

Fact Sheet 3b: Tiers of Service Module Review & Update (Existing Module)

A standardized process is used to:

1. Develop new Tiers of Service modules (refer to Fact Sheet 3a).
2. Formally update existing modules:
 - a. Setting the Stage
 - b. Tiers in Brief/Tiers in Full
 - *Minor* updates to existing Tiers of Service (TOS) documents; and
 - *Major* updates to existing TOS documents

1. Updating the *Setting the Stage* documents

Frequency:

- Annually.

Triggers:

- Provincial Health Services Authority (PHSA) receives new provincial data from the Ministry of Health.

Process:

1. Child Health BC (CHBC) data analyst updates the *Setting the Stage* documents with new provincial data.
2. CHBC Tiers of Service (TOS) project manager finalizes the updated *Setting the Stage* document and arranges posting to the CHBC website.

2. Tiers of Service module

a. Minor Update

Frequency:

- Up to four times per year (Jan 1, Apr 1, July 1 and Oct 1).

Triggers:

- Request received from users of the module to clarify a specific criterion or group of criteria. If criterion/criteria are changed, the original intent is maintained. Clarification is reviewed by relevant parties for accuracy and clarity.
- Completion or completing an update of another Tiers of Service module which impacts an existing module. Changes are made to the existing module to maintain the alignment between modules.

Process:

1. Request for change brought forward to a member of CHBC TOS team.

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2. CHBC TOS team reviews the request and adjusts the module, as appropriate. Team reviews clarification with relevant parties for accuracy and clarity.
3. Updated module is posted on the CHBC website with the date (Minor revision: Jan 1, Apr 1, July 1 or Oct 1) and overview of the changes (Change Log).

b. Major Update (Refresh)

Frequency:

- Every five (5) years, or more often if necessitated by changes in multiple areas of practice.

Triggers:

- Five (5) years since completing the initial module or since the last major update.
- Request from users of the module for a major update to align with changes in multiple areas of practice.

Process:

1. Project manager is assigned to support the module update.
2. Small group of advisors (3 - 4) is identified to (1) lead the process; (2) determine areas requiring an update; and (3) provide input on the initial draft of the proposed changes (Project Team).
3. Key individuals are identified to form a Provincial Module Update Working Group:
 - Focus of the group is to provide expert advice on updates needed to the module, including the criteria identified as “tier defining.”
 - Membership crosses disciplines, geography & sectors, and service volumes as relevant to the module (5 - 10 people). Membership includes operational and medical leaders, patients and families, and Indigenous representatives.
4. The Project Team conducts research in the area of the proposed change(s) (e.g., utilization and outcome data, internet/literature review of practice guidelines/standards, etc; review of relevant data).
5. Project Manager updates the *Tiers in Full* document, utilizing feedback from the Project Team.
6. Series of guided consensus meetings of the Provincial Module Update Working Group are undertaken to review the updated module. This usually requires 1 extended meeting (3 – 4 hour face-to-face or virtual meeting) plus 2 – 4 one-to-two-hour virtual meetings to complete the work. Focus group meetings may be held between meetings on specific topic areas.
7. Once the *Tiers in Full* document has been completed, the *Tiers in Brief* document is updated. For some modules, the *Tiers in Full* and *Tiers in Brief* are combined (e.g., Children & Critical Care Services).
8. Provincial Module Update Working Group reviews and confirms the criteria in the module to be used for tier alignment (i.e., “tier defining” criteria). By default, criteria which are not selected as “tier defining” are considered “notable.” See Fact Sheet 3a for definitions.

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9. Once the Provincial Working Group has completed the update of the draft module (*Tiers in Full* and *Tiers in Brief*), the module, including “tier defining” criteria (in blue type), is broadly circulated for stakeholder feedback. CHBC Coordinators may be asked to facilitate the collection of feedback from health authorities.
10. Feedback on the module is reviewed and incorporated into the draft module by the Project Team. The Provincial Module Update Working Group is consulted, as required.
11. Final draft of the updated module is submitted for feedback and "acceptance" and agreement to proceed with an updated self-assessment (see Fact Sheet 5b) 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.

12. Updated module is posted on the CHBC module with the date (Major Revision Approved: xxxxx) and overview of the changes (Change Log).