your Child is Having a VFSS \(Videofluoroscopic Swallow Study\)](#)
- [📄 Having a Swallowing Test - Videofluoroscopy](#)

Texture Modified Diets

- [🔗 Dysphagia Soft Diet](#)
- [🔗 Easy To Chew Diet](#)
- [🔗 Minced Diet](#)
- [🔗 Pureed Bread Products](#)
- [🔗 Pureed Diet](#)
- [🔗 Thick Fluids](#)

Feeding Skill Development

- [📄 Your Baby's Feeding Cues](#)
- [📄 Benefits of Feeding in a Side Lying Position](#)
- [🔗 Feeding Toddlers and Young Children](#)
- [📄 Your Baby's First Tastes](#)

Family Education Materials

NEW: Oral Feeding

- Gagging in Babies and Children
- Benefits of Feeding in a Side Lying Position
- What Are Your Baby's Feeding Cues?
- Your Baby's First Tastes
- Introducing New Foods to Your Child
- Normal Swallowing in Children - video

Gagging in Babies and Children

Gagging

Gagging is a natural reflex and is common for babies and children learning to eat solid foods. Gagging can be quite scary for parents to witness. However, gagging is a part of the process for children beginning to understand the size, taste, textures and shape of food as they learn to safely swallow.

When you start feeding solids around 6 months, your baby's gag reflex is located more towards the front of the mouth. It will move farther back in the throat as they age. As your child explores food and learns to eat, the reflex becomes less sensitive and gagging will normally improve. Occasionally a child might vomit as a result of gagging.

To help avoid gagging, make sure your child's first foods are of a texture that is appropriate to their stage of development. Ensure your child is ready to eat and avoid forcing them to eat.

Although an uncomfortable experience, in most cases gagging is not associated with an underlying medical concern and will improve over time.

When to Worry About Gagging

- If you see signs of distress (frequent coughing, some color changes around the lips or eyes, or changes in breathing patterns).
- If your child experiences frequent upper respiratory infections.
- If your child consistently gags multiple times per meal or regularly on specific foods or textures.

If you are worried, talk to your doctor about any of these signs and how often they happen. Your doctor may refer you to a feeding specialist. The feeding specialist can help determine if the gagging is the result of a difficulty coordinating mouth movements or a sign of a swallowing problem.



Gagging is a natural reflex that all healthy babies have. It tends to disappear as your child ages.

Family Education Materials

Work in progress:

- Thick Fluids (Pediatrics)
- Texture modified handouts
- Aspiration: is my child at risk?
- Infant pacing

Aspiration: Is my child at risk?

Who is at risk? Why does it matter?
Many infants, children and youth including those with medical, physical, and/or developmental challenges, may have trouble swallowing, which can increase their risk of aspiration. Aspiration is harmful to your child's health and may lead to infections and/or lung damage.

What is aspiration?
Safe swallowing is when food or liquid moves from the mouth down the swallowing tube (esophagus) and into the stomach. This process is shown by the solid green line.
Aspiration happens when food, liquid, saliva or vomit goes into the breathing tube (trachea) and down into the lungs. This is shown by the dotted red line.

Aspiration can be silent
Aspiration can happen without any obvious signs of stress, so you may not be aware that your child is aspirating. When this happens, it is called silent aspiration.

How do I know if my child might be aspirating?

- Fevers without other signs of sickness
- Signs of stress and refusal to eat or drink
- Coughing, choking or wet sounds during or after eating
- Repeated chest infections
- Breathing problems (e.g. wheezing) that look like asthma
- You may not know because sometimes there are no obvious symptoms (silent aspiration)

Swallowing tube (esophagus)
Breathing tube (trachea)
Lungs
Stomach

If you feel your child is at risk, the first step is to contact your healthcare provider. For 24/7 nurse advice and general health information, call Health Link.

Alberta Health Services
Pediatric Eating And Swallowing

This work is adapted from the Holland Bloorview Aspiration Im...



