BC Renal

Organizational Structure and Function

Updated August 2019

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FORM FOLLOWS FUNCTION

Background

BC Renal (BCR) 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. The philosophy and the structure are both central to the functioning of BCR as they both inform each other, ensuring that form complements functions.

Optimized patient care and outcomes are at the core of BCR's philosophy. As a result, all structures must be designed to ensure patient care needs are met as seamlessly as possible, with simple, low-barrier collaboration in line with LEAN principles. The majority of budgets are dedicated to patient care activities, services or supplies.

To deliver care and to ensure high standards, equitable access and evidence-informed decision-making, the infrastructure required 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 BCR) ensures maximal connectivity amongst different aspects of the health care system, the patients and BCR. BCR is a branch organization under the Provincial Health Services Authority, and through them, reports to the Ministry of Health (MOH). 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 BC Renal is a planning and funding body, while the HAs are responsible for all aspects of care delivery to patients throughout the course of their kidney condition. By creating a network that includes all HA renal programs, as well as a range of provincial committees, BCR supports collaboration on the development of standardized care guidelines, provider and patient care educational materials, and a venue to collaboratively address common challenges and opportunities to improve patient care.

The network ultimately leads to a whole that is greater than its parts.

Accomplishments and Accolades

BCR 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) Multiple awards from both the Health Employers Association of BC (Excellence in BC Healthcare Awards) and the BC Patient Safety & Quality Council (Excellence in Quality Awards) for a range of programs and initiatives, including Medication Reconciliation, the Peritoneal Dialysis Assist Program and Transplant First.

4) Consultation and advisory role to the Ontario Ministry of Health in the creation of an Ontario Renal Network.

5) Request for consultation and review in Australia, the UK and other jurisdictions in the development of integrated health networks and specialist interfaces.

6) Adoption of the BC renal information system (PROMIS) by the Manitoba Health Renal program following Manitoba eHealth evaluation.

7) Almost 1/3 of all dialysis patients in BC are on independent (home-based) dialysis – the highest rate in Canada.

8) BC is the only province in Canada to gather longitudinal data on the patient experience specific to kidney care delivery and interest in independent dialysis.

9) BC leads the country in renal medication coverage.

10) The BC Renal Network continues to raise public awareness about kidney disease risk factors and early prevention through its comprehensive website, annual Kidney Smart campaign and social media.

11) The BC Renal Network is working to expand Telehealth renal services, particularly in Aboriginal communities, which ensures access to services in remote communities.

12) The work of the BC renal community recognized with two 2010 Health Employers Association of BC (HEABC) Excellence in BC Healthcare Awards.

13) The renal team at Providence Health Care (PHC) won the *2011 Coping With End of Life* award at the third annual BC Quality Awards, presented by the BC Patient Safety and Quality Council.

14) In October 2011, the prestigious *Journal of the American Medical Association* (JAMA) published a study by BC renal researchers regarding a patient safety issue related to a dialyzer used in the delivery of hemodialysis treatments to patients across BC.

15) The BC Renal Network's medication reconciliation initiative was used as a best practice example by the International Centre for Health Innovation. It also won a Trailblazer Award in the 2012 Infoway Imagine Nation Outcomes Challenge, sponsored by Canada Health Infoway. In 2011, it won the BC Patient Safety and Quality Council's *Across the Province* award.

16) The Health Employers Association of BC (HEABC) recognized the BC Renal Network with its Gold Apple award for Collaborative Solutions in 2012.

17) The BC Renal Network's funding model was featured in national magazine *Healthcare Quarterly* (December 2013).

18) The BC Renal Network's PD Assist (PDA) program received the 2017 Excellence in Quality - Living with Illness Award. Sponsored by the BC Patient Safety and Quality Council (BCPSQC), this prestigious annual award recognizes initiatives that improve the quality of care for British Columbians living with a chronic disease.

19) The BC Renal Network's Palliative Care Committee Received 2018 Quality Award in the Coping with End of Life category (runner up) from the BC Patient Safety and Quality Council (BCPSQC).

Outline of Functional Activities and Structure

From a functional perspective, key activities of BCR 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
- Educational events and awareness campaigns

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 at BCR, which includes a Provincial Executive Director, under whose direction a series of portfolios are carried out (see Appendix 1). These portfolios exist to ensure accountability for key activities. Many of the agency's strategic initiatives cut across multiple portfolios, as described in the strategic plan.

The BC Renal also coordinates a comprehensive range of provincial committees and working group that span all kidney care modalities (Kidney Care, Peritoneal Dialysis, Home Hemodialysis, Hemodialysis, Palliative Care, Glomerulonephritis) as well as all other aspects of kidney care delivery and administration (Pharmacy Formulary, Facility and Equipment Planning, PROMIS Executive Steering Committee, Emergency Preparedness etc.). All committees include geographical and multidisciplinary representation, including administration and finance personnel from different levels of HA and programs as appropriate.

