

## Fact Sheet 4a: Tiers of Service Module Development (New Module)

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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 4b).

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 lead the process and provide input on initial draft documents.
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.
  - Membership crosses disciplines, geography & sectors, as relevant to the module (15 - 20 people).
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. High-level document is developed 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 small group of advisors.
9. High-level document is utilized to develop the *Tiers in Full* component of the module (i.e., detailed description, responsibilities and requirements at each tier).

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10. Series of guided consensus meetings of the Provincial Working Group are undertaken to review the Tiers in Full document. This usually requires 1 - 2 all day, face-to-face meetings plus 5 - 6 one to two hour video/ teleconferences. Focus groups may be held between meetings on specific topic areas.
11. Once the Provincial Working Group has completed the draft module, the module is broadly circulated for feedback, including health authority and other leadership and provincial councils/ committees.
12. Feedback is reviewed by the Provincial Working Group and where appropriate, incorporated.
13. *Tiers in Brief* component of the module is developed, based on the highlights in the *Tiers in Full* component. For some modules, *Tiers in Brief* and *Tiers in Full* are combined (e.g., Critical Care Services for Children).
14. Final draft module is submitted for feedback and "acceptance" of the module and agreement to proceed to the self-assessment phase (see Fact Sheet 6) 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.

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