Family Education Materials

Enteral Feeding

- EN Videos
- Tube Specific Handouts
- General Tube Feeding Information Booklet
- EN Learner Checklists/EN Training Checklists
- Home Blended Food for Tube Feeding
- Additional Resources

Produced in collaboration with PEAS Equipment and Supplies Working Group

[FOR FAMILIES](#)[ORAL FEEDING](#)[TUBE FEEDING](#)[FAMILY LIFE & SELF-CARE](#)[YOUR CARE TEAM](#)[CARE COORDINATION](#)[TOOLS & TEMPLATES](#)

QUICK LINKS

[✓ IS FEEDING A STRUGGLE?](#)[✓ FIND SERVICES](#)[✓ VIRTUAL HEALTH](#)[✓ EQUIPMENT & SUPPLIES](#)[✓ FUNDING INFORMATION](#)[✓ FAQs](#)

Tube Feeding

Just contemplating the idea of a feeding tube can feel very scary and stressful for many parents and caregivers. With these resources, support from your healthcare team, and practice, your child's health and nutrition can improve and you can successfully integrate tube feeding into your family meal routine.

Here are a few comments from parents about life with tube feeding:

- "Without the tube, my baby would have had to stay in hospital for a long time. It was a hard choice at first. Tube feedings seemed scary to me. But I was tired of going to the hospital. My family was suffering because I was away from home for so long. Bringing my son home now meant **coming home with the tube** and the responsibility was ours. But we got used to it quickly and now **we wished we had considered it sooner.**"
- "When they first told me that I should try putting my own tube in, I thought 'no way!' But then I realized that if I knew how to reinsert the tube, **I could take the tube out when it was not being used.**"
- "Other people may look at you when you are walking in the mall with tubes held high in the air, but you will be surprised how many other parents will stop and say that they had to do that for their children too. Forget about those who stare – sometimes a simple explanation is all that's needed for understanding."

[Videos](#)[Education Materials](#)[Additional Resources](#)

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.

Quality Improvement

[Quality Improvement](#)[QI Dashboard](#)

Other

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[News and Events](#)[Community of Practice](#)

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Order Forms & Handouts

AHS forms and handouts can be printed directly from the PEAS website or they can also be ordered in bulk as follows:

- **North Zone, Edmonton Zone and Calgary Zone**

Order online from Data Communications Management <https://dol.datacm.com>.

If you do not have an existing account with DATA CM, you can set one up by following these steps:



- **Central Zone**

Order from Wetaskiwin Print Services 780-312-3611

- **South Zone**

Order from Chinook Print Services (through Meditech). 403.388.6000 Ext.1513

What Zone am I in? [Find Your Zone](#)

How do I find the AHS Form number?

The form number is located in the footer of AHS documents that are available to order:

Alberta Health Services
Pediatric Oral Feeding Care Plan

Developed And Shared with (Name of Family Member) (Date patient/yr)

Child's Preferred Name (Last name, first name)

Medical Condition(s)

Food Restrictions or Allergies

Emergency Contact (s)

Diet/Food Preparation

Diet: Thickener For examples of each, please click on the links provided below

Thin (Level 0) (includes consistency)

Slightly Thick Fluids (Level 1) (includes commercially available "thick-energies" (not formulated)

Milky Thick Fluids (Level 2)

Moderately Thick Fluids (Level 3)

Liquidized (Level 3)

Extremely Thick Fluids (Level 4)

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

Pureed (Level 4)

Mixed and Moist (Level 5)

Soft and Sltk Sized (Level 6)

Regular Easy to Chew (Level 7)

Regular (Level 7)

Transitional Foods (Mismatch)

Mixed Consistency Allowed

Oral Feeding Recommendations and Precautions

Date for oral medication: Yes No (if Yes, specify, e.g., supervision required, assistance required)

Level of Independence: Typical Atypical

Feeding Tech: Typical Atypical

Amount of Food: Typical Atypical

Pacing: Typical Atypical

Typical/Atypical: Typical Atypical

21587(2020-03)
form #

Page 1 of 2



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Quality Improvement

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News and Events
Community of Practice