This committee structure is intended to enhance communication and connectivity between regional and provincial activities, leverage existing structures, and reduce redundancy. The standing committees, all of which produce annual work plans and reports, are expected to ensure the key mission of BCR is accomplished. Some of the committees have 'mirror images' within the individual HA renal programs, which supports this connectivity.

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 inform the work and outcomes of these working groups.

Operating and Capital Funding

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

In 2005/06, BCR 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 service costs such as tasks/activities involved, care providers, completion time, and frequency and probability that the task would be required for the patient population. The funding model is reviewed and modified periodically (the latest in 2016/17) to stay current with the changing healthcare landscape and to ensure all the costs associated to a patient are incorporated.

- ***Operating Funds:*** BCR 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. Projected patient volume is determined by considering actual growth trends over the past 3 years, changes in capacity of clinics and dialysis units, facility leases and other issues affecting growth. Budget for dialysis supplies and renal medications are based on volume while approximately 3% of the total budget covers other expenses such as staff, office lease and other administrative costs.

  The consolidated budget request is reviewed by the BCR executive team, 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 which includes actual, projected and funded patient activity and corresponding dollar requirements; resource utilization and other statistics (capacity, occupancy rates, etc.).

- ***Capital Funds:*** The MOH provides BCR approximately $5.7 million capital funding per year towards renal equipment and project needs. $1.7 million is allocated for Restricted Capital Grant (RCG) expenditures

(projects and equipment costing more than $100K) and the remaining $4 million is for non-RCG expenditures.

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

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

To access approved RCG funds, health authorities submit their request to MOH through the Web Capital Assessment & Planning System (WebCAPS). MOH then provides the RCG funds through a Certificate of Approval.

Technology Assessment: BCR's Core Committees (see page 7-11 and Appendix 2), along with their technical experts and technical working groups as needed, provide leadership on the technology and equipment used in their respective clinics/programs, ensuring the following:

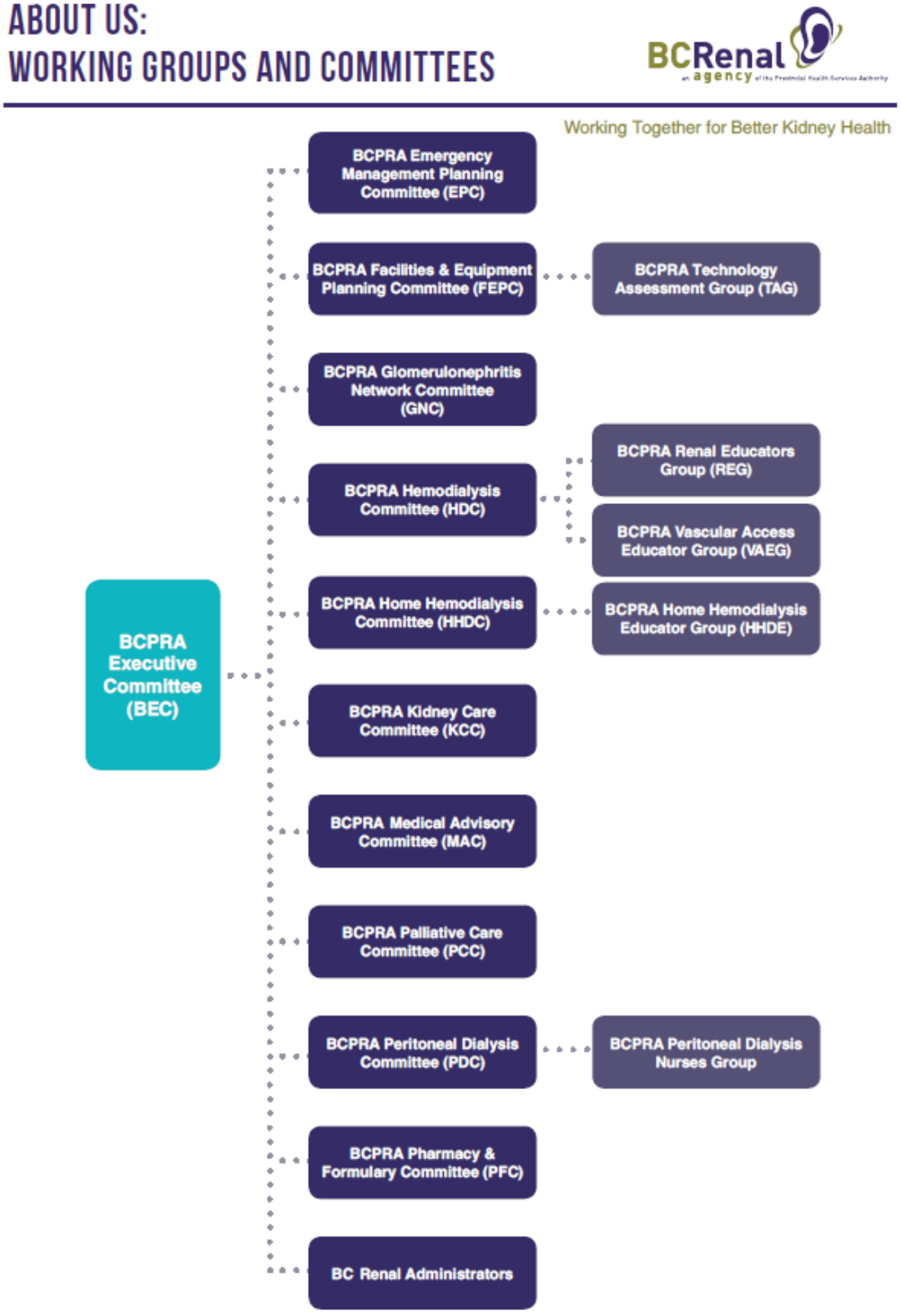
- Safe and effective use
- Infection control
- Quality standard compliance and in some cases QI standard setting
- Critical incident monitoring and review
- Provincial guidelines for each or any of the above

