



BC Renal Agency

An agency of the Provincial Health Services Authority

Agency Action Plan: 2011/12



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Introduction and Background

The BC Provincial Renal Agency (BCPRA), an agency of the Provincial Health Services Authority, is the driving force behind the BC renal network, a model unique in Canada and internationally, designed to improve patient quality of life and outcomes, and to support sound fiscal management and system sustainability.

The accomplishments of the network are significant – from a patient-focused funding/resource management model to provincial medication reconciliation and independent dialysis programs, as well as a range of provincial standards and guidelines, including for PD bedside catheter insertion and removal, anemia management and vascular access creation, maintenance and repair.

The bottom line is that BC is one of the only places in North America that offers a fully coordinated system of renal care for kidney patients. No matter where a patient lives in the province, he or she has access to the same level of care and a variety of treatment options. And patients with kidney disease in BC have better health outcomes than patients with the same disease elsewhere in Canada.

Future Challenges

Despite these successes, the challenges facing BCPRA and the renal network in the years ahead are significant. An already stretched health care system with limited human and financial resources will continue to experience multiple pressures, including an aging population with increasing rates of chronic diseases such as diabetes, kidney and heart disease, and increasing costs of technologies and drug therapies. Together these challenges are driving the need for a greater emphasis on efficiencies in care delivery, outcomes evidence, and pharmacoeconomic analysis. Collaboration and integration with agency partners and stakeholders – and the fostering of a strong provincial network comprising health authority renal programs and the BCPRA – will be essential to finding viable approaches and solutions to address these challenges.

Our Action Plan

The Renal Agency's action plan aligns with and supports the overall goals and objectives of the Provincial Health Services Authority. The plan identifies key milestones as well as outcome indicators for focused actions over a three year planning cycle.

Reflective of our core mandate, the action plan integrates clinical care, research and administrative responsibilities in a cohesive way, maximizing resources and outcomes with minimal duplication of effort. There is a renewed focus on partnerships and collaboration with the renal network, as well as with BC Transplant and primary care. As well, internally there is a continued emphasis on organizational capacity, supported by detailed strategies to ensure that we have the leadership, structure, people and systems to deliver on our business plans and achieve our priorities.

Our Vision, Mission and Core Values

Vision

An innovative, integrated health system resulting in outstanding care for patients living with kidney disease.

Mission

Integrating knowledge and practice for better kidney health.

Core Values

Our values provide a focus for how we approach our work and the work of the BC renal network. They collectively inspire behavior that creates a dynamic, engaged, results-oriented organization.

- **Patients First**
- **Results Matter**
- **Best Value**
- **Excellence Through Knowledge**
- **Open to Possibilities**

Our Priority Actions at a Glance

BCPRA has defined nine key areas that will collectively support the agency's long term vision – “An innovative, integrated health system resulting in outstanding care for patients with kidney disease.” These priorities highlight and integrate the multiple dimensions of our mandate, which include clinical, fiscal and administrative priorities.

- Improve and foster the effective use of PROMIS as the EHR for renal clinical care delivery (including transplant).
- Optimize adherence to VA (vascular access) and PD catheter protocolized care across HA renal programs.
- Through BCPRA/BCT strategic interagency partnership, develop an efficient and effective integrated system of care for CKD patients pre and post transplant.
- Prevent disease progression and hospitalization through identification and referral of high risk patients to nephrologists, and subsequently CKD and integrated care programs. (Dependent on increased engagement between 1st and 2nd care providers)
- Maximize patient outcomes through innovative dialysis options.
- Maximize use of healthcare resources through innovative programs that shift dialysis delivery models e.g. program of care (PD/HD/Conservative).
- Support integration of renal medication reconciliation initiatives across the outpatient and inpatient continuum/settings to reduce adverse events in hospital (and subsequent adverse events in community).
- Minimize incremental costs of drugs, equipment and supplies through provincial Renal/HSSBC contracts.
- Increase the application of evidence-based leading practices.

