

# MINUTES: PPCBC & POTC JOINT COUNCIL MEETING

DATE: November 29<sup>th</sup>, 2023

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Attendees: (P=present, R=regrets)

## MCFD:

Kathaleen Evans – P

Kristen Chan – P

Sarah Angus – P

Erica Steele – P

## PPCBC Representatives

### Vancouver Coastal

1. Julie Leswal – P
2. Trish Lee – P

[julie.leswal@vch.ca](mailto:julie.leswal@vch.ca)  
[patricia.lee2@vch.ca](mailto:patricia.lee2@vch.ca)

### Northern

1. Fabiola Toyata - P
2. Vacant

[fabiolat@cdcp.org](mailto:fabiolat@cdcp.org)

### Fraser

1. Robin Holmgren (Fraser North) – P
2. Rowan Kimball (South Fraser) – R
3. Yvette Jollet – P

[rholmgren@fvcdc.org](mailto:rholmgren@fvcdc.org)  
[Rowan@the-centre.org](mailto:Rowan@the-centre.org)

### Interior

1. Estera Hazlewood – P
2. Sally Woodard (East Kootenays) – P
3. Kim Carter (West Kootenays) – P

[Ehazlewood@shuswapchildrens.ca](mailto:Ehazlewood@shuswapchildrens.ca)  
[Sally.Woodard@interiorhealth.ca](mailto:Sally.Woodard@interiorhealth.ca)  
[kimc@kootenaykids.ca](mailto:kimc@kootenaykids.ca)

### Vancouver Island

1. Valerie Poirier (South Island) - P
2. Tami Hirasawa (Central Island) – R
3. Kristin MacColl – P

[Valerie.Poirier@islandhealth.ca](mailto:Valerie.Poirier@islandhealth.ca)  
[tami@nanaimocdc.com](mailto:tami@nanaimocdc.com)

### Provincial

1. Diane Wickenheiser (SHHC) – P
2. Stacey Miller (BCCH) – P
3. Andrea Soo (PABC) - P

[dwickenheiser@cw.bc.ca](mailto:dwickenheiser@cw.bc.ca)  
[smiller4@cw.bc.ca](mailto:smiller4@cw.bc.ca)  
[Andrea.Soo@bc-cfa.org](mailto:Andrea.Soo@bc-cfa.org)

## POTC Representatives

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## Vancouver Coastal

1. Mimi Simon – P
2. Ingrid Kusnierczyk – P

[Mimi.Simon@bc-cfa.org](mailto:Mimi.Simon@bc-cfa.org)  
[Ingrid.Kusnierczyk@vch.ca](mailto:Ingrid.Kusnierczyk@vch.ca)

## Northern Region

1. Regina Tworow – R
2. Kerstin Swanson – P
3. Pat Hamilton - P

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[Kerstin.Swanson@northernhealth.ca](mailto:Kerstin.Swanson@northernhealth.ca)  
[path@cdcp.org](mailto:path@cdcp.org)

## Fraser Region

1. Kathy Burton – P
2. Anna Matthews – P

[Kathy@the-centre.org](mailto:Kathy@the-centre.org)  
[amatthews@fvcdc.org](mailto:amatthews@fvcdc.org)

## Interior Region

1. Jennifer Persello – R
2. Suzanne Lauzon – P

[jpersello@kamloopschildrenstherapy.org](mailto:jpersello@kamloopschildrenstherapy.org)  
[suzannel@starbrightokanagan.ca](mailto:suzannel@starbrightokanagan.ca)

## Vancouver Island

1. Susan Stacey - P
2. Shelly Boardman – P

[susanstacey@shaw.ca](mailto:susanstacey@shaw.ca)  
[Shelly.Boardman@islandhealth.ca](mailto:Shelly.Boardman@islandhealth.ca)

## Provincial Tertiary Service

1. Samantha Jenkins – P
2. Angela Chin – P

[sjenkins@cw.bc.ca](mailto:sjenkens@cw.bc.ca)  
[angela.chin@cw.bc.ca](mailto:angela.chin@cw.bc.ca)

