



BC Renal Agency

An agency of the Provincial Health Services Authority

The BC Provincial Renal Agency Organizational Structure and Function

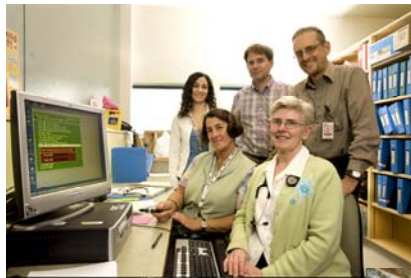


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FORM FOLLOWS FUNCTION

Background

The BC Provincial Renal Agency (BCPRA) was established in 1997 as a virtual network designed to optimize kidney patients' quality of life and health outcomes, and to support sound fiscal management and system sustainability. Central to the functioning of the BCPRA are the philosophy and the structure, both informing each other, thereby ensuring that the form, or 'architecture' of the agency follows its streamlined and focused functions.

The philosophy of the BCPRA is that optimized patient care and outcomes are the 'raison d'être' for the agency. As a result, a prerequisite of all structures is that they are designed to ensure patient care needs are met in the most seamless manner possible, with simple, open, low-barrier collaboration versus the creation of additional bureaucracy and hierarchy where there is no perceived value (LEAN principles). The majority of agency expenses are dedicated to patient care activities, services or supplies. The infrastructure required to deliver care and ensure high standards, equitable access and evidence-informed decision-making must leverage existing formal health care delivery structures (i.e. the health authority renal programs in BC). A matrix reporting structure (i.e. renal programs reporting to both their health authorities and to BCPRA) serves to ensure maximal connectivity between and within different aspects of the health care system, the patients and the BCPRA. The BCPRA is a branch organization under the Provincial Health Services Authority, and through them, reports to the Ministry of Health. Thus the matrix organization model is reiterated at each level.

Patients exist within communities, served by a renal program in a geographic health authority (HA). The HAs are designed in an operational mode to deliver care to patients throughout the trajectory of their kidney condition. The administrative structures within regional health authorities serve the entire healthcare needs of the population of that HA, and may or may not fully appreciate the specific needs of the renal community, or the inter-digitation with other health care programs. The BCPRA strives to work with its HA partners to highlight the needs of the renal community and how these needs relate to other health care programs. The interaction of the BCPRA and all HAs in the province, fosters communication regarding approaches and perspectives of different HA partners, ultimately leading to a joint sum value that is greater than each of the components.

Accomplishments and Accolades

BCPRA has been awarded several accolades from provincial and national review processes, including:

- 1) Canadian Association of Hospital Accreditation 2006 for the design and implementation of the provincial database, PROMIS (Patient Registration and Outcomes Management System)
- 2) The Ministry of Health Innovation Award for the development of a patient-centred funding model which captures essential activities required for the care of patients throughout the trajectory of CKD

- 3) Consultation and advisory role to the Ontario Ministry of Health, in the creation of an Ontario Renal Network
- 4) Request for consultation and review in Australia and the UK in the development of integrated health networks and specialist interfaces
- 5) The Manitoba eHealth evaluation and subsequent recommendation to the Manitoba Health Renal program to adopt the BC renal information system for that province
- 6) Development and implementation of the first provincial initiative for medication reconciliation amongst renal outpatients at all locations of care.

Outline of Functional Activities and Structure

From a functional perspective, key activities of the BCPRA include:

- Planning and monitoring the delivery of province-wide kidney care services
- Developing province-wide clinical standards and guidelines
- Developing funding models to support best health outcomes
- Measuring and reporting on patient and system outcomes
- Supporting knowledge-development through research and teaching

The cornerstone of these activities is PROMIS, the only province-wide integrated registry for kidney disease patients in Canada.

Agency activities are led by an administrative core of the BCPRA, which includes an Executive Director, under whose direction a series of portfolios/activities are carried out (see Appendix 1).

These portfolios are constructed in order to ensure accountability for the key activities. It is recognized that many of the strategic initiatives cut across multiple portfolios, and this is overtly described in the strategic plan. In addition to the specific portfolios of 1) Strategic Organizational Development, 2) Informatics, and 3) Financial Planning, there are cross cutting portfolios that include: Analytics and Methodology, External Network Coordination, and Internal Network Coordination.

The committee and working group structure of the BCPRA is intended to enhance communication and connectivity between regional and provincial activities, leverage existing structures, and reduce redundancy. The standing committees are expected to ensure the key mission of the BCPRA is accomplished, and consist of regional and multidisciplinary representation where possible. Many of the committees have 'mirror images' within the individual HA renal programs, which supports this connectivity. Regular reports and communications are developed from each of the meetings so as to facilitate this vertical and horizontal communication.

