

Fact Sheet 5: Tiers of Service Self-Assessment Process

The purpose of the self-assessment: process for a given Tiers of Service module is to:

1. Identify the tier to which a particular service most closely aligns.
2. Assess how well a particular service is performing against the criteria for a given tier. Assessment results are utilized to identify strengths and opportunities for improvement.

The standardized process for completing the self-assessment is as follows:

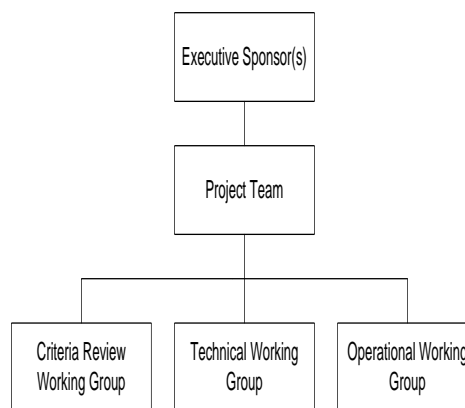
1. Agreement to proceed to the self assessment phase is provided by (see Fact Sheet 4):
 - Child Health BC Steering Committee; and
 - Relevant Provincial Committee(s) (if exists).
2. Key individuals and groups are identified to support the self-assessment process:

a. *Executive Sponsor(s):*

- Provides overall direction & support for the self-assessment process.

b. *Project Team:*

- Leads the self-assessment process, including coordination of both the technical and operational components.
- Membership includes a Project Manager, Analyst & representative from each of the 3 working groups.



c. *Criteria Review Working Group:*

- Sorts the criteria in the module into Required, Expected and Notable (see point 3 for definitions). Remains available during the data collection process to provide content expertise about individual criteria.
- Membership includes the Project Manager, Analyst & clinical & administrative representatives with content expertise.

d. *Technical Working Group:*

- Provides technical advice on the development of the self-assessment interview/survey process, analysis of the results and format of the reports.
- Membership includes the Project Manager, Analyst, Methodological Expert(s) and 1-2 individuals who participated in the development of the module.

e. *Operational Working Group:*

- Provides advice on the self-assessment process and timelines and provides feedback templates for reports.
- Membership includes the Project Manager, Analyst & individuals who will be participating in the data collection process.

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3. Using the module and with the assistance of the Criteria Review Working Group, criteria is sorted into:
 - a. *Tier defining criteria*: Criteria which differentiates one tier from another:
 - i. Required criteria (100% must be met):
 - Creates patient safety/system risk if criteria is not met
 - Criteria is clear, objective and can be easily tested
 - Criteria can be measured and fulfillment demonstrated
 - ii. Expected criteria (>70% must be met):
 - Criteria is important and, if not met, a plan should be put in place to achieve within a year
 - Criteria is unique to a given tier and differentiates the tier from the tier below
 - Criteria is clear and can be reasonably measured
 - b. *Non-tier defining ("notable") criteria*: Important criteria which assists with planning and operating at a given tier
4. Using the criteria, survey tools are developed (may be a combined tool depending on module length):
 - a. Tool #1: Face to face or phone interview to assess the status of tier defining criteria (required + expected criteria).
 - b. Tool #2: Electronic survey to assess the status of non-tier defining criteria (relevant criteria + other criteria).
5. A facility/organization rep is identified from each facility/organization that will be participating in the self-assessment.
6. *Phase 1: Tier to which a particular service most closely aligns is identified.*
 - a. Using Tool #1, interviews are conducted with facility/organizational reps. Relevant service specific data (where available) is provided. Interviews are conducted in-person and/or by telephone by CHBC Regional Coordinators +/- experts working in the relevant area. Reps are asked to validate the responses and select which tier they think best aligns with their resources.
 - b. Responses are entered into a provincial database (RedCap). Responses are sent to each facility/organizational rep(s) to validate. Responses which seem inconsistent ("out of line") with other responses or other facilities/organizations are highlighted. Reps are asked to validate the responses (through the CHBC Regional Coordinators). RedCap is updated with edits/comments.
 - c. Facilities/organizations are aligned with a tier based on their validated responses.
7. *Phase 2: Service is assessed as to how well it performs against the criteria for its aligned tier.*
 - a. Using Tool #2, an electronic survey (through RedCap) is sent to each facility/organizational rep(s). The survey questions match the criteria to which the facility/organization is aligned or the tier perceived by their rep to be the appropriate tier, whichever is higher.

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- b. Survey results are reviewed and responses which seem inconsistent ("out of line") with other responses or other facilities/organizations at the same tier are validated with the facility/organizational reps (through the CHBC Regional Coordinators).
 - c. Results from the Self-Assessment Tool #1 (interview) and #2 (survey) are consolidated into a single self-assessment. Self-assessment survey results are analyzed provincially, by HA and by facility/organization to identify strengths and opportunities for improvement.
8. Provincial, HA and facility/organization reports are developed and distributed.
- a. 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).
 - b. Results of the self-assessment are communicated as follows:
 - 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 summary report: 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 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. Summarizes the degree of achievement of each criteria for an individual facility/organization and compares the result to the average achievement for facilities/organizations within the HA/region/province within the same tier group.