BCR Secretariat/Administrative Core Group

- Provincial Executive Director 0.5 FTE
- Senior Officer, Methodology and Analytics 0.25 FTE
- Director of Strategic Initiatives and Development 0.6 FTE
- Director, Business Planning 1 FTE
- Director, of Operations (PROMIS) 1FTE
- Director, Learning, People and Operations 0.8 FTE
- Strategy Lead: Home Therapies and Palliative Care 1 FTE
- Lead, Infrastructural Planning 0.5 FTE
- Director of Operations, PROMIS 1FTE

Job descriptions/responsibilities and reporting structures are listed in Appendix 1.

2016 Organizational Structure Fig. 1



Committees: Purpose, Frequency and Composition

Regular review of group composition and terms of reference are undertaken approximately every three years. Roles and responsibilities are generally stable over time, though deliverables and key activities over the fiscal year may change or be modified. The groups regularly 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 BCR executive leadership group. Groups that are no longer required are disbanded, group members 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 2. Key groups and functional aspects of the structure are highlighted below.

BCR Executive Committee

The Executive Committee meets twice per year and is comprised of the administrative and medical leads of each HARP, the executive sponsors of the HARPs, and leads of the key committees or initiatives. The secretariat of the BCR (Executive Director, key portfolio and activity leads) are present at all meetings.
The purpose of the BCR Executive Committee is to:

- provide a forum for the discussion of the strategic directions of renal care provision at the provincial and the HARP level so as to ensure that the delivery of renal services is consistent within the province; and
- develop solutions to significant issues involving access to care, quality of care, and appropriate resources.

The BCR Executive Committee enhances the network's strategic decision making, efficiency and effectiveness, planning and effective bi-directional internal and external communications.

For more information see the TOR**.**

BCR Kidney Care Committee (KCC)

The KCC provides expert opinion regarding Chronic Kidney Disease (CKD) care in BC. The group provides a forum for collaboration across HAs and disciplines and advises on provincial priorities for CKD care and programming, CKD standards / guidelines / tools / teaching resources and quality indicators.

The KCC maintains linkages between other aspects of CKD care such as dialysis, vascular access and transplantation. It aligns its activities with other provincial initiatives such as chronic disease management, end of life initiatives and patient self-management.

For more information see the TOR**.**

BCR Peritoneal Dialysis Committee (PD)

The PD committee enhances and fosters excellence in the delivery of peritoneal dialysis throughout the province of British Columbia

For more information see the TOR**.**

BCR Home Hemodialysis Committee (HHD)

The purpose of the HHD committee is to enhance and foster excellence in the delivery of independent (home or facility-based) hemodialysis throughout the province of British Columbia.

For more information see the TOR**.**

BCR Palliative Care Committee (PCC)

The PCC provides guidance to BC's regional renal programs with respect to end of life issues.

The purpose for the committee is to:

- Ensure patients living with chronic kidney disease have access to high quality comprehensive and well integrated renal palliative care
- Assist Health Authority Renal Programs (HARPs) to develop and implement strong EOL care as outlined in the "End-of-Life Framework: Recommendations for a Provincial EOL Strategy"
- Provide advice and support on the planning, implementation, monitoring and reporting activities of renal palliative/ end-of-life (EOL) care work in the HARPs

For more information see the TOR**.**

BCR Hemodialysis Committee (HD)

The HDC provides a forum for discussion, development, revision, approval, and facilitation of policies, procedures, protocols, and guidelines that will support excellence in the provision of hemodialysis care in both hospital and community hemodialysis units across British Columbia (BC).

