

TIERS
IN FULL

CHILD DEVELOPMENT, HABILITATION & REHABILITATION SERVICES

(CHILDREN WITH
PRIMARY NEUROMOTOR
IMPAIRMENT)

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Child Development, Habilitation & Rehabilitation: Tiers of Service for Children with Primary Neuromotor Impairment

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Child Development, Habilitation & Rehabilitation: Tiers of Service for Children with Primary Neuromotor Impairment

1.0 Tiers of Service

1.1 Tiers of Service Framework and Approach

Planning and coordinating children's health services is a major area of focus for Child Health BC and its collaborators (health authorities, ministries, non-profit organizations, school boards, etc.). The Tiers of Service framework provides a tool to define and plan health services.

Utilizing a common language and methodology, the Tiers of Service framework:

- Recognizes that health services, while important, are one of several factors that contribute to child and youth well-being overall.
- Is informed by a review of frameworks/tools in other jurisdictions around the world.
- Facilitates system planning for clinical services, knowledge sharing/training and quality improvement/research. The responsibilities and requirements for each of these three areas are defined within the Tiers framework.

Child Health BC is leading the use of the Tiers of Service approach to system planning. This is being done through:

Creation of a series of modules: For each of the major areas of health services - such as children's emergency care, children's medicine, children's surgery, children's intensive care, children's mental health and children's development, habilitation and rehabilitation - a Tiers of Service module has been or is being created.

Self-assessment based on the modules: Once a module is finalized and accepted by the key partners in the province, a self-assessment is completed. Child Health BC works with health authority and other key partners as necessary to get this work completed.

System planning and service planning based on self-assessment results: Using the self-assessment analysis, provincial, regional and local planning is undertaken through collaboration of CHBC and its partners.

1.2 BC's Child Health Tiers of Service Modules

Below are the Tiers of Service modules; some have been completed, some are in active development and some are for future development.

Clinical Services modules:

- Children's Medicine
- Children's Surgery
- Children's Emergency Department
- Children's Critical Care
- **Child Development, Habilitation & Rehabilitation**
- Children's Home-based Services
- Children's Mental Health
- Children's Substance Use

Clinical Diagnostic & Therapeutic Service modules:

- Children's Laboratory, Pathology & Transfusion Medicine
- Children's Medical Imaging
- Children's Pharmacy Services

Collectively, the modules and their components provide the foundation for provincial and health authority (HA)/regional planning of child health services.

2.0 Tiers in Brief for Children with Primary Neuromotor Impairment

2.1 Module Development

The Child Development, Habilitation & Rehabilitation modules provide a description of the tiers and the services provided by *pediatric development, habilitation and rehabilitation* health care providers to children with functional impairment.

There will be 3 modules developed over time focused on 3 population groupings:

1. Children with primary neuromotor impairment (***the focus of this module***)
2. Children with primary sensory impairment (e.g., deaf, blind)
3. Children with primary developmental/behavioural impairment

This module, focusing on children with primary neuromotor impairment, was informed by work done in other jurisdictions, mostly notably Queensland,¹⁻² Victoria³ (Australia), the United Kingdom,^{4,5} prior work completed in British Columbia⁶⁻⁷ and Ireland⁸. B.C. data was used where it was available.

The module was developed by 10 separate interdisciplinary working groups comprised of 65 representative(s) from each of BC's Regions/Health Authorities with various combinations of: family representatives, physiotherapists, occupational therapists, speech and language pathologists, physicians (pediatrician, GP, developmental pediatricians, physiatrist), nurses, social workers, dietitians, psychologists, service coordinators, practice leaders, managers & directors. In addition to health sector representation, there was representation from the Ministry of Children and Family Development and their contracting agencies i.e. various child development centers, the BC

Association for Child Development and Intervention, therapists working for Ministry of Education, the University of British Columbia, and Child Health BC. A working group of 7 representatives from the First Nations Health Authority also provided feedback on the document prior to finalization.

In addition to the working groups, representatives from all BC Health Authorities, the Ministry of Child and Family Development, Ministry of Education, Children & Youth with Special Needs (CYSN) Cross Ministerial Working group, BC Association for Child Development Centers (BCACDI) Directors group and the Family Support Institute were invited to provide feedback on the draft document. The final version was submitted to the Child Health BC Steering Committee in January 2018 and was accepted April 2018.

2.2 Module Scope

In-scope

This Child Development, Habilitation & Rehabilitation Services module focuses on the care provided to children with primary neuromotor impairment as follows:

1. Outpatient/community-based services:
 - Services may be delivered in a variety of community settings such as Child Health Clinics, Child Development Centers, Public Health Units, Community Health Centers, Nursing Stations, schools, day care/preschools, homes and on-reserve.
2. Hospital/day patient services. Services are accessible as follows:ⁱ
 - a. New patients: Up to a child's 17th birthday (16 years + 364 days); and
 - b. Children receiving ongoing care: Up to a child's 19th birthday (18 years + 364 days).

Please refer to Appendix 5 for definitions of child development, habilitation and rehabilitation.

Out of scope

1. Children with primary sensory and/or primary developmental/behavioural impairment.
2. Services provided by the private sector except in situations where private providers are contracted using public funds. For those dispersing public funds to contract for services, the relevant module(s) is intended to be of assistance in defining the terms of the contract, service roles and responsibilities.

ⁱ BC Children's Hospital. Administration manual: Admission age, BCCH and Sunny Hill Hospital for Children. 2010.

2.3 Recognition of the Tiers

The Child Health Tiers of Service framework includes 6 tiers of service.

Tier	Child Health Framework Tiers of Service
T1	Prevention, Primary & Emergent Health Service
T2	General Health Service
T3	Child-Focused Health Service
T4	Children’s Comprehensive Health Service
T5	Children’s Regional Subspecialty Health Service
T6	Children’s Provincial Subspecialty Health Service

The **Child Development, Habilitation & Rehabilitation module for Children with Neuromotor Impairment** recognizes 3 out of 6 tiers:

		Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
Children with Primary Neuromotor Impairment		T3	T5	T6
Development & habilitation services	Outpatient/day program	✓	✓	✓
	Inpatient			✓
Rehabilitation services	Outpatient/day program	✓	✓	✓
	Inpatient		✓	✓

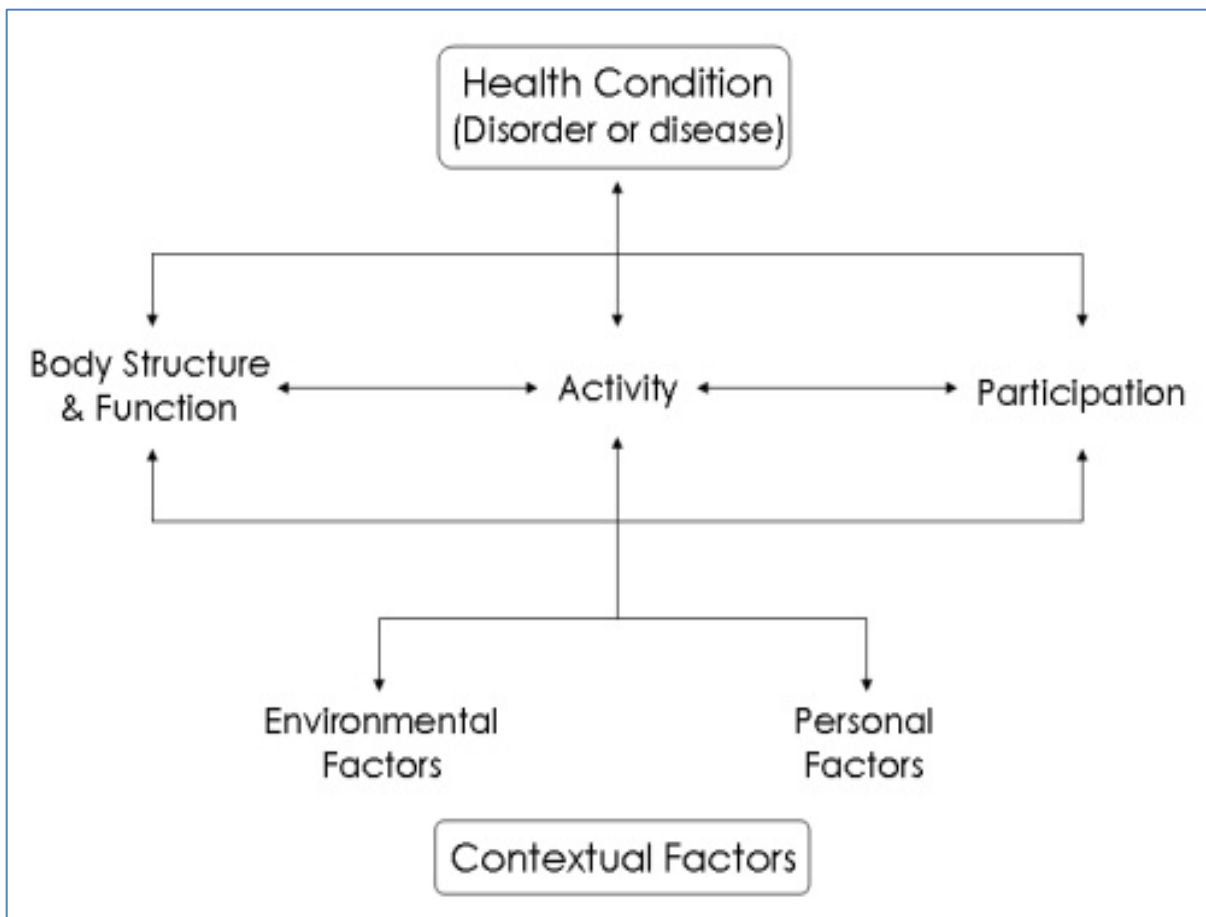
The **Child Development, Habilitation & Rehabilitation module for Children with Neuromotor Impairment** builds on the Children's Medicine Tiers of Service module:

- The **Children's Medicine** module covers the screening & surveillance, assessment and support of children at-risk or experiencing **minor developmental delays** (e.g. children accessing infant development program services).
- This module (**Child Development, Habilitation & Rehabilitation: Tiers of Service for Children with Primary Neuromotor Impairment**) covers the assessment, intervention and monitoring of children with **identified impairments** requiring habilitation and/or requiring rehabilitation.

Guiding principles and concepts incorporated into this module include:

- Quality service is both child and family-focused.
- Appropriate services recognize the complex factors that create disability and are holistic in their approach. They emphasize functioning and the broad environment.
- The International Classification of Functioning, Disability and Health (World Health Organization, ndⁱⁱ) model is the conceptual basis of this tiers document and the language used in the module is reflective of this model (see diagram on next page).

ⁱⁱ International Classification of Functioning, Disability and Health. (nd). www.who.int/classifications/icf/en.



- Individual complexity and service needs are not static (to be effective the system must be responsive and able to provide varying intensity when needed to optimize outcomes).
- Collaborative, coordinated care is essential across all tiers of service and is bi-directional.
- Appropriate services are culturally-safe, culturally-relevant and trauma-informed.
- Accessible services are provided as close to home as is feasible (including virtual care options and outreach). For certain low volume, high specialty services, regionally/provincially-based services are required in order to provide quality care.

2.4 Tiers in Brief

Table 1 provides an overview (Tiers in Brief) of **Child Development, Habilitation & Rehabilitation Tiers of Service for Children with Primary Neuromotor Impairment**. Children's development/habilitation and rehabilitation are described as separate services in this module to acknowledge the unique focus of each. This was done with the acknowledgment that in reality significant overlap exists in the provision of these services.

Table 1: Child Development, Habilitation & Rehabilitation: Tiers in Brief for Children with Primary Neuromotor Impairment

	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Service reach	Multiple local health areas/health service delivery area.	Health authority (HA).	Province.
Service focus	Children/ families with primary neuromotor impairment & (1) low to medium medical /mental health complexity (or higher complexity with sufficient stability to be community based); &/or (2) general (re)habilitation service complexity (Appendix 1).	Children/families with primary neuromotor impairment & (1) medium to high medical /mental health complexity; &/or (2) specialized (re)habilitation service complexity (Appendix 1). Services focus on “designated areas”: feeding & swallowing, assistive & augmentative technology, positioning & mobility (Appendices 2-4).	Children/families with primary neuromotor impairment & (1) uncommon &/or high medical/mental health complexity; & (2) complex specialized (re)habilitation services needs (Appendix 1).
Clinical Services			
Child development & habilitation services: Children with established neuromotor impairment & their families			
Outpatients/ community-based services	Diagnoses & provides developmental/ functional assessment, goal setting & care planning, intervention, education, transition support, psychosocial support, service coordination & monitoring. Services are provided in community by one or more members of a transdisciplinary or interdisciplinary team.	Diagnoses & provides subspecialized developmental/ functional assessment, goal setting & care planning, intervention, education, transition support, psychosocial support, service coordination & monitoring in “designated areas of focus.” Services are provided in/from regional center(s) by a subspecialty interdisciplinary team.	Diagnoses & provides subspecialized developmental/functional assessment, goal setting & care planning, intervention, education, transition support, psychosocial support, service coordination & monitoring. Services are provided in/from a provincial center by pediatric subspecialty interdisciplinary team(s).
Inpatients/ day patients			Provides blocks of high dose (intensity/frequency) inpatient/ day patient habilitation intervention to promote functional change for children whose geography/proximity &/or risk/ safety concerns prohibit receipt of services as an outpatient. Services are provided in a provincial center by a pediatric subspecialty interdisciplinary team(s).
Child rehabilitation services: Children with acquired neuromotor conditions or congenital/development conditions post-event, surgery or intervention & their families			
Outpatients/ community-based services	In collaboration with T5+/- T6, provides community-based, timely & time-bound, developmentally-tailored general rehabilitation services & psychosocial support. Reintegrates into habilitation service as required.	Provides timely & time-bound services in designated areas of focus (Appendices 2-4). Reintegrates into habilitation service as required.	In collaboration with T3 +/- T5, provides timely & time-bound developmentally-tailored complex subspecialized rehabilitation services & psychosocial support. Reintegrates & supports T3 rehabilitation or habilitation outpatient services as required.

	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
	Services are provided by one or more members of a transdisciplinary or interdisciplinary team.	Services are provided in/from a regional center(s) by a subspecialty interdisciplinary team.	Services are provided in/from a provincial center by a pediatric subspecialty interdisciplinary team(s).
Inpatients/ day patients		Provides acute rehabilitation assessment, intervention services & psychosocial support to hospitalized children / families post pediatric subspecialty surgery. Reintegrates to T3 rehabilitation or habilitation community services, as required. Services provided through a regional center by a trans or interdisciplinary team.	Provides acute rehabilitation assessment & intervention services & psychosocial support. Reintegrates & supports T3 rehabilitation or habilitation outpatient services as required. Services provided through a provincial rehabilitation center by subspecialty interdisciplinary team(s).
Knowledge Sharing & Transfer/ Training			
	Creates or facilitates access to learning activities that support the maintenance of competencies in CDH&R for children with primary neuromotor impairment. Provides CDH&R experiences/placements for a broad range of undergraduate & graduate healthcare students.	Provides health authority leadership in “designated areas of focus” for CDH&R clinical care, education & system planning. Provides CDH&R experiences/placements in “designated areas of focus” for a broad range of undergraduate, graduate & post-graduate healthcare students & residents.	Provides provincial leadership for CDH&R clinical care, education, research & system planning. Provides CDH&R experiences/placements for a broad range of undergraduate, graduate & post-graduate healthcare students, residents & subspecialty fellows.
Quality Improvement & Research			
	Mechanisms in place to regularly review the quality of CDH&R care provided to children with primary neuromotor impairment and (re)habilitation needs, including case reviews. Participates in regional & provincial CDH&R quality improvement initiatives.	Mechanisms in place to regularly review the quality of care provided to children with neuromotor impairment with (re)habilitation needs, including case reviews. Leads/participates in regional & provincial CDH&R quality improvement initiatives.	Mechanisms in place to regularly review the quality of care provided to children with neuromotor impairment with (re)habilitation needs, including case reviews. In collaboration with T3 & T5, tracks provincial CDH&R quality indicators & leads provincial quality improvement initiatives. Conducts & supports others to conduct CDH&R-related research.

