

## Fact Sheet 5: Tiers of Service Self-Assessment Process

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The standardized process used for self-assessment of a given Tiers of Service module is as follows:

1. Agreement to proceed to the self assessment phase is provided by (see Fact Sheet 4):
  - Child Health BC Steering Committee; and
  - Relevant Provincial Committee(s) (if exists).
2. Project manager and survey design/analysis lead is assigned to support the self-assessment process.
3. Key individuals are identified to form a Provincial Self-Assessment Working Group:
  - Focus of the group is to provide expert advice on the self-assessment process, timelines and tools/documents.
  - Membership is made up of operational leaders from each health authority (1 per HA) and representatives of non-HA facilities/organizations that will be participating in the self-assessment (5 - 10 people).
4. Using the module and with the assistance of the Provincial Self-Assessment Working Group, criteria is sorted into:
  - Criteria which differentiates one tier from another (tier defining criteria) - may overlap with essential criteria.
  - Criteria which is critical to operating at a given tier (essential criteria) - may overlap with tier defining criteria.
  - Other criteria - not tier defining or essential criteria.
5. Using the criteria above, electronic survey tools are developed:
  - Tool #1: Survey to assess the status of tier defining criteria (usually ~20% - 25% of the total criteria).
  - Tool #2: Survey to assess the status of non-tier defining criteria (essential criteria + other criteria).
  - Feedback on the tools is provided by the Provincial Self-Assessment Working Group.
6. A facility/organization rep is identified from each facility/organization that will be participating in the self-assessment. Facility/organization reps will be identified by the project manager working in consultation with the Provincial Self-Assessment Working Group and the CHBC Regional Coordinators.
7. Provincial webinars are offered which describe the self-assessment process, timelines and tools/documents (Project manager).
8. Self-assessment Tool #1 is sent to facility/organizational reps for completion, along with relevant service specific data (where available). CHBC Regional Coordinators support facility/organizational reps and their teams in completing the survey. Another option is for the CHBC Regional Coordinators to complete the survey with the facility/organizational rep through a telephone interview.
9. Survey results are reviewed and responses which seem inconsistent ("out of line") with other responses or other facilities/organizations are validated with the facility/organizational reps (through the CHBC Regional Coordinators). (This step may be minimized if telephone interview data collection completed in step above).
10. Survey results are analyzed and facilities/organizations are categorized according to the tier to which they most closely align (Tier 1 to Tier 6). Alignment is based on the highest tier where the:
  - Tier defining criteria are substantively met (70% or more of the criteria at the relevant tier); AND
  - Minimum volumes as outlined in the module are met. Some exceptions may apply when geography, distance and transportation options are considered.

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11. Provincial Self-Assessment Working Group reviews the proposed tier alignments and identifies outliers and/or any further analysis required. Tier alignment discrepancies are resolved.
12. Self-assessment Tool #2 is sent to facility/organizational reps for completion (4 - 6 weeks is allowed for completion).
13. Survey results are reviewed and responses which seem inconsistent ("out of line") with other responses or other facilities/organizations are validated with the facility/organizational reps (through the CHBC Regional Coordinators).
14. Results from the Self-assessment Tool #1 and #2 are consolidated into a single self-assessment.
15. Self-assessment survey results are analyzed provincially, by HA and by facility/organization to identify strengths and opportunities for improvement.
16. Draft HA reports are developed and validated with HA leadership and non- HA facility/organization leadership. Other relevant data is also considered (e.g., distance, acuity, socioeconomic index, etc).
17. HA reports are finalized. Provincial and facility/organization reports are developed.
18. HA and facility/organizational reports are distributed to the HA leadership and non- HA facility/organization leadership for use in HA and facility/organizational planning.
19. Provincial report is shared with the CHBC Steering Committee and provincial committee(s)/council(s) for the relevant service, if one exists.
20. Results of the self-assessment are communicated:
  - Tier alignments are broadly communicated, including HAs, Patient Transport Network, CHBC website, etc. (e.g., the service at facility/organization x is Tier 4).
  - Provincial and HA reports summarize the achievement of specific criteria.
    - Provincial summaries are to the HA level only and do not include results for individual facilities/organizations. Reports are shared with the Child Health BC Steering Committee and relevant Provincial Committee(s) (if exist). These reports are not available publicly.
    - HA reports summarize the results for the HA and individual facilities/organizations. If desired by the HA, numbers may be substituted for facility/organization names in the final report. Reports are not available publicly.
    - Facility/organization reports identify the achievement of specific criteria for individual facilities/organizations and compare to the average achievement for all facilities/organizations within the HA and province. Reports are not available publicly.