In addition, the committee:

- provides a common approach and framework for hemodialysis care provision across in British Columbia based on quality indicators, cost effective strategies, and patient focused care
- supports local implementation of provincial strategies and initiatives while encouraging an environment of innovation

For more information, see the TOR**.**

BCR Facilities and Equipment Planning Committee (FEPC)

The purpose of the FEPC is to facilitate the processes for planning provincial renal facility and equipment needs, reviewing and prioritizing facility and equipment requests, submitting recommendations for approval, and tracking and reconciling associated funding approvals. FEPC is also responsible for overseeing the BCR Provincial Renal Emergency Management Program.

For more information see the TOR**.**

BCR Emergency Management Planning Committee

The committee's mission is to provide ongoing refinement to a provincial renal emergency management and business continuity plan that will ensure a comprehensive and integrated response to major emergencies and disasters impacting one or more BC HARPs.

PROMIS Executive Steering Committee (ESC)

The purpose of the PROMIS Executive Steering Committee (ESC) is to establish the vision, mandate, governance, and guiding principles to guide the PROMIS team and other PROMIS governance structures. With a focus on patient safety and patient care, the committee uses a consensus-based approach to make decisions. In addition, members are active and visible advocates and communicators within their discipline, program, and geographic area on behalf of this provincial committee. *Formerly the IMC Committee

For more information see the TOR**.**

BCR Medical Advisory Committee (MAC)

MAC provides advice and counsel on the practice of nephrology on behalf of the BCR, to nephrology colleagues (physician and non-physician), health authorities and other interested parties.

For more information see the TOR**.**

BCR Pharmacy and Formulary Committee (PFC)

The purpose of the PFC is:

- 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 (GFR <50mL/min). This work is done in accordance with the best available level of evidence to reduce the morbidity and mortality of patients.
- To identify and systematically implement best practices
- To provide for safe, effective and efficient community-pharmacy care for BCR patients (through provincial community pharmacy contracts).

For more information see the TOR**.**

BCR Glomerulonephritis Committee

The Glomerulonephritis (GN) Committee supports the ongoing development and management of the GN network and registry with the goals of improving both our understanding of GN, and treatment for this subset of kidney patients.

For more information, see the TOR**.**

BC Renal Administrators Committee

The Renal Administrators Committee promotes exchange of information needed to successfully implement various BCR-driven initiatives, and acts as an advisory body to its members and to the provincial community with respect to programs, policies and guidelines that influence direct care delivery to renal patients in BC.

For more information, see the TOR**.**

Health Authority Renal Program Committees (HARPs)