Each of the committees attempts to have geographical and multidisciplinary representation, including administration and finance personnel from different levels of HA and programs.

Where there is a need to address a specific task/issue, a working group with clear terms of reference, time lines, and deliverables is constructed. Again, experts and representatives from the different regions and disciplines are placed on these working groups.

Operating and Capital Funding

BCPRA is accountable for the entire province's renal budget, which includes funds flowed by MOH directly to the Health Authority Renal Programs (HARPs) and funds flowed through Provincial Health Services Authority (PHSA). The base funding directly flowed to HARPs represents the base funding for 2001/02 for management of patients with chronic kidney disease such as labour cost for nurses, dieticians, social workers, pharmacists, clerks, technicians and technologists, as well as hemodialysis supply for in-centre units. The funding that flows through PHSA funds services related to patient growth from 2002/03 onwards, overall costs of dialysis supplies, renal medications, equipment maintenance for home patients and administrative costs.

Beginning in 2005/06, BCPRA implemented the Renal Resource Management Model (RRMM) which determines funding required by each HA based on patient volume (patient years, new cases and discharge) by modality and by facility. The RRMM accounts for all variables affecting the costs of services such as tasks/activities involved, care providers and time needed to complete the activity, and frequency and probability that the task would be required for the patient population.

- **Operating Funds:** BCPRA works very closely with the HARPs in the review and submission of the life support budget, which is directly linked to patient volume and activity. The patient volume is projected considering actual growth trends over the past 3 years, changes in capacity of clinics and dialysis units, changes in facility leases and other issues affecting growth. Budget for dialysis supplies and renal medications are based on volume and approximately 3% of total budget covers other expenses such as staff costs, office lease and other administrative expenses.

The consolidated budget request is reviewed by BCPRA Executives, presented to the Executive Committee for approval, and submitted to PHSA Budget Committee for review and funding request to MOH. The approved funding by PHSA and MOH is communicated via funding letters to the health authority Chief Financial Officer/Program President, renal directors, managers and leads. The funding letters include details of approved volume and funding per facility and modality, cash flow summary and bi-weekly payment schedules.

Bi-weekly payments are provided to HAs for the first 6 months based on the funded levels, to be followed by mid-year reconciliation between projected and budgeted amounts, and subsequent adjustments to original funding and remaining bi-weekly payments. In addition to mid-year reconciliation, a report is provided every period (13 periods per fiscal year) to each HA including their

actual, projected and funded patient activity and corresponding dollar requirements; resource utilization and other statistics (capacity, occupancy rates etc.).

- **Capital Funds:** The MOH currently provides BCPRA \$5.5 million capital funding per year towards renal equipment and project needs. \$1.7 million is allocated for Prepaid Capital Advance (PCA) expenditures (for projects and equipment costing more than \$100K) and the remaining \$3.8 million is for non-PCA expenditures.

The BCPRA Facilities and Equipment Planning Group (FEPG) reviews and prioritizes HA business cases for capital projects and equipment requests. The group recommends the yearly funding allocation to the BCPRA Executive Committee for approval. Approval of funding by BCPRA Executive Committee and PHSA is communicated via a funding letter from PHSA CFO to the health authority CFO/Program President, renal directors, managers and leads.

The non-PCA funds are paid directly by MOH to the health authority through their bi-weekly payments process. Upon use of the funds, the Health Authorities are required to provide BCPRA the details of the purchase so the agency can update the records and reconcile funding versus actual spending.

To access approved PCA funds, Health Authority submits their request to MOH through the Web Capital Assessment & Planning System (WebCAPS). MOH will then provide the PCA funds through a Certificate of Approval.

BCPRA Secretariat/Administrative Core Group

- Executive Director 0.5 FTE
- Director of Strategic Organizational Development and Stakeholder Engagement 0.8 FTE
- Manager of Financial Planning and Analysis 1 FTE
- Director of Health Informatics 1 FTE
- Senior Officer, Analytics and Methodology 0.25 FTE
- Leader of External Renal Networks 1 FTE
- Manager of Administration and Internal Networks 1 FTE
- Executive Lead, PROMIS– Strategy, Business Development 1 FTE
- Medical Lead, Special Projects and Operations 0.35 FTE
- Technical Lead, Special Projects and Initiatives 0.25 FTE

Job descriptions/responsibilities and reporting structures are listed in Appendix 2.