The chart on pages 7 and 8 outlines the milestones and outcomes indicators for the above priority action areas.

Our Enabling Strategies

BCPRA was founded on the principle that by working together, sharing knowledge and expertise, and presenting a unified voice (backed by solid evidence) to government, grassroots renal care providers could improve not only care delivery, but quality of life for kidney patients no matter where they live in BC. This philosophy remains one of our stated core values: “BCPRA is a nimble, streamlined network that works collaboratively to develop innovative solutions for clinical and systemic challenges and barriers.”

There is a fine line, however, between an organization that is nimble and streamlined and one that does not have the necessary resources and supports to achieve its goals. As our grassroots community has evolved into a sophisticated network of committees and working groups with increasingly broad mandates, it has become clear that BCPRA must place greater emphasis on organizational capacity, namely our people, information management/information systems and communications. In past years we have been successful in growing our capacity; however as the demand for our services increases, this remains one of our strategies.

Enabling Strategy: Organizational Capacity

The success of all leading organizations is contingent upon the contributions of their employees. While BCPRA has focused heavily on the development of a vibrant renal network of care providers from all health authorities, the agency must also continue to create an internal work environment that fosters commitment and a sense of meaningful contribution from employees.

The following goals were developed with the above in mind:

- Ensure and develop BCPRA’s organizational structure to include the positions required to achieve business plan goals; these positions are aligned to achieve maximum efficiency and effectiveness.
- Ensure and develop leadership that provides clear direction to ensure staff energy is focused and achieving maximum outcome.
- Organizational accountability, authority and activities will be defined and cascaded throughout BCPRA.
- Ensure and develop transparent processes that align with corporate structure and BCPRA strategic goals.
- Ensure that all portfolios have strategic human resources support.
- Ensure that all portfolios and working groups and committees have appropriate administrative support.
- Ensure that all agency and committee initiatives have integrated or supporting communications strategies.

Enabling Strategy: Partnerships

BCPRA values and actively supports partnerships with a range of institutions and organizations. This enabling strategy was established to focus attention on strengthening relationships with stakeholders and encouraging collaboration between partners, including:

- patients and families as partners in healthcare;
- the Ministry of Health, the health authority renal programs, BC Transplant and other provinces as partners in health care planning and delivery;
- research and academic organizations as partners in knowledge creation, translation and learning; and
- private organizations as partners in providing equipment, supplies and services.

For more detail on BCPRA's strategic planning process, please contact the BC Renal Agency's office through email at bcpra@bcpra.ca or by phone at (604) 875-7340.

2011/12 Action Plan

The actions below will be completed in a 3 year planning cycle. Milestones have been identified for 2012/13 and 2013/14, but are not included in the table below. For more information please contact the BC Provincial Renal Agency office.