3.0 Tiers in Full for Children with Primary Neuromotor Impairment

This section describes the responsibilities and requirements at each tier to provide a **safe, sustainable** and **appropriate** level of service. Sections are divided as follows:

3.1 Clinical Service

3.1.1 Child Development & Habilitation Services

3.1.1.1 Outpatient/community-based services

3.1.1.2 Inpatient/day patient services

3.1.2 Children's Rehabilitation Services

3.1.2.1 Outpatient/community-based services

3.1.2.2 Inpatient/day patient services

3.2 Knowledge Sharing and Transfer/Training

3.3 Quality Improvement and Research

3.1 Clinical Service

3.1.1 Child Development & Habilitation Services

3.1.1.1 Outpatient/Community-Based Services

A. Responsibilities

		Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
		T3	T5	T6
Service reach		Multiple local health areas/health service delivery area.	Health authority.	Province.
Service focus		Children/ families with primary neuromotor impairment & (1) low to medium medical /mental health complexity (or higher complexity with sufficient stability to be community based); &/or (2) general habilitation service complexity (Appendix 1).	Children/families with primary neuromotor impairment & (1) medium to high medical /mental health complexity; &/or (2) specialized habilitation service complexity (Appendix 1). Services focus on “designated areas”: feeding & swallowing, assistive & augmentative technology, positioning & mobility (Appendices 2-4).	Children/families with primary neuromotor impairment & (1) uncommon &/or high medical/mental health complexity; & (2) complex specialized habilitation services needs (Appendix 1).
1	Diagnosis	<p>Performs screening &/or diagnostic assessment either to diagnose or assist with diagnosis; includes etiologic (e.g. bloodwork, scans), phenotypic, behavioural (e.g. caregiver checklists) & developmental (e.g. standardized assessments) for common neuromotor impairment (e.g. developmental coordination disorder, cerebral palsy).</p> <p>Performs screening &/or diagnostic assessment for secondary impairments such as neurodevelopmental (e.g. intellectual disability) and mental health (e.g. anxiety, depression).</p> <p>Processes in place to assist families in understanding diagnosis e.g. plain language, culturally appropriate education materials.</p> <p>Refers to T5 or T6 diagnostics services when required.</p>	<p>Confirms or performs etiologic & phenotypic diagnostic assessment when relevant to “designated areas of focus”.</p> <p>Refers to T6 diagnostic services as needed.</p>	<p>Confirms (second opinion) or performs etiologic, phenotypic, neurodevelopmental, neuropsychological and mental health diagnostic assessments where sub-specialty input &/or multiple teams &/or unique provincial clinical support services are required.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
2	Assessment	Overarching principles	<p>All screening/assessment uses validated outcome measures when available to establish baseline & for ongoing monitoring.</p> <p>Assessment may include contextually-relevant observation, interviewing and fixed item measures (scales of functioning e.g. GMFCS, &/or standardized assessments).</p> <p>Assessment considers child & family “holistically” (e.g. recognizes family strengths, self-management skills, culture, resiliency and needs in the context of the assessment)</p> <p>T3 refers to T5 or T6 if screening or assessment indicates impairment and further specialized assessment is required. May also refer for further assessment when second opinion is required.</p> <p>Ensures family understands purpose of assessment & referrals (e.g. fact sheets in plain language)</p>	Same as T3 for assessment in the “designated areas of focus.”	Same as T3 plus provides subspecialty assessment & second opinion. Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.
		Developmental & functional assessment	<p><i>Developmental assessment:</i> Performs initial screening &/or developmental assessment of all areas of development & function including:</p> <ul style="list-style-type: none"> • motor (gross & fine motor) • sensory (hearing, vision, sensory processing) • cognition & learning • communication & language • social emotional & behavior • adaptive functioning (e.g. activities of daily living, sleep hygiene). 	Performs subspecialized developmental/ functional assessment in the “designated areas of focus”.	Same as T3. Performs subspecialized developmental/ functional assessments requiring: <ul style="list-style-type: none"> • the use of measures beyond readily available standardized measures and/or • Extensive adaptation to accommodate multiple unique functional abilities, co-morbidities &/or complexities &/or unique environmental complexities (e.g. motor-free cognitive and learning assessment; assessment of a child using assistive technology for communication)

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
2	Assessment cont'd	Developmental & functional assessment cont'd	<p><i>Functional assessment:</i> Performs functional assessments to assess activity & participation across the child's environments of function (home, school, community, cultural, recreation).</p> <p>Assessment includes contextual factors and their impact on function (as per the International Classification of Function):</p> <ul style="list-style-type: none"> environmental factors (e.g. accessibility and barriers to school, cultural practices, recreation, etc.) personal factors <p><i>Quality of life:</i> Performs quality of life assessment of child and family where applicable</p> <p>Refers to T6 when assessment requires subspecialist knowledge and skills (e.g. motor-free assessment).</p>		<p>May conduct developmental/ functional assessment when assessment requires subspecialty team(s) e.g. hearing or vision, &/or provincial, one-of-a-kind, clinical support services or equipment (e.g. 3D gait analysis, complex radiologic interpretation, sleep clinic, etc.)</p> <p>Provides expertise for neurodevelopmental, neuropsychological and mental health assessment for children with complex specialized habilitation needs (e.g. children who use augmentative/ alternative communication devices).</p>
		Growth & nutrition assessment	<p>Conducts growth & nutrition assessment including measurement of height & weight. Establishes baseline & regularly re-assess/monitors growth status.</p>	<p>Assesses growth & nutrition for children referred to teams in the designated area of focus.</p>	<p>Same as T3, when growth & nutrition care planning involves pediatric subspecialty team(s) (e.g., respiratory, gastroenterology, surgery).</p>
		Feeding & swallowing assessment	<p>Conducts initial feeding & swallowing screening to identify any concerns. If low to moderate risk see Appendix 2 for detailed responsibilities.</p> <p>Refers to T5 or T6 for further assessment as required by the degree & nature of the concern (see Appendix 2 for details).</p>	<p>Assesses feeding & swallowing for children referred to teams in the designated area of focus (see Appendix 2).</p>	<p>See Appendix 2.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
2	Assessment cont'd	Tone & movement assessment	<p>Assesses children for impairment of tone & movement e.g. hypertonia, dystonia, spasticity, hyperkinetic and may include hypotonia. Considers the functional impact of tone on activity & participation and quality of life.</p> <p>Appropriately refers children requiring further assessment of abnormal tone & movement to T5 specialist providers where available, otherwise to T6. Refers children with contractures to appropriate medical or surgical providers for intervention and prevention.</p>	<p>Assesses tone & movement for children referred to teams in the designated area of focus.</p> <p>Where volumes and pediatric subspecialists exist regionally, may provide assessment of tone & movement.</p>	<p>Offers detailed assessment of tone & movement by an interdisciplinary team(s) including full history, physical exam and application of validated measurements tools (e.g. HAT, MAS, BADS, Tardieu) to assess tone and its impact. Consideration given to overall growth and development, function and participation, quality of life and transition planning.</p> <p>Liaises with other subspecialty teams in assessment of tone & movement.</p>
		Pain assessment	<p>Conducts validated pain scales (non-verbal & verbal) assessment with children/family to identify nature and source of pain, and the impact on the child/youth's functioning across all activities of daily living.</p>	<p>Assesses pain for children referred to teams in the designated area of focus, primarily positioning and mobility (see Appendix 3).</p>	<p>Offers complex pain assessment (acute, sub-acute and complex) by a pediatric subspecialist team including pain location, severity, frequency, social-emotional & functional impacts (e.g. sleep, school productivity, etc) & coping and cognitive strategies.</p> <p>Investigates (or works with referring team to investigate) pain source including musculoskeletal, labs, imaging or nerve studies.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
2	Assessment cont'd	Musculo-skeletal assessment	<p>Assessment of active & passive ROM, muscle strength, posture, coordination, balance & functional impact of impairment.</p> <p>Hip surveillance: Identifies and enrolls children appropriate for hip surveillance & completes required clinical exam when indicated by surveillance guidelines.</p> <p><i>For children requiring positioning and mobility equipment assessment (primarily children who are non-ambulatory) -see Appendix 3 for detailed assessment requirements.</i></p>	<p>Assesses musculoskeletal status for children referred to teams in the designated area of focus.</p>	<p>Offers complex musculoskeletal assessment by a pediatric subspecialist team(s).</p> <p>Provides coordination of hip surveillance and offers a range of assessment (e.g. radiographic interpretation).</p> <p><i>For children requiring positioning and mobility assessment (primarily children who are non-ambulatory) -see Appendix 3 for detailed assessment requirements.</i></p>
		Gait & motion assessment	<p>Screens for functional gait anomalies with respect to the influence of musculoskeletal, neuromuscular and sensory systems on postural control and locomotion.</p> <p>Screens for adaptive equipment including orthotics, gait aids.</p> <p>Refers as appropriate to T5 or T6.</p>	<p>Assesses gait & motion for children referred to teams in the designated area of focus (see Appendices 3-4)</p>	<p>Gait analysis services provided by a pediatric subspecialty multidisciplinary team. Includes visual gait analysis, kinematics, kinetics, electromyography, pedobarography.</p> <p>Upon request, provides second opinion or acts as a resource for T3 & T5 providers throughout the province to assess gait and plan for supporting children and families.</p>
		Splinting, casting, orthotics and prosthetics assessment	<p>Assesses children to determine potential of splinting, casting, orthotics, and prosthetics to address or preserve function at the body structure, body function, activity / participation levels.</p> <p>Screens and refers to T5 (regional center servicing general population) or T6 for children who require complex custom solutions.</p>	<p>Assesses need for splinting, casting, orthotics and prosthetics for children referred to teams in the designated area of focus (see Appendices 3-4)</p> <p>Where medium complexity custom solutions are required and splinting expertise exists at regional general centers, services should be inclusive of the pediatric population.</p>	<p>Same as T3 when requires assessment by a pediatric subspecialist team(s) for complex or unique solutions.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
2	Assessment cont'd	Assistive products & technology	Screens or assesses for potential benefit of an assistive and augmentative technologies see <i>Appendix 4 for detailed assessment requirements.</i>	Assesses potential for assistive technology for children referred to teams in the designated area of focus (Appendix 4).	See Appendix 4.
		School (Education & Integration)	As school is a primary environment of function for children, assessment addresses functioning and potential in the pre-school & school environments including achievement (learning & teaching strategies), school connectedness, social integration & communication.	Assesses factors related to the designated areas of focus (Appendices 2-4).	Same as T3 for students with complex and/or unique education needs that require integrated assessment by a pediatric subspecialist team(s).
3	Goal setting & Care planning		<p>Goal setting is completed with family & child & care team (including other T3 +/- T5 +/-T6 teams where appropriate) to establish functional, meaningful contextually-relevant goals, using individualized outcome measures (e.g. COPM, GAS) to ensure goals are measurable whenever possible & have a timeline for review/revision.</p> <p>Goals aimed at supporting child/family to achieve their highest developmental potential at the activity & participation levels of functioning in home, school & community.</p> <p>Partners with child, family & care team (see glossary) to establish a clear, comprehensive care plan (includes: individualized service or education plans, and subspecialty service plans) linked to identified goals with a timeline for review/revision.</p> <p>Makes care plans available to stakeholders within and across tiers to ensure communication & consistency.</p>	Contributes to goal setting & care planning initiated in T3 for the “designated areas of focus” (Appendices 2-4).	<p>Contributes complex specialized habilitation input into goal setting & care planning initiated in T3 +/- T5.</p> <p>In circumstances of very high complexity, T6 may lead the goal setting and care planning (responsibilities as outlined in T3) as required and agreed upon collaboratively with T3 team.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
4	Inter-vention	Overarching principles	<p>Uses a family/caregiver–centered process of care to educate & share information with one another that promotes understanding, & meaningfully embeds intervention in daily life, culture & environment.</p> <p>Intervenes through a number of tailored modes of service delivery including education, consultation, coaching, group-based & direct therapy, & provision of home programs (jointly designed for child /caregiver /families to carry out). Intervention may be episodic (i.e. single or multiple episodes over time), short (i.e. ~3 months) or long-term, depending on need & is provided in the environment most appropriate for goal attainment.</p> <p>CDH&R providers strive to apply the best available evidence-informed treatment approach (i.e. in accordance with current evidence, guidelines, protocols, etc.) in a timely manner, at a dose (level of intensity/frequency) based on evidence & measurement of outcomes. If bursts of goal-directed intervention are needed to promote development/ functioning &/or prevent adverse outcomes (e.g., constraint induced movement therapy (CIMT), speech & language protocols for apraxia), timing is dependent on readiness of the child in context of their family & focus is on in-context practice of activities.</p> <p>Interventions are trauma-informed and promote cultural safety. Has a process in place to access indigenous knowledge/ traditional wellness practices as part of therapeutic intervention and offers this engagement to children/families.</p> <p><i>Where volumes are insufficient at T3 to maintain competencies in necessary treatment modes (i.e. in rural/remote areas), collaboration with T5 or T6 should occur to ensure evidence-based intervention can occur in a timely fashion.</i></p>	<p>Same as T3 for the “designated areas of focus” (see Appendices 2-4) plus modes of service delivery may also include joint intervention or coaching/ support to T3 teams.</p>	<p>As per T5.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
4	Inter-vention cont'd	Therapeutic Inter-vention	<p>Provides goal-focused early intervention (birth to school entry) & school-aged intervention inclusive of child/ family/ stakeholders & context, following care pathways & protocols (when available) year-round.</p> <p>Provides resources and referrals to families (examples include: web based resources, handouts, connecting families, etc) re: developmentally appropriate responses to common behavioural concerns (e.g. self-injurious behaviour, tantrums, sleep management, attention)</p> <p>In collaboration with child, family and community care team (see glossary), recommends modifications to the child's environment to promote accessibility & remove barriers.</p> <p>In collaboration with child, family and community care team recommends adaptations to activities to promote inclusive participation in home, school, community, cultural & recreation environments.</p> <p>Provides consultation to children/ families & child-focused community resources (schools, daycares, etc.) to encourage child participation in inclusive programs. e.g. recreation and cultural activities.</p> <p><i>Where volumes exist to maintain competence & resources, trains & monitors caregivers (care aids, special education aids) to provide specific aspects of a child's care such as safe transfers, tube-fed meals, clean intermittent catheterizations & oral suctioning. Where volumes are insufficient, refers to appropriate T5/T6 services.</i></p> <p>Refers to T5 or T6 as required.</p>	<p>Provides consultation &/or intervention for the "designated areas of focus" (see Appendices 2-4).</p> <p>Intervention is most often episodic or short-term and is provided by a regional team.</p>	<p>Provides timely advice/support with care planning as requested via telephone/ outreach services (onsite & through technology) to T5 & T3 providers, & to children & families known to T6.</p> <p>Provides timely, short-term direct intervention for children in circumstances where habilitation complexity & developmental readiness requires high dose (frequency/intensity) intervention from pediatric subspecialist teams. Services are delivered either via outreach (in person or via virtual care) or in the specialist provincial facility (when facilities, equipment or other provincial subspecialist teams) are required When intervention occurs at T6, clear plans are made to transition children back to T3 including periods of co-treatment with clearly defined roles and expectations of all parties and a focus on skill or knowledge enhancement of T3 related to the unique needs of the child.</p> <p>In circumstances of very high complexity or rarity, T6 may lead intervention (often through pediatric subspecialty clinics) or the planning for intervention as required and agreed upon collaboratively with T3 team with accompanying home programs.</p> <p>Collaborates with or provides education & resources (on-line education, workshops, individual consults) to support care planning of T3 & T5 providers throughout the province. This includes the following: where/how to access provincial resources & funding, reviews and evaluations of emerging equipment/ technologies/ treatment approaches.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
4	Inter-vention cont'd	Growth & nutrition management	<p>Develops nutrition treatment plans with recommendations for basic dietary interventions to maximize nutrition status.</p> <p>Considers cultural foods & availability of food.</p> <p>Updates annually & more often as required (i.e. where growth concerns exist).</p>	<p>Develops nutrition treatment plan and monitors as required and agreed upon collaboratively with T3 team for children being followed by a subspecialized team in the “designated area(s) of focus” (see Appendix 2-feeding & swallowing or Appendix 3 positioning & mobility).</p>	<p>In circumstances of very high complexity, T6 may lead the growth & nutrition goal setting and care planning (e.g. all children on parenteral nutrition) as required and agreed upon collaboratively with T3 & T5 team (if applicable).</p>
		Feeding & swallowing management	(See Appendix 2)	(See Appendix 2)	See Appendix 2.
		Tone & movement management	<p>Hypotonia: promotes functional movement for strengthening & provides positioning support.</p> <p>Hypertonia, dystonia, spasticity: Promotes functional movement for strengthening & range & provides positioning support.</p> <p>Monitors the impact of tone & movement management interventions at the body structure & function levels (ROM) and activity & participation levels. Liaises with T5&/or T6 providers as necessary to address any concerns.</p>	<p><i>Depending on volumes and availability of subspecialist providers (physiatrists, orthopedic surgeons with pediatric training, anesthesiologists) may provide non-complex (toe walking, CP) tone & contracture management using a range of focused and generalized management strategies with consideration of functional implication, includes oral and intramuscular medication & casting options.</i></p>	<p>Provides a range of complex tone & movement management strategies including but not limited to: therapeutic, oral, intramuscular & intrathecal medication &/or neuro surgical options (e.g. rhizotomy).</p>
		Pain management	<p>Trials approaches to address pain & increase coping & functioning (e.g. positioning, functional movement, cognitive & behavioural strategies, thermal agents, medications) across all activities.</p> <p>Where children have been seen by specialist team, supports families to follow through with recommendations.</p> <p>Refers to T6 pain clinic when pain impacting function & comfort and cannot be managed at T3.</p>	<p>Pain management as can be addressed by services in the “designated areas of focus”.</p>	<p>Provides a range of complex pain management, support & therapeutic strategies including pharmacological, psychological (e.g. cognitive & behavioural strategies), therapies (activity modification, modalities, functional movement, pacing) that support resiliency and maximization of functioning, activity & participation.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
4	Inter-vention cont'd	Musculo-skeletal management	<p>For children with impairment of strength, range of motion, balance, coordination or asymmetry of posture (or potential for), goals related to positioning, equipment and function are incorporated into everyday routines and activities across the full 24 hours to maximize their health, well-being, activity and participation.</p> <p>Families/caregivers and child are trained in the principles and approach.</p> <p>For children with positioning and mobility needs refer to Appendix 3 for responsibilities.</p>	Same as T3. Management provided through services in the “designated areas of focus” (positioning & mobility Appendix 3)	Provides a range of complex musculoskeletal management strategies including but not limited to: therapies, medication, surgical or medical interventions, splinting, casting, orthoses or prostheses.
		Gait & motion management	<p>Provides therapy and/or home program to address limitations in range of motion, muscle strength, selective motor control, posture and balance with respect to activity and participation levels.</p> <p>Collaborates with community orthotists/prosthetists.</p> <p>Monitors adaptive equipment to maximize mobility at home, school and in the community.</p> <p>Refers to T6 gait lab when three-dimensional gait lab analysis is required.</p>	Same as T3. Management provided through services in the “designated areas of focus” (positioning & mobility Appendix 3).	Provides interpretations of three-dimensional gait lab analysis and recommendations to address functional mobility, orthotic/ prosthetic and/or surgical management. Consults and supports community therapists, orthopedic surgeons, orthotists, prosthetists, and physiatrists.