Committees: Purpose, Frequency and Composition

Regular review of group composition and terms of reference are undertaken q12- 18 months. The roles and responsibilities are often stable over time, though the deliverables and key activities over the fiscal year may change or be modified. Importantly, the groups on a regular basis evaluate the utility and value of each of the structures/committees and deliverables. Business plans, including budgets where required, are submitted by the chairs to the administrative core group annually. Groups that are no longer required are disbanded, the group members are publicly acknowledged, and results of the process or products are disseminated.

The terms of reference and composition of each of the groups are listed in Appendix 3. Key groups and functional aspects of the structure are highlighted below.

The **Executive/Steering Committee** meets 3 times a year and is comprised of the administrative and medical leads of each Health Authority Renal Program (HARP), the executive sponsors of those HARPs, and leads of the key committees or initiatives. The secretariat of the BCPRA (Exec Director and key portfolio and activity leads) are present at all meetings.

Facilities and Planning Group/Provincial Planning

The purpose of the FEPG is to facilitate the processes for planning provincial facilities and equipment needs, reviewing and prioritizing facility and equipment requests, submitting recommendations for approval, and tracking and reconciling associated funding approvals.

Information Management Council

To provide strategic advice on information management processes and technologies to support kidney care. The IMC will place an emphasis on increasing PROMIS usage and quality and utilization of data. The council will employ transparent processes for planning, prioritization, implementation and evaluation of development initiatives, change requests and implementation issues.

Pharmacy and Formulary Committee

To define a comprehensive and justified list of appropriate drugs that are essential for the care of renal patients receiving dialysis therapy, and predialysis care (<50mL/min). To ensure that the formulary chosen by a multidisciplinary, provincial representative group is: done in accordance with the published evidence in renal populations and that the best available level of evidence and available for review; designed to reduce the morbidity and mortality of patients; can be justified as essential in renal patients; and to facilitate the implementation of best medication practices.

Medical Advisory Committee

To provide advice and counsel on the practice of nephrology on behalf of BCPRA, to nephrology colleagues (physician and non-physician), health authorities and other interested parties.

Health Authority Renal Program Committees (HARPs)

These committees ensure local issues regarding care delivery, planning and financial issues are well articulated to senior leadership within the health authority, and to identify opportunities for change or review. The HARPs are structured in a similar way to the Executive/Steering Committee, and include medical and administrative leads, senior leadership and multidisciplinary team members. Depending on the specifics of the HA (geographical size, number of institutions, complexity of care delivery models) the HARP may be a very lean group, with separate operational groups underneath it, or alternatively a larger group to develop strategy with smaller operational groups to implement. Terms of reference for the medical director are attached, and accountabilities are to the HA and BCPRA in a matrix format.

Accountability of Provincial Programs/Contracts (see Appendix 2 for details)

