# Regional Renal Programs (RRP) Support Funding Terms of Reference

#### Last updated: January 2022 Approved by BC Renal and Renal Administrators Committee

The Regional Renal Programs (RRP) support fund is part of the operating budget of BC Renal and is designated life support funding (see Appendix A for current annual amount).

#### Source of Revenue

The funding comes from provincial drug and supplies contracts, as part of the value-added rebates, and is determined on an annual basis.

#### **Designation of Funds**

Approved funding for the year is prorated based on the actual patient years volume from the previous year. Funding is allotted to health authority renal programs (HARPs) and to the provincial renal program according to an agreed-upon distribution formula and based on annual financial commitment plans and project proposals. These plans and proposals must be submitted by designated deadlines to ensure they are vetted through a formal approval process (forms: *BC Renal RRP Commitment Summary* and *BC Renal RRP Project Proposal Form*).

The amount of funding allocated to a HARP in any given year will be the base funding established and agreed-upon by the BC Renal Provincial Core Committee, and may be reviewed from time to time (see Appendix A for current annual funding allotment by HARP). The maximum amount of funding allocated to a HARP in any given year cannot exceed \$500,000, irrespective of the actual patient years volume or other factors.

As part of the operating budget, RRP funding must be spent within the fiscal year. Funds unused by HARPs may be reallocated for provincial initiatives, including uncommitted funds as well as committed funds for projects that fail to launch or invoice BCRenal for half or more of their indicated implementation time frame. These decisions are vetted and approved by the BC Renal Leadership Team and reported to the BC Renal Provincial Core Committee and Executive Committee.

#### Purpose

• To provide additional funding to support approved provincial and health authority renal program formalized plans for projects/pilots focused on quality improvement, process redesign and improvement of patient care and outcomes.

- To supplement funding for time-limited, enhanced professional education for renal health care professionals (physicians and non-physicians) in regional renal programs in BC.
- To provide clinical scholar and fellowship funding to sustain medical leadership in nephrology.

#### **Considerations for Use of Fund**

- Projects must align with provincial strategic priorities and/or initiatives, and take into account the work of BCRenal provincial modality committees. <u>BCRenal strategic priorities for 2018-2023</u> are:
  - o Optimal patient experience and outcomes
  - Innovation and research in renal care
  - Sustainable funding solutions
  - The right technology solutions
  - A sustainable renal community
- It is advisable that HARPs consult with each other to determine if there is any overlap with each other's projects and if there is a need for replication. In situations of overlap, BC Renal may request that HARPs combine their efforts when pursuing similar projects. Selection of projects should avoid redundancy or duplication from previously approved/completed projects in the province.

#### Potential uses for RRP funding include:

- Time-limited (project/ initiative-specific) work related to renal quality improvement:
  - This may include, among other things, projects that seek to create in-house training programs for specific types of kidney care providers (e.g. Renal Technician, Personal Care Aide), including curriculum development, tools and manuals development, hiring/ secondment of an instructor, and costs related to program evaluation.
  - This may also include hiring or secondment of a Project Manager to support one or several quality improvement projects throughout the fiscal year.
- Augmenting existing education, training, travel and accommodation funds.
- Time-limited infrastructure support (≤ 12 months). For example, secondment of staff for project work, defined to be of benefit to the program and ultimately to the province.
- Support for regional representatives (or their institutions) for attendance at provincial renal and/or regional renal group meetings (either face-to-face or by video- and teleconference).

#### The RRP fund is not intended to support regular operational items. For example:

- Capital expenditures above \$5000.
- Staff or employee engagement (e.g. gift cards, flowers, cards, gifts, t-shirts for teams, etc.).
- Overtime for staff.
- Backfill, wages and/or salary reimbursement for staff in training or at conferences.

- Operational orientation/ training programs for nurses and/or other kidney care providers. All
  operational training costs for nurses and all other kidney care providers are part of a health
  authority expense.
- Funding permanent positions.
- Subsidizing health authority deficit or non-renal program expenses (e.g. health authority IT projects or department spending).
- Hardware or software purchases for regular HARP operations.
- Any requests not covered by these terms of reference will be sent to the BC Renal Leadership Team for further review.

### Access to Funds and Financial Tracking

To access funds, the HARP will submit a reimbursement form, along with original copies of itemized receipts or invoices or a detailed calculation for funds requested. The reimbursement form requires approval from both the Medical Director and the Administrative Director/Manager/Lead (form: *BCRenal - RRPReimbursement Form*).

