

Fact Sheet 5c: Tier Adjustment between Module Self-Assessments

After the development of a new module or after a major update of an existing module, a standardized self-assessment process is utilized with the following objectives:

1. New modules (refer to Fact Sheet 5a):

- a. Identify the tier to which a particular service most closely aligns.
- b. Identify areas of strengths and opportunities for improvement.

2. After a major update¹ of an existing module (refer to Fact Sheet 5b):

- a. Confirm or adjust the tier to which a particular service most closely aligns.
- b. Assess progress on opportunities for improvement identified during the previous self-assessment.
- c. Identify new areas of strengths and opportunities for improvement.

Between self-assessments, changes may occur to a service which may impact the tier alignment of the service at that site (the tier may be increased or decreased). **This Fact Sheet (5c) describes the process for adjusting the tier alignment between self-assessment periods. This process is undertaken when the adjustment is intended to be “long-term” (i.e., more than 12 months).**

This Fact Sheet describes the process for adjusting the tier alignment (may be increased or decreased) of a service at a site between self-assessment periods.

If a change occurs which may impact the tier alignment of a service at a given site, the process is as follows:

1. The site identifies a change in the ability of that site to meet one or more of the criteria required to align to a specific Tier of Service. The tier alignment criteria are identified and validated during the module development process.

Required criteria for tier alignment (100% must be met):

- Create patient safety/system risk if criteria is not met
 - Are clear, objective and can be easily tested
 - Can be measured and fulfillment demonstrated
2. The Operational Lead and Physician Lead of the affected service engage an interdisciplinary team in the completion of the “Request for Tier Adjustment between Module Self-Assessments” form (Appendix 1). Suggested team members include the clinical program manager(s), team leader(s) and front-line staff across impacted care areas.
 3. If all required criteria can be met at the newly aligned tier, the form is submitted to the Executive Director/Network Director (both, if applicable) and Medical Director/Network Medical Director responsible for the affected service(s).
 4. The Executive Director/Network Director and Medical Director/Network Medical Director review and, if agreeable, confirm the adjustment and inform the Vice-President. Site partners/colleagues are also updated.
 5. The Executive Director/Network Director submits the form to Child Health BC (CHBC). CHBC updates the tier alignment in REDCap. Relevant documents are updated (e.g., map showing the location of various tiers). Communication is provided to relevant provincial partners/colleagues once the update is completed. No updated reports are issued.
 6. Tier alignment will be reviewed in full at the next scheduled provincial self-assessment (after a major module update).

¹ Major module updates are done every five (5) years, or more often if necessitated by changes in multiple areas of practice.

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Appendix 1: Request for Tier Adjustment between Module Self-Assessments

To complete this Form, please refer to the relevant Tiers of Service module and the list of “required criteria” (included as an Appendix in each of the Tiers in Full modules).

Site _____

Service _____

Current Tier (based on self-assessment undertaken _____)

(add date) _____

New Tier _____

Reason(s) for the change _____

All required criteria at the new tier have been reviewed and are met. The Vice President has been informed of the change.

Operational Lead

Physician Lead

Name: _____

Name: _____

Position: _____

Position: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Executive Director/Network Director

Medical Director/Network Medical Director

Name: _____

Name: _____

Position: _____

Position: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Please e-mail a signed copy to Child Health BC (CHBC).