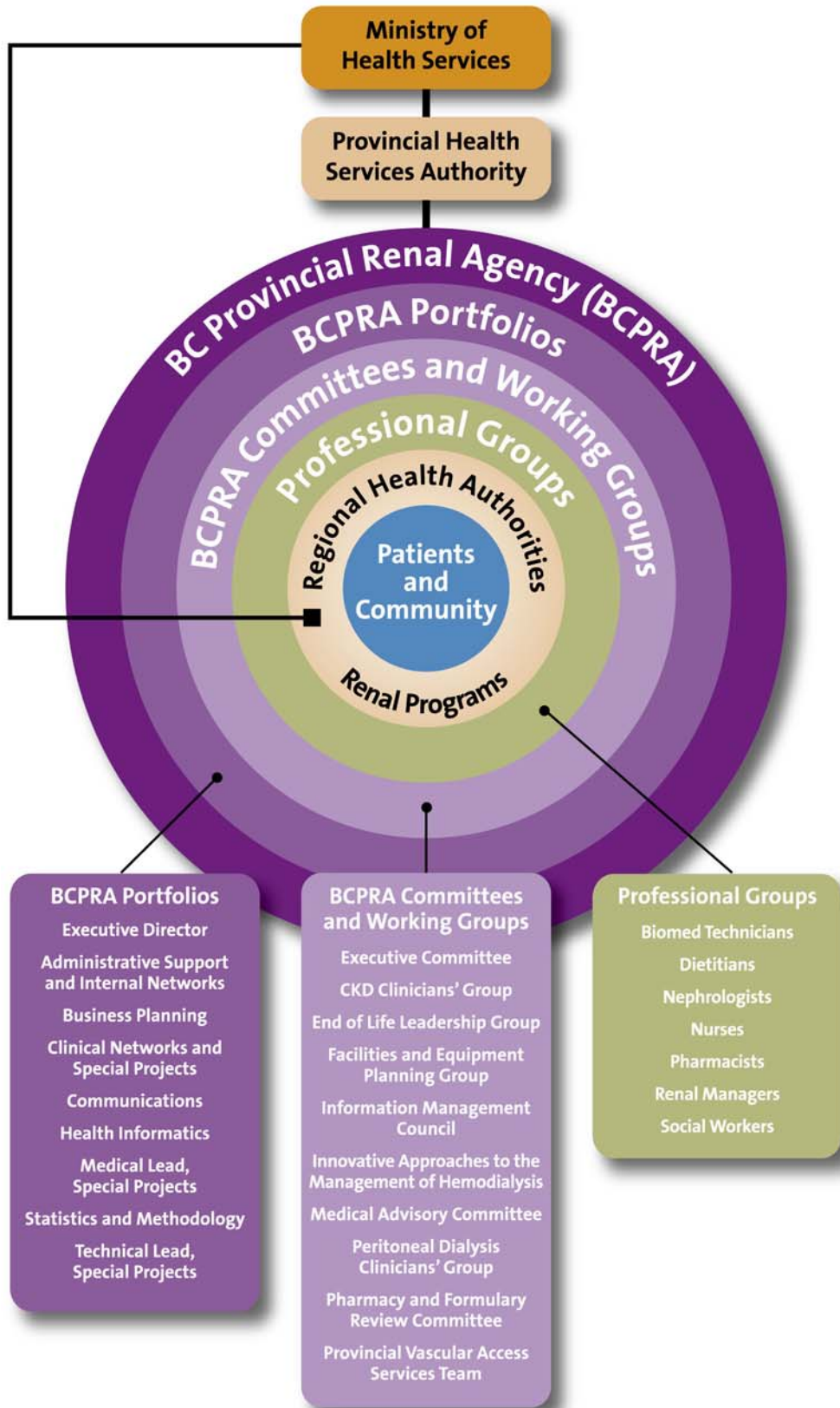
- Innovative Approaches to Hemodialysis Group (evolved structure)
- PD Clinicians Group (evolved structure)
- CKD Clinicians Group (in development)
- Funding Model Revision group (4-month term)
- End of Life Program (evolving structure)

Professional Groups (see Appendix 4 for details)

The purpose of these groups is to ensure a provincial venue for discussion of best practices, opportunities and collaborations. The support from the central agency varies from 1) establishment and support of teleconference number(s), 2) administrative support where required, and 3) data analysis and presentation.

Reasonable connectivity is ensured by the fact that many members of the professional groups or chairs have roles on key agency committees and/or working groups.

Appendix 1: BCPRA Organizational Chart



Appendix 2: BCPRA Portfolios

Provincial Executive Director

The role of the Provincial Executive Director of the BCPRA is to develop, implement and ensure ongoing clinical and financial evaluation of the renal community's strategic plan, in collaboration with the health authority renal programs, affiliated organizations and the PHSA. The PED provides a leadership role in advancing best practice clinical care standards across the renal care continuum, as well as furthering the academic, education and research mandates of the Agency. The PED is accountable for the governance structure of the agency, including the core secretariat, as well as a range of committees, working groups and professional groups. In addition, the PED plays a critical role in the integration and alignment of working relationships across the renal networks, specifically the health authority renal programs. In addition to maintaining key affiliations with, for example, the University of British Columbia and the Kidney Foundation of Canada (BC Branch), the PED represents the BCPRA at all official functions, and in the context of local, provincial, national and international venues.

Leader, External Renal Networks

The primary function of the LERN is to support, as appropriate, alignment and/or integration of provincial and regional health authority strategic initiatives and special projects. The leader works closely with all BCPRA portfolios and is a member of the executive team of BCPRA. The leader plays a key role on several agency committees and represents BCPRA on PHSA committees on the request of the Executive Director. Specific deliverables for this role include: serving as a liaison across health authority renal programs, promoting awareness and understanding among HARPs of both provincial and regional initiatives, and promoting collaboration and partnerships where appropriate; ensuring appropriate use and implementation of value add funds for regional projects; developing and executing specific projects as identified within the strategic plan.

