

## Fact Sheet 6: Using Tiers of Service Modules for Service Planning

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The Tiers of Service modules provide a guide to the responsibilities, requirements and critical mass to provide a safe, sustainable and appropriate level of a specified service. These modules, when used in combination with the self-assessment analysis of the relevant module, facilitate the planning and development of services appropriate to meet the needs of local, regional and/or provincial catchment areas.

Upon completion of the self-assessment process for a given Tiers of Service module (see Fact Sheet 5):

1. HA and facility/organizational reports are distributed to the HA leadership and non- HA facility/organization leadership for use in HA and facility/organizational planning.
2. Provincial report is shared with the CHBC Steering Committee and provincial committee(s)/council(s) for the relevant service, if one exists.
3. Results of the self-assessment are communicated:
  - Tier alignments are broadly communicated, including HAs, Patient Transport Network, CHBC website, etc. (e.g., the service at facility/organization x is Tier 4).
  - Provincial summary report: Shared with the Child Health BC Steering Committee and relevant Provincial Committee(s) (if exist). Data is provided at the HA level only.
  - HA/regional reports: Shared with HA/regional leadership. Summarize the results for the HA and individual facilities/organizations (individual facilities/organizations are "numbered" and the HA is provided the key). If desired by the HA, numbers may be substituted for facility/organization names in the final report.
  - Facility/organization reports: Shared with facilities/organizations at the direction of the HA/regional leadership. Summarizes the degree of achievement of each criteria for an individual facility/organization and compares the result to the average achievement for facilities/organizations within the HA/region/province within the same tier group.

**HA and Facility/Organization reports** are intended to support planning at an HA and individual facility/organization level. **Provincial reports** are intended to support planning at a provincial level. Specifically:

1. **HA reports support system planning**, including:

*Citing of services:*

- a. What are the needs of the population served by the HA for a given service?
- b. How do these needs translate into the needs within a HA for a given service (i.e., numbers and locations of Tier 1 services? Tier 2 services? etc)?
- c. How is a given service currently offered within the HA? (i.e., numbers and locations of Tier 1 services? Tier 2 services? etc)?
- d. Can the needs of the population and the service offering for a given service be better aligned?

*Quality improvement initiatives:*

- a. What are the areas of strength for a given service within the HA? What are the areas of opportunity?
- b. What can the HA do to address the areas of opportunity within a given service?

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2. **Facility/organizational reports support operational planning** including:
  - a. What are the areas of strength for a given service within the facility/organization? What are the areas of opportunity?
  - b. What can the service do to address the areas of opportunity?

**Provincial reports** are utilized to identify, initiate actions and evaluate **provincial quality improvement initiatives**. The latter is coordinated/led by Child Health BC. An overview of the usual process is provided below.

1. Provincial Committee/Group is identified to lead provincial quality improvement initiatives. The role may be fulfilled by an existing committee/group (e.g., Provincial Emergency Advisory Committee) or a committee/group established specifically for the task.
  - a. Focus of the Provincial Committee/Group is on identifying priority service areas which will lead to improvements in the quality and equity of care and outcomes for the population served.
  - b. Membership crosses disciplines, geography & sectors, as relevant to the module (10 - 20 people).
  - c. Some members from each of the Provincial Module Development and Self-Assessment Working Groups will be invited to participate in the Provincial Committee/Group.
  - d. Involvement of patients/families in the process is encouraged. Involvement may include participation in meetings, topic-specific focus groups, surveys, etc.
  - e. Provincial committee/group is accountable to the CHBC Steering Committee and Provincial Committee(s) for the relevant service, if one exists.
2. The provincial report of the self assessment is analyzed by the Provincial Committee/Group and quality improvement priorities are identified. The Provincial Committee/Group develops a workplan to address the priorities.
3. Final draft workplan is submitted for feedback and "acceptance" to the Child Health BC Steering Committee and relevant Provincial Committee(s) (if exists).
4. Provincial Committee/Group meets regularly and updates the status of the provincial workplan. Barriers, issues and concerns are brought to the attention of the CHBC Steering Committee and Provincial Committee(s) (if exists).
5. Annual updates on the status of the workplan are provided to the Child Health BC Steering Committee and relevant Provincial Committee(s) (if exists).