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
4	Inter-vention cont'd	Splinting, casting, orthotics & prosthetics	<p><i>Splinting:</i> Provides low-complexity splinting/casting to improve functional capacity in children whose needs can be addressed by commercially available options. May construct simple custom splints with support of T6 as required.</p> <p>Provides splinting/casting or other safe restraint methods (e.g. mitts) as appropriate for evidence-based interventions such as Constraint Induced Movement Therapy.</p> <p>Provides care plan to support splint use and educates child/caregivers/team in use of splints across environments.</p> <p>With splints provided from any tiers:</p> <ul style="list-style-type: none"> • Monitors for proper use (schedule, positioning) • Monitors for signs of pressure/ friction and skin breakdown • Monitors the impact of splinting on function at the body structure and function levels (ROM) and activity/participation levels <p>Is able to facilitate basic modifications to relieve pressure, improve positioning and accommodate growth.</p> <p><i>Orthotics:</i> Provides readily available commercial orthotics or refers to specialist orthotics services (private or public as available in community) for custom products.</p>	<p>Same as T3. Management provided through services in the “designated areas of focus” (positioning & mobility Appendix 3).</p> <p>Where volumes & regional specialists exist, may apply serial casting interventions.</p>	<p>Design, construction & provision of complex splints to improve functional status, immobilize/stabilize for pain & comfort. Includes consultation with subspecialist medical providers to support intervention i.e. plastics, orthopedic surgery, neurology, oncology.</p> <p>Provides care plan to support splint use and educates child/caregivers/team in use of splints across environments.</p> <p>Consults & supports T3 providers in construction of splints and development of care plans.</p> <p>Provides serial casting and bracing interventions (e.g. clubfoot).</p> <p>Recommends orthotics, prosthetics procured privately (e.g. ankle foot orthosis (AFO), standing, walking and sitting hip orthosis (SWASH)).</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
4	Inter-vention cont'd	Assistive products & technology	<p>Meets or supports/manages equipment/technology needs (including no tech-low tech) for a) treatment, and b) prescription, provision or adaptation of assistive products & technology for: personal use in daily living; indoor & outdoor mobility & transportation; communication; education; culture, recreation, & sport, when equipment/technology resources are readily available &/or low complexity &/or protocols are available.</p> <p>Refers to T5/T6 (see Appendix 4) when product & technology needs are moderately to highly complex &/or rapidly changing fields of technology i.e. special education technology; assistive & augmentative communication devices; &/or may require customization by specialist/subspecialist provider.</p> <p>Works with family & T5 or T6 teams on funding for assistive products & technology, &/or environmental modifications, &/or transportation.</p>	Same as T3 for “designated areas of focus” (see Appendix 4).	Same as T3 when product & technology needs are uncommon or highly complex &/or expensive technologies, &/or emerging technologies (may be part of research protocols) e.g. robotics; & most often require innovation &/or customization by subspecialist practitioner(s) (see Appendix 4).
5	Transition planning	Service transition planning	<p>Incorporates service transition planning into care planning, including but not limited to:</p> <ul style="list-style-type: none"> • Early intervention to school entry • From and between services (within and between tiers) • Child to adult services <p>When children & youth fall between age categories of service, there is consultation and planning to establish who will provide services and fill gaps in service.</p>	Same as T3. Contributes to transition planning in T3 by describing care requirements & role of T5 (if appropriate).	<p>Same as T3. Contributes to transition planning in T3 by describing care requirements & role of T6 (if appropriate).</p> <p>In circumstances of high complexity, T6 may lead the transition planning as required and agreed upon collaboratively with T3 team.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
5	Transition planning cont'd	Service transition planning cont'd	<p>Supports families in awareness, access, & applications for adult benefits and funding sources. (e.g. Services for transition of adults with developmental disabilities (STADD)).</p> <p>Whenever possible, facilitates planning &/or participates in meetings between family/caregivers, community teams and receiving teams to review status & goals and introduce child/youth & family.</p>		
		Lifespan transitions	<p>Assesses needs of children & youth related to life transitions & safety including:</p> <ul style="list-style-type: none"> • Healthy sexuality, puberty & reproductive health • Awareness of mental health & substance abuse issues • Planning for adult life e.g. entry into the work force or other productivity roles, life skills, independent living & housing. • Transportation & driving (where applicable) <p>Ensures access to community or education based services or refers to T6 services.</p>		<p>Provides provincial subspecialty services that address life transitions:</p> <ul style="list-style-type: none"> • Driver training • Sexual & reproductive health • Vocational training • Specialized alcohol & drug counselling for youth with physical impairments
6	Psycho-social support	Assessment & ongoing support	<p>Conducts initial psychosocial assessment & provides ongoing support for: 1) children & 2) families</p> <ul style="list-style-type: none"> • Children: Identifies when social/ emotional/ behavioural factors place a child at risk for mental health conditions that can interfere with development, function & well being • Families: Assesses and supports families in preparing to care for a child with special needs. 	<p>Same as T3 for children being followed by a subspecialized team in a "designated area of focus" (see Appendices 2-4).</p> <p>Provides regional developmental disabilities mental health services to children/youth & families (e.g. DDMH).</p>	<p>Same as T3 plus collaborates with T3, T5 & T6 providers throughout the province to plan for supporting the psychosocial/ emotional & psychological care of children/families with acute &/or complex conditions requiring habilitation.</p>

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
6	Psycho-social support	Social determinants /health equity	<p>Seeks to identify when psychosocial issues (e.g. lack of support/respite, caregiver mental & physical health, turmoil/violence, trauma) &/or social determinants (e.g. income or socioeconomic status, food insecurity, cultural safety (or lack thereof) are affecting child & family/caregivers.</p> <p>Considers these factors when setting goals & care plans & makes referrals to community resources when available (maintains or has access to a list of available resources).</p>	Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).	Same as T3. Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.
		Self & family management & resiliency	<p>Provides ongoing support & education. This includes supporting children & their families in understanding & preparing for diagnosis and functional issues, changes in lifestyle & effects on family & close relationships that may result.</p> <p>When needed, facilitates the development of positive coping strategies/resiliency & promotes and facilitates self/family management and advocacy. This may include working with families to access traditional ways and practices when appropriate.</p> <p>Supports access to positive parenting supports and resources (e.g. online materials and community courses) to assist families with building strong relationships, managing challenging behaviours, etc.</p>	Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).	<p>Same as T3 plus provides expertise for coping & resilience, grief & loss work. Recognizes & addresses the cumulative effect of multiple stressors including acute events, children’s chronic physical health & functional impairments, mental health of families & children.</p> <p>Provides time-limited clinical counselling specific to the current episode of care & issues related to assisting child/family with understanding and preparing for diagnosis and functional changes.</p>
6	Psycho-social support cont’d	Accessing resources	<p>Supports families in awareness, access & application for relevant benefits & funding.</p> <p>Provides assessment to determine eligibility for support services (e.g. extended medical benefits,</p>	<p>Same as T3 for children followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).</p> <p>Provides regional respite services to</p>	Same as T3 plus provides assessment/ diagnosis & consultation to determine eligibility for community services/resources (e.g. respite services) for children with complex mental or medical or specialized

			Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
			T3	T5	T6
			<p>respite services). For First Nations children & youth, staff is aware of Jordan’s principle and refer eligible children to Provincial Jordan’s principle consultants.</p> <p>Has a pathway or algorithm in place to refer appropriately to community based mental health, substance use & support services for children & families (e.g. CYMH, community mental health resources).</p> <p>Supports families in considering & planning for respite & care options for both short and long-term. Maintains or has access to a list of available resources for care or respite services.</p> <p>For children who are eligible for respite care, supports families in accessing & training respite care providers within community.</p>	<p>support children who have medium to high complex medical or habilitation service needs.</p>	<p>habilitation needs.</p> <p>Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.</p> <p>Facilitates access to out of home or in-home respite for children with high medical or habilitation complexity.</p>
7	Resources & relationships across service system	<p>Assists families to connect with general & subspecialized regional & provincial resources & cultural & community supports, including other families.</p> <p>Shares information & collaborates with providers both within and between tiers according to relevant privacy laws and policies.</p> <p>Works to build relationships with community supports to facilitate strong communication, referral & system efficiency within & between tiers of service.</p>	<p>Same as T3, in collaboration with T3 regarding community support & relationships for children being followed by a subspecialized team in “designated areas of focus” (see Appendix).</p>	<p>Same as T3, in collaboration with T3 regarding community support & relationships.</p>	

		Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
		T3	T5	T6
8	Monitoring	<p>Provides on-going monitoring: reassessment of development & function across domains, review of goals and care plans at regular intervals. Includes family health and well -being.</p> <p>Includes monitoring of red flag symptoms for children with identified developmental risk/impairment (e.g. hip surveillance).</p> <p>Monitoring includes the use of sensitive validated outcome measures (fixed item & individualized measures) to assess progress towards goals.</p> <p>Updates goals & care plans accordingly.</p> <p>Timely referral to/consultation with T5, T6 as needed.</p>	<p>Same as T3 as required (i.e. following a defined period of intervention, at critical points throughout lifespan such as school entry, puberty) &/or when requested as higher complexity issues arise in “designated areas of focus”.</p> <p>Updates goals & care plans accordingly.</p> <p>Timely referral to/consultation with T6 as needed.</p>	<p>Same as T5.</p> <p>In circumstances of very high complexity, T6 may lead the monitoring as required and agreed upon collaboratively with T3 team.</p>
9	Care coordination	<p>Provides care coordination support for children/families with greater levels of complexity, particularly when more than one provider or team provides service or community resources to ensure goals and care plans are congruent and manageable.</p> <p>Coordination is provided by a key contact in the team with consideration of family choice, expressed needs and collaborative input.</p> <p>Collaborates with T5 & T6 to ensure continuity of care and coordination across tiers of service.</p>	<p>Collaborates with T3 /T6 to ensure continuity of care.</p>	<p>Provides care coordination support for T6 interdisciplinary teams & subspecialists.</p> <p>Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.</p> <p>Collaborates with T3 /T5 to ensure continuity of care.</p> <p>In circumstances of high complexity, T6 may lead the care coordination as required and agreed upon collaboratively with T3 team.</p>

B. Requirements

	Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
	T3	T5	T6
Providers			
Therapists	<ul style="list-style-type: none"> PT assigned to service OT assigned to service SLP assigned to service <p>Therapists have general pediatric/development knowledge & skills.</p> <p><i>*Staff may work part-time depending on volumes</i></p>	<p>Pediatric subspecialists assigned to “designated areas of focus”:</p> <ul style="list-style-type: none"> Feeding & swallowing (Appendix 2) Positioning & mobility (Appendix 3) Assistive & augmentative technology (Appendix 4) <p>Skills are acquired & maintained through ongoing clinical experience & continuing education in designated areas of focus.</p>	<p>See Appendices 2-4 for designated areas of focus, plus, pediatric subspecialists assigned to broader service:</p> <ul style="list-style-type: none"> PT available days, M-F. OT available days M-F SLP available days M-F Rehabilitation Engineer available days M-F Rehabilitation Technician available days M-F Specialists in gait analysis (Engineer or kinesiologist) Recreation therapists M-F Therapist trained in aquatic therapy M-F <p>Therapists have pediatric/development knowledge & skills and demonstrated special interest, knowledge & skills in the complex subspecialized habilitation service area.</p> <p>Skills are acquired & maintained through ongoing clinical experience & continuing education.</p>
Dietitians	<p>Access to HealthLinkBC pediatric dietitian (by phone & e-mail).</p> <p>Phone access to T5/T6 pediatric dietitian as needed for management of children with higher complexity.</p>	<p>See Appendices 2-4 for “designated areas of focus”.</p>	<p>Pediatric dietitian(s) assigned to service (center-based) & available days M-F.</p>

	Child-Focused Development & Habilitation Service T3	Child Development & Habilitation Regional Subspecialty Service T5	Child Development & Habilitation Provincial Subspecialty Service T6
Providers cont'd			
Psychosocial health professionals	<p>Access to community social worker or clinical counsellor with knowledge of children & youth community supports.</p> <p>Access to community registered clinical psychologists for assessment, diagnosis and treatment of mental health conditions (e.g. CYMH).</p> <p>Access to community based counselling psychologists for support related to mental health conditions for families and youth (e.g. CYMH).</p>	<p>Same as T3 plus:</p> <p>Registered Clinical Psychologist assigned to consult to service in designated area of focus available day M-F.</p> <p>Certified clinical counsellor or social worker assigned to consult to service(s).</p>	<p>Same as T3 plus:</p> <p>Pediatric subspecialists assigned to service:</p> <ul style="list-style-type: none"> • Social worker available days, M-F. • Registered Clinical Psychologist(s) & neuropsychologist(s), available days, M-F. • Indigenous Patient Liaison available on request <p>Have demonstrated special interest, knowledge & skills in the complex subspecialized habilitation service area.</p>
Cognition & learning professionals	<p>Registered clinical psychologists and school psychologists as available through the school system.</p> <p>Integration support educators e.g. teacher's assistants based on Individualized education plans.</p>	<p>Registered Clinical Psychologist assigned to consult to service in designated area of focus available day M-F.</p>	<p>Clinical and Neuro-psychologists available days, M-F</p> <p>Have demonstrated special interest, knowledge & skills in the complex subspecialized habilitation service area e.g. performing motor-free learning and cognitive assessments.</p>
Registered nurses	<p>Uses established referral pathways to public health or primary care nursing.</p> <p>Phone access to T5/T6 as needed for management of children with higher complexity.</p>	<p>See Appendices 2-4:</p> <p>NSS RN assigned to service to support to T3 providers & conduct assessment.</p>	<p>RN assigned to service. RN has pediatric and CDH&R skills and practice is exclusively with children.</p> <p>Have demonstrated special interest, knowledge & skills in the complex subspecialized habilitation service area.</p> <p>Nursing Support Services RN assigned to service for in-home service.</p>

	Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Child Development & Habilitation Provincial Subspecialty Service
	T3	T5	T6
Providers cont'd			
Physicians	<p>Medical care is led by a family physician, nurse practitioner or pediatrician.</p> <p>Pediatricians are involved in diagnostic screening or assessment.</p>	<p>See Appendix 2 - 4.</p> <p>Developmental pediatrician who supports “designated areas of focus” (Appendices 2-4) and performs diagnostic screening and assessment of children with greater complexity and supports health and developmental management strategies in collaboration with the team.</p>	<p>Pediatric subspecialist physicians working as part of an interdisciplinary team assigned to service areas and available days M-F. Includes:</p> <ul style="list-style-type: none"> • Developmental pediatrician • Pediatric neurologist • Pediatric orthopedic surgeon <p>CDH&R knowledge & skills acquired through a fellowship or extensive clinical experience in the specified area.</p> <p>CDH&R knowledge & skills maintained through ongoing clinical experience & continuing medical education (CME), of which at least 20% of CME credits focus on CDH&R knowledge & skills.</p> <p>The full range of pediatric physician subspecialists is available.</p>