Director of Strategic Organizational Development and Stakeholder Engagement

The Director of Strategic Organizational Development and Stakeholder Engagement supports the Executive Director and agency leadership in the development and implementation of the agency's strategic direction and operational action plan, as well as ensuring alignment with both PHSA and regional health authority plans. The Director plays a pivotal role in promoting BCPRA's unique practices and achievements to stakeholders, supports BC's renal programs in the uptake of new initiatives, research and educational activities, and provides leadership for event planning and the development of a variety of educational and promotional tools.

Director of Health Informatics

The role of the Director, Health Informatics is to manage the development, implementation and ongoing evaluation of the health informatics critical to the achievement of the strategic goals of the BCPRA and the renal care networks. The Director works collaboratively with the health authority renal programs to ensure integration of these systems across the care continuum. As such, the Director plays a key role in furthering the clinical, research and administrative mandates of the Agency. Working closely with the other BCPRA portfolios, the Director supports the Provincial Executive Director in managing the governance structure of the agency, and provides leadership to several agency committees, while also representing BCPRA at a range of provincial venues. The Director has a staff of programmers and analysts.

Manager, Administration and Internal Networks

The manager functions in facilitator and collaborative roles to enhance renal program functioning within the provincial network system, ultimately supporting clinical care and administrative coherence. The manager provides overall administrative direction and coordination for the office related – internal network operational management. This role oversees operational, administrative, and human resources management of the key administrative programs internal to the agency; and serves as principal point of coordination and provides day-to-day professional guidance and leadership. Working closely with the other BCPRA portfolios, the manager supports the Provincial Executive Director in managing the governance structure of the agency, and plays a key role on several agency committees.

Manager, Financial Planning and Analysis

The role of the Manager, Financial Planning and Analysis is to develop, implement and evaluate on an ongoing basis the strategic financial, business planning and decision processes of the BCPRA, and to liaise with the regional health authority renal programs, the PHSA and Ministry of Health Services on business and operational matters. The Manager plays a key role in ensuring the renal care community utilizes resources as efficiently as possible while achieving key clinical outcomes. Working closely with the other BCPRA portfolios, the Manager supports the Provincial Executive Director in managing the governance structure of the agency, and provides leadership to several agency committees, while also representing BCPRA at a range of provincial venues. The Manager has a staff of individuals under his/her direction who perform various functions related to financial matters, analysis and planning activities.

Medical Lead, Special Projects and Operations

The role of the Lead is to develop plans collaboratively and facilitate the execution of strategic priorities for the Pharmacy Formulary, specifically the identification of issues with relevance to the physician community. The Lead will assist the Provincial Vascular Access Services Team in developing a set of physician specific goals, targets and initiatives that will improve vascular access outcomes. This role is the Clinical Lead for several projects and will assist in tracking and outcome evaluation.

Senior Officer, Methodology and Analytics

The role of the Senior Officer is to manage the development, implementation and ongoing evaluation of statistical systems critical to the achievement of the strategic goals of the BCPRA and the renal care networks. As such, this role is key in furthering the research mandates of the agency. The Senior Officer works closely with the health authority renal programs to maximize the use of data/ knowledge in the overall quality improvement cycle, including evaluation of clinical and financial outcomes. The Senior Officer has staff of statisticians.

Technical Lead, Special Projects and Initiatives

The role of the Lead is to review and monitor provincial contracts, leveraging experience in logistics and technical expertise from his/her role in the HA renal program. In this role, the Lead oversees the process of negotiation, management and evaluation of provincial equipment and supplies contracts. The lead also plays a key role on several agency committees, serving as both content and process expert as required.

Executive Lead, PROMIS – Strategy, Business Development and Client Solutions

The Executive Lead, PROMIS is responsible for making sure that PROMIS stays aligned with the changing needs of its users and for ensuring seamless transitions for users as the system is expanded. The Executive Lead is responsible for facilitating the definition and development of future Renal Care and extended applications while maintaining the current markets and products that PROMIS can address.