Action Defined	Milestone	Q1	Q2	Q3	Q4	Identified Outcome Indicator
Improve and foster the effective use of PROMIS as the EHR for renal clinical care delivery (including transplant).	Defined core information and ensured that information is trackable in PROMIS for each major modality (CKD, PD, HD, EOL, Transplant)		◇			1) % of patients with complete core information for each major modality
	Identified and documented barriers for PROMIS use in clinical care of the above modalities, and developed a plan to address them				◇	
	Created plan for implementation of PROMIS use as EHR in each major modality					
	Measured and evaluated					
Optimize adherence to VA (vascular access) and PD catheter protocolized care across HA renal programs.	Completed gap analysis of current practice (compared current BC practice with national and international benchmarks)		◇			1) % of patients who are followed according to PVA standard clinical pathway (compliance with protocol) 2) % of patients initiating dialysis with appropriate dialysis access (VA or PD catheter)
	Identified areas of improvement based on benchmark analysis and developed plan to address			◇		
	Implemented plan for improvement					
	Measured and evaluated					
Through BCRA/BCT strategic interagency partnership, develop an efficient and effective integrated system of care for CKD patients pre and post transplant.	Formation and establishment of steering committee and scope of work completed	◆				1) % of pts with transition to ESRD according to clinical pathways 2) % of patients who have pre-emptive transplant or independent dialysis as their first ESRD modality
	Developed clinical pathways for pre and post kidney transplant care		◇			
	Completed gap analysis of current vs optimal practices / processes			◇		
	Developed proposed funding model that aligns with clinical care best practices			◇		
	Developed standardized clinical pathways for roll-out throughout province					
	Developed unified clinical pathways for transition from pre-ESRD to ESRD including transplantation					
Prevent disease progression and hospitalization through identification and referral of high risk patients to nephrologists, and subsequently CKD and integrated care programs. (Dependent on increased engagement between 1st and 2nd care providers)	Formation of CKD provincial working group completed	◆				1) Level of kidney function at time of CKD registration 2) % of CKD patients starting dialysis < 6 months post-CKD registration 3) % of incident dialysis patients starting dialysis with their chosen modality
	Key elements of program identified and integrated into information system		◇			
	Standardization of clinical pathways			◇		
	Implemented standardized clinical pathways					
	Measured and evaluated					
Maximize patient outcomes through innovative dialysis options.	Established Technology Assessment Group	◆				1) % of patients participating in novel dialysis by modality 2) One-year attrition rate for novel dialysis modalities by reason
	Initiated iterative cycle of new technology evaluation		◇			
	Identified technologies to be evaluated, using QALYs-compatible metrics				◇	
	Initiated formal evaluation and measurement of technologies through pilots					
	Explored provincial applicability					

	Measured and evaluated					
<p>Maximize use of healthcare resources through innovative programs that shift dialysis delivery models e.g. program of care (PD/HD/Conservative).</p> <p>(Some interdependency between this action and above action "Maximize patient outcomes...")</p>	Assessed and evaluated various models of care delivery using Renal Resource Management Model			◇		<p>1) Cost-benefit comparison between new and previous models of care delivery</p>
	Completed analysis comparing and contrasting actual resource utilization					
	Identified opportunities for care redesign through cost-benefit analysis					
	Provincial group convened to review findings and opportunities for change					
	Developed plan for provincial rollout of potentially adjusted RRMM based on findings					
<p>Support integration of renal Med Rec initiatives across the outpatient and inpatient continuum/settings to reduce adverse events in hospital (and subsequent adverse events in community).</p>	Medication reconciliation group met with facility and other ambulatory care groups with med rec accountability within health authorities	*				<p>1) % of patients with medication reconciliation record 2) % of medication events by level (pre vs. post introduction of medication reconciliation)</p>
	Consensus on integrated medication reconciliation plan across continuum of inpatient and outpatient pathways			◇		
	Ensured medication reconciliation completed at pre-specified time points for all modalities (including transplant)					
	Initiated formal engagement with Patient Safety and Learning System to measure adverse events					
<p>Minimize incremental costs of drugs, equipment and supplies through provincial Renal/HSSBC contracts.</p>	Identified all provincial contracts coming due within next 18 months	◆				<p>1) % of drugs/equipment/supplies costs compared to total patient costs 2) Budget growth < population growth</p>
	Reviewed potential economies of scale partnerships with related organizations			◇		
	Reviewed implications of protocolized care on drug and equipment utilization					
	Reviewed findings with FEPG, TAG, Pharmacy and relevant clinician groups					
	Identified future priorities					
<p>Increase the application of evidenced-based and leading practices.</p>	Created processes and structures for research idea review, prioritization, and resource assignment	◆				<p>1) Number of research projects by support level (cohort derivation, analysis, research design) 2) % of research projects with publication within 1 year of analysis/ initiation (engagement)</p>
	Identified resources and expertise for research opportunities provincially			◇		
	Aligned and executed prioritized projects			◇		
	Reported developments provincially					
	Published and disseminated research results					
	Reported on a minimum of 2 examples of research translation into practice					

Status: ● = on track ▲ = caution ■ = attention;
Milestone: ◇ = planned ◆ = achieved * = original Q but missed;