

Fact Sheet 5: Tiers of Service Self-Assessment Process

The standardized process used for self-assessment of a given Tiers of Service module 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 are identified to support the self-assessment process:
 - Executive Project Sponsor(s): Provides overall direction & support for the self-assessment process.
 - Project Manager: Develops the workplan, provides day-to-day management of the project and drafts provincial, health authority and site level reports.
 - Analytical Lead/Analyst: Advises on the methodology for self-assessment, manages and analyzes the data management and supports the drafting of reports.
3. Key individuals are identified to form a Technical Advisory Working Group:
 - Focus of the group is to provide ongoing technical advice on the development of the self-assessment interview/survey and analysis of the results.
 - Membership is made up of the Project Manager, Analytic Lead/Analyst, Content Expert and 1-2 individuals who participated in the development of the module.
4. Key individuals are identified to form a Self-Assessment Working Group(s) based on the module:
 - Focus of the group is to provide expert advice on the self-assessment process and timelines.
 - Membership is made up of operational leaders and representatives of non-HA facilities/organizations that will be participating in the self-assessment (5 - 10 people).
5. Using the module and with the assistance of the Technical Advisory and Self-Assessment Working Groups, criteria is sorted into:
 - Tier defining criteria: Criteria which differentiates one tier from another:
 - Required criteria: 100% of these criteria must be met to operate at a given tier.
 - Expected criteria: >70% of these criteria must be met to operate at a given tier.
 - Non-Tier defining criteria: Criteria which is important but does not differentiate one tier from another.
 - Additional criteria: Criteria which is fundamental to operating at a given tier.
 - Other criteria: Neither tier-defining or additional
6. Using the criteria above, survey tools are developed (may be a combined tool depending on module length):
 - Tool #1: Face to face or phone interview to assess the status of tier defining criteria (required + expected criteria).
 - Tool #2: Electronic survey to assess the status of non-tier defining criteria (additional criteria + other criteria).

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7. A facility/organization rep is identified from each facility/organization that will be participating in the self-assessment.
8. Phase 1 of the self-assessment (~4 weeks): Using Tool #1, interviews are conducted with facility/organizational reps. Relevant service specific data (where available) is provided. Interviews are conducted by CHBC Regional Coordinators +/- experts working in the relevant area to assist with interpretation of responses. Interviews are conducted in-person and/or by telephone.
9. Responses are entered into a provincial database (RedCap). Responses are sent to each facility/organizational rep(s) to validate. Any responses which seem inconsistent ("out of line") with other responses or other facilities/organizations are highlighted. Reps are also sent a copy of the relevant Tiers in Brief and asked to pick which tier best aligns with their responses and knowledge of the site. RedCap is updated with edits/comments.
10. Facilities/organizations are aligned with a tier based on their validated tier-defining criteria responses in Phase 1.
11. Phase 2 of the self-assessment (~4 weeks): Using Tool #2, an electronic survey (through RedCap) is sent out to each facility/organizational rep(s) to complete. This survey is tailored to their tier-defining criteria responses and/or what the site perceives to be their tier, whichever is higher.
12. 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).
13. 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.
14. 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).
15. Reports are finalized. HA and facility/organizational reports are distributed to the HA leadership and non-HA facility/organization leadership for use in HA and facility/organizational planning. Provincial report is shared with the CHBC Steering Committee and provincial committee(s)/council(s) for the relevant service, if one exists. Results of the self-assessment are communicated:
 - 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 and HA reports summarize the achievement of specific criteria.
 - Provincial summaries are to the HA level only and do not include results for individual facilities/organizations. Reports are shared with the Child Health BC Steering Committee and relevant Provincial Committee(s) (if exist). These reports are not available publicly.
 - HA reports summarize the results for the HA and individual facilities/organizations. If desired by the HA, numbers may be substituted for facility/organization names in the final report. Reports are not available publicly.
 - Facility/organization reports identify the achievement of specific criteria for individual facilities/organizations and compare to the average achievement for all facilities/organizations within the HA and province. Reports are not available publicly.