Appendix 3: Working Groups and Committees

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
BCPRA Executive Committee	BCPRA Executive Director	Executive Director of PRA, CEO PHSA, Health Authority Renal Program representatives including Executive sponsors, Medical Directors, Program Administrative Lead or designated managers (inclusive of the Pediatric program), UBC Division of Nephrology, Medical Advisory Committee Chair, Kidney Foundation (patient representation + ED) Members of PHSA/PRA Core Admin - IMIS, Finance, Communications, Clinical networks, additional individuals by invitation, as required.	The purpose of the BCPRA Executive Committee is to provide a forum for the discussion of the strategic directions of renal care provision at the provincial and the Health Authority Renal Programs (HARP) level so as to ensure that the delivery of renal services is consistent within the province, and for finding solutions to significant issues involving: access to care, quality of care, appropriate resources. The BCPRA Executive Committee will serve to enhance: strategic decision making, efficiency and effectiveness, planning, effective bi-directional internal and external communications.	Agenda distribution with expectations circulated at least 1 week in advance; strategic discussions, involvement of Exec Sponsors; regular email communication on selected topics, documents.
Facilities and Equipment Planning Group	BCPRA Technical Lead	Membership will include one representative from each of the Health Authorities with VCH and PHC having one representative each. Each of these representatives will have an alternate. Additional members include BCPRA Technical Lead, BCPRA Manager of Financial Planning, one or two Nephrologist representatives from MAC, and Equipment Plan Facilitator.	The purpose of the FEPG is to facilitate the processes for planning provincial facilities and equipment needs, reviewing and prioritizing facility and equipment requests, submitting recommendations for approval, and tracking and reconciling associated funding approvals.	Regular correspondence; email communication; selected in person meetings; use of Formal evaluation tool for ranking of projects
Information Management Council	BCPRA Director, Health Informatics	BCPRA Director of Health Informatics; Manager, IMIS; Executive Lead – PROMIS; Director of Strategic Organizational Development; Medical Lead Special Projects; the Chairs of: Medical Advisory Committee; IAMHD (Independent Hemodialysis) Committee; PD Clinician's Group; Pharmacy and Formulary Review Committee; Renal Managers Group; Nurses Groups; FEPG; VP of CORR; BCCH; Clinical Transplantation.	To provide strategic advice on information management processes and technologies to support kidney care. The IMC will place an emphasis on increasing PROMIS usage and quality and utilization of data. The council will employ transparent processes for planning, prioritization, implementation and evaluation of development initiatives, change requests and implementation issues.	

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
Pharmacy Formulary Review Committee	Renal Pharmacist	Membership will be multidisciplinary and will include: <ul style="list-style-type: none"> • Pharmacists (community, urban, regional, Renal program) • Physicians (community, regional, urban, rural) • Dietitian and social worker • Pediatric and Adult Renal representation • Representation from the BCPRA (Executive Director, Director of Informatics and Statistics) 	To define a comprehensive and justified list of appropriate drugs that are essential for the care of renal patients receiving dialysis therapy, and predialysis care. To ensure that the formulary chosen by a multidisciplinary, provincial representative group is: done in accordance with the published evidence in renal populations, and that the best available level of evidence and available for review; designed to reduce the morbidity and mortality of patients; can be justified as essential in renal patients; to facilitate the implementation of best medication practices.	Email communication, teleconferences, in person meetings
PHSA Business Planning	PHSA Corporate Director, Business Planning	Corporate Director, Business Planning; Directors, Managers, Financial Analysts of Business Planning Department assigned to various agencies within PHSA.	To provide support in all aspects of financial planning and budgeting, operational reporting, financial/business analysis, case costing, funding analysis and financial modeling. Also provides financial reporting in support of key business processes and various working groups and committees within the agency.	Email communication, teleconferences, in person meetings
Lower Mainland Communications and Public Affairs	Vice President Lower Mainland Communications & Public Affairs	Vice President Lower Mainland Communications & Public Affairs; Communications Leaders; Agency Communications Leaders; Administrative Support	To collaborate and implement a strategic communications plan across PHSA and its agencies; to ensure consistency with respect to corporate and agency communications support across PHSA and its agencies in the areas of reputation and issues management, internal communication, external communication, health promotion and protection communication and government relations.	Bi-weekly in-person meetings; email communication
Medical Advisory Committee	Medical Director of one of the HA	The BC Nephrology Physician community (BCNPC) shall appoint the members of the Medical Advisory Committee (MAC) from each Health Authority constituency of nephrologists. Membership of MAC will include the Medical Directors (Kidney Services) and up to two additional representatives from each health authority.	To provide advice and counsel on the practice of nephrology on behalf of BCPRA, to nephrology colleagues (physician and non physician), health authorities and other interested parties.	Email communication, teleconferences, in person meetings