Liason with CAOT- BC Chapter (PAEDS)  
Mary Glasgow Brown – P

[mglasgowbrown@fvcdc.org](mailto:mglasgowbrown@fvcdc.org)

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Chair: Val Poirier (PPCBC)

Recorders: Susan Stacey / Ingrid Kusnierczyk (POTC)

## 1. Welcome and Land Acknowledgement

## 2. Approval of Agenda

## 3. Containment beds – MCFD presentation

- Presentation by MCFD to review rationale for decision to no longer fund, purchase, repair or maintain containment beds.
- The At Home Program is intended to help families in caring for a child with severe disabilities to live at home; equipment must be basic, medically necessary and specific to condition; home care beds and positioning beds are considered basic.
- Containment beds are unregulated and do not fall under either home care or positioning bed categories.
- Funding for containment beds may have been approved prior to 2018 but when MCFD shifted from Red Cross to HME, options became limited to Class 1 and Class 2 medical devices; other factors/ considerations included risk management and insurance restrictions. Also, devices that restrict movement are considered restraints and MCFD does not support use of restraints.
- Discussion/ Considerations: therapists inquired re: potential change in policy and/or exceptions for certain groups of children/youth; MCFD representatives indicated that MCFD is currently engaged in an engagement process re: CYSN and all programs and policy changes are on hold – there are both program and equipment priorities, finite resources and consideration needs to be given to priorities that have the greatest impact on the greatest number of children. Therapist inquired if there could be a review if Child Protection involved and concerns include lack of safe sleep options; response indicated that MCFD Autism Funding Unit does not fund safety equipment, eg containment bed; inquiry if this policy (not funding/ providing contained sleep options) is aligned with other Ministries/ branches of the Ministry, eg those that oversee children and adult group homes/ Ministry-funded placements. Member inquired about ensuring full siderails are 'gapless' to enhance safety – response that decisions are on case-by-case basis but can have full rail if justification aligns with request. Member inquired whether charitable organizations are also required to stop funding, eg if insurance and liability are concerns. Response that Variety have partially funded up to limit. Another inquiry around insurance and liability – whether this aligns with Child Health BC and use of restraints. A member reported that Canuck Place does use Pedicraft Canopy Enclosure beds – those beds have 24/7 supervision. Suggestion around level of risk between not using an enclosure bed at all but caregivers sleeping versus use of enclosure bed but supervised by awake staff.
- **Action:** MCFD to share copy of power point. Therapists to share child-specific concerns with AHP, either at: [MCF.MedicalBenefitsSupervisor@gov.bc.ca](mailto:MCF.MedicalBenefitsSupervisor@gov.bc.ca) or [MCF.MedicalBenefitsProgram@gov.bc.ca](mailto:MCF.MedicalBenefitsProgram@gov.bc.ca)