	Child-Focused Development & Habilitation Service	Child Development & Habilitation Regional Subspecialty Service	Children's Provincial Subspecialty Development & Habilitation Service
	T3	T5	T6
Facilities			
Clinic space & infrastructure	<p>Clinic-based service space and infrastructure will strive to include:</p> <ul style="list-style-type: none"> • Developmentally-appropriate spaces & infrastructure to promote play. • Environmental accessibility for children of a range of size & functioning e.g. accessible washrooms, change tables, low friction flooring for mobility. • Lifts, height-adjusting plinths & privacy screens for assessment & treatment • Within community, a process to access equipment to weigh & measure children & youth with impairments (e.g. wheelchair accessible scales) • Storage space for equipment, products, technology & other supplies <p>Reliable access to outpatient space(s) with two-way videoconferencing for patient care purposes.</p>	<p>Regional center or space with features same as T3, plus:</p> <ul style="list-style-type: none"> • Equipment lending bank available for regional providers to use in assessment, intervention & trial. • Access to an in-house or proximal regional centre with family friendly waiting space & supplies to facilitate long appointments. <p>Outpatient space(s) is virtual care enabled (to offer and receive outreach services).</p>	<p>Same as T5 plus:</p> <ul style="list-style-type: none"> • On-site Pediatric Gait Lab. • On-site hydrotherapy pool. <p>Outpatient space is used exclusively by children.</p> <p>Outpatient space(s) is virtual care enabled (to receive/provide outreach services).</p>
Workshop for assistive products & technology		Designated workshop available for design, adaptation & building of assistive & augmentative products & technology.	<p>Same as T5 plus:</p> <ul style="list-style-type: none"> • Digitized manufacturing equipment available for clinical service. e.g., 3D printer, CAD CAM • Highly complex or expensive or experimental technologies available for assessment, intervention & trial (with appropriate storage space). • Access to a large range of materials for construction of assistive products & technology
Volumes per year			
Minimum volumes			

3.1.1.2 Inpatient/Day Patient Services

A. Responsibilities

* T3 & T5 columns not included as they do not apply to inpatient/day patient services

Child Development & Habilitation Provincial Subspecialty Service	
T6	
Service reach	Province.
Service focus	<p>Children/families with primary neuromotor impairment & (1) uncommon &/or high medical/mental health complexity; & (2) complex specialized habilitation services needs (Appendix 1).</p> <p>Inpatient care considered when geography/proximity prohibits child/family from receiving intensity of service as an outpatient, &/or when child has high risk/safety concerns e.g. high risk transitioning from feeding tubes to oral intake; trial with robotic mobility device for child with high medical complexity; trial of complex communication devices.</p>
Functional assessment	<p>Provides assessment of function in keeping with purpose of admission. Identifies concerns or impairment at the body structure, function, activity and participation levels, as well as relevant environmental factors.</p> <p>Assessment applies validated outcome measures when available. Assessment may include contextually-relevant observation, interviewing and fixed item measures (scales of functioning &/or standardized assessments).</p>
Goal setting/ care planning	<p>Goal setting is completed with family & child & care team (including T3 +/-T5 +/- T6 teams where appropriate) to establish functional, meaningful & developmentally appropriate time-bound habilitation goals, being inclusive of context/environment & stage of development.</p> <p>Uses individualized outcome measures (e.g. COPM, GAS) to ensure goals are measurable whenever possible.</p> <p>Goals aimed at supporting child/family to achieve highest potential at the activity & participation levels of functioning in home, school & community.</p> <p>Partners with child, family & care team (see glossary) to establish a clear, comprehensive care plan linked to identified goals with a timeline for review/revision.</p> <p>Makes care plans available to stakeholders within and across tiers to ensure communication & consistency.</p>
Intervention	<p>Provides blocks of high dose (intensity/frequency) inpatient/ day patient habilitation intervention to promote functional change for children whose geography/proximity &/or risk/ safety concerns prohibit receipt of services as an outpatient.</p> <p>Services are provided by interdisciplinary teams in a provincial center designated for pediatric care.</p> <p>Provides medical (including subspecialist support) & nursing support 24 hours/7 days per week.</p>

Child Development & Habilitation Provincial Subspecialty Service	
T6	
Psychosocial	<p>As per medical module:</p> <ul style="list-style-type: none"> • Provides time-limited clinical counselling specific to the current episode of care & issues related to assisting child/family with understanding and preparing for diagnosis and functional changes. • Undertakes targeted interventions to reduce fear, pain &/or anxiety related to a child’s diagnosis, hospitalization, treatment or procedure. May be group or 1:1. • Provides psychosocial support to families/children impacted by barriers (e.g. economic or food insecurity, etc.). • Supports families who must travel to receive care e.g. accommodation. • Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support. • Supports families in awareness, access & application for relevant benefits and funding. For First Nations children & youth, staff is aware of Jordan’s principle and refer eligible children to Provincial Jordan’s principle consultants.
Resources & relationships across service system	<p>Assists families to connect with general & subspecialized regional & provincial resources, cultural & community supports, including other families as appropriate.</p> <p>Shares information with providers both within and between tiers according to relevant privacy laws and policies.</p> <p>Works to build relationships with T3 & community supports to facilitate strong communication, referral & system efficiency within & between tiers of service.</p>
Community reintegration/ Transition planning	<p>Facilitates transition to T3 habilitation services when child has completed T6 intervention.</p> <p>May include collaborative intervention during transition phase.</p> <p>Includes collaborating with T3 to develop on-going goals/care plans that describe care requirements, roles of T5 (if appropriate), & red-flag symptoms that warrant re-referral.</p>
Environment	<p>Works in collaboration with T3 to ensure child & family receive a home & community safety & accessibility assessment for children returning home with changed function or equipment post T6 intervention.</p> <p>In collaboration with child, family and T3 community care team (see glossary), recommends modifications to the child’s environment to promote accessibility & remove barriers.</p> <p>Provides consultation to children/ families & child-focused community resources (schools, daycares, etc.) to facilitate child re-integration.</p>

Child Development & Habilitation Provincial Subspecialty Service	
T6	
Assistive products & technology	Assumes responsibility for equipment coordination, prescription and will work with T3 team as needed, for example: for complex equipment, T6 prescribes, orders, builds, adjusts & fits. Coordinates with T3 therapist for equipment that can be accessed locally i.e. through loan cupboards, etc.
Monitoring	Monitoring includes the use of sensitive validated outcome measures (fixed item & individualized measures) to assess health, functional status and progress towards goals. Updates care plans as required. After discharge, provides review/management of child's needs as required/requested by T3 as higher complexity issues arise. May provide additional episodes of habilitation care over time as needed.
Care coordination	Collaborates with T3 & T5 & other T6 subspecialist teams to ensure continuity of care. Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.

B. Requirements

Child Development & Habilitation Provincial Subspecialty Service	
T6	
Providers	
Developmental pediatrician	Developmental pediatrician or designate (e.g., resident) available 24/7 x 365 (on-site or on-call).
Other pediatric MD subspecialists	Full range of pediatric specialty/subspecialty MDs available 24/7 x 365 for consultation (on-site or on-call, as appropriate). Child & Youth Psychiatrist on-call 24/7 x 365.
Therapists	<p>Pediatric subspecialists assigned to service:</p> <ul style="list-style-type: none"> • PT available days, M-F • OT available days M-F • SLP available days M-F • Rehabilitation engineer available days M-F • Rehabilitation Technician available days M-F • Recreation therapist available days M-F • Therapist trained in aquatic therapy available days M-F <p>Therapists have demonstrated special interest, knowledge & skills in the complex subspecialized CDH&R service area.</p> <p>Skills are acquired & maintained through ongoing clinical experience & continuing education.</p>
Registered nurses	<p>Pediatric RNs available 24/7. RNs have pediatric and CDH&R skills & practice exclusively with children.</p> <p>RNs have completed Pediatric Foundational Competency e-learning course, ENPC, PALS &/or other appropriate pediatric specialty education.</p> <p>Formalized pediatric CDH&R orientation & ongoing education available.</p> <p>Pediatric CDH&R educator(s) assigned to pediatric unit(s).</p>

Providers cont'd	
Psychosocial professionals	<p>Pediatric subspecialists assigned to service:</p> <ul style="list-style-type: none"> • Social worker available days, M-F. • Clinical Psychologist(s) & neuropsychologist, available days, M-F. • Child life specialist(s) available extended hours, 7 days/wk. • Music therapist available days, M-F. <p>Professionals have demonstrated special interest, knowledge & skills in the complex subspecialized CDH&R service area.</p> <p>Indigenous patient liaison- available on request</p> <p>Spiritual care practitioner(s) on-call 24/7 x 365.</p> <p>Volunteer program available that provides services to children/families.</p>
Education professionals	Teacher available days M-F.
Other health professionals	<p>Pediatric specialists:</p> <ul style="list-style-type: none"> • RT available 24/7 x 365. • Dietitian available days, M-F. • Clinical pharmacy specialist(s) in pediatrics available on-site days, M-F. Pharmacist(s) with pediatric expertise available on-call outside these hours.

Child Development & Habilitation Provincial Subspecialty Service	
T6	
Facilities	
Clinic space & infrastructure:	<p>As per medical module, dedicated pediatric inpatient resources/ teaching units, grouped by specialty/ subspecialty plus units include:</p> <ul style="list-style-type: none"> • Rooms with space for family to stay/ “room in” with child. • Developmentally- appropriate spaces & infrastructure to promote play. • Dedicated space for family use. • Environmental accessibility for children of a range of size & functioning e.g. accessible washrooms, change tables, low friction flooring for mobility. • Lifts, height-adjusting plinths & privacy screens for assessment & treatment • Equipment to weigh & measure children & youth with impairments (e.g. wheelchair accessible scales) • Equipment to support training of ambulation, mobility, strength & fitness e.g. parallel bars • Storage space for assistive & augmentative products & technology AND positioning & mobility equipment <p>Dedicated space & infrastructure for pediatric recreation/leisure activities & participation therapy programs.</p> <p>Dedicated space & infrastructure for pediatric academic education.</p> <p>Dedicated hydrotherapy pool.</p>
Workshop	Designated workshop for design & build of assistive & augmentative products & technology -includes provincial one of a kind, highly complex &/or expensive &/or emerging technologies.

3.1.2 Children’s Rehabilitation Services

3.1.2.1 Outpatient/Community-Based Services

A. Responsibilities

		Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
Service reach		Multiple local health areas/health service delivery area.	Health authority.	Province.
Service focus		Children/ families with primary neuromotor impairment & (1) low to medium medical /mental health complexity (or higher complexity with sufficient stability to be community based); &/or (2) general rehabilitation service complexity (Appendix 1) post event, surgery or intervention.	Children/families with primary neuromotor impairment & (1) medium to high medical /mental health complexity; &/or (2) specialized rehabilitation service complexity (Appendix 1) post event, surgery or intervention. Services focus on “designated areas”: feeding & swallowing, assistive & augmentative technology, positioning & mobility (Appendices 2-4).	Children/families with primary neuromotor impairment & (1) uncommon &/or high medical/mental health complexity; & (2) complex specialized rehabilitation services needs (Appendix 1) post event, surgery or intervention.
1	Functional assessment	<p>Provides assessment of function impacted by (or potentially impacted) by acquired condition or post-event, surgery or intervention (e.g. post Botox). Identifies concerns or impairment at the body structure, function, activity and participation levels, as well as relevant environmental factors.</p> <p>Assessment applies validated outcome measures when available. Assessment may include contextually-relevant observation, interviewing and fixed item measures (scales of functioning &/or standardized assessments).</p>	Provides assessment in designated areas of focus: feeding & swallowing, assistive & augmentative technology, positioning & mobility (Appendices 2-4) as required to support rehabilitation.	Same as T3, when sub-specialist interdisciplinary teams are required. Service focused on consultation/assessment as needed to support T3 rehabilitation (goal setting, care planning). May include review/repeat assessment, particularly for changes/ increasing complexity that may arise during the post-acute phase.

		Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
2	Goal setting/ care planning	<p>In conjunction with T6, goal setting is completed with family & child & care team (including T3 +/-T5 +/- T6 teams where appropriate) to establish functional, meaningful & developmentally appropriate time-bound rehabilitation goals inclusive of context/environment & stage of recovery. Where applicable, may include goals focused on pre-surgical preparation of child/family and broad environment.</p> <p>Uses individualized outcome measures (e.g. COPM, GAS) to ensure goals are measurable whenever possible.</p> <p>Goals aimed at supporting child/family to restore highest potential at the activity & participation levels of functioning in home, school & community.</p> <p>Partners with child, family & care team (see glossary) to establish a clear, comprehensive care plan linked to identified goals with a timeline for review/revision OR carries out care plans established at T6 OR in conjunction with T6 in the post- acute phase.</p> <p>Makes care plans available to stakeholders within and across tiers to ensure communication & consistency.</p>	<p>Contributes to goal & care planning initiated in T6 or T3 by adding input of designated areas of focus (feeding & swallowing, assistive & augmentative technology, positioning & mobility).</p>	<p>Same as T3 when goals & care planning pertains to complex subspecialized rehabilitation service needs, care requirements and roles.</p> <p>Provides goals & care plans for the post-acute phase, and supports safe transition to T3 rehabilitation/habilitation services where appropriate. Plans should include red-flag symptoms that warrant re-referral/consultation.</p> <p>Consults with T3 to revise goals & care plans when/if changes/ increasing complexity arise during the post-acute phase.</p>

		Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
3	Interventions	<p>In collaboration with T5/T6 where required, provides pediatric rehabilitation intervention with timing & intensity tailored to phase of recovery. Intervenes through a number of tailored modes of service delivery including education, consultation, coaching, group-based & direct therapy and provision of home programs (jointly designed for child /caregiver /families to carry out).</p> <p>CDH&R providers strive to apply the best evidence informed treatment approach (i.e. in accordance with current rehabilitation evidence, guidelines, protocols, etc.) in a timely manner, at a dose (level of intensity/frequency) that is based on phase of recovery, evidence & measurement of outcomes. Intervention may be episodic, short or longer-term, depending on need & is provided in the environment most appropriate for goal attainment i.e. meaningfully embeds intervention in daily life, culture & environment.</p> <p>Focuses on the restoration of health & function & (re)integration into community habilitation services as outlined above (if needed).</p> <p>Interventions are trauma-informed and promote cultural safety. Has a process in place to access indigenous knowledge/traditional wellness practices as part of therapeutic intervention and offers this engagement to children/families.</p> <p>Timely referral to/consultation with T5/T6 as needed, particularly for changes/ increasing complexity that may arise during the post-acute phase.</p>	<p>Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).</p>	<p>For children with complex subspecialized rehabilitation service needs (i.e. during the acute phase, or post-acute periods of change), may provide a short-term outpatient service to promote recovery &/or prevent adverse outcomes. When intervention occurs at T6, clear plans are made to transition children back to T3.</p> <p>T6 may continue to lead community –based intervention or care planning (may include periods of co-treatment and co-monitoring) as required and agreed upon collaboratively with T3 with clearly defined roles and expectations of all parties and a focus on skill or knowledge enhancement of T3 related to the unique needs of the child.</p> <p>Facilitates transition to T3 re/habilitation when child no longer requires specialized rehabilitation service by subspecialist providers OR when needs can be met by T3. May include consultation with T3 as child’s condition changes during the post-acute phase.</p> <p>May include repeat dose of rehabilitation, when changes/ increasing complexity arise during the post-acute phase. <i>High dose (intensity/frequency) outpatient rehabilitation is considered (vs. inpatient rehabilitation) when geography/proximity allows child/family to receive intensity of service as an outpatient, when child has lower risk/safety concerns & care needs can be managed by the family.</i></p> <p>Provides provincial outreach services (on site & through technology) to collaborate with & support T3 service providers; particularly with uncommon or high complexity children and/or to provide subspecialized knowledge/ expertise.</p>

		Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service	
		T3	T5	T6	
4	Transition planning	<p>Incorporates transition planning into care planning, including:</p> <ul style="list-style-type: none"> • From and between services (e.g. rehabilitation to habilitation services; within and between tiers) • Early intervention to school entry • Child to adult services <p>When children & youth fall between age categories of service, there is consultation and planning to establish who will provide services and fill gaps in service.</p>	Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).	Same as T3 plus in collaboration with T3 providers describes requirements & role of T6 (if appropriate).	
5	Psycho-social support	Assessment & ongoing support	<p>Conducts initial psychosocial assessment post-event, surgery or intervention for: 1) children & 2) families</p> <ul style="list-style-type: none"> • Children: Identifies when social/ emotional/ behavioural factors place a child at risk for mental health conditions that can interfere with development, function & well being • Families: Assessing and supporting families in understanding & preparing to care for a child either with a new diagnosis/functional strengths & challenges or changes to functional status post-event, surgery or intervention. 	Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).	<p>Same as T3 plus:</p> <p>Collaborates with T3, T5 & T6 providers throughout the province to plan for supporting the psychosocial/ emotional & psychological care of children/families with acute &/or complex conditions requiring rehabilitation.</p>

			Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
			T3	T5	T6
5	Psycho-social support	Social determinants/ health equity	<p>Seeks to identify when psychosocial issues (e.g. lack of support/respite, caregiver mental & physical health, turmoil/violence, trauma) &/or social determinants (e.g. income or socioeconomic status, food insecurity, cultural safety (or lack thereof) are affecting child & family/caregivers post-event, surgery or intervention.</p> <p>Considers these factors when setting rehabilitation goals & care plans & makes referrals to community resources when available (maintains or has access to a list of available resources).</p>	Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).	Same as T3
		Self & family management & resiliency	<p>Provides psychosocial support & education to assist child/ family understanding of impairment post-event, surgery or intervention.</p> <p>When needed, assists with the development of positive coping strategies/resiliency & promotes and facilitates self/family management and advocacy post-event, surgery or intervention. This may include working with families to access traditional ways and practices when appropriate.</p>	Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).	<p>Same as T3 plus provides expertise for coping & resilience, grief & loss work. Recognizes & addresses the cumulative effect of multiple stressors including acute events, changes to children’s physical health & functional impairments, mental health of families & children post-event, surgery or intervention.</p> <p>Provides time-limited clinical counselling specific to the current episode of care & issues related to assisting child/family with understanding and preparing for diagnosis and functional changes.</p>

			Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
			T3	T5	T6
	Accessing resources	<p>Supports families in awareness, access & application for relevant benefits & funding.</p> <p>Provides assessment to determine eligibility for support services (e.g. extended medical benefits, respite services) post-event, surgery or intervention. For First Nations children & youth, staff are aware of Jordan’s principle and refer eligible children to Provincial Jordan’s principle consultants.</p> <p>Has a pathway or algorithm in place to refer appropriately to community based mental health, substance use & support services for children & families (e.g., CYMH, community mental health resources).</p>	<p>Same as T3 for children being followed by a subspecialized team in a “designated area of focus” (see Appendices 2-4).</p> <p>Self-identified indigenous families are made aware of the Aboriginal patient Liaisons/Navigators so they may choose to access support.</p>	<p>Same as T3</p> <p>Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.</p>	
6	Resources & relationships across service system.	<p>Assists families to connect with general & subspecialized regional & provincial resources & cultural & community supports, including other families.</p> <p>Shares information with & collaborates with providers both within and between tiers according to relevant privacy laws and policies. Works to build relationships with community supports to facilitate strong communication, referral & system efficiency within & between tiers of service.</p>	<p>Same as T3, in collaboration with T3 regarding community support & relationships.</p>	<p>Same as T3, in collaboration with T3 regarding community support & relationships.</p>	

		Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
7	Environment	<p>Assesses home & community safety & accessibility assessment for children returning home with changed function or equipment post event, surgery or intervention. May occur pre-surgery or intervention for planned admissions.</p> <p>In collaboration with child, family and community care team (see glossary), recommends modifications to the child's environment to promote accessibility & remove barriers.</p> <p>Provides consultation to children/ families & child-focused community resources (schools, daycares, etc.) to facilitate child re-integration.</p>	Same as T3 for children followed by T5 team in a designated area of focus.	Same as T3 when modifications require complex subspecialized rehabilitation services.
8	Monitoring	<p>Provides on-going monitoring: regular reassessment of functional status & goal attainment, child & family health and well-being. Updates goals/care plans & communicates with collaborating T6 teams.</p> <p>Includes monitoring of red flag symptoms i.e., un-resolving or worsening functional issues or health issues.</p> <p>Monitoring includes the use of sensitive validated outcome measures (fixed item & individualized measures) to assess progress towards goals.</p> <p>Timely referral to/consultation with T5, T6 as needed.</p>	Same as T3 for children followed by T5 team in a designated area of focus.	<p>Same as T3 for children who require complex subspecialized rehabilitation services. Following discharge, provides follow-up review of child's needs as required/requested (e.g. worsening symptoms, lack of functional gains) as higher complexity issues arise. Updates goals/care plans accordingly.</p> <p>In circumstances of very high complexity, T6 may lead monitoring.</p>

		Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
9	Care coordination	<p>Provides care coordination support for children/ families with greater levels of complexity, particularly more than one provider or team provides service to ensure goals and care plans are congruent and manageable.</p> <p>When possible, coordination provided by a key contact in the team with consideration of family choice, expressed needs and collaborative input.</p> <p>Provides assistance with navigation of funding.</p> <p>Collaborates with T5 +or - T6 to ensure continuity of care.</p>	<p>Collaborates with T3 +/- T6 to ensure continuity of care for children followed by T5 team in a designated area of focus.</p>	<p>Provides coordination support for T6 interdisciplinary teams & subspecialists.</p> <p>Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.</p> <p>Collaborates with T3 &T5 to ensure continuity of care.</p> <p>In circumstances of very high complexity, T6 may lead the care coordination as required and agreed upon collaboratively with T3 team.</p>

B. Requirements

	Child-Focused Rehabilitation Service T3	Child Rehabilitation Regional Subspecialty Service T5	Child Rehabilitation Provincial Subspecialty Service T6
Providers			
Therapists	<p>Therapists accessed on a case-by-case basis:</p> <ul style="list-style-type: none"> PT OT SLP <p>Therapists have appropriate training & experience in:</p> <ol style="list-style-type: none"> Pediatric rehabilitation Pediatric habilitation OR rehabilitation of neuromotor conditions <p>Refers to specialist orthotics services (private or public as available in community) for custom products</p>	<p>Same as Appendices 2-4.</p> <ul style="list-style-type: none"> Assistive & augmentative products & technology Feeding & swallowing Positioning & mobility 	<p>Pediatric subspecialists assigned to service:</p> <ul style="list-style-type: none"> PT available days, M-F. OT available days M-F SLP available days M-F Rehabilitation Engineer available days M-F Rehabilitation Technician available days M-F Recreation therapists M-F Therapist trained in aquatic therapy M-F <p>Therapists have pediatric/development knowledge & skills and demonstrated special interest, knowledge & skills in the complex subspecialized CDH&R service area & rehabilitation.</p> <p>Skills are acquired & maintained through ongoing clinical experience & continuing education.</p> <p>Refers to specialist orthotics services (private or public as available in community) for custom products</p>
Psychosocial health professionals	<p>Access to community social worker or clinical counsellor with knowledge of children & youth community supports.</p>		<p>Same as T3 plus:</p> <p>Pediatric subspecialists assigned to service:</p> <ul style="list-style-type: none"> Social worker available days, M-F. Psychologist(s) & neuropsychologist(s), available days, M-F. Indigenous Patient Liaison available on request <p>Have pediatric/development knowledge & skills and demonstrated special interest, knowledge & skills in the complex subspecialized CDH&R service area(s).</p>

	Child-Focused Rehabilitation Service	Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Registered nurses	<p>Uses established referral pathways to public health or primary care nursing.</p> <p>Phone access to T5/T6 as needed for management of children with higher complexity.</p>		<p>RN assigned to service. RN has pediatric and (re)habilitation skills and practice is exclusively with children.</p> <p>NSS RN assigned to service for in-home service.</p>
Physicians	<p>Medical care is led by a family physician, nurse practitioner or pediatrician.</p> <p>Pediatricians involved in management of more complex children.</p>		<p>Medical care is led by a developmental pediatrician or relevant subspecialist e.g. surgeon, neurologist.</p> <p>The full range of pediatric physician subspecialists is available locally.</p>
Facilities			
Clinic space & infrastructure	<p>Clinic-based service space and infrastructure will strive to include:</p> <ul style="list-style-type: none"> • Developmentally-appropriate spaces & infrastructure to promote play. • Environmental accessibility for children of a range of size & functioning e.g. accessible washrooms, change tables, low friction flooring for mobility. • Lifts, height-adjusting plinths & privacy screens for assessment & treatment • Within community, a process to access equipment to weigh & measure children & youth with impairments (e.g. wheelchair accessible scales) • Equipment to support training of ambulation, mobility, strength & fitness e.g. parallel bars. • Storage space for equipment, products & technology & other supplies. <p>Reliable access to outpatient space(s) with virtual care options for patient care purposes.</p>		<p>Same as T5 plus:</p> <ul style="list-style-type: none"> • On-site Pediatric Gait Lab. • On-site hydrotherapy pool <p>Outpatient space is used exclusively by children.</p> <p>Outpatient space(s) virtual care enabled (to receive/provide outreach services for patient care purposes).</p>
Volumes per year			

3.1.2.2 Inpatient/Day Patient Services

A. Responsibilities

**T3 Column not included as it does not apply to inpatient/day patient services*

		Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T5	T6
Service reach		Health Authority	Provincial
Service focus		<p>Provides acute rehabilitation assessment, intervention services & psychosocial support to hospitalized children with neuromotor impairment / families post pediatric subspecialty surgery. Reintegrates to T3 rehabilitation or habilitation community services, as required.</p> <p>Services provided through a regional center by a trans or interdisciplinary team.</p>	<p>Provides acute rehabilitation assessment & intervention services & psychosocial support to hospitalized children / families with acquired neuromotor conditions or children with congenital/developmental neuromotor conditions post-event, surgery or intervention. Reintegrates & supports T3 rehabilitation or habilitation outpatient services as required.</p> <p>Services provided through a provincial rehabilitation center by subspecialty interdisciplinary team(s).</p>
1	Functional assessment	<p>Provides assessment of function impacted by (or potentially impacted) surgery. Identifies concerns or impairment at the body structure, function, activity and participation levels, as well as relevant environmental factors.</p> <p>Assessment applies validated outcome measures when available. Assessment may include observation, interviewing and fixed item measures (scales of functioning &/or standardized assessments).</p>	<p>Provides assessment of function impacted by (or potentially impacted) by acquired condition or post-event, surgery or intervention. Identifies concerns or impairment at the body structure, function, activity and participation levels, as well as relevant environmental factors.</p> <p>Assessment applies validated outcome measures when available. Assessment may include observation, interviewing and fixed item measures (scales of functioning &/or standardized assessments).</p>
2	Goal setting/care planning	<p>Goal setting is completed with family & child & care team (including T3 +/-T5 +/-T6 teams where appropriate) to establish functional, meaningful & developmentally appropriate time-bound rehabilitation goals, being inclusive of context/environment & stage of recovery (acute or post-acute).</p> <p>Uses individualized outcome measures (e.g. COPM, GAS) to ensure goals are measurable whenever possible.</p> <p>Goals aimed at supporting child/family to achieve/restore highest potential at the activity & participation levels of functioning in home, school & community.</p>	Same as T5

		Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T5	T6
2	Goal setting/care planning cont'd	<p>Goal setting is completed with child, family & care team (see glossary) to establish a clear, comprehensive care plan linked to identified goals with a timeline for review/revision.</p> <p>Makes care plans available to stakeholders within and across tiers to ensure communication & consistency.</p> <p>Care plan also includes transition planning e.g. between tiers or services areas (e.g. to T3 re/habilitation services) post-event, surgery or intervention.</p>	
3	Intervention	<p>Provides timely and time-limited, goal-focused, developmentally-tailored rehabilitation services post-surgical patients.</p> <p>Care is focused on the restoration of health & functional capacity & re-integration into community and/or T3 services.</p> <p>Addresses impairments at the body structure & function level to promote the restoration of activity and participation. May include, addressing mobility (e.g. ROM, strengthening, positioning), pain management, splinting, casting, equipment, bone and skin integrity.</p> <p>Refers to T5/T6 subspecialized team(s) in designated area of focus (e.g. feeding & swallowing, positioning & mobility, assistive & augmentative technology,) as required.</p> <p>Interventions are trauma-informed and promote cultural safety. Has a process in place to access indigenous knowledge/traditional wellness practices as part of therapeutic intervention and offers this engagement to children/families.</p> <p>Services are provided by interdisciplinary teams in regional beds or units designated for pediatric care.</p> <p>Provides medical & nursing support 24 hours/7 days per week.</p> <p>Timely referral to/consultation with T6 as needed.</p>	<p><i>Hyper acute rehabilitation:</i> For children with high medical complexity, provides rehabilitation care e.g. positioning, communication, while acute care (medical, surgical & trauma) needs are the focus of services e.g. child post TBI in ICU requiring positioning to prevent contractures.</p> <p><i>Post-acute rehabilitation:</i> Same functions as T5 provided in provincial pediatric rehabilitation center with access to pediatric sub-specialist medical support & sub-specialist inter disciplinary rehabilitation teams. Provides care to children requiring highest intensity (i.e. dose, volume, duration, frequency) of service.</p> <p>Provides pediatric recreation/leisure & participation therapy programs.</p> <p>Provides academic/educational programs for children during their inpatient stay.</p> <p>Services are provided by interdisciplinary teams in a provincial center designated for pediatric care.</p> <p>Provides medical (including subspecialist support) & nursing support 24 hours/7 days per week.</p>

		Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T5	T6
4	Psychosocial	<p>As per medical module:</p> <ul style="list-style-type: none"> • Provides limited counselling for children/families with relatively common, medium acuity/complexity rehabilitation service needs and medical/mental health conditions & routine psychosocial/emotional needs. • Undertakes targeted interventions to reduce fear, pain &/or anxiety related to a child's diagnosis, hospitalization, treatment or procedure. May be group or 1:1. • Provides psychosocial support to families/children impacted by barriers (e.g. economic or food insecurity, etc.). • Supports families who must travel to receive care e.g. accommodation. • Supports families in awareness, access & application for relevant benefits and funding. For First Nations children & youth, staff is aware of Jordan's principle and refer eligible children to Provincial Jordan's principle consultants. 	<p>Conducts psychosocial assessment of children & their families.</p> <p>Provides subspecialized counselling & education for children/families with the most acute/complex conditions & complicating psychosocial/ emotional needs to promote child/family awareness of functional strengths & challenges & self/family management; includes supporting children & their families in understanding & preparing for the new diagnosis, functional strengths & challenges, changes in lifestyle & impacts on family & close relationships that result. Facilitates the development of positive coping strategies as needed.</p> <p>Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support.</p> <p>Provides psychosocial support functions same as T5 but children may have greater rehabilitation service needs or medical/mental health complexity &/or more complex psychosocial situations.</p>
5	Resources & relationships across service system	<p>Assists families to connect with general & subspecialized regional & provincial resources & cultural & community supports, including other families as appropriate.</p> <p>Shares information with providers both within and between tiers according to relevant privacy laws and policies.</p> <p>Works to build relationships with T3 & community supports to facilitate strong communication, referral & system efficiency within & between tiers of service.</p>	Same as T5

		Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T5	T6
6	Community re-integration/ Transition planning	<p>Facilitates transition to T3 rehabilitation/habilitation services when child is medically stable.</p> <p>May include collaborative intervention during transition phase.</p> <p>Includes collaborating with T3 to develop on-going goals/care plans that describe care requirements, roles of T5 (if appropriate), & red-flag symptoms that warrant re-referral.</p> <p>When children & youth fall between age categories of service, there is consultation and planning to establish who will provide services and fill gaps in service.</p>	Same as T5.
7	Environment	<p>Works in collaboration with T3 to ensure child & family receive a home & community safety & accessibility assessment for children returning home with changed function or equipment post event, surgery or intervention.</p> <p>In collaboration with child, family and T3 community care team (see glossary), recommends modifications to the child's environment to promote accessibility & remove barriers.</p> <p>Provides consultation to children/ families & child-focused community resources (schools, daycares, etc.) to facilitate child re-integration.</p>	Same as T5
8	Assistive products & technology	<p>Assumes responsibility for equipment coordination (prescribe, order, build, adjust & fit) and/or works with T3 team as needed. May involve referral to positioning and mobility team if required at T5 or T6 depending on complexity.</p> <p>Coordinates with T3 therapist for equipment that can be accessed locally i.e. through loan cupboards, etc.</p>	Same as T5.
9	Monitoring	<p>Monitoring includes the use of sensitive validated outcome measures (fixed item & individualized measures) to assess health, functional status and progress towards goals. Updates care plans as required.</p>	<p>Same as T5 during inpatient stay.</p> <p>Post discharge, at request of or in collaboration with T3 and/or T5.</p>

		Child Rehabilitation Regional Subspecialty Service	Child Rehabilitation Provincial Subspecialty Service
		T5	T6
		After discharge, provides review/management of child's needs as required/requested by T3 as higher complexity issues arise. May provide additional episodes of rehabilitation care over time as needed.	
9	Care coordination	Collaborates with T3 & T6 to ensure continuity of care.	Provides care coordination support for children/ families with greater levels of complexity, when service is provided by more than one subspecialist provider or team. Self-identified indigenous families are made aware of the Indigenous Complex Care Team or Indigenous Patient Liaisons so they may choose to access support. Collaborates with T3 +/-T5 to ensure continuity of care.