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
Health Authority Renal Program Committees/ Regional Councils	Co-Chair: Medical Director and Administration Lead	Recommended composition: Executive sponsor, finance representation, information systems representation, Renal Manager, Medical Director – Kidney Services, BCPRA representative, nursing and allied health representation, Nephrologist, consumer/client representation (Kidney Foundation representative), BC Transplant representation	To ensure optimal functioning of the Health Authority Renal Program, with respect to the delivery of renal services, in the Health Authority as described by the Ministry of Health. Optimal functioning is defined in 2 dimensions: a. Administratively: i. Accountability for resources allocated; ii. Accountability for implementation of provincial programs; iii. Selection of representatives to sit on key provincial committees of the BCPRA b. Patient Outcomes: i. Seamless integrated access to resources; ii. Maintaining patient outcomes in accordance with provincial guidelines	Regular meetings vary in frequency but occur ~ q3 monthly
Professional Groups	Chair selected by colleagues	Composition: Renal Professionals employed or working in the renal community. Nurse Mangers, Nurse Educators, Renal Dieticians, Renal Pharmacists, BC Nephrologists, BC Renal Biomedical Technicians, BC Renal Social Workers, BC PD Nurses group etc.	Professional groups are constituted to ensure provincial liaison within renal professionals across geographical and instutional boundaries. To ensure communication, sharing of best practices and as needed problem solution generation. Meetings vary from monthly to annually and are self organized, Reports are generated for review q6 montly at BCPRA exective. Need for monies for initiatives are submitted through formal working plans/ templates	Teleconferences/ emails
Specific Committees to oversee core initiatives	Chair by clinical champions with provincial perspective		The construction of committees or groups for this purpose include those where a collective accountability as a province is required, and review of data and development of plans would benefit from provincial coordination and support. The existence of similar groups within each HA is encouraged, so that implementation of provincial recommendations, standards and philosophies can be undertaken. Annual work plans, budgets and deliverables are developed.	

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
IAMHD Steering Committee **	Provincial Medical Director of IAMHD Program	BCPRA Medical Lead, Provincial Clinical Lead (Chair of Clinical Educator Group), 1 member from the renal community (directly involved in the IAMHD at a program level but prefer to have individuals from allied health versus physician or nursing), Administrator X 2 at renal manager/director level, BCPRA Executive Director, BCPRA Coordinator, Clinical Networks and Special Projects, BCPRA Technical Lead	Ensure coordination & collaboration of the clinical education, operations, and business groups within the IAMHD structure Provides leadership in defining key tools & processes needed for the successful integration of the provincial guidelines and goals of the IAMHD in all HARPs. Assists any of the 3 working groups in problem solving around barriers, perceived or real, to impede the ongoing expansion of independence within the hemodialysis modality. Maximizes standardization of policies, procedures, but is able to understand provincial variation. Regular assessment of functioning of provincial program using predefined criteria (outcomes and processes) and identification of key issues. **Note that a separate operations committee exists to ensure more detailed review of key operational issues	
Peritoneal Dialysis Clinicians Group	PD Physician Lead	From each of the 5 Health Authority Renal Programs, as well as the Pediatric program at BCCH: a minimum of one nephrologist and one registered nurse with specialization in peritoneal dialysis, one Nutritionist, whose work is primarily in the area of Peritoneal Dialysis, one Social Worker, whose work is primarily in the area of Peritoneal Dialysis, BCPRA Coordinator, Clinical Networks and Special Projects	To review, monitor, assess, and recommend best practices within peritoneal dialysis delivery. To provide a provincial forum for the exchange of unique regional initiatives as they pertain to peritoneal dialysis. To assist in planning for the optimization of peritoneal dialysis as treatment of choice for CKD patients. To review the financial and professional allocation attributed to peritoneal dialysis, and actively participate in the ongoing practice that is cost effective, outcome focused, client centered, and evidence based.	
Renal Funding Model Steering Committee (quiescent currently)	Co-Chair: Director of Business Planning/ PRA and Admin Lead from one HA	Representation from Administration, clinical (multidisciplinary) and operational as well as financial leads within each HA.	The renal funding model was implemented in 2005 after an extensive review was conducted to evaluate the acuity of the renal client population across British Columbia. The purpose of the model is to promote best practices and account for essential elements deemed important to the outcomes of patients with kidney disease, and thus included interdisciplinary team member support, data entry and modality transition costs. Minor augmentations were made to the model in 2006 however, the purpose of this review is to capture clinical impacts that were not previously realized due to changes in practice over the past three years.	

