

## BRITISH COLUMBIA PEDIATRIC SWALLOWING SERVICE PROVIDERS

LOCATION	CENTRE / AGENCY COORDINATES AND CONTACT INFORMATION	SERVICES AND MANDATE AVERAGE WAIT TIMES	SERVICES AND PROGRAM TEAM MEMBERS	REFERRAL PROCESS AND REFERRAL FORMS
<p>Regions:</p> <ul style="list-style-type: none"> <li>- BC (all health authorities)</li> </ul>	<p><u>Centre / Agency:</u> Sunny Hill Health Centre, at BC Children’s Hospital</p> <p><u>Address</u> 4500 Oak Street Vancouver, BC V6H 3V4</p> <p><u>Contact person</u></p> <ul style="list-style-type: none"> <li>- Feeding coordinator: Carolyn Chowne</li> <li>- Team leader / Neuromotor medical director: Dr. Ram Mishaal</li> </ul> <p><u>Contact information</u> Phone: (604) 875-2345, local 458348 Fax: (604) 453-8321 Email: cchowne@cw.bc.ca</p> <p><u>Website</u> <a href="http://www.bcchildrens.ca/our-services/sunny-hill-health-centre/our-services/feeding-nutrition">http://www.bcchildrens.ca/our-services/sunny-hill-health-centre/our-services/feeding-nutrition</a></p>	<p><u>Ages</u></p> <ul style="list-style-type: none"> <li>- 0 to 19 years</li> </ul> <p><u>Mandate</u></p> <ul style="list-style-type: none"> <li>- Provide multidisciplinary assessment for children with a developmental disability and feeding concerns related to an oral motor or pharyngeal dysfunction. The focus is on swallowing safety.</li> <li>- Assessment for feeding difficulties related primarily to an underlying behavioral issue, mental health issue, or oral-sensory issues are out of this clinic’s scope of practice.</li> </ul> <p><u>Booking Information</u></p> <ul style="list-style-type: none"> <li>- Two-day assessments take place at SHHC and BCCH.</li> <li>- When possible, attempts will be made to coordinate feeding appointments with other appointments for families traveling from outside the lower mainland (minimum of 6 weeks’ notice is generally required).</li> </ul>	<p><u>Services / Programs</u></p> <ul style="list-style-type: none"> <li>- Primarily one-time consultation service that provides comprehensive evaluation of feeding and swallowing problems.</li> <li>- Consultation includes a health review, a nutrition assessment, an oral motor evaluation, and other assessments (such as videofluoroscopic swallowing study) as appropriate.</li> <li>- An oral-motor assessment / eating evaluation is conducted first to determine if a videofluoroscopy swallowing study (VFSS) is warranted to assess swallowing function.</li> <li>- An Upper GI is required for all children under the age of two years that undergo VFSS. The SHHC Feeding Team will coordinate this as part of the assessment.</li> <li>- A detailed report of assessment findings and recommendations will be sent to the referring physician and to the family.</li> <li>- Custom nutrition appointments may also be arranged for children requiring nutrition only.</li> <li>- Post-op G-tube set-up and training (inpatient admission) can also be provided (requires coordination with BCCH).</li> <li>- Services are typically provided on an outpatient basis at SHHC. However, on request, it may be possible to arrange feeding team assessments during a SHHC inpatient stay or occasionally through SHHC’s Outreach Program or Telehealth.</li> <li>- Role also includes acting as resource to community, providing education and supporting research.</li> </ul> <p><u>Team may consist of:</u></p> <ul style="list-style-type: none"> <li>- Speech language pathologist</li> <li>- Occupational therapist</li> <li>- Dietitian</li> <li>- Developmental Pediatrician</li> <li>- Nurse clinician</li> <li>- Social work</li> </ul>	<p><u>Referral form</u></p> <ul style="list-style-type: none"> <li>- The referral form is required and available from the <a href="#">website</a>.</li> <li>- Fax referrals to (604) 453-8321, ATTN: Feeding Team.</li> <li>- Mail referrals to SHHC, ATTN: Feeding Team.</li> </ul> <p><u>Referral process</u></p> <ul style="list-style-type: none"> <li>- A detailed referral by a pediatrician is required.</li> <li>- Pertinent medical information regarding complex feeding and swallowing difficulties, and growth charts are required.</li> <li>- If community supports are involved, the pediatrician and community supports must be aware and in agreement with the referral to SHHC Feeding Team.</li> <li>- The family will be contacted during the intake process. The community supports will also be contacted with family consent. If appropriate, referrals may be redirected to community resources.</li> </ul>