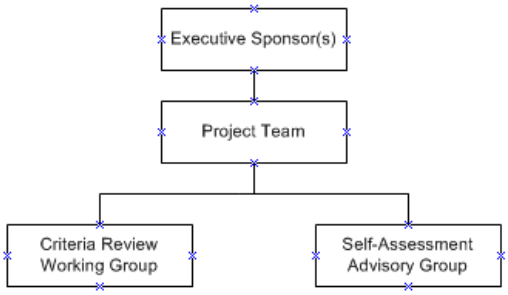
Fact Sheet 5a: Tiers of Service Self-Assessment Process (New Module)

After the development of a new module or after a major update of an existing module, a standardized self-assessment process is utilized with the following objectives:

1. **New modules (this Fact Sheet):**
    a. **Identify the tier to which a particular service most closely aligns.**
    b. **Identify areas of strengths and opportunities for improvement.**
2. **After a major update of an existing module[1] (refer to Fact Sheet 5b):**
    a. **Confirm or adjust the tier to which a particular service most closely aligns.**
    b. **Assess progress on opportunities for improvement identified during the previous self-assessment.**
    c. **Identify new areas of strengths and opportunities for improvement.**

The description that follows is the standard process that is utilized for completing the self-assessment for a **new module.** It is intended as a guideline only and is modified as appropriate for individual modules.

1. Agreement to proceed to the self-assessment phase is provided by (see Fact Sheet 4a):
    - Child Health BC Steering Committee; and
    - Relevant Provincial Committee(s) (if exists).
2. Key individuals and groups are identified to support the self-assessment process:
    a. *Executive Sponsor(s):*
        - Provides overall direction & support for the self-assessment process.
    b. *Project Team:*
        - Leads the self-assessment process.
        - Membership includes a Project Manager, Analyst & other representatives as relevant to the module.



    c. *Self-Assessment Advisory Group*:
        - Provides advice throughout the self-assessment process on the development of the self-assessment interview/survey process, analysis of the results and format of the reports for a specific module.
        - Membership includes the Project Manager, Analyst and 1-2 individuals who participated in the development of the module.

[1] Major module updates are done every five (5) years, or more often if necessitated by changes in multiple areas of practice.

d. *Criteria Review Working Group:*

- Sorts the criteria in the module into Required, Expected and Notable (see point 3 for definitions). Remains available during the data collection process to provide content expertise about individual criteria.
- Membership includes the Project Manager, Analyst & clinical & administrative representatives with content expertise.

3. Using the module and with the assistance of the Criteria Review Working Group, criteria are sorted into:

   a. *Tier-defining criteria:* Criteria which differentiate one tier from another:

      i. Required criteria (100% must be met):

         - Create patient safety/system risk if criteria is not met
         - Are clear, objective and can be easily tested
         - Can be measured and fulfillment demonstrated

      ii. Expected criteria (>70% must be met):

         - Are important and, if not met, a plan should be put in place to achieve within a year
         - Are unique to a given tier and differentiates the tier from the tier below
         - Are clear and can be reasonably measured

   b. *Non-tier-defining ("notable") criteria:* Important criteria which assists with planning and operating at a given tier

4. An interview/survey tool is developed in REDCap© to assess the status of:

   a. Tier-defining criteria (required and expected criteria); and

   b. Non-tier defining criteria (notable criteria).

5. Interviews/surveys are conducted (i) in-person and/or by telephone by CHBC Regional Coordinators +/- experts working in the relevant area; and/or (ii) on-line. Relevant service specific data (where available) is provided (e.g., volume data).

   a. Facility/organization reps (operational and clinical lead at a minimum) are identified to participate in the self-assessment.

   b. Interviewer asks the representatives questions relevant to the service at their facility/organization (i.e., tier-defining and non-tier defining criteria).

   c. At the end of the interview, the representatives are asked to select which overall tier they think their organization/facility most closely aligns.

6. All of the responses are captured in REDCap©. Responses are sent (through the CHBC Regional Coordinators) to each facility/organizational rep(s) to validate and are updated in REDCap© as needed.

7. Self-assessment survey results are analyzed. Tier alignment is identified for each facility/organization. Areas of strengths and opportunities for improvement are identified at a facility/organization, HA and provincial level.

8. Results of the self-assessment are communicated as follows:
    a. **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.
    b. **Facility/organization reports:** Shared with facilities/organizations at the direction of the HA/regional leadership. Identifies the tier alignment and summarizes the results for an individual facility/organization in comparison to the average achievement for facilities/organizations within the HA/region/province within the same tier group.
    c. **Provincial summary:** Shared with the Child Health BC Steering Committee and relevant Provincial Committee(s) (if exist). Data is provided at the HA level only.