B. Requirements

		Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
		T5	T6
Providers			
Developmental pediatrician &/or pediatric physiatrist			Developmental pediatrician or pediatric physiatrist or designate (e.g., resident) available on-call 24/7 & available on-site as needed.
Pediatrician	As per medical module. • Pediatrician available on-call 24/7 & available on-site as needed.		
Other surgical MDs	Orthopedic surgeon available on-call 24/7 & available on-site as needed for post-surgical patients.		Orthopedic surgeon or designate available on-call 24/7 & available on-site as needed for post-surgical patients.
Other MDs	Pediatric subspecialty MDs available for on-site consultation in higher volume services- not 24/7.		Pediatric specialty/subspecialty MDs available 24/7 for consultation (on-site or on-call) as appropriate.
Therapists	Therapists accessed on a case-by-case basis: • PT • OT • SLP available on request		Pediatric subspecialists available minimum days M-F • PT • OT • SLP • Rehabilitation engineer

	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T5	T6
	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T5	T6
Therapists cont'd	<p>Therapists have appropriate training & experience:</p> <ol style="list-style-type: none"> 3. Pediatric rehabilitation experience 4. Pediatric habilitation OR rehabilitation of neuromotor conditions experience <p>Refers to specialist orthotics services (private or public as available in community) for custom products.</p>	<ul style="list-style-type: none"> • Rehabilitation technician • Recreation therapists • Therapist trained in aquatic therapy <p>Therapists have pediatric/development knowledge & skills and demonstrated special interest, knowledge & skills in the complex subspecialized CDH&R service area.</p> <p>Refers to specialist orthotics services (private or public as available in community) for custom products.</p>
Registered nurses	<p>As per medical module:</p> <ul style="list-style-type: none"> • RNs available 24/7. • RNs have "pediatric skills" (see glossary) & are continuously exposed to hospitalized children. RN practice is exclusively or primarily with children. • RNs have completed Pediatric Foundational Competency E-learning course, ENPC &/or PALS. • Formalized pediatric orientation & ongoing education available. • Pediatric educator assigned to pediatric unit. 	<p>Pediatric RNs available 24/7. RNs have pediatric and CDH&R skills & practice exclusively with children.</p> <p>RNs have completed Pediatric Foundational Competency e-learning course, ENPC, PALS &/or other appropriate pediatric specialty education.</p> <p>Formalized pediatric CDH&R orientation & ongoing education available.</p> <p>Pediatric CDH&R educator(s) assigned to pediatric unit(s).</p>
Psychosocial health professionals	<p>As per medical module:</p> <ul style="list-style-type: none"> • Social worker(s) with general pediatric knowledge & skills available days, M-F. Practice includes both adults & children. • Clinical psychologist with general pediatric knowledge & skills available to support child & family. Days: M-F. Practice includes both adults & children. • Child life specialist available. Days: M-F. • Spiritual care practitioner available 24/7 x 365 (on-site or on-call). • Volunteer program available that provides services to 	<p>As per medical module:</p> <p>Pediatric subspecialists:</p> <ul style="list-style-type: none"> • Social worker available days, on-call or on-site 24/7 X 365. • Clinical Psychologist(s) & neuropsychologist, available days, M-F. • Child life specialist(s) available extended hours, 7 days/wk. • Music therapist available days, M-F. <p>Indigenous patient liaison- available on request</p> <p>Spiritual care practitioner(s) on-call 24/7 x 365.</p>

	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T5	T6
	<p>children/families (and adults), Available days: M-F & after-hours by pre-arrangement.</p> <ul style="list-style-type: none"> Aboriginal patient Liaison/Navigator available on request 	<p>Volunteer program available that provides services to children/families.</p> <p>Have demonstrated special interest, knowledge & skills in the complex subspecialized CDH&R service area.</p>
Other health professionals	<p>Staff has general pediatric knowledge & skills. Practice includes both adults & children.</p> <ul style="list-style-type: none"> RT available on-site 24/7 x 365. Dietitian available days, M-F. Pharmacist with pediatric expertise available on-site days, M-F. <p>General pharmacist on-call outside these hours.</p> <p><i>Note: Health professionals work consistently together to form a pediatric interdisciplinary team.</i></p>	<p>Pediatric specialists:</p> <ul style="list-style-type: none"> RT available 24/7 x 365. Dietitian available days, M-F. Clinical pharmacy specialist(s) in pediatrics available on-site days, M-F. <p>Pharmacist(s) with pediatric expertise available on-call outside these hours.</p> <p>Have demonstrated special interest, knowledge & skills in the complex subspecialized CDH&R service area.</p>
Education professionals		Teacher available days M-F
Other:	<p>Algorithm in place to manage difficult pediatric IV starts.</p> <ul style="list-style-type: none"> IV starts Wound/ostomy Pain <p>Wound/ostomy RN on-site days, M-F (for adults & children).</p> <p>Pain management team on-site days, M-F (for adults & children).</p>	<p>Same as T5 plus:</p> <p>Pediatric wound/ostomy RN on-site days, M-F.</p> <p>Pediatric pain management team available on-site 7 days/week.</p>
Facilities		
Inpatient resources/unit	<p>As per medical module, dedicated pediatric inpatient resources/unit. Unit meets criteria for "safe pediatric unit" plus:</p> <ul style="list-style-type: none"> Rooms with space for family to stay/ "room in" with child. Developmentally- appropriate spaces & infrastructure to promote play. Dedicated space for family use. Environmental accessibility for children of a range of size & functioning e.g. accessible washrooms, change tables, low friction flooring for mobility. Lifts, height-adjusting plinths & privacy screens for assessment & treatment Equipment to weigh and measure children & youth with impairments (e.g. wheelchair accessible scales) 	<p>Dedicated pediatric inpatient resources/ teaching units, grouped by specialty/ subspecialty.</p> <p>Same as T5 requirements, units meet criteria for "safe pediatric unit" & accessible environment.</p> <p>Dedicated space & infrastructure for pediatric recreation/leisure activities & participation therapy programs.</p> <p>Dedicated space & infrastructure for pediatric academic education.</p> <p>Dedicated hydrotherapy pool.</p>

	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T5	T6
	<ul style="list-style-type: none"> • Equipment to support training of ambulation, mobility, strength & fitness e.g. parallel bars • Storage space for equipment, products & technology 	
Workshop for assistive & augmentative products & technology	Designated workshop available for design, adaptation & building of assistive & augmentative products & technology.	Same as T5 plus: <ul style="list-style-type: none"> • Digitized manufacturing equipment available for clinical service. e.g., 3D printer, CAD camera. • Highly complex or expensive or experimental technologies available for assessment, intervention & trial (with appropriate storage space). Access to a large range of materials for construction of assistive & augmentative products & technology
Volumes per year		
Min volumes		

3.2 Knowledge Sharing & Transfer/Training

		Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
1.0	Student learning	If designated by UBC as a pediatric training site, provides CDH&R community/outpatient learning experiences for a broad range of undergraduate & graduate healthcare students.	Designated by UBC as a pediatric training site providing CDH&R learning experiences in “designated areas of focus” for a broad range of undergraduate, graduate & post-graduate health care students.	Designated by UBC as a pediatric training site providing CDH&R community/outpatient &/or inpatient/day patient learning experiences for a broad range of undergraduate, graduate & post-graduate health care students, residents & subspecialty fellows.
2.0	Continuing education	<p>Facilitates access to learning activities that support the maintenance of staff competencies in CDH&R e.g. on-line access to guidelines/ reference materials/ continuing education courses & participation in regional & provincial learning activities relevant to CDH&R (e.g. pediatric rounds, conferences, practice of critical clinical skills where limited opportunity exists in practice (e.g. simulation, off-site clinical experiences).</p> <p>Mechanisms in place to regularly review staff education needs related to maintenance of CDH&R competencies.</p> <p>Facilitates staff access to learning activities based on identified practice gaps.</p>	<p>Provides regional leadership for CDH&R clinical care, education & system planning in “designated areas of focus”.</p> <p>In collaboration with T6, organizes regional/provincial activities that support the maintenance of competencies in CDH&R “designated areas of focus”.</p> <p>Organizes regional activities that support the maintenance of staff competencies in CDH&R “designated areas of focus” (e.g. pediatric rounds, online workshops, conferences).</p> <p>Provides CDH&R clinical experiences for T3 staff (on-site &/or via simulation).</p>	<p>Provides provincial leadership for CDH&R clinical care, education, research & system planning.</p> <p>Organizes provincial activities that support the maintenance of competencies in CDH&R (e.g. pediatric rounds, online workshops, conferences). Leads reviews and education regarding emerging practices, technologies, products and resources on relevant CDH&R topics. This may include working with provincial organizations to develop resources for particular populations.</p> <p>Provides CDH&R clinical experiences for T3 & T5 staff (on-site &/or via simulation).</p>

3.3 Quality Improvement & Research

		Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
1.0	Quality Improvement (QI)	<p>Mechanisms in place to regularly review the quality of care provided to children with CDH&R needs, including case reviews. If child involved, physicians & staff with CDH&R expertise participate in the review, as appropriate.</p> <p>Provides CDH&R expertise for T1 & T2 case reviews, if requested.</p> <p>Implements recommendations & evaluates the outcomes.</p>	<p>Mechanisms in place to regularly review the quality of care provided to children with CDH&R needs, including case reviews.</p> <p>Provides CDH&R expertise in designated areas of focus for T1- T3 case reviews, if requested.</p>	<p>Mechanisms in place to regularly review the quality of care provided to children with CDH&R needs, including case reviews.</p> <p>Provides CDH&R expertise for T1-T5 case reviews, if requested.</p>
		<p>Concepts of child & family-centered care (see glossary) are incorporated into CDH&R programming.</p> <p>Actively measures care processes using a formal measure (e.g. Measure of Processes of Care (MPOC) which assesses family-centeredness).</p>	Same as T3	Same as T3
		<p>Concepts of culturally safe care are incorporated into CDH&R programming.</p> <p>Practitioners have access to training in cultural safety and trauma informed care.</p> <p>Organizational mechanism in place to obtain child/family feedback on cultural safety</p> <p>Resources in place to promote awareness of Jordan’s principle for First Nations children.</p>		

		Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
		T3	T5	T6
1.0	Quality Improvement (QI) cont'd	Organizational mechanisms in place to obtain child/family feedback on the services provided. Incorporates feedback, as appropriate.	Same as T3	Same as T3
		Participates in regional & provincial child health quality improvement initiatives.	Same as T3 plus: Leads/participates in regional & provincial CDH&R quality improvement initiatives in “designated areas of focus”.	Same as T3 plus: Leads provincial quality improvement initiatives.
		Agency meets accreditation standards for Accreditation Canada or CARF	Same as T3	Same as T3
		In collaboration with T3 – T6 establishes structures & processes to track CDH&R quality indicators at a site level (e.g. wait lists)	Same as T3 plus: establishes structures & processes to track CDH&R quality indicators for the designated areas of focus at a regional level.	Same as T3 plus: establishes structures & processes to track CDH&R quality indicators at a provincial level.
		System supports are in place to enable health care providers to provide care that is consistent with current CDH&R guidelines and evidence.	Same as T3	Same as T3 plus: In collaboration with CHBC & HAs & Ministry Partners develops & disseminates provincial care planning resources (e.g., document templates, guidelines, care pathways, evidence based resources) on relevant CDH&R topics.
2.0	Research			Conducts & supports others to CDH&R-related research.

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Appendix 1: Differentiation of the Tiers

“Medical Complexity” and “Habilitation/Rehabilitation Service Complexity” are terms used in this module to differentiate the tiers from each other. Refer to Table 2 (medical complexity) and Table 3 (habilitation and rehabilitation service complexity).

Table 2: Levels of Medical Complexity

Note: None (no complexity) = Healthy child

	Medical Complexity		
	Low	Medium	High
Relative frequency	Common; AND	Common or uncommon; AND	Common or uncommon; AND
Systems affected	Single system condition; AND	Single or multi-system; AND	Multi-system; AND
Mental health/ psychosocial needs	Mental health/psychosocial needs are typical for population & can be met by the therapist/ interdisciplinary team; AND	Mental health/psychosocial needs may be complicated & require referral to specialty mental health services	Mental health/psychosocial needs may be complicated & require 1:1 subspecialized targeted interventions &/or referral to subspecialty mental health services
Course of illness	Predictable; AND	Predictable; AND	Unpredictable; AND
Availability of care algorithms/ protocols	Care algorithms/protocols readily available; AND	Care algorithms/protocols available for some conditions; AND	No; AND
Risk associated with short-term, intercurrent acute illness	Short-term, intercurrent acute illness is unlikely to create immediate risk to physical &/or mental health; AND	Short-term, intercurrent acute illness is unlikely to create immediate risk to physical &/or mental health; AND	Short-term, intercurrent acute illness may create immediate risk to physical &/or mental health; AND
Exacerbations	Exacerbations, if present, do not require emergent intervention; exacerbations are predictable & not life-threatening; AND	Exacerbations may require emergent intervention; exacerbations are predictable & not life-threatening; AND	Exacerbations are frequent & often linked to significant disability &/or threat to life & limb; AND
Range of interventions required & predictability of outcomes	Standard range of interventions required & outcomes are predictable; AND	Standard range of interventions required & outcomes are predictable; AND	Extended & innovative range of interventions may be required. Interventions may be associated with significant risk or side effects; AND
Signs & symptoms of clinical deterioration	Signs & symptoms of clinical deterioration are obvious; AND	Signs and symptoms of clinical deterioration may be subtle; AND	Signs & symptoms may be subtle & there is a significant & risk of unpredictable life threatening deterioration is significant; AND
Functional limitations specific to the condition & its management	Functional impairment, if present, are short-lived & expected to resolve; AND	Regular monitoring & proactive planning is required to manage functional impairment; AND	Significant functional impairment may be present, often requiring prolonged dependence on: <ul style="list-style-type: none"> • Device-based support (e.g., tracheostomy, suctioning, oxygen

	Medical Complexity		
	Low	Medium	High
			support, tube feeding &/or mechanical ventilation); AND/OR <ul style="list-style-type: none"> Other medical devices requiring regular care/monitoring (e.g., apnea monitors, renal dialysis, urinary catheters/colostomy bags); AND
Impact if condition deviates from expected course	Impact is unlikely to be life-threatening if condition deviates from expected course.	Impact is unlikely to be life-threatening if condition deviates from expected course	May be life-threatening if condition deviates from expected course
Examples	Cerebral palsy with minimal medical/mental health co-morbidities.	Common conditions: Cerebral palsy; spina bifida. Have few medical/ mental health co-morbidities i.e. seizures, respiratory compromise, skin breakdown. Uncommon conditions: Spinal cord injury with autonomic dysreflexia (high ASIA score)	Common conditions: Muscular dystrophy; spinal muscular atrophy; brain or spinal tumours. Have multiple medical/mental health co-morbidities. Uncommon conditions: rare or undiagnosed syndrome with active multisystem involvement, fragility and neurological impairment; ex-preterm infant with numerous sequelae (developmental delay, hydrocephalus, seizures, aspiration, pulmonary hypertension, gastrostomy tube, spasticity, neurogenic bladder, etc).

Table 3: Levels of Habilitation & Rehabilitation Service Complexity

	Habilitation/Rehabilitation Service Complexity		
	General	Specialized	Complex Specialized
Specialization of intervention required	Interventions are commonly practiced with children & require general knowledge of child development, habilitation & rehabilitation & psychosocial approaches; AND	Interventions are not routinely practiced with children & require specialized re(habilitation) knowledge and skills in designated areas of focus; AND	Interventions are uncommon & or complex require sub-specialized knowledge & skills; AND
Team composition	One or more members of a transdisciplinary or interdisciplinary team; AND	Interdisciplinary team; AND	Interdisciplinary team, often with input from multiple pediatric sub-specialists/ teams. Team works exclusively with children; AND
Relative frequency	Care guidelines/ pathways/ protocols are commonly available to direct care, OR general developmental principles/ protocols apply AND	Care guidelines/ pathways/ protocols are available for more common conditions; AND	Care guidelines/ pathways/ protocols are not commonly available (condition is often uncommon and/or complex); AND
Predictability	For children with known diagnosis, expected course and response to intervention is often predictable; AND	For children with known diagnosis, expected course and response to intervention is often predictable; AND	Expected course and response to intervention may be unpredictable; AND
Use of assistive & augmentative products & technology	Assistive & augmentative products & technology for (a) assessment & treatment (b) prescription, provision or adaptation are readily available and/or low complexity &/OR protocols are available; AND	Assistive & augmentative products & technology needs for a) assessment & treatment, b) prescription, provision or adaptation are moderately complex & may require customization; AND	Assistive & augmentative products & technology needs for a) assessment & treatment, b) prescription, provision or adaptation are highly complex &/or expensive &/or emerging technologies (i.e. research protocols) & often require innovative customization; AND
Environmental adaptation	Environmental adaptation (human made changes to environment) are minimal (i.e. products and technology are readily available &/or general accessibility principles apply)	Environmental adaptation is moderate and may require customization	Environmental adaptation is extensive
Examples	Child with cerebral palsy GMFCS 2 working with Early Intervention (EI) therapists on early walking & promoting communication in the home and preschool environment.	Child with cerebral palsy presenting with significant oral motor impairment, growth concerns and feeding aversion being assessed by a regional interdisciplinary eating skills team; child with severe speech and language impairment being assessed by an AAT team for assistive & augmentative technology to promote functional communication at school.	Child with Cerebral Palsy GMFCS 5 attending spasticity management clinic; child with advanced muscular dystrophy being provided with a complex customized seating system to maximize respiratory function, alleviate pressure and promote participation.

