

Fact Sheet 6: Using Tiers of Service Modules for Service Planning

The Tiers of Service modules provide a guide to the responsibilities, requirements and critical mass to provide a safe, sustainable and appropriate level of a specified service. These modules, when used in combination with the self-assessment analysis of the relevant module, facilitate the planning and development of services appropriate to meet the needs of local, regional and/or provincial catchment areas.

Upon completion of the self-assessment process for a given Tiers of Service module (see Fact Sheet 5), results 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.

HA/regional and **Facility/organization reports** are intended to support planning at an HA/regional and individual facility/organization level. **Provincial summary** is intended to support planning at a provincial level. Specifically:

1. **HA/regional reports** support **system planning**, including:

Citing of services:

- a. What are the needs of the population served by the HA for a given service?
- b. How do these needs translate into the needs within a HA for a given service (i.e., numbers and locations of Tier 1 services? Tier 2 services? etc)?
- c. How is a given service currently offered within the HA? (i.e., numbers and locations of Tier 1 services? Tier 2 services? etc)?
- d. Can the needs of the population and the service offering for a given service be better aligned?

Quality improvement initiatives:

- a. What are the areas of strength for a given service within the HA? What are the areas of opportunity?
- b. What can the HA do to address the areas of opportunity within a given service?

2. **Facility/organizational reports** support **operational planning** including:

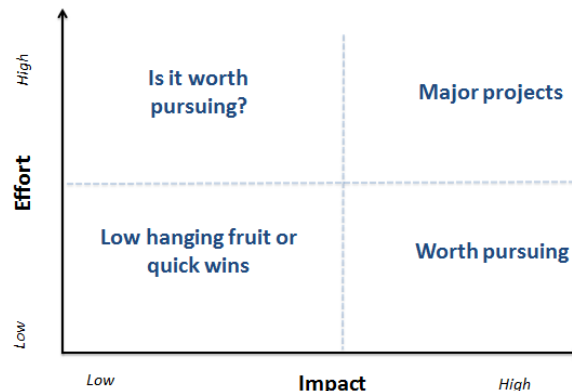
- a. What are the areas of strength for a given service within the facility/organization? What are the areas of opportunity?
- b. What can the service do to address the areas of opportunity?

Provincial summary is utilized to identify, initiate actions and evaluate **provincial quality improvement initiatives**. The latter is coordinated/led by Child Health BC. An overview of the usual process is provided below.

1. Provincial Committee/Group is identified to lead provincial quality improvement initiatives. The role may be fulfilled by an existing committee/group (e.g., Provincial Emergency Advisory Committee) or a committee/group established specifically for the task.

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- a. Focus of the Provincial Committee/Group is on identifying priority service areas which will lead to improvements in the quality and equity of care and outcomes for the population served.
 - b. Membership crosses disciplines, geography & sectors, as relevant to the module (10 - 20 people).
 - c. Some members from each of the Provincial Module Development and Self-Assessment Working Groups will be invited to participate in the Provincial Committee/Group.
 - d. Involvement of patients/families in the process is encouraged. Involvement may include participation in meetings, topic-specific focus groups, surveys, etc.
 - e. Provincial committee/group is accountable to the CHBC Steering Committee and Provincial Committee(s) for the relevant service, if one exists.
2. The provincial summary of findings of the self assessment is analyzed by the Provincial Committee/Group and quality improvement priorities are identified. The Provincial Committee/Group develops a workplan to address the priorities. A structured process is utilized to develop the workplan, including:
- a. Create a worksheet which lists (1) each criterion in the module and the percentage of times that each is met by each participating site; and (2) all criterion in the module which was not met sorted by tier and health authority.
 - b. Utilize the worksheet to identify provincial themes (opportunities), with consideration given to criteria which were consistently not met (i.e., met <70% of time), crossing one or more tiers and affecting multiple (3 or more) health authorities/regions.
 - c. Review the provincial themes (opportunities) with the Provincial Committee/Group to determine priorities for provincial action. As appropriate, request feedback on the priorities from medical and operational leaders in the health authorities/regions.
 - d. Provincial Committee/Group to (1) identify key projects to address the priorities (workplan); and (2) apply the impact/effort matrix to determine which ones will be undertaken in the first year (priority projects).



- e. Final draft of the workplan (including priority projects) is submitted for feedback and "acceptance" to the Child Health BC Steering Committee and relevant Provincial Committee(s) (if exists).
- f. Establish project working group(s) (as required) and assign a project manager to each of the priority projects. As part of the workplan, develop evaluation mechanism for each project.
- g. Establish a reporting structure for the project working group(s).
 - Provincial Committee/Group will oversee all priority projects as identified on the workplan.
 - Regular reports will be provided to the CHBC Steering Committee and Provincial Committee(s) for the relevant service, if one exists.