Provider Education

- Foundation to Practice
 - Organization and planning of these education sessions
 - Resources and opportunities posted to the website
 - Advanced Practice & Mentorship
 - Community of Practice
-



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- [Feeding Care Plan](#)

[READ MORE](#)

Collaborative Practice

- Definitions
- Collaborative Care Primers & Resources
- Role Descriptors & Tasks within Full Scope
- Additional Resources

[READ MORE](#)

Professional Development

In addition to the [Clinical Practice Guide for Healthcare Professionals](#), the following resources are available for healthcare professionals:

- Professional Resources: Oral Feeding
- Professional Resources: Enteral Feeding
- Courses & Webinars
- Additional Resources

[READ MORE](#)

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 ...

[READ MORE](#)

Family Resources

Family handouts, videos and information can be found on the [For Families](#) section of the website.

[READ MORE](#)

[FOR PROVIDERS](#)[CLINICAL PRACTICE GUIDE](#)[CLINICAL TOOLS & FORMS](#)[COLLABORATIVE PRACTICE](#)[PROFESSIONAL DEVELOPMENT](#)[COMMUNITY OF PRACTICE](#)[FAMILY RESOURCES](#)

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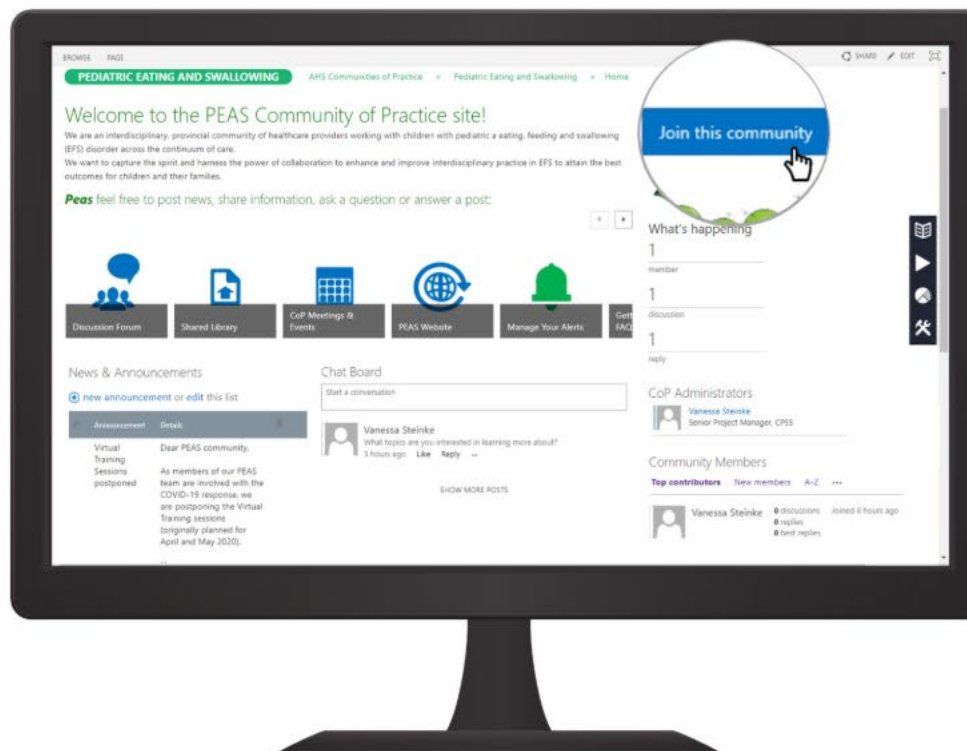
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To join the PEAS Community of Practice:

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!



