

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 the performance of a particular service 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:

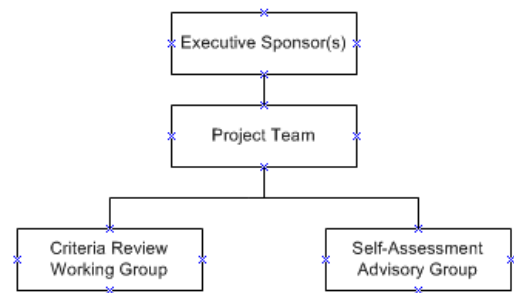
1. Agreement to proceed to the self-assessment phase is provided by (see Fact Sheet 4):
 - Child Health BC Steering Committee; and
 - Relevant Provincial Committee(s) (if exists).
2. Key individuals and groups are identified to support the self-assessment process:

a. *Executive Sponsor(s)*:

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

b. *Project Team*:

- Leads the self-assessment process.
- Membership includes a Project Manager, Analyst & other representatives as relevant to the module.



c. *Self-Assessment Advisory Group*:

- Provides advice throughout the self-assessment process on the development of the self-assessment interview/survey process, analysis of the results and format of the reports for a specific module.
- Membership includes the Project Manager, Analyst and 1-2 individuals who participated in the development of the module.

d. *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.

3. Using the module and with the assistance of the Criteria Review Working Group, criteria are sorted into:

a. *Tier-defining criteria*: Criteria which differentiate one tier from another:

i. Required criteria (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

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- ii. Expected criteria (>70% must be met):
 - Are important and, if not met, a plan should be put in place to achieve within a year
 - Are unique to a given tier and differentiates the tier from the tier below
 - Are 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. Based on the criteria in the module, an interview/survey tool is developed in REDCap© to assess the status of the tier-defining and non-tier defining criteria. Facility/organization reps (operational and clinical lead at a minimum) are identified to participate in the self-assessment.
 - a. Interviews/surveys are conducted in-person and/or by telephone by CHBC Regional Coordinators +/- experts working in the relevant area. Relevant service specific data (where available) is provided (e.g., volume data).
 - b. Interviewer asks the representatives questions relevant to their facility/organization.
 - c. At the end of the interview, the representatives are asked to select which overall tier they think their organization/facility most closely aligns.
5. All of the responses are captured in REDCap©. Responses are sent (through the CHBC Regional Coordinators) to each facility/organizational rep(s) to validate and are updated in REDCap© as needed.
6. Self-assessment survey results are analyzed by facility/organization, HA and provincially to identify strengths and opportunities for improvement.
7. Provincial, HA and facility/organization reports are developed and distributed.
 - a. Based on the self-assessment results, draft reports are developed in collaboration with HA leadership and non- HA facility/organization leadership (e.g., Ministry of Children and Family Development), as relevant. Other relevant data is also considered for inclusion in the report (e.g., distance, acuity, socioeconomic index, etc).
 - b. Results of the self-assessment are communicated as follows:
 - 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. Summarize the degree of achievement of each criterion for an individual facility/organization and compare the result to the average achievement for facilities/organizations within the HA/region/province within the same tier group.