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
BCPRA Admin Exec	BCPRA Executive Director	Senior level BCPRA staff; and direct reports to Exec Director	Internal planning and coordination of agency goals; portfolio management (communications, finance, IMIT, analytics, etc) ; review initiatives, projects and operations on a regular basis	
BCPRA Provincial Emergency Response Planning Committee	BCPRA Technical Lead	BCPRA Technical Lead with co-chair; four representatives from each Health Authority (three of the four to include a physician, nurse and technical representative); and one member representing PHSA Emergency Preparedness.	Adopt an organizational structure for a PREMBC Plan that is consistent with that used by the Health Authority Renal Programs and the BC Emergency Response Management System. Define the criteria for when and how the PREMBC Plan will be utilized, develop a provincial agreement that addresses the potential need for Health Authority Renal Programs to support each other during emergency situations to maximize the ability to provide patient care. Assist each Health Authority Renal Program to develop an emergency management and business continuity plan that addresses their specific needs, but is also consistent with the PREMBC Plan. Encourage the Health Authority Renal Programs to have a training and exercise schedule that supports their emergency management and business continuity plan. Standardize, as much as possible, the information on disaster preparedness given to patients, staff, physicians, and other caregivers.	
EOL Committee	Medical Director/ MD Champion	From each of the 5 Health Authority Renal Programs, as well as the Pediatric program at BCCH: a minimum of one nephrologists, one registered nurse, an allied health care professional (social work, pharmacy, nutrition), and one palliative care specialists. Additional representation from UBC Faculty of Medicine, Kidney Foundation of Canada, representative from the renal managers, BCPRA Coordinator, Clinical Networks and Special Projects	To promote the development of and access to respectful, compassionate, integrated, high quality End of Life services, care and support for patients, families, and caregivers of those diagnosed with Chronic Kidney Disease and/or End Stage Renal Disease.	

**Appendix 4:
Professional
Groups**

Name	Lead	Composition	Key Function / Purpose
BC Renal Educators Group	One chair or two co-chair position(s) that will rotate every six months to one year	One representative from each of the six health authorities will include a hemodialysis nurse educator or designate, one member from BCVAEG who will participate in teleconferences and face to face meetings, BCPRA Coordinator, Clinical Networks and Special Projects	To standardize, enhance and foster excellence in the delivery of hemodialysis nursing care throughout the province British Columbia (BC). To facilitate the achievement of critical thinking, evidence based practice and/or expert opinion for continuous quality outcomes for hemodialysis nursing delivery.
BC Renal Managers	Rotating chair. Two year term in alphabetic order by last name. Participants may refuse the role of chair.	BC Renal Managers, Directors, and Program Leads; BCPRA Coordinator, Clinical Networks and Special Projects	Promote exchange of information needed to successfully implement various BCPRA driven initiatives. Act as an advisory body, to its members and to the provincial community, around programs/policies/guidelines that influence the direct care delivery to renal patients in BC.
BC Renal Social Workers			
BC Vascular Access Educators Group	Nurse will be appointed by participants as co-chair, with a Renal Director/ Manager as co-chair.	VA Nurses from each of HA. If a HA has more than one VA Nurse, all VA Nurses will be invited to participate, PVAEG Coordinator.	VAEG provides a forum for collaboration, standardization, and innovation on nursing related VA activities across HAs. VAEG supports the Provincial Vascular Access Services Team (PVAEG) in implementing multi-disciplinary improvements in vascular access at a HA level.
Provincial Vascular Access Services Team		Renal Program Director/Manager reps (6), VA RN for each HA, CKD RN rep (1), Nephrologist rep (3), Surgeon rep (1), Interventional Radiologist rep (1), Family Physician rep (1)	The Provincial Vascular Access Services Team (PVAEG) was initiated in 2005/06 to facilitate a provincial, multidisciplinary approach to improvements in vascular access. PVAEG provides a forum for collaboration across HAs and specialties, monitoring of quality indicators, facilitating the development of provincial VA guidelines, and organizing targeted province-wide education. PVAEG relies on the availability of appropriate Health Authority (HA) structures to support the implementation of identified best practices.
BC Renal Dietitians Group	Rotating chair - The members appoint the Chairperson for a term of at least one year. Continuation of current appointments to be discussed at the end of each fiscal year.	Membership consists of registered dietitians/ nutritionists, interns/ students in an associate capacity. Primary liaisons are: BCPRA, Northwest Renal Dietitians, and Kidney Foundation.	To develop, implement and revise nutritional standards of care, review appropriateness of new and current nutritional products and make recommendations to PRA regarding their use, promote and provide access to continuing education opportunities for members and other interested groups, promote and support membership participation in research, provide feedback to PRA on identified issues as they impact the nutritional care of individuals with Renal Disease, provide forum for information sharing.

Appendix 5: BC Renal Networks