Equipment and Supplies



Pediatric GI, Stollery

Dr. Justine Turner



ACH Unit Manager

Mary O'Gorman



Stollery Project Manager

Heather Lissell

Equipment & Supplies Working Group aims to:

- Provincially align practices related to the **selection, provision and use** of enteral and oral feeding equipment and supplies
 - Provide **families with information** to support successful feeding and positive feeding relationships with their children
 - **Align practices** with evidence based information wherever possible
 - Facilitate **information sharing** amongst practitioners
 - Provide families **access to the same information** as practitioners
-

[EQUIPMENT & SUPPLIES](#)[EQUIPMENT LIST](#)[EDUCATION MATERIALS](#)[ORDER ENTERAL SUPPLIES](#)[FUNDING INFORMATION](#)

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Order Enteral Supplies

Supply Quotas

In order to ensure every child with a feeding tube has access to supplies, while minimizing unnecessary overuse or wastage, AHS has developed a standard guide for supplies that may be ordered monthly. Due to infection control guidelines, unused supplies cannot be returned, so please order only what you need each month.

[G-tube supply quotas - AHS Pediatric Home Enteral Nutrition programs](#)[NG-tube supply quotas - AHS Pediatric Home Enteral Nutrition programs](#)

Note: Families can also purchase items directly from local vendors. Prices may vary between vendors.

For feeding bags, pumps, backpacks, syringes:



- [Cardinal Health Vendors and Product information](#)

This is a list of vendors in Alberta with a Cardinal Health contract. They can also order supplies for families if they are not available in store.

Also see: [PEAS Equipment List](#)

Edmonton Pediatric Home Nutrition Support Program (PHSNP)

Order Form

[PHNSP Supply List Order Form - Stollery](#)

Please place your order by Email: EDM.PediatricHomeNutritionSupportProgramOrders@ahs.ca

Delivery can take up to 3 weeks after your supply order has been confirmed by the clerk.

Calgary Pediatric Home Enteral Nutrition Therapy (HENT)

Order Form

Excel or PDF versions available:

[G-Tube Supply - Formula Order Form](#)[G-Tube Supply - Formula Order Form](#)

What's New?

- Supply quotas have been aligned provincially
 - Changes to amounts or types of supplies
 - Exception criteria for 1 bag/day:
 - Immunocompromised
 - J-tube fed
 - up to 6 months post-transplant (of any type – heart, liver, kidney, bone marrow)
 - premature infants up to 4 months corrected age
-

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Cardinal Health Vendor List

updated April 2020

For feeding bags, pumps, backpacks, syringes, this is a list of vendors in Alberta with a Cardinal Health contract. They can also order supplies for families if they are not available in store. Prices may vary between vendors.

Store	Address	City
BETTER LIFE HOME MEDICAL	14250 - 85 AVENUE	EDMONTON
HOME HEALTH STORE INC.	7843-106 AVE	EDMONTON
HEALTHCARE SOLUTIONS	5920 GATEWAY BLVD	EDMONTON
MARKET DRUGS MEDICAL	10203 97 STREET NW	EDMONTON
CALGARY CO-OP HOME HEALTH CARE	9309 MACLEOD TRAIL S.W.	CALGARY
TAKE CARE MOBILITY	4301 38 STREET	CAMROSE
ECO MEDICAL GRANDE PRAIRIE	10021 - 115 AVENUE	GRANDE PRAIRIE
ON THE MEND MEDICAL SUPPLIES LTD	5006 50TH STREET	ROCKY MOUNTAIN HOUSE
MOTION SPECIALTIES RED DEER	4720 50 AVENUE	RED DEER
TOTAL RESPIRATORY CARE	8600 FRANKLIN AVE	FORT MCMURRAY
MEDIGAS (MEDICINE HAT)	46 CARRY DR	MEDICINE HAT
ECO MEDICAL EQP (RED DEER)	110-5301 43 ST	RED DEER
MEDICHAIR LLOYDMINSTER	6601 43 STREET	LLOYDMINSTER
LEISTERS HOME CARE	1124 3AVE S	LETHBRIDGE

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Equipment & Supplies

Equipment List

There is a broad range of oral and enteral feeding equipment and supplies that healthcare providers may recommend such as thickeners, bottles, utensils, chairs, etc... This is a list of commonly used items to help healthcare providers and families discuss what may be appropriate for your child and to help families find these items.

[READ MORE](#)

Education Materials

The following links will take you to equipment & supply education materials and videos. They include information such as nipple flow rates, how to adapt a high chair, etc...