## 4. Medical equipment prescription - public vs private therapists

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- MCFD provides both foundational /core and supplemental direct therapy supports/ services, the former through School-Aged Therapy and the latter through the AHP Medical Benefits School-Aged Extended Therapies benefit. To reduce gaps/ duplication, to enhance coordination and communication MCFD created an Information sheet to explain how SAT and SAET coordinate and compliment each other.  
[https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-support-needs/sat\\_and\\_saet\\_info\\_sheet.pdf](https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-support-needs/sat_and_saet_info_sheet.pdf). This Info Sheet was initially created to help inform Ministry of Education / Independent Schools of their shared responsibility for providing the foundational supports/ tasks that fall under SAT.
- Typically SAT services are provided by therapists working in public practice and the SAET services by therapists working in private practice.
- Assessment services, including those for medical equipment and home modifications, fall within the role of the SAT therapist. The AHP does not cover services that are provided by another MCFD program (pg. 7 of the At Home Program guidelines  
[https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-support-needs/at\\_home\\_program\\_guide.pdf](https://www2.gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-support-needs/at_home_program_guide.pdf) and yet there has been an increasing number of SAT therapists reporting that private therapists are not only requesting therapy equipment (e.g. mats, rolls, wedges) but are also prescribing medical equipment through the AHP, often without consultation with the SAT therapist. The SAT OT and PT typically coordinate and collaborate with specialist teams, such as Sunny Hill's Positioning and Mobility team and there are often long-term plans around medical equipment, e.g., power wheelchair for high school, and coordination/ prioritizing needs across AHP and alternate funding sources.
- SAT therapists also report that, despite the AHP SAET application form requiring the private therapist to consult with and coordinate supports with the SAT therapist, several SAT therapists report rarely being contacted by the private therapist, sometimes only learning a private therapist is involved when a funding application has been denied due to equipment already being in place/ no funding remaining.
- Additional concerns/ comments/ considerations: the family could facilitate communication and coordination between the public and private therapists, however, often families are unaware of the roles and responsibilities of the SAT versus the SAET therapist; some children move in and out of care and/or between placements; there is frequent turn-over and/or intermittent involvement of private therapists versus the ongoing SAT services until the youth is eligible for adult services; medical equipment is often used between environments and/or only replaced after a specific time span; a piece of equipment prescribed for home may not meet the child's needs at school (e.g. stroller prescribed but does not have tie downs for school bus or positions child at risk of choking in tilt, which is not safe for feeding), may not be optimal choice (e.g. basic walker for getting in/out of bathroom prescribed by private OT but not ideal for promoting good gait pattern); fit with the long term plan (e.g. power wheelchair for high school but new manual wheelchair or stroller prescribed that exceeds limit as a back-up wheelchair/ stroller. Additionally, unanticipated time may be required within the limited SAT services to address funding shortfalls (e.g. AHP funds fulling utilized, wheelchair needed in addition to stroller) and/or when oversight of the equipment shifts from the SAET therapist to the SAT therapist (e.g.

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- child begins using equipment in school setting, when child not accessing private therapy, e.g. SAET funding fully utilized for remainder of year, when equipment prescribed by SAET therapist does not meet child's need). Several examples of overlap/ duplication and gaps in services have been shared. Consistency in applying the defined roles and responsibilities of 'foundational' versus 'supplemental' supports not only addresses coordination and communication between the SAT and SAET therapists, but it also helps inform program decision-makers, e.g. School Boards or Independent Schools, of the foundational SAT services to be provided.
- Co-therapy agreements could facilitate coordination of services. Contact would need to be initiated by the therapist delivering the SAET supports as there may be frequent changes and gaps in service delivery for SAET services.
  - MCFD reported that there is a wide range of how School-Aged Therapy services are delivered across BC, that they review whether the person requesting the equipment is a health professional but not whether the task falls within their role, e.g., SAT versus SAET or another MCFD program (e.g., Autism Funding).

## 5. Pediatric Symposium – next steps

- This Symposium occurs biannually, provides an opportunity for sharing evidence-based interventions/ practices and/or highlighting innovations within BC Paediatric therapies. Jason Gordon had been involved in organizing this Symposium within his role as MCFD's Provincial Paediatric Recruitment and Retention consultant and continued to coordinate this event when that position was eliminated, and he became employed by BCACDI. This year the revenue did not meet expenses and the BCACDI Board has decided they can no longer organize the Symposium. Discussion regarding partnering with another conference, e.g., International Seating Symposium.
- **Action:** A group will be created and distribute a survey (e.g. would you attend, what would you like). Stacy Miller, Mary Glasgow Brown, Andrea Soo and Val Poirier will lead this discussion/ review.

6. **FCC Update.** Pilot sites are still in transition. MCFD has coordinated training for therapists at those sites to conduct assessments, e.g., PEDI-CAT and GMFCS.

7. **BCCH/SHHC updates.** No updates from Stacey, Diane, Sam or Angela.

8. **PABC/CAOT updates.** No updates from PABC. Mary reported that CAOT-BC's Regional Director has left her position and that position is currently vacant.

## 9. Next meetings, Wrap-up and Adjourn

- POTC meets next on January 15<sup>th</sup> at 3:30.
- PPCBC meets next on March 6<sup>th</sup> at 3pm.
- Next joint PPCBC/ POTC meeting is April 15<sup>th</sup> at 3:30, hosted by POTC and minutes by PPCBC.

<https://www.bcacdi.org/paediatriccouncilminutes>

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