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 document):**

    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]:**

    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:
    - 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. The Advisory Group will consult with those who will be participating in the self-assessment as they develop the self-assessment process and plans to communicate the results (e.g., health authorities, ministries, and Indigenous partners).
    - Membership includes the Project Manager, Analyst and at least 1-2 individuals who participated in the development of the module.

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

3. An interview/survey tool is developed in a survey and database tool to assess the status of:

    a. Tier-defining criteria; and

    b. Notable criteria.

4. Interviews/surveys are conducted in-person or virtually. 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.

5. All of the responses are captured in survey and database tool. Responses are sent to each facility/organizational rep(s) to validate and are updated in survey and database tool as needed.

6. 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.

7. 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.

    b. **Facility/organization reports:** Shared with facilities/organizations by 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.