

# REQUEST FOR PROPOSALS

## PROJECT COORDINATOR

### DISCHARGE PLANNING FOR CHILDREN AND YOUTH WITH COMPLEX HEALTH CARE NEEDS

**Summary:** The Project Coordinator will undertake a number of activities (and apply a cultural safety lens while carrying out these activities) and develop a sustainable model for consideration by the Discharge Planning Group. This model will enhance the discharge planning process for children with complex health care needs. The Project Coordinator will be supported by a sub-committee of the Planning Group. Operationally the contractor will report to the Child and Family Program, VIHA.

Desired skill sets include knowledge of First Nations communities on the Island, knowledge of Vancouver Island Health Authority resources, an understanding of the challenges for rural/remote to community hospital transfers or clinical services, and experience with child and youth health issues. Required additional skills include good communication (verbal, documentation, presentation) and analytical skills.

	ACTIVITIES	DELIVERABLES	TIMELINE	
<b>Phase One</b>	<ul style="list-style-type: none"> <li>Map the current discharge process so that duplication and gaps of services are identified. Identify contacts and positions that can build upon and leverage the role of hospitals in supporting the discharge planning.</li> <li>Identify how information flows between all interested parties and sectors such as BC Children’s Hospital, Vancouver Island Health Authority, and Aboriginal communities, etc.</li> <li>Gather information about the pediatric population described as needing chronic and/or complex care including discharges and follow-up from both inpatient and ambulatory services.</li> </ul>	Draft document incorporating the information gathered during the activities for review by the subcommittee.	Project timeline is expected to span over the fall with concluding deliverables for late December, 2010 (negotiable)	
	Sub-committee teleconference/meeting	Presentation of draft	See above	
<b>Phase Two</b>	<ul style="list-style-type: none"> <li>Edits to the Phase One Document</li> <li>Develop a process that identifies what high level pediatric resources are available in communities and a process to identify what specific resources might be needed for individual care in key targeted chronic conditions. For example:</li> <li>Identify linkages to existing resources (i.e. Aboriginal Liaison Nurses),</li> <li>Identify education needs of pediatric care providers, families and communities</li> <li>Develop options for a sustainable model of discharge planning, for example, one model that should be considered is the step down concept in reverse, i.e. children are discharged from BC Children’s Hospital to the regional hub in Nanaimo and on to community and home.</li> </ul>	Draft document with model(s) identification for review of the subcommittee		
	Sub-committee teleconference/meeting (prior to full meeting) Full committee meeting for Forum planning	Presentation of draft	“ “	
<b>Phase Three</b>	<ul style="list-style-type: none"> <li>Edit draft paper on options for a sustainable model of discharge planning.</li> </ul>			
	Sub-committee teleconference/meeting (prior to full meeting) Full committee meeting for Forum planning	Presentation of draft	“ “	
	<b>COMMUNITIES FORUM PRESENTATION AND DISCUSSION OF MODEL OPTIONS</b>			
	<ul style="list-style-type: none"> <li>Adjustment of the proposed model based on feedback at the Communities Forum</li> <li>Develop an operational budget for this model</li> <li>Develop a protocol between VIHA (Paediatric Ambulatory Health Clinic) the First Nations Health Council, and BC Children’s Hospital (Child Health BC)</li> <li>Develop an evaluation framework and implementation plan.</li> </ul>	Draft document for this section	“ “	
Sub-committee teleconference/meeting (prior to full meeting) Full committee – debrief forum	(Continued on next page) Presentation of draft	“ “		

		Revisions to the subcommittee	“	“
	Full committee	Final presentation of project	“	“
	Final edits	Final Report	“	“
		Operationalize	“	“

**Deadline for Proposals: September 10, 2010 at 4 pm.**

Please email proposals to [Michelle.Stewart@viha.ca](mailto:Michelle.Stewart@viha.ca) using the header  
 “Aboriginal Children and Youth with Complex Health Care Needs” in the subject line

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