- [Oral Feeding](#)
- [Tube Feeding](#)

Additional Information for healthcare providers:

- [Professional Development](#)
- [Clinical Practice Guide - Feeding Equipment](#)

Order Enteral Supplies

[READ MORE](#)

Funding Information

You may qualify for funding to help cover the cost of your child's formula, supplement or special diet. A good rule of thumb is to check them all out to see if your family would be eligible.

There are several options that fall into the following categories...

[READ MORE](#)

Equipment & Supplies List

Filter by Developmental Stage

Infants Preschool School

Filter by Category

Bottles Nipples Cups Soothers Breastfeeding Thickeners Enteral
 Seating & Positioning Straws Utensils Plates / Bowls Oral Motor Therapy
 Food Preparation Oral Care Other

Search...

Search



Dr. Brown's Specialty Feeding System

Includes bottle, nipple and specialty valve

For healthcare providers:

To order from Dr. Brown's you must set up an account first. Dr. Brown's Medical Rep: Sandra J. Aubuchon saubuchon@handi-craft.com
www.drbrownsbaby.com/medical

Additional resources: [see Table 18: Nipple Flow Rates](#)

Infants

SB240-MED



Dr. Brown's PreVent Pacifiers

<https://www.drbrownsbaby.com/products/prevent-pacifiers/>

Infants

\$5-10 for 2 pack

EMAIL ITEM



Ark Grabbers

Original: <https://www.arktherapeutic.com/arks-grabber-original-oral-motor-chew-tool/>

Textured: <https://www.arktherapeutic.com/arks-textured-grabber-sensory-chew/>

Infants Preschool School

\$10-15 each

EMAIL ITEM



Kangaroo™ Gravity Feeding Bag

- Kangaroo™ Gravity Feeding Bag, 1000 mL (Z8884702500)
- Kangaroo™ Gravity Feeding Bag, Large Bore, 1000 mL (Z702505)

[Cardinal Health Vendors and Product information](#): This is a list of vendors in Alberta with a Cardinal Health contract. They can also order supplies for families if they are not available in store.

<https://shop.cardinalhealth.ca/webapp/wcs/stores/servlet/en/chc/kangaroo-gravity-feeding-bag-non-sterile-z702505>

Infants Preschool School

[FOR FAMILIES](#)[ORAL FEEDING](#)[TUBE FEEDING](#)[FAMILY LIFE & SELF-CARE](#)[YOUR CARE TEAM](#)[CARE COORDINATION](#)[TOOLS & TEMPLATES](#)

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Tube Feeding

Just contemplating the idea of a feeding tube can feel very scary and stressful for many parents and caregivers. With these resources, support from your healthcare team, and practice, your child's health and nutrition can improve and you can successfully integrate tube feeding into your family meal routine.

Here are a few comments from parents about life with tube feeding:

- "Without the tube, my baby would have had to stay in hospital for a long time. It was a hard choice at first. Tube feedings seemed scary to me. But I was tired of going to the hospital. My family was suffering because I was away from home for so long. Bringing my son home now meant **coming home with the tube** and the responsibility was ours. But we got used to it quickly and now **we wished we had considered it sooner.**"
- "When they first told me that I should try putting my own tube in, I thought 'no way!' But then I realized that if I knew how to reinsert the tube, **I could take the tube out when it was not being used.**"
- "Other people may look at you when you are walking in the mall with tubes held high in the air, but you will be surprised how many other parents will stop and say that they had to do that for their children too. Forget about those who stare – sometimes a simple explanation is all that's needed for understanding."

Videos

Video Resources

One day at a time: coping with home tube feeding



Oral Feeding Handouts

- Choosing a bottle nipple
 - Purchasing a high chair
 - Choosing a soother (work in progress)
 - Adapting a high chair (work in progress)
-

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Funding Information

Please note: this list is non-exhaustive and other options may be available to you as well.

You may qualify for funding to help cover the cost of your child's formula, supplement or special diet. A good rule of thumb is to check them all out to see if your family would be eligible.

