|  |  |
| --- | --- |
| I am a (select all that apply): | Clinician |
| I am submitting: | Poster |
| I am submitting more than one submission as the presenting author: | No |
| Title (no more than 10 words): | Northern Pediatric Clinic Benefits |
| If presentation, please note type: | Solution Room |
| Topic: | Wait list management |
| Brief Summary (no more than 50 words): | Northwestern Ontario often has barriers to accessing developmental diagnostic and medical services that many other areas of the province may not encounter. This poster will outline our pilot pediatric clinic and detail how we have been able to remove access barriers for families and decrease waitlists. |
| Attach abstract (250 – 350 words; word doc or PDF): | [5458\_AbstractEKOPosterpresentation.docx](https://empoweredkidsontario.ca/data/eFormsUploads/1115/5458_AbstractEKOPosterpresentation.docx) |
| Key words (please note up to five key words): | Rural Health, Pilot Project, Waitlist management, Increased Diagnostic Services, |
| Additional comments (100 – 150 words): | FIREFLY Pediatric Clinic accepts both internal and external referrals. |
| Name: | Treena Wallace |
| Title: | Specialty Clinic Coordinator |
| Organization: | FIREFLY |
| Preferred Email: | twallace@fireflynw.ca |
| Preferred telephone: | 8074640493 |
| 1. Name and Role: | Randa Elgendy |
| This presenter is: | Clinician |
| Affiliation: |  |
| Preferred email: | relgendy@fireflynw.ca |
| Preferred telephone: |  |
| 2. Name and Role: |  |
| This presenter is: |  |
| Affiliation: |  |
| Preferred email: |  |
| Preferred telephone: |  |
| 3. Name and Role: |  |
| This presenter is: |  |
| Affiliation: |  |
| Preferred email: |  |
| Preferred telephone: |  |
| 4. Name and Role: |  |
| This presenter is: |  |
| Affiliation: |  |
| Preferred email: |  |
| Preferred telephone: |  |