Appendix 2: Feeding & Swallowing Services

Feeding & Swallowing Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Feeding service focus	Provides general nutrition, oral motor & feeding support to children without dysphagia OR in collaboration with T5 or T6 if dysphagia present (e.g. oral motor delay, sensory issues, development/ progression of eating skills).	Provides non-acute specialized nutrition, oral motor, feeding & swallowing support to children with dysphagia, ex-NICU infants, children with multiple issues (growth, swallowing, oral motor), children with cerebral palsy at risk for aspiration.	Provides acute & non-acute specialized nutrition, oral motor, feeding & swallowing support to children with 1 or more of the following (if cannot be managed at T5): <ul style="list-style-type: none"> • multiple co-morbidities. • Involvement of multiple subspecialties- medical and therapeutic • changing medical status i.e. degenerative/ progressive (advanced MD) • significant positioning, mobility needs e.g. GMFCS 4-5 (+/- 3 e.g. significant scoliosis) • Children with movement disorders/tone that impact swallowing • Children with unique conditions i.e. some syndromes • Children with structural/ physiological anomalies i.e. TEF • Children with chronic respiratory disease &/or trach & vent dependent • Complex nutrition conditions i.e. parenteral nutrition.
Intake	Intake processes includes screening for risk of nutrition and/or feeding & swallowing issues. Applies a prioritization system based on risk. Children identified as medium to high risk may be referred to T5/T6 directly in a timely manner.	Referral triage in place to prioritize and respond to requests/referrals in a timely manner. Provides follow-up for referrals.	Same as T5 plus responds to urgent/acute requests.

Feeding & Swallowing Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Assessment	<p>For children who are screened as low-medium risk:</p> <ul style="list-style-type: none"> Reviews health record and identifies relevant medical, developmental and social information that may impact on child's feeding ability Assesses nutrition (growth assessment including height & weight) Conducts an interview with child/ family/ caregivers and elicits pertinent information using an interview tool Conducts an oral motor assessment using a checklist /guideline Conducts an eating observation including determination of safety for oral intake across continuum of texture consistencies and environmental factors impacting eating. Uses a checklist to identify red flag symptoms <p>Refers all children with signs of swallowing impairment to T5 or T6 (as available).</p>	<p>Same as T3 plus:</p> <p>Conducts a full assessment of nutrition status, growth & intake</p> <p>Identifies need for further medical assessment (e.g. respiratory, ENT, gastrointestinal health)</p> <p>Assesses children with potential for swallowing dysfunction &/or nutrition compromise (e.g. FTT). Establishes need for Videoflouroscopy Feeding Study (VFFS) assessment</p> <p>Provides non-urgent feeding & swallowing-related telephone /outreach &/or virtual care consultation to providers within the health authority days, M-F</p>	<p>Same as T5 plus:</p> <p>Collaborates across multidisciplinary subspecialty teams (e.g. respiratory, ENT, gastroenterology, neurology providers) to evaluate, diagnose nutrition, feeding and swallowing impairment</p> <p>Provides Fiberscopic Endoscopic Evaluation Studies (FEES))</p> <p>Provides feeding & swallowing-related telephone/outreach &/or virtual care consultation to providers within the province on days, M-F</p>
Assessment videoflouroscopy (VFFS)	n/a	Conducts VFFS assessment if facilities and trained staff are available at regional hospital, otherwise refers to T6.	Same as T5 for children with high degree of complexity (see service focus)
Goal setting & care planning	As per main module.	Goals focus on safety, development of feeding skills and function/ participation.	In circumstances of very high complexity, T6 may lead the goal setting and care planning for nutrition, feeding & swallowing as required and agreed upon collaboratively with T3 / T5 team.

Feeding & Swallowing Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Transition planning	<p>As per main module.</p> <p>Screens children for nutrition, feeding & swallowing risk prior to transition to adult services.</p> <p>When children & youth fall between age categories of service, there is consultation and planning to establish who will provide services and fill gaps in service.</p> <p>Refers as necessary to T5/T6.</p>	<p>Reviews feeding & swallowing & nutrition status during periods of increasing caloric requirement & prior to transition to adult services.</p> <p>Develops transition plans for adolescents & oversees the transfer to the appropriate adult service (family physician &/or adult nutrition, feeding & swallowing services).</p> <p>Funding/ equipment procurement transitions to adult services.</p>	Same as T5.
Intervention	<p>Trials and recommends positioning strategies & modifications to improve stability (neutral alignment, supported seating), swallowing safety, function, and if applicable, collaborates with positioning & mobility team to provide specialized seating that promotes safe feeding.</p> <p>As needed, manages GERD at a basic level (e.g. smaller more frequent meals, medication, positioning) in collaboration with other providers as appropriate.</p> <p>Recommends appropriate food textures in relation to oral motor competency (for children without swallowing dysfunction) to address the feeding problem - taking development into consideration.</p>	<p>Same as T3 plus: recommends appropriate food textures and liquid consistencies to address the feeding problem taking into consideration development, aspiration risk and age based use of thickening products.</p> <p>Recommends dietary intervention to maximize nutrition status</p> <p>Recommends appropriate food textures in relation to swallowing dysfunction to address the feeding problem taking into consideration development.</p> <p>For children who are tube fed, recommends strategies for transitioning to oral intake when/if appropriate.</p>	<p>Same as T5 plus:</p> <p>Conducts short term tube transitioning outpatient programs for children with high complexity.</p> <p>Collaborates with subspecialties regarding feeding safety and tube transitions (e.g. Ear Nose & Throat, Respiriology, Gastroenterology, Home Tracheostomy Ventilation Program, Intestinal Rehabilitation program, etc)</p> <p>Provides feeding & swallowing-related telephone /outreach &/or virtual care consultation to T3 & T5 providers throughout the province on days, M-F.</p>

Feeding & Swallowing Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Intervention cont'd	<p>Trials and recommend specific strategies or techniques to address feeding concerns including:</p> <ul style="list-style-type: none"> • Pacing • Volume control • Environmental strategies • Sensory strategies • Oral stimulation • Behavior strategies 	<p>Provides feeding & swallowing-related telephone /outreach &/or virtual care consultation to T3 providers within the health authority.</p>	
Support of tube feeding	<p>Collaborates with T5 or T6 regarding carrying out oral stimulation, transition (tube to oral) programs, etc. for children who are tube fed.</p> <p>Refer to medical module “nutrition management” for tube feeding responsibilities.</p>	<p>Provides definitive recommendations regarding feeding tubes & completes surgical/radiology referrals. Refer to medical module “nutrition management” for tube feeding responsibilities.</p> <p>Establishes safe plan for oral care/ stimulation.</p> <p>As appropriate, plans for developmental progression of oral motor skills, to ensure windows of opportunity are maximized. Includes planning for tube transitioning when possible.</p> <p>Follows up on funding for equipment and formulas for children receiving enteral nutrition.</p>	<p>Same as T5 plus provides definitive recommendations regarding feeding tubes for children with unique, changing or high complexity needs.</p> <p>Refer to medical module “nutrition management” for tube feeding responsibilities.</p>
Psychosocial	As per main module.	Same as T3 plus assesses & addresses psychosocial needs related to eating & nourishing.	Same as T5

Feeding & Swallowing Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Resources & relationships	Liaises with community care team (see glossary), T5 & T6 regarding home and community factors that impact feeding/ swallowing.	Liaises with T3 & T6 team members and community service providers regarding feeding including nutrition, growth, medical conditions and recommendations.	Same as T5
Assistive products & technology	Trials and recommends specific commercially available feeding equipment (nipples, cups, spoons) that address feeding difficulties	Same as T3 plus may trial and recommend OR implement T6-recommended specialized equipment (e.g. Haberman feeders)	Same as T5 plus may work with other pediatric subspecialty teams e.g. positioning & mobility to design complex solutions that support eating
Monitoring	Monitoring children with dysphagia in consultation with T5/T6 teams. Monitors progression of eating skills.	Monitoring children fed via enteral nutrition in conjunction with T3 team.	In circumstances of very high complexity, T6 may lead the monitoring for nutrition, feeding & swallowing as required and agreed upon collaboratively with T3 / T5 team.

Feeding & Swallowing Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Dietitians	As per main module.	Pediatric Dietitian assigned to team Practitioners have pediatric knowledge & skills and demonstrated special interest, knowledge, skills & certification in pediatric enteral nutrition as per College requirements	Pediatric Dietitian M-F Same as T5. Dietitians work in subspecialty clinics i.e. complex feeding, metabolic clinic (e.g. parenteral, specialized diets)

Feeding & Swallowing Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Therapists	As per main module.	<p>Pediatric Speech & Language Pathologist assigned to service</p> <p>Pediatric Occupational Therapist assigned to service</p> <p>Therapists have "enhanced skills" in feeding & swallowing.</p> <p>If providing VFFS/VFSS/MBS regionally, then SLP & OT meet College requirements.</p>	Same as T5
Nursing	As per main module.	<p>Nurse(s) are available M-F to provide training for enteral nutrition (equipment, problem solving, stoma care, medication delivery, hygiene, tube changes, etc.)</p> <p>Surgical nurse available to do initial post-surgical training & provide initial supplies.</p>	<p>Same as T5 plus Pediatric RN/ nurse clinician, outpatient/outreach RN/nurse clinician & an advanced practice RN available days M-F.</p> <p>Has "enhanced skills" in CDHR & feeding & swallowing.</p> <p>Surgical G-tube nurse (G, G-J, J-tubes).</p> <p>Complex Care Nurse practitioners for case management.</p>

Feeding & Swallowing Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Physicians	<p>General Practitioner or Pediatrician as primary care provider/coordinator for all children.</p> <p>Monitors growth & nutrition, respiratory and gastrointestinal health & advises on changes as required.</p> <p>Refer complex children to T5/T6.</p>	<p>Developmental Pediatrician available for outpatient & telephone consultation days, M-F & as otherwise determined by on-call contract (not 24/7).</p>	<p>Developmental Pediatrician or designate on-site 24/7 (as per general medical module).</p> <p>Pediatric radiologist available days, M-F special interest, knowledge & skills in conduct and interpretation of pediatric videofluoroscopy.</p> <p>Access to full range of subspecialists:</p> <ul style="list-style-type: none"> • Pediatric Respirologist available M-F • Pediatric Gastroenterologist available M-F • Pediatric Neurology available M-F • Pediatric Surgery available M-F • Pediatric Metabolics available M-F • Pediatric Trach & Vent team available M-F • Pediatric ENT available M-F • Pediatric Orthopedics available M-F • Pediatric Cardiology available M-F • Pediatric Complex care available M-F
Social work	As per main module	Social worker assigned to service	Same as T5
Psychology	As per main module	Clinical Psychologist assigned to service	Same as T5
Allied health		Access to additional pediatric psychosocial & allied health providers on referral/request (e.g. physiotherapist & pharmacist).	Access to additional pediatric psychosocial & allied health providers on referral/request (e.g., physiotherapist & pharmacist).
Oral health professionals	<p>Community dentists</p> <p>Community dental hygienist</p>	Pediatric dentists	Pediatric dentists providing anesthetic procedures

Feeding & Swallowing Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Clinic space & infrastructure	As per main module.	<p>Outpatient clinic space, organized within the infrastructure of the general pediatrics clinic or child development centre.</p> <p>Clinic assessment & intervention space that meets mealtime requirements (i.e. food preparation)</p>	<p>Outpatients: Same as T5.</p> <p>Inpatients: pediatric unit that includes space, equipment and supplies that support eating/feeding.</p> <p>Access to oxygen saturation, monitoring, suctioning equipment.</p>
Interdependencies		<p>Co-located with positioning & mobility team with capacity to make necessary modifications to positioning, mobility equipment</p> <p>Diagnostic imaging available as per Diagnostic imaging module, includes access to upper GI and VFFS* M-F. <i>*Updated radiology equipment that minimizes exposure to radiation</i></p>	<p>As per T5 plus</p> <p>Full range of pediatric-specific diagnostic imaging available as per Diagnostic imaging module includes access to upper GI, VFFS and FEES M-F.</p> <p>Supplies to support radiology studies include: barium in full range of consistencies, pediatric positioning equipment compatible with radiology equipment, full range of feeding equipment.</p>

Appendix 3: Positioning & Mobility Services

Positioning & Mobility Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Positioning & mobility service focus	Positioning & mobility equipment, products & technology for (a) assessment & treatment (b) prescription, provision or adaptation are readily available and/or low complexity &/OR protocols are available.	Positioning & mobility equipment, products & technology for a) assessment & treatment, b) prescription, provision or adaptation are moderately complex & may require customization.	Positioning & mobility equipment, products & technology for a) assessment & treatment, b) prescription, provision or adaptation are highly complex &/or expensive &/or emerging technologies (i.e. research protocols) & often require innovative customization.
Assessment	<p>When considering equipment options, uses validated tools to screen for pressure, respiratory function, feeding/growth risk factor. Conducts ROM, postural assessment/ postural control (lying, sitting, standing).</p> <p>Conducts wheelchair mobility (manual &/or power) & gait assessment and completes basic measurements for children requiring positioning and mobility equipment.</p> <p>Conducts an assessment of function and participation throughout the child's environments and need for specialized equipment (e.g. beds, commodes, bath seats, standers, lifting devices)</p> <p>Assesses need for adaptations & equipment for safe transportation for individuals in mobility devices.</p> <p>Assesses home and community for accessibility.</p> <p>During assessment, considers available funding sources for equipment.</p>	<p>Same as T3 for children whose need basic customization of equipment for positioning & mobility.</p> <p>Consults with rehabilitation technicians specialized in PM in regards to feasibility of design decisions.</p> <p>Assesses options for safe transportation using commercially available products (i.e. car seats, specialized transport belts, adapted vehicles, school buses) in consultation with T6 as necessary.</p> <p>Referral triage in place to respond to urgent requests, provide telephone follow-up, etc.</p>	<p>Conducts complex postural assessment using specialized tools e.g. pressure monitoring, oximetry.</p> <p>Collaborates with other MDTs in the assessment of PM needs i.e. tone, feeding, ATT, etc.</p> <p>Consults with rehabilitation technicians and engineers in the assessment of PM needs.</p> <p>Provides support/ resources to T3, T5 to support decisions regarding safe transportation. Assesses children with high degree of complexity & requiring customization/adaptation of equipment to support transportation.</p> <p>Provides support/ resources to T3, T5 to support decisions re: accessibility of the environment.</p> <p>Upon request, collaborates with T3 & T5 providers throughout the province to plan for supporting the positioning and mobility needs of children and families.</p>

Positioning & Mobility Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Assessment cont'd	Refers/consults T5 or T6 when risk/need is identified, as required, for children with higher complexity or when equipment needs are beyond what is commercially available		
Goal setting & care planning	As per main module. Goals focus on comfort, prevention of deformity, and function/ participation.	Same as T3 factoring in additional considerations i.e. respiratory function, feeding & swallowing, tone management.	As per main module.
Transition planning	<p>Completes a discharge report summarizing equipment currently used and/or equipment on order for future use. Includes funding sources and information about equipment dealers.</p> <p>When children & youth fall between age categories of service, there is consultation and planning to establish who will provide services and fill gaps in service.</p> <p>During transitioning years, works with family &/or community supports on preparing for funding for positioning & mobility products &/ or environmental modifications, &/or transportation.</p>	Same as T3 plus in preparation for transition to new service, will conduct a thorough review of needs and update equipment as required.	As per T5. Will connect with additional members of the MDT to support transitions i.e. social work.
Intervention	As per main module plus trials & prescribes commercially available equipment based on assessment findings including, wheelchairs, seating, gait trainers, lifting equipment, bathroom equipment.	<p>Same as T3 plus basic adaptation of equipment based on assessment findings with engagement with T3 teams and child/family, community.</p> <p>Addressing presenting risks (i.e. pressure, pain, increasing deformity) that cannot be mitigated at T3.</p>	Same as T5 plus, collaborates within team to design and build customized positioning and mobility equipment e.g. moulds, lateral tilt, alternative driving methods/access points) to address functional issues/ access issues.

Positioning & Mobility Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Intervention cont'd	<p>Considers 24-hour positioning (recommendations for position, equipment, dosage, frequency) in the prescription of equipment to promote function and health including reduce deformity (e.g. hip integrity), promote bone & skin health, respiratory function, elimination routines, etc.</p> <p>Uses standardized checklists to promote skill development around mobility i.e. driver training.</p> <p>Provides structured training to caregivers and children regarding use of mobility equipment (e.g. wheelchair skills training for both power and manual).</p> <p>Requests equipment from the provincial loan bank &/or works with family &/or community supports on funding for positioning & mobility products &/ or environmental modifications, &/or transportation.</p> <p>Promotes developmentally appropriate positioning and mobility (e.g. sitting, standing) to encourage social interaction, participation & activity.</p>	<p>Timely referral to/consultation with T6 as needed</p>	<p>Addressing presenting risks (i.e. lung function, increasing deformity) that cannot be mitigated at T5 and requires input of multiple subspecialty teams.</p> <p>Collaborates with other subspecialty teams in the prescription/adaptation of PM needs i.e. tone, feeding, AAT, respiratory, etc.</p> <p>Upon request, collaborates/ provides education/resources to T3 & T5 providers throughout the province to re: intervention in the positioning and mobility needs of children and families (e.g. where/how to access resources, guidelines to facilitate intervention, etc.).</p>

Positioning & Mobility Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Psychosocial	As per main module plus assesses & addresses psychosocial needs related to decisions, understanding and preparing for the use of specialized equipment (e.g. supporting a family's emotional needs during the transition from one mode of mobility to another).	Same as T3	Same as T5
Environment	In collaboration with child, family, community care team (see glossary), equipment dealers and building professionals (architects, contractors, etc.) recommends additions & modifications to the child's environment to promote accessibility.	Supports/collaborates with T3 depending on complexity.	Same as T5 plus subspecialty team includes rehab engineers and technicians design custom solutions to functional issues & access issues.
Monitoring	<p>Provides on-going monitoring/ reassessment of equipment for growth, comfort, changes in functioning &/or appropriate new equipment at regular intervals.</p> <p>Provides ongoing monitoring/ reassessment of proper functioning of equipment and wear of all components.</p> <p>Includes monitoring of red flag symptoms for children (e.g. pressure, pain).</p> <p>Timely referral to/consultation with T5, T6 as needed.</p>	Same as T3	Same as T5. Gathering and disseminating information on new products/ equipment to T5 & T3.