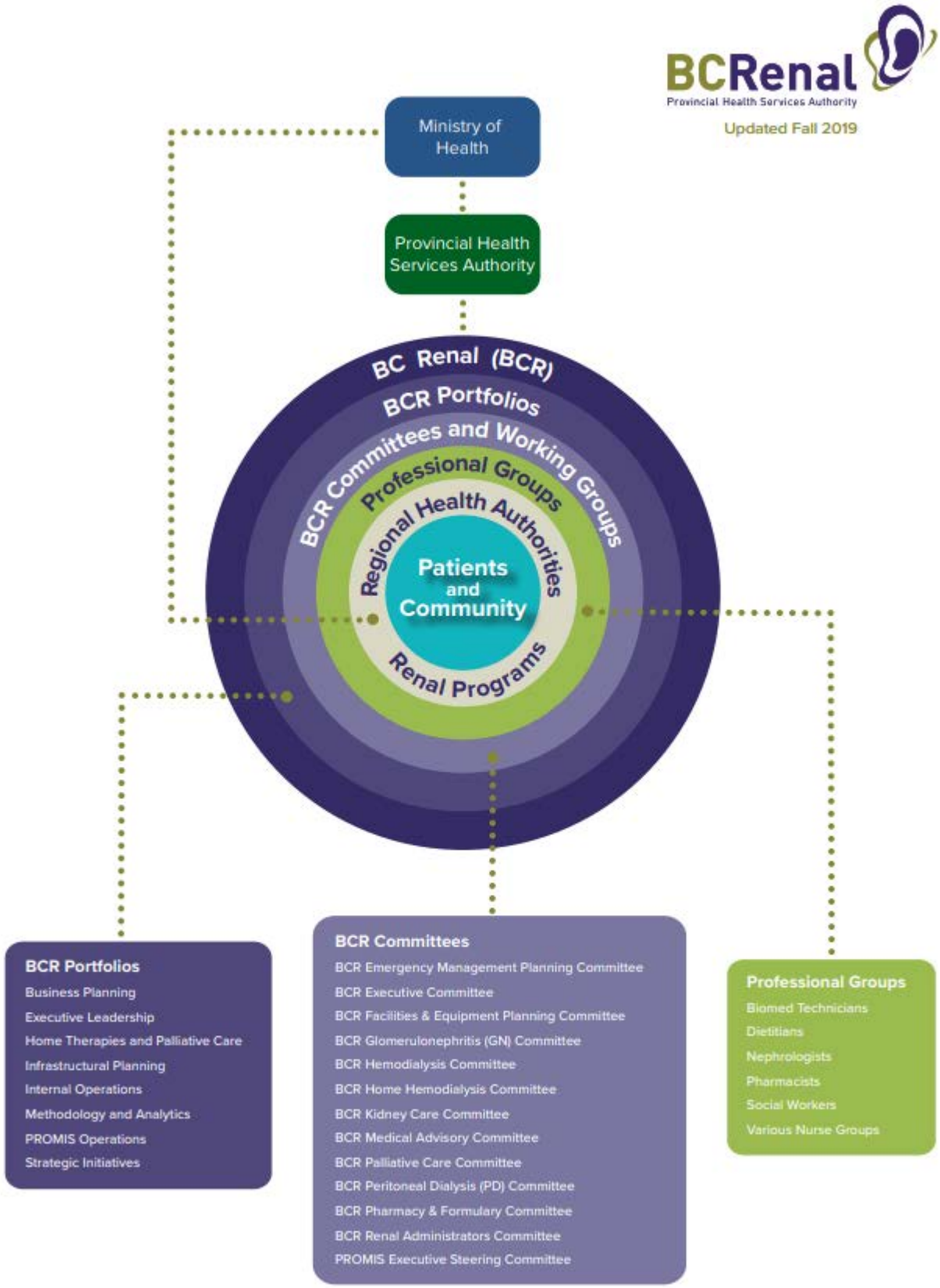
These committees ensure local issues regarding care delivery, planning and funding are well articulated to senior leadership within the health authority, and identify opportunities for change or review. The HARPs are structured in a similar way to the Executive Committee and include medical and administrative leads, senior leadership and multidisciplinary team members. Depending on the specifics of the HA (geographical size, number of institutions, complexity of care delivery models) HARP size and composition may very.

Of note, terms of reference for the medical director position is posted on www.bcrenalagency.ca.

Professional Groups (see Appendix 3 for details)

The purpose of these groups is to ensure a provincial venue for discussion of best practices and opportunities for collaboration. Support from the BCR can include establishment and support for teleconferences, administrative support and data analysis and presentation.

Many members of professional groups have roles on key agency committees and/or working groups. Professional groups also have an opportunity to meet face-to-face annually at the BC Kidney Days conference, where a three-hour professional breakout session is coordinated for each group.



BCR Organizational Chart Fig. 2

Appendix 1: BCR Portfolios

Provincial Executive Director

The role of the Provincial Executive Director of BCR is to support state of the art care to kidney patients across BC. The PED develops, implements and ensures ongoing clinical and financial evaluation of the renal community's strategic plan in collaboration with the HARPs, affiliated organizations and 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 HARPs. 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 BCR at all official functions, and in the context of local, provincial, national and international venues.

Director, Business Planning

The purpose of this role is to provide corporate support for the agency's strategic business planning and financial reporting needs. Specifically:

- to ensure availability of operating and capital resources required to achieve the agency's strategic plans, and to support the agency in explore and advocating for other funding options as needed
- to ensure availability of financial reports/analysis that will assist the agency and its renal programs to optimize use of limited resources and decide on future plans/initiatives

Director, Learning, People and Operations

The purpose of the position is to provide operational, human resources and administrative management to key departments within the agency.

Director of Operations, PROMIS

The purpose of this position is to oversee the management, development, implementation and ongoing innovation of the PROMIS clinical information system for renal and transplant care, and to identify opportunities for integration with other healthcare information systems.

Director of Strategic Initiatives and Development

The purpose of this role is to support development and implementation of the agency strategic plan, enhance relationships across the renal network and provide leadership for the agency's educational strategies and conferences.

Senior Officer, Methodology and Analytics

The Senior Officer, Methodology & Analytics (SO M&A) contributes to and protects BCR credibility by:

- Providing quantitative evidence that informs quality improvement cycles, evaluating clinical and cost/benefit outcomes, and supporting evidence-informed ongoing program development and related operational management practices
- Ensuring methodological and data integrity for research and other agency programs and initiatives

Strategy Lead, Home Therapies and Palliative Care

The primary purpose of the position is to provide strategic support to the HHD, PD and palliative provincial programs and to facilitate integrated strategic alignment with BCR activities. This includes guiding the scope of the committees' work, overseeing budgets and supporting new initiatives or strategies.