For quality improvement projects, HARPs will submit reimbursement forms regularly throughout the year, to invoice for work completed during each fiscal period, so that project funding can be used/released in 13 (thirteen) roughly equal amounts throughout the fiscal year, unless the project proposal clearly indicates a time frame for project implementation other than the full year. Reimbursement from RRP funds for education initiatives is exempt from this requirement and can be claimed on a *post factum* basis.

At each fiscal period end, BC Renal Finance will send a *Summary of Funding Allocation and Actual Expense* balances detailing the funding allocation progress for the approved commitment plan. This will include the submitted expenses and available funds for each approved commitment plan. The report will be sent to the HARP Executive Sponsor, Medical Director and Administrative Director/Manager.

The use of these funds at the regional program level is to be tabulated and reviewed by each program throughout the year and at year end. The process will remain transparent, and each region will be accountable for the funds committed.

## Accountability

**Reports on all projects:** Each HARP leadership team will submit a (value add) *RRP Project Accomplishment Report(s)* for the previous fiscal year by June 30 of the current year, or a later date, as requested by BC Renal. This summary will reflect on key learnings, impact on the program and the province, as well as costs to date. Annually, HARP and provincial RRP projects/initiatives results will be reported in *RRP Value Add Inserts* in late summer or early fall, and no later than at BC Kidney Days (BCKD) conference. Value Add Inserts will be available on the BC Renal website at: <u>http://www.bcrenal.ca/health-professionals/professional-resources/reports-from-rrp-pd-projects</u>.

**Reports on projects of \$50,000+:** HARPs will produce a BCKD poster and/or presentation for each RRP-funded project with funding equal or more than \$50,000.

**Reports on select projects at Renal Administrators Committee meetings and ProvinceWide Nephrology Rounds:** On a rotating basis, at Renal Administrators Committee meetings, HARPs will present one project of interest and applicable in other HARPs. Renal Administrators Committee will choose and showcase one HARP project per year at the ProvinceWide Rounds.

Step	Category	Process Description	Deadline
1	Initiation of annual RRP funding cycle	Each respective HARP leadership team will receive notification of projected RRP support funding for the next fiscal year via email.	December 15
2	Submission of RRP Commitment Summary Forms and RRP Project Proposal Forms	Each HARP will submit <i>RRP Commitment</i> <i>Summary form</i> and <i>RRP Project Proposal</i> <i>Forms</i> (appendix B) to BC Renal Finance*. A guide to filling out of the RRP project proposal forms is available to the HARPs separately. Among other things, proposals must indicate the specific start and end dates and duration of the project (12 months or less). Proposals must also indicate if external (non-HARP) project management services/ resources will be required to implement the project. *HARP Executive Sponsor, Medical Director and Administrative Director signatures are required.	January 31
3	Review of project proposal submissions; revisions to proposals	BC Renal RRP funds administration team will collate and review all project proposals. The team may request that	February-March

#### **Annual RRP Process Timeline**

		HARPs make revisions to some of the		
		proposals; the team may also send some or		
		all of the submissions to BC Renal		
		Leadership Team for review and approval.		
-		BC Renal RRP funds administration team		
4	Approval notification	will send funding approval of project	April 1	
		proposals to each HARP leadership team.		
	Dissemination of	BC Renal RRP funds administration team		
5	project proposals	will collate and disseminate a summary of	April-May	
Ĵ	summary	all final project proposals (excluding the	, <b>p</b>	
	sammary	financial information) to the HARPs.		
		BC Renal RRP funds administration team		
	Submission of reports	will request submission of (value add) RRP		
6	on completed projects	Project Accomplishment Report(s)	June 30	
		(Appendix C) (for previous fiscal year) from		
		each HARP leadership team.		
		BC Renal RRP funds administration team	Lata cummar / aarbu	
-	Dissemination of project results	will prepare the RRP Value Add Inserts for	Late summer/early	
7		dissemination to the renal community and	fall; in time for BC	
		industry stakeholders.	Kidney Days	
	HARP reports on	HARPs will prepare a BCKD poster/		
8		presentation for each RRP-funded project	BC Kidney Days	
	projects of \$50,000+	with funding equal or more than \$50,000.		
		BC Renal RRP funds administration team		
		will reallocate uncommitted HARP funds,		
		to be used for provincial projects and		
		initiatives.		
	Reallocation of funds			
9	by BCRenal	BC Renal RRP funds administration team	September 30	
		will also reallocate 50% of committed		
		HARP funds for projects that have not		
		started or have not invoiced BC Renal since		
		the beginning of the fiscal year (April 1).		
		HARPs and BC Renal RRP funds		
		administration team meet to review		
10	Review of ongoing	progress of projects and invoicing, explore	October-January	
-0	projects	opportunities to reallocate unused funds to	Second Sundary	
		regional or provincial initiatives.		