There are several options that fall into the following categories:

1. Private Insurance



2. Government support



3. Other ways to save



Collaborative Practice & Roles



ACH Manager

Melanie Matiisen-Dewar



South Zone Manager

Tricia Miller



Prov. Project Manager

Vanessa Steinke

[FOR PROVIDERS](#)[CLINICAL PRACTICE GUIDE](#)[CLINICAL TOOLS & FORMS](#)[COLLABORATIVE PRACTICE](#)[Collaborative Care Primers & Resources](#)[Role Descriptors & Tasks within Full Scope](#)[Additional Resources](#)[Definitions](#)[PROFESSIONAL DEVELOPMENT](#)[COMMUNITY OF PRACTICE](#)[FAMILY RESOURCES](#)

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Collaborative Practice

"Unity is strength... when there is teamwork and collaboration, wonderful things can be achieved."

As a healthcare organization, Alberta Health Services (AHS) is dedicated to providing the highest quality care. The Pediatric Eating and Swallowing (PEAS) Project's mission is to capture the spirit and harness the power of collaboration to enhance and standardize interdisciplinary practice in the area of eating, feeding and swallowing (EFS), in order to attain the best outcomes for our patients and their families.

Team members from multiple disciplines play a critical role in the provision of care in the area of eating, feeding and swallowing. The following are a collection of resources to help healthcare professionals enhance collaborative practice and communication amongst team members including the child and their family.

Collaborative Care Primers & Resources

"Collaborative Care is a healthcare approach in which interprofessional teams work together in partnership with patients and families to achieve optimal health outcomes." – CoACT

Together with AHS Co-ACT, the PEAS Project has developed a number of resources to support collaborative practice in Eating, Feeding and Swallowing:

- Team Charter
- Collaborative Care Team
- Assignment of Care
- Collaborative Care Leadership

[READ MORE](#)

Role Descriptors & Tasks within Full Scope

Together with families, clinicians, AHS Health Professions Strategy & Practice (HPSP), AHS Co-Act, and professional colleges, the PEAS Project has developed the PEAS Role Descriptors and Tasks within Full Scope for healthcare providers to:

- Provide EFS clinicians with an **adaptable tool** to use as a way of highlighting, communicating, and clarifying overlaps and gaps within each individual team.
- Promote **interprofessional care** bringing together the unique perspectives of varied disciplines regardless of whether people work in co-located teams or are geographically spread out.
- Focus members of a care team on their **collective team competence** to address child and family centered goals for EFS.
- Provide a tool to **identify and cover gaps** in service (e.g. referrals and consultation with other care teams, training, recruitment, etc).

Provider Training Dates

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

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

Evaluation



Manager, Audiology and
Children's Allied Health

Mark Moland



Pediatric GI, Stollery

Dr. Justine Turner

[QUALITY IMPROVEMENT](#)[QI DASHBOARD](#)[FAMILY SURVEY](#)

QUICK LINKS

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Family Survey

After each visit, families receiving eating, feeding and swallowing services from Alberta Health Services are invited to participate in a 5 minute survey. Survey results will be used to help improve care for children with feeding challenges. Families can complete the survey online or using a paper form that will be provided to them.

Information Form



Click here to access the online Family Survey:

<https://vsurvey.albertahealthservices.ca/SE/1/PEASFamily/>



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

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Contact Us

Email: PEAS.Project@ahs.ca



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Contact Us

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



Close this note from the top right corner.

First Name

Last Name

Email

Subject

Message

Send

About PEAS

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Quality Improvement

[Quality Improvement](#)

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News and Events

News

Now Available: PEAS Virtual Training sessions for providers

6/26/2020

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



[PEAS Healthcare Provider Training Invitation](#)

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

PEAS update during COVID-19 crisis

3/26/2020

Dear Pediatric Eating And Swallowing (PEAS) community,

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

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

About PEAS

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

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Big PEAS & Thank YOU!

- Working Group co-chairs & members
- Steering Committee
- Leadership Team
- Family Advisors



Questions & Comments?



Thank you!



PEAS.Project@ahs.ca

Survey: <https://survey.albertahealthservices.ca/peas.webinar1>
