Fact Sheet 3a: Tiers of Service Module Development (New Module)

A standardized process is used to:

1. Develop new Tiers of Service modules (this Fact Sheet);
   - Setting the Stage
   - Tiers in Brief/Tiers in Full; and

2. Formally update existing modules (refer to Fact Sheet 3b).

The standardized process used to develop new Tiers of Service modules is as follows:

1. The need for a new module is identified.

2. For new modules, agreement to proceed is requested from:

   - Child Health BC Steering Committee; and

   - Relevant Provincial Committee(s) (if exists).

3. Project Manager is assigned to support the development of the module.

4. Small group of advisors (3 - 4) is identified to (1) lead the process; and (2) provide input on initial draft documents (Project Team).

5. Key individuals are identified to form a Provincial Module Development Working Group:

   - Focus of the group is to provide expert advice on the development of the module, including identification of tier defining criteria.

   - Membership crosses disciplines, geography & sectors, and service volumes as relevant to the module (15 - 20 people). Membership also includes operational and medical leaders, patients and families and Indigenous partners.

6. Preliminary research is conducted to assist in module development:

   - Internet/literature is reviewed for similar work done in other jurisdictions.

   - Documents of relevant specialty and subspecialty health professional colleges are reviewed for current practices (e.g., College of Physicians and Surgeons and College of Registered Nurses of BC).

   - Literature is reviewed for best practices relevant to the module and specific topics within the module.

7. Provincial service utilization and outcome data is analyzed for relevance, where available (e.g., Canadian Institute of Health Information, Ministry of Health, Ministry of Child & Family Development, etc). *Setting the Stage* component of the module is developed which provides highlights of the analysis and maps of population and utilization, as appropriate.

8. Project Manager develops an initial draft of the document which identifies the tiers relevant to the service (not all tiers are relevant for all services) and provides an overview of the responsibilities and requirements at each tier. Document is refined based on feedback from the Project Team.

9. Project Manager utilizes the high-level document to develop the *Tiers in Full* (i.e., detailed description, responsibilities, and requirements at each tier). *Tiers in Full* is refined based on feedback from the Project Team.

10. Series of guided consensus meetings of the Provincial Module Development Working Group are undertaken to review the *Tiers in Full* document. This usually requires 1 - 2 all day, face-to-face or virtual meetings plus 5 - 6 one-to-two-hour virtual meetings. Focus group meetings may be held between meetings on specific topic areas.

11. Once the draft *Tiers in Full* document has been completed, the *Tiers in Brief* document is developed. For some modules, Tiers in Brief and Tiers in Full are combined (e.g., Children & Critical Care Services).

12. Provincial Module Development Working Group selects the criteria in the module used to identify the alignment of a service to a specific tier (i.e., "tier defining" criteria). By default, criteria which are not selected as "tier defining" are considered "notable." Tier defining criteria are used administratively to help distinguish one tier from another. They are not used to prioritize the importance of some criteria over others.

   Tier defining criteria:
   - 100% must be met

   AND

   - Creates a patient safety risk[1] or system risk[2] if not met; OR
   - Is unique to a given tier AND essential to providing services at that tier (service cannot function at that tier if the criterion is not met)

   AND

   - Are observable (tangible) and easily measured

   Notable criteria:
   - No threshold (no minimum % must be met)
   - Important criteria that assist with planning and operating at a given tier

   Guidance for selecting tier defining criteria:
   - Tier defining criteria will not be identified for the lowest tier in the module (rationale: ensures all sites that are included in the self-assessment align to a tier).
   - The number of tier defining criteria selected is usually less than 10% of the total criteria (based on calculations from previous modules and proven success in tier alignment).
   - As available, standards, guidelines, scientific publications, and tiers of service documents from other jurisdictions are used to support decisions around the selection of tier defining criteria.

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[1] Patient safety risk = risk that preventable harm may occur to a patient during the process of health care if criterion is not met. Reference: World Health Organization. Patient safety 2020. www.who.int/teams/integrated-health-services/patient-safety (accessed May 14, 2021).

[2] System risk = risk that service provision or the role of the service within the relevant network may be severely disrupted if criterion is not met.. References: (1) Provincial Health Services Authority. PHSA Integrated Risk Management Framework Document. Vancouver. 2019; (2) Al-Zuheri A, Amer Y, Vlachos I. Risk assessment and analysis of healthcare system using probability-impact matrix.: Nur Primary Care; 2019. p. 1-4.; (3) Government of Western Australia. Clinical Risk Management Guidelines for the Western Australian Health System. Information Series No 8. East Perth 2019.

13. Once the Provincial Working Group has completed the draft module (*Tiers in Full* and *Tiers in Brief*), the module, including "tier defining" criteria (in blue type), is broadly circulated for feedback. CHBC Regional Coordinators assist with the collection of feedback from health authorities.

14. Feedback on the module is reviewed and incorporated into the draft module by the Project Team. The Provincial Module Development Working Group is consulted, as required.

15. Final draft module is submitted for feedback and "acceptance" and agreement to proceed to the self-assessment phase (see Fact Sheet 5a) to:

   - Child Health BC Steering Committee; and

   - Relevant Provincial Committee(s) (if exists).

   The focus of this final review is to confirm that appropriate processes were followed, and that consultation was undertaken with the appropriate parties.

16. Finalized module is posted on the CHBC website with the date (Approved: xxxxx).