Lead, Infrastructural Planning

The purpose of this role is to provide the technical and infrastructure expertise to lead the facility and equipment planning processes of the agency, as well as well as logistics and operational experience to facilitate the management of provincial contracts from BCR's perspective (excluding provincial drug contracts).

Appendix 2: Committees and Working Groups

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
BCR Executive Committee	BCR Executive Director	Executive Director of BCR, PHSA CEO HARP representatives including executive sponsors, medical directors, program administrative leads or designated managers (inclusive of the pediatric program), UBC Division of Nephrology, MAC chair, Kidney Foundation (patient representation + ED), all members of BCR's Executive Admin team, and additional individuals by invitation, as required.	The purpose of the BCR Executive Committee is to provide a forum for the discussion of the strategic directions of renal care provision at the provincial and the 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 BCR Executive Committee will serve to enhance: strategic decision making, efficiency and effectiveness, planning, effective bi-directional internal and external communications.	Two in-person meetings per year; strategic discussions, involvement of executive sponsors; email communication on selected topics, documents
Health Authority Renal Program Committees	Co-Chair: Medical Director and Administration Lead	Recommended composition: executive sponsor, finance representation, information systems representation, renal manager, medical director – kidney services, BCR representative, nursing and allied health representation, nephrologist, consumer/client representation (Kidney Foundation representative), BC Transplant representation	To ensure optimal functioning of the HARP with respect to the delivery of renal services in the health authority as described by the Ministry of Health. Optimal functioning is defined in two dimensions: • **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 BCR • **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 (See Appendix 3)	Chair selected by colleagues	Renal professionals employed or working in the renal community: renal managers, renal educators, dietitians, pharmacists, nephrologists, biomedical technicians, social workers	Professional groups are constituted to ensure provincial liaison within renal professions across geographical and institutional boundaries. To ensure communication, sharing of best practices and as needed problem solution generation.	Teleconferences/emails; meetings vary from monthly to annually and are self-organized.

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
BCR Exec Admin	BCR Executive Director	Senior level BCR staff	Internal planning and coordination of agency goals; portfolio management; reviews of initiatives, projects and operations	Weekly meetings (alternating in-person and teleconference); email communication
BCR Provincial Emergency Response Planning Committee	BCR Lead, Infrastructural Planning	BCR Lead, Infrastructural Planning 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. Ad hoc members will be added as necessary, such as dietitians, social workers, and pharmacists.	Adopt an organizational structure for a PREMBC Plan that is consistent with that used by the HARPs 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 HARPs to support each other during emergency situations to maximize the ability to provide patient care. Assist each HARP to develop an emergency management and business continuity plan that addresses their specific needs but is also consistent with the PREMBC Plan. Encourage the HARP 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.	Email communication, teleconferences, in-person meetings
BC Renal Administrators Committee	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; BCR representation	Promote exchange of information needed to successfully implement various BCR-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.	Email communication, teleconferences, in-person meetings.
BCR Kidney Care Committee (KCC)	Provincial Medical Director, KCC	Membership is multidisciplinary with at least one representative per Kidney Care Centre (KCC) and one patient representative, and includes: • renal program director/manager reps (2) • RN for each CKD centre (12)	The KCC provides expert opinion regarding Chronic Kidney Disease (CKD) care in BC. The group provides a forum for collaboration across HAs and disciplines and advises on provincial priorities for CKD care and programming, CKD standards / guidelines / tools / teaching	Email communication, teleconferences, in-person meetings

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
		• dietitian reps (2) • social work reps (2) • pharmacy reps (1) • KCC office assistant (1) • nephrologist reps (1 per each HA) • primary care reps (2) • patient reps (2) • BCR reps (3)	resources and quality indicators. The KCC maintains linkages between other aspects of CKD care such as dialysis, vascular access and transplantation. It aligns its activities with other provincial initiatives such as chronic disease management, end of life initiatives and patient self-management.	
BCR Palliative Care Committee (PCC)	Provincial Medical Director, Palliative Care	Representation from each of the five HARPs as well as the pediatric program at BCCH: a minimum of one nephrologist, one registered nurse, an allied health care professional (social work, pharmacy, dietetics), one palliative care specialist and a renal manager/administrator. The BCR Strategy Lead for Palliative Care. Additional representation from UBC Faculty of Medicine and Kidney Foundation of Canada	• To ensure that patients living with chronic kidney disease have access to high quality comprehensive and well-integrated renal palliative care. • Provincial coordination and oversight that will advance palliative approach to renal care as outlined in the "End-of-Life Framework: Recommendations for a Provincial EOL Strategy" across all Health Authority Renal Programs. • Provide a forum for sharing information from various sources (i.e. the Ministry of Health, Palliative Care colleagues, Primary Care colleagues etc.) with goal of integration and collaboration between and among all relevant stakeholders. • Provide advice and support on the planning, implementation, monitoring and reporting activities of the renal palliative/ end-of-life (EOL) care work in the Health Authority Renal Programs (HARPs). • Provide a forum to consider issues arising that may be relevant to group members and their constituents, and care delivery. • Provide a forum for the identification and consideration of issues that restrict advancement of renal palliative/EOL care. • Provide opportunities that maximize partnerships, networking and information sharing throughout the renal network.	Email communication, teleconferences, in-person meetings

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
BCR Facilities and Equipment Planning Committee (FEPC)	Lead, Infrastructural Planning	• Membership of the Group will include: • One director or manager representative from each of the health authorities (one each from VCH and PHC). Each of these representatives will have an alternate. • One technical representative from each of the health authorities (one each from VCH and PHC). Each of these representatives will have an alternate. • BCR Project Lead • BCR Financial Analyst • One or two nephrologist representatives from MAC • Emergency Management member from PHSA (Ad Hoc) • Provincial Planning member from PHSA (Ad Hoc) • Planning personnel from 2 of 5 HA with responsibly of reporting back to that group (Ad Hoc) • Membership will be reviewed annually. The Chair position will be reviewed by the group every 2 years.	The purpose of FEPG is to facilitate the processes for planning provincial facilities and equipment needs, reviewing and prioritizing facility and equipment requests, submitting recommendations to BCR Executive Committee for approval, and tracking and reconciling associated funding approvals.	Regular correspondence; email communication; in-person meetings; use of formal evaluation tool for ranking of projects
BCR Home Hemodialysis Committee	Provincial Medical Lead, HHD program	• Minimum of two representatives from each HARP whose work is primarily in the area of independent hemodialysis (home or facility-based). • Minimum one dietitian, whose work is primarily in the area of independent hemodialysis (home or facility-based) • Minimum one social worker, whose work is primarily in the area of independent hemodialysis (home or facility-based) • Minimum one manager/director whose work is primarily in the area of independent hemodialysis (home or facility-based)	To enhance and foster excellence in the delivery of independent (home or facility based) hemodialysis throughout the province of British Columbia This includes: - development of provincial strategies to optimize independent hemodialysis (home or facility based) and address identified issues/barriers. - providing support for implementation of standardized practice and/or policies - reviewing, monitoring, assessing, and recommending best practices as they emerge locally, provincially, nationally, and internationally	Email communication, teleconferences, in-person meetings

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
		• Minimum of one biomedical representative • BCR Strategy Lead for Home Therapies and Palliative Care • Representation as needed from the BCR Executive Director and key agency portfolios		
BCR Hemodialysis Committee	Provincial Medical Director, HD	From each Health Authority Renal Program, a: • minimum of 1 physician whose work is primarily in HD • Minimum of 2 representatives from each HARP • Minimum of 2 nurses whose work is primarily in HD • Minimum of 1 dietitian whose work is primarily in HD • Minimum of 1 technical/biomedical lead • Minimum of 1 social worker whose work is primarily in HD • Minimum of 1 Manager/Director • Minimum of 1 Representative from BC Children's Hospital renal program • Representation from Vascular Access Educators Group	• To provide a forum for discussion, development, revision, approval, and facilitation of policies, procedures, protocols, and guidelines that will support excellence in the provision of hemodialysis care in both hospital and community hemodialysis units across British Columbia (BC). • To develop a common approach and framework for hemodialysis care provision across in British Columbia related to agreed upon quality indicators, cost effective strategies, and patient focused care. • To support local implementation of provincial strategies and initiatives while spawning an environment of innovation.	In person-meetings, teleconferences and email communication
PROMIS Executive Steering Committee (ESC) *Formerly IMC	Director of Operations, PROMIS	Members are appointed by Agency executives under the guidance of the PHSA VP Provincial Population Health and Chronic & Specialized Populations. Membership should represent senior leadership from all stakeholder agencies, clinical programs, clinical areas, geographic areas.	The purpose of the PROMIS Executive Steering Committee (ESC) is to establish the vision, mandate, governance, and guiding principles to guide the PROMIS team and other PROMIS governance structures. With a focus on patient safety and patient care, the committee uses a consensus-based approach to make decisions. In addition, members are active and visible advocates and communicators within their discipline, program, and geographic area on	Email communication, teleconferences, in-person meetings

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
			behalf of this provincial committee.	
BCR Medical Advisory Committee (MAC)	Medical Director of one of the HAs	Membership 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 BCR, to nephrology colleagues (physician and non-physician), health authorities and other interested parties.	Email communication, teleconferences, in-person meetings
BCR Peritoneal Dialysis Committee	Provincial Medical Director, PD	Representatives from each of the five HARPs, as well as the pediatric program at BCCH: a minimum of one nephrologist and one registered nurse with specialization in peritoneal dialysis; one dietitian, whose work is primarily in the area of peritoneal dialysis; one social worker, whose work is primarily in the area of peritoneal dialysis; BCR Strategy Lead, Home Therapies and Palliative Care	To enhance and foster excellence in the delivery of peritoneal dialysis throughout the province of British Columbia.	Email communication, teleconferences, in-person meetings
BCR Pharmacy and Formulary Review Committee	Renal Pharmacist	Membership will be multidisciplinary and will include: • pharmacists • physicians • dietitian and social worker • pediatric and adult renal representation • representation from BCR	To define a comprehensive and justified list of appropriate drugs that are essential for the care of renal patients receiving dialysis therapy, and pre-dialysis 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

Name	Chair	Composition	Key Function / Purpose	Tools / Methods Used
BCR Glomerulonephritis Committee	Medical Lead	Membership will include at least the following (which do not need to be mutually exclusive): • A member from each of the following BCR committees: MAC, Pharmacy Formulary, KCC • The BCR executive director • A member from all regional renal health authority programs, including BC Children's • A representative from PROMIS • 1-2 members experienced in GN research and/or other research-related fields • The BC GN Network and Registry Medical Lead • Representatives from Rheumatology and Obstetric Medicine • Representation from laboratory medicine and pathology	To facilitate the identification, implementation and evaluation of clinical care programs and health policy initiatives that improve the care of patients with GN in BC in a financially sustainable fashion. To ensure knowledge translation of such initiatives to key stakeholders, including patients and physicians. To facilitate prospective capture of important information in the BC GN Registry (e.g. clinical, laboratory, pathology and outcome data) which is necessary to support the goals of the BC GN Network, and to promote data capture through a sustainable infrastructure that leverages existing resources. To ensure awareness and promotion of information generated from the BC GN Network, and to promote research in the field of GN. To monitor and provide information to the provincial renal community regarding the incidence, prevalence, outcomes, and health care utilization of patients with GN	Email communication, teleconferences, in-person meetings
Renal Funding Model Review Committee (currently not active; convened on an as-needed basis)	Co-Chair: BCR Director, Business Planning and Administrative lead from one HA	Representation from administration, clinical (multidisciplinary) and operational, as well as financial leads within each HA.	The renal funding model, implemented in 2005, promotes best practices and accounts for essential elements deemed important to the outcomes of patients with kidney disease. The funding model is reviewed and modified periodically to stay current with the changing healthcare landscape and to ensure all the costs associated to a patient are incorporated.	Meetings and email communication

Appendix 3: Professional Groups

Name	Lead	Composition	Key Function / Purpose
BC Renal Dietitians Group	One chair position rotates every second month for core group meetings.	Membership consists of registered dietitians/ nutritionists, interns/students in an associate capacity. Primary liaisons are: BCR, Northwest renal dietitians, and the Kidney Foundation.	To develop, implement and revise nutritional standards of care, review appropriateness of new and current nutritional products and make recommendations to BCR 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 BCR on identified issues as they impact the nutritional care of individuals with kidney disease and provide a forum for information sharing.
BC Renal Educators Group (BC REG)	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 BC VAEG who will participate in teleconferences and face to face meetings, and a BCR representative.	BCR REG provides a forum for the advancement of high quality, standardized hemodialysis nursing utilizing the principles of evidenced based, outcome focused, client centered care.
BC Renal Social Workers	The chair rotates and is at times shared. A membership vote is taken if more than one person is interested.	All BC renal social workers; BCR representative; Kidney Foundation representative; CANSW representative	Act as a forum for professional collaboration between BC renal social workers, BCR, and other renal care partners. Champion the delivery of excellent nephrology social work practice. Advocate for services for individuals living with kidney disease, their families and support providers.
BC Vascular Access Educators Group (BC VAEG)	Nurse will be appointed by participants as co-chair, with a renal director/ manager as co-chair.	VA nurses from each HA. If a HA has more than one VA nurse, all VA nurses will be invited to participate. PVAST coordinator.	BC VAEG provides a forum for collaboration, standardization and innovation on nursing-related VA activities across HAs. VAEG supports the BCR Hemodialysis (HD) Committee in identifying and implementing multi-disciplinary improvements in vascular access care at a HA level.