	Next fiscal year project	HARPs conduct internal team discussions	
11	proposals preparation	of potential new project ideas for the next	December-January
		fiscal year and prepare project proposals.	

#### **RRP-Related Documents on BC Renal Website**

All RRP-related documents and forms can be found on the BC Renal website in Health Professionals  $\rightarrow$  (Professional Resources)  $\rightarrow$  Expense, RRP/PD Funds and Committee Forms. Direct link to the documents page: <u>http://www.bcrenal.ca/health-professionals/professional-resources/expense-rrp-pd-funds-and-committee-forms#RRP--and--PD--Support--Funds</u>.

Reports from projects completed in previous years can be found on the BC Renal website in Health Professionals  $\rightarrow$  (Professional Resources)  $\rightarrow$  Reports from RRP/PD Projects. Direct link to the page: <u>http://www.bcrenal.ca/health-professionals/professional-resources/reports-from-rrp-pd-projects</u>.

	Health Authority Renal Programs	Provincial	Total
Base health authority			
renal program funding:	\$1,600,000		\$1,600,000
Prorated based on	<i>\\\\\\\\\\\\\</i>		<i>\</i> 1,000,000
prior year volume			
Provincial projects and		\$1,100,000	\$1,100,000
initiatives		Ş1,100,000	\$1,100,000
Total	\$1,600,000	\$1,100,000	\$2,700,000

# Appendix A – RRP Support Fund, Annual Amounts – as of February 2021

Health Authority Renal Program	RRP Funding Allocation
Provincial/ cross-cutting initiatives	\$1,100,000
BC Children's Hospital	\$70,000
Fraser Health	\$350,000
Interior Health	\$385,000
Island Health	\$250,000
Northern Health	\$110,000
Vancouver Coastal Health/Providence Health Care	\$435,000
Total	\$2,700,000

# Appendix B

# RRP Project Funding Project Proposal Form



Health Authority Renal Program	
Project name	
Project manager/ lead	
Project objective(s) and short description	
<ul> <li>Alignment with (as applicable):</li> <li>BC Renal/ HA strategic plan</li> <li>Provincial committee(s) strategic priorities/ projects</li> </ul>	
Anticipated benefits (for renal program, province)	
Anticipated timeline/ dates/ phases	
Human resources required (e.g. clinical lead, PM, admin support, analytics, PROMIS, finance, communications, other subject matter expert(s)) – <u>please</u> <u>specify source: HARP vs BC Renal</u>	
Breakdown of RRP-covered costs: • PM/ lead, etc. salary • PM/ lead, etc. benefits • Sessional fees • Licenses, registration feesw, etc. • Equipment/ supplies • Travel, lodging, per diem • Other costs • TOTAL COSTS	

Medical Director – Kidney Services			Date					
Administrative	Director/	Program Lead –	Kidney Services			Date		
ŀ	HARP Exe	cutive Sponsor				Date		
Provincial Health Services Authority Inservices Sectors	nc XXX Children's Hospital	fraserhealth	V Interior Health	island health	northern health	Providence HEALTH CAAL HON YOU WHIT TO BE TREAD	Vancouver CoastalHea	alth
BC Renal - BCRenal	l.ca					December	2020 Pag	ge 1 of

# Appendix C

# RRP Value Add Project Funding Project Accomplishment Form



CHILDRENS Kraserhealth V	r Health	🔆 northern health	Providence	Vancouver CoastalHealth
Renal Director/Lead/Mana	ager		Date	
Medical Director			Date	
Executive Sponsor			Date	
Recommendations for next steps				
How will the project outcomes be applied within the BC renal network?				
How will the project outcomes be applied within the HARP?				
Unanticipated barriers or issues				
Key Learnings				
Project Costs (actual vs. budgeted costs)				
Project Supervisor				