Positioning & Mobility Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Therapists	As per main module. Therapists have basic positioning/mobility assessment skills/general knowledge of equipment terminology & function.	<ul style="list-style-type: none"> • Pediatric Occupational Therapist assigned to service • Pediatric Physiotherapist assigned to service • Rehabilitation technologist available either through private (vendor) or public (at T5 center) <p>Practitioners have "enhanced skills" acquired through mentorship and training in positioning & mobility.</p>	<ul style="list-style-type: none"> • Pediatric Physiotherapists M-F • Pediatric Occupational Therapist M-F • Pediatric Rehabilitation Technologist M-F • Pediatric Rehabilitation Engineer M-F <p>Practitioners have "enhanced skills" acquired through mentorship and training in positioning & mobility.</p>
Psychosocial professionals	As per main module.	Access to pediatric psychosocial & allied health providers on referral/request (e.g., social worker, & psychologist).	<ul style="list-style-type: none"> • Access to pediatric psychosocial & allied health providers on referral/request (e.g., social worker, psychology).
Nursing	As per main module.		<ul style="list-style-type: none"> • Pediatric positioning & mobility clinic RN/ nurse clinician, outpatient/ outreach RN/nurse clinician & an advanced practice RN (clinical nurse specialist) available days M-F. • Pediatric inpatient RNs & interdisciplinary team works regularly with children who require CDH&R services.
Physicians	As per main module.	<ul style="list-style-type: none"> • Pediatrician available for outpatient & telephone consultation days, M-F & as otherwise determined by on-call contract (not 24/7). 	<ul style="list-style-type: none"> • Developmental Pediatrician or designate on-site 24/7 (as per medical module). <p>Other:</p> <ul style="list-style-type: none"> • Pediatric orthopedic surgeon available days, M-F. • Pediatric respirologist available M-F • Pediatric physiatrist available M-F

Positioning & Mobility Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Interdependencies		<ul style="list-style-type: none"> • Co-located with assistive & augmentative technology team • Co-located with feeding & swallowing team • Reliable access to electronic charts/ reports/ images to guide positioning & mobility decisions • Radiology as per medical imaging module 	<ul style="list-style-type: none"> • Same as T5 plus access to full range of pediatric subspecialty multidisciplinary teams e.g. tone management team, complex pain. <p>Diagnostic imaging:</p> <ul style="list-style-type: none"> • Full range of pediatric-specific diagnostic imaging available. Refer to Medical Imaging module
Clinic space & infrastructure	<p>As per main module.</p> <p>Storage space for positioning & mobility equipment used for assessment, intervention and trial.</p>	<p>Same as main module plus:</p> <p>Access to dedicated commercial dealers for trial, procurement of equipment</p> <p>Outpatient clinic, organized within the infrastructure of the general pediatrics clinic or child development center.</p> <p>Environmental accessibility includes low friction flooring for mobility.</p> <p>Workshop for positioning & mobility includes:</p> <ul style="list-style-type: none"> • Industrial sewing machine and fabrics (neoprene, webbing, Velcro, buckles & fastenings) • Manual and power tools • Construction supplies: foams, ABS. • Access to additional construction supplies (i.e. through equipment vendors): metals, plywood, • Pressure mapping system. 	<p>Provincial loan pool for equipment that provides timely, appropriate access to equipment.</p> <p>Facilities include both indoor & outdoor space for mobility assessment e.g. wheelchair skills training facilities.</p> <p>Has access to pediatric inpatient spaces for interventions requiring inpatient stay.</p> <p>Workshop for positioning & mobility Same as T5 plus:</p> <ul style="list-style-type: none"> • Digitized manufacturing equipment available for clinical service e.g. 3D printer, CAD CAM • Additional tools: belt sanders, table saw, lathe, drill press, band saw, large oven (for plastics) • Glue room

Appendix 4: Assistive & Augmentative Technology Services

Assistive & Augmentative Technology Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Assistive & Augmentative Technology Service focus	Assistive & augmentative products & technology for (a) assessment & treatment (b) prescription, provision or adaptation are readily available and/or low complexity &/OR protocols are available.	Assistive & augmentative products & technology needs for a) assessment & treatment, b) prescription, provision or adaptation are moderately complex & may require customization.	Assistive & augmentative products & technology needs for a) assessment & treatment, b) prescription, provision or adaptation are highly complex &/or expensive &/or emerging technologies (i.e. research protocols) & often require innovative customization.
Assessment	<p>Screens or assesses for potential benefit of an assistive and augmentative system using a validated outcome measure and/or screening tool i.e. considers communicative intent, cause/effect, choice-making & functions, pragmatic skills, as well as frequency & range (e.g. Communication Matrix by Charity Rowland)</p> <p>Observes individual in a variety of functional contexts (e.g. home, school, community) with respect to how AAC systems may facilitate communication* and participation.</p> <p><i>*Communication implies both expressive and written output</i></p> <p>Identifies environments of function for assistive & augmentative technology & supports required across environments i.e. social communication opportunities and networks (e.g. partners), activities (preferred and non-preferred), and motivators.</p>	<p>Same as T3, plus:</p> <p>Assesses & trials using a broader range of commercially available AAT communication devices & strategies not readily available at T3 and applies a more in-depth knowledge of access methods, programs, equipment options and commercial mounting solutions.</p> <p>Collaborates with T3 team, and other subspecialized T5 teams (e.g. positioning & mobility) to provide specialized hands-on evaluation in the areas of:</p> <ul style="list-style-type: none"> • Access method (Direct/Switch/Eye-Gaze) • Elements of scanning • Reinforcers • Symbol system • Equipment selection • Environmental control 	<p>Same as T3 and T5, plus:</p> <p>Assesses & trials using a range of AAT systems not readily available (e.g., unique, highly customized, expensive and/or emerging technologies; mounting systems)</p> <p>Assesses for integration of technologies (e.g., wheelchair and communication device). Collaborates with other subspecialty teams (e.g. positioning & mobility, tone, vision) as required to maximize functional use of AAT.</p> <p>Upon request, provides second opinion or acts as a resource for T3 & T5 providers throughout the province to assess and plan for supporting AAT needs of children and families.</p> <p>Provides provincial outreach services for AAT (onsite & through technology) to collaborate with & support T3/T5 providers.</p>

Assistive & Augmentative Technology Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Assessment cont'd	<p>Integrates available AAT systems, either low-tech or high-tech solutions. (e.g. PECS, talking switches) into assessment, as needed and available. <i>During assessment, considers available funding sources.</i></p> <p>Assesses using a range of low-tech AAT solutions and available commercial solutions as possible.</p> <p>Refers/consults T5 or T6 when risk or need is identified for children with higher complexity or when equipment required for assessment is not available.</p>		
Goal setting & care planning	As per main module. Goals focused on communication, activity, participation, and functional use of AAT.	Same as T3	Same as T5
Transition planning	As per main module.	<p>Same as main module plus: completes a discharge report summarizing AAT equipment currently used and/or equipment on order for future use. Includes funding sources and information about equipment dealers.</p> <p>Prior to transition(s), works with family &/or community supports on preparing for funding or device loan for AAT products to minimize gaps in access.</p>	Same as main module plus: T3 Facilitates planning &/or participates in a meeting between family/caregivers and receiving team (e.g. early intervention to school therapists, school to adult services, etc.) to review AAT status and goals.

Assistive & Augmentative Technology Services			
Responsibilities			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Interventions	<p>Supports AAT needs & facilitates goal attainment through dynamic trials, prescription, provision &/or adaptation of assistive products & technology for participation (i.e. personal use in daily living; indoor & outdoor mobility; communication; education; culture, recreation, & sport) when AAT resources are readily/ commercially available &/or protocols are available.</p> <p>With support of T5/T6 when needed, understands & selects treatment approaches & next steps in accordance with current evidence (i.e. frameworks, guidelines, protocols, etc.). Problem solves issues associated with device abandonment.</p> <p>Timely referral to T5/T6 when product & technology needs are moderately to highly complex &/or rapidly changing fields of technology i.e. special education technology; assistive and augmentative communication devices; &/or may require customization by specialist/ subspecialist provider.</p> <p>Works with family on funding for assistive products & technology, &/or environmental modifications.</p>	<p>Same as T3 plus consults with T3 to collaborate & mentor for AAT intervention as required. Maintains knowledge on best practice intervention, current or emerging commercially available technologies, mounting systems.</p> <p>Considers the 4 areas of communicative competence in dynamic intervention: linguistic, operational, strategic & social.</p> <p>Connects with vendors when required to loan devices & provides training resources to T3 for trial.</p> <p>Provides basic adaptation of equipment using commercially available solutions (e.g. mounting, programming).</p> <p>Works with T3 to help identify, prevent & address problems associated with device abandonment.</p> <p>Timely referral to/consultation with T6 as needed.</p>	<p>Same as T5. Consults when AAT needs/use are one or more of the following: uncommon, highly complex, expensive technologies, emerging technologies (may be part of research protocols) &/or require innovation &/or customization (i.e. custom programing).</p> <p>Collaborates with or provides AAT education & resources (on-line education, workshops, individual consults) to T3 & T5 providers throughout the province.</p> <p>Collaborates with other subspecialty teams in the prescription/adaptation of AAT needs i.e. tone, vision, hearing, PMT, complex behaviour)</p>
Psychosocial	As per main module plus assesses & addresses psychosocial needs related to decisions, understanding and preparing for the use of specialized technology	Same as T3	Same as T5
Monitoring	As per main module.	Same as T3	Same as T5
Care Coordination	As per main module	Same as T3	Same as T5

Assistive & Augmentative Technology Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Therapists	As per main module. Therapists have basic AAT assessment skills & general knowledge of equipment terminology & function	Pediatric Occupational Therapist assigned to service Pediatric Speech & Language Pathologists assigned to service Rehabilitation technologist available either through private (vendor) or public (at T5 centre) Practitioners have "enhanced skills" acquired through mentorship and training in AAT	Pediatric Speech & Language Pathologists M-F Pediatric Occupational Therapist M-F Pediatric Rehabilitation technologist M-F Pediatric Rehabilitation Engineer M-F Practitioners have "enhanced skills" acquired through mentorship and training in AAT
Psychosocial professionals	As per main module.	Access to pediatric psychosocial providers on referral/ request (e.g., social worker, & psychologist)	<ul style="list-style-type: none"> Access to pediatric psychosocial health providers on referral/request (e.g., social worker, psychology).
Physicians	As per main module.	Pediatrician available for outpatient & telephone consultation days, M-F & as otherwise determined by on-call contract (not 24/7).	<ul style="list-style-type: none"> Developmental Pediatrician or designate on-site 24/7 (as per medical module). Full range of pediatric subspecialties available.
Interdependencies		Co-located with positioning & mobility team. Access to community or regional Education Resource teachers AND educational technology teams.	Same as T5 plus access to full range of pediatric subspecialty multidisciplinary teams e.g. tone management team, vision, hearing teams. Access to provincial Education Resource Teacher.

Assistive & Augmentative Technology Services			
Requirements			
	Child-Focused Development, Habilitation & Rehabilitation Service	Child Development, Habilitation & Rehabilitation Regional Subspecialty Service	Child Development, Habilitation & Rehabilitation Provincial Subspecialty Service
	T3	T5	T6
Clinic space & infrastructure	<p>Same as main module plus: Storage space for AAT equipment used for assessment, intervention and trial.</p> <p>Low-tech: Single switch devices (e.g., Step-by-Step, Big Macks)</p> <p>High-tech: Access through T5 or T6 teams or loan bank to commercially available higher-tech systems for initial assessment</p> <p>Other appropriate equipment & clinical supplies e.g. Boardmaker, E-tran</p>	<p>Same as main module plus: Outpatient clinic, organized within the infrastructure of the general pediatrics clinic or child development center.</p> <p>Workshop available for basic customization in house includes:</p> <ul style="list-style-type: none"> Industrial sewing machine and fabrics (neoprene, webbing, Velcro, buckles & fastenings) Manual and power tools Construction supplies: foams, ABS. <p>Access to a regional loan pool for equipment that provides timely, appropriate access.</p> <p>Low-tech: Same as T3 plus keyboards, key guards; software and apps to support communication & written output.</p> <p>High-tech: laptops dedicated to the functions required, more widely-used speech generating devices, tablets with software/apps to promote learning, communication & participation.</p> <p>Access through vendors to power mobility with alternate access options.</p>	<p>Same as T5. Has access to a provincial loan pool that also includes highly complex, expensive or emerging technologies</p> <p>Facilities include both indoor & outdoor space for mobility assessment e.g. wheelchair skills training facilities.</p> <p>Has access to pediatric inpatient spaces for interventions requiring inpatient stay.</p> <p>Workshop Same as T5 plus:</p> <ul style="list-style-type: none"> Digitized manufacturing equipment available for clinical service e.g. 3D printer, CAD CAM (computer based design program) Additional tools: belt sanders, table saw, lathe, drill press, band saw, large oven (for plastics) Glue room

Appendix 5: Glossary

Child development: "the various stages of physical, social and psychological growth that occur from birth through young adulthood".³

Habilitation: "the assisting of a child with achieving developmental skills when impairments have caused delaying or blocking of initial acquisition of the skills. Habilitation can include cognitive, social, fine motor, gross motor or other skills that contribute to mobility, communication and performance of activities of daily living and enhance quality of life."⁴

Rehabilitation: "the combined and coordinated use of medical, social, educational and vocational measures for training or retraining the individual to their highest possible level of function... Pediatric rehabilitation uses generic principles of functional intervention but incorporates the essentials of growth and development as part of expert child health" (p.7).⁵ Rehabilitation focus is on children requiring a time bound and time limited bout of multidisciplinary intervention to address functional impairment (s) for either an acquired condition (i.e. impairment as a result of an accident or injury), or chronic conditions receiving medical/surgical intervention (i.e. medical event or surgery).

Child & family-centred care

Child & family-centred is one of the tenants of pediatric care. For all tiers, this means:

- Services are delivered in line with the principles of the UN Convention on the Rights of the Child (version in child friendly language is at: <http://www.unicef.org/rightsite/files/uncrcchildfriendlylanguage.pdf>).
- Children and their families are actively involved in health care planning and transitions.
- Children and their families are provided information about care options available to them in a way they can understand. This allows them to make informed choices.
- The chronological and developmental age of the child is considered in the provision of information and care.
- Families are actively encouraged to participate in the care of their child.
- Education is provided to children and their families who wish to be involved in providing elements of their own/their child's care.
- The cultural beliefs of children and families are respected and incorporated into care.

When families stay in a centre/hospital to help care for a child:

- The environment supports family presence and participation (e.g., overnight accommodation, sitting room, quiet room/area for private conversation and facilities for making refreshments).
- Consideration is given to their practical needs, including regular breaks for personal needs, to obtain food/drink, make telephone calls, etc.
- Information and support is given to families on how to access funds for travel to and from specialist centres.
- Information is available for children and their families in several formats including leaflets and videos. Information is culturally and age-appropriate and is provided in a variety of commonly used languages.

³ Mosby's Medical Dictionary, 9th edition. © 2009, Elsevier

⁴ Miller-Keane Encyclopedia and Dictionary of Medicine, Nursing and Allied Health, 7th ed. 2003 by Saunders, an imprint of Elsevier Inc. All rights reserved.

- Child and their families have access to professional interpreter services.
- Children and their families are provided with contact details for available support groups, as appropriate.
- Transition pathways are in place to allow for seamless transition to adult services.
- Children and families are actively encouraged to assist in identifying safety risks (e.g., ask questions about medications, question providers re hand washing etc).
- Opportunities are available for children and their families to provide input on the quality and safety of care provided (e.g., surveys, committees, rounds, parent advisory council, etc).

Adapted from:

- *Institute for Healthcare Improvement, the National Initiative of Children's Healthcare Quality and the Institute for Patient- and Family-Centered Care, Patient- and Family-Centered Organizational Self-Assessment Tool, 2013. 14*
- *Welsh Assembly Government, All Wales Universal Standards for Children and Young People's Specialised Healthcare Services, 2008.15*
- *Maurer, M et al, Guide to Patient and Family Engagement: Environmental Scan Report (Agency for Healthcare Research and Quality), 2012.16*

Care team: Care team is an inclusive term used to denote all members providing care to or supporting families. May include school or daycare/preschool teams, Infant Development Program (and Aboriginal Infant Development Program), family support persons, community nursing station or health center staff, health providers from across the tiers, Indigenous elders, Indigenous community liaisons, etc.