

## Fact Sheet 5b: Tiers of Service Self-Assessment after a Major Module Update (Existing 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 (refer to Fact Sheet 5a):**
  - 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<sup>1</sup> of an existing module (this Fact Sheet):**
  - 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 updating the self-assessment **after a major module update**. It is intended as a guideline only and is modified as appropriate for individual modules.

1. Agreement to update the self-assessment is provided by (see Fact Sheet 4b):
  - Child Health BC Steering Committee; and
  - Relevant Provincial Committee(s) (if exists).
2. Key individuals and groups are identified to support the self-assessment update process:

- *Executive Sponsor(s):*

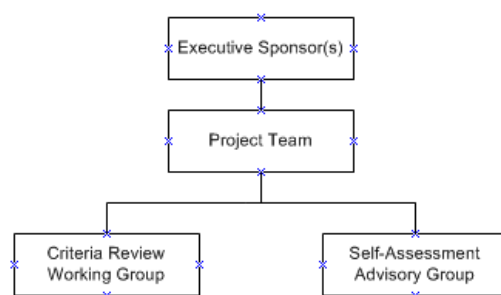
- Provides overall direction & support for the self-assessment process.

- *Project Team:*

- Leads the self-assessment update process.
- Membership includes a Project Manager, Analyst & other representatives as relevant to the module.

- *Self-Assessment Advisory Group:*

- Provides advice throughout the self-assessment update process on the development of the self-assessment interview/survey process, analysis of the results and format of the reports.
- Membership includes the Project Manager, Analyst and 1-2 individuals who participated in the update of the



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

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module.

- *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 updated module and with the assistance of the Criteria Review Working Group, criteria are sorted into:
- *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
  - *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:
- Tier-defining criteria (required and expected criteria); and
  - Progress on opportunities for improvement identified during the previous self-assessment.
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).
- Facility/organization reps (operational and clinical lead at a minimum) are identified to participate in the self-assessment update
  - Interviewer asks the representatives questions relevant to the service at their facility/organization: i.e., tier defining criteria & progress on provincial (if applicable), health authority (if applicable) and site-level opportunities for improvement identified during the previous self-assessment)
  - At the end of the interview, the representatives are asked to select which overall tier they think their organization/facility most closely aligns. If different from the tier alignment identified in the previous self-assessment, rationale is discussed
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.

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7. Self-assessment survey results are analyzed. Tier alignment is confirmed for each facility/organization. New areas of strengths and opportunities for improvement are identified at a facility/organization, HA and provincial level. Progress on opportunities for improvement identified during the previous self-assessment is reviewed.
8. Results of the self-assessment are communicated as follows:
